Case ID PID-3 __________ First Name: ________________________ Last Name: ______________________________

PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

GENERIC MMG

Psittacosis RIBD_V1.0_MMG_F_20191003

Investigation Information

Report Date 77995-9	Patient Status	Diagnosis Date 77975-1	Onset Date 11368-8
__ __/__ __/__ __ __ __ MM/DD/YYYY	☐ Inpatient ☐ Outpatient ☐ Deceased	__ __/__ __/__ __ __ __ MM/DD/YYYY	__ __/__ __/__ __ __ __ MM/DD/YYYY

Patient Information

Patient ID (State or Local HD 77993-4	Last Name	First Name	Middle Name
Street Address			
City PID-11.3	**County** PID-11.9	**State** PID-11.4	**Zip** PID-11.5
Home Phone (Ext.) ###-###-####	**Current Occupation** 85658-3	**Other Phone** ☐ Work ☐ Business ☐ Cell ###-###-####	**Ext.**

If Patient <18 yrs:

Parent/Guardian Last Name	First Name	Middle Name

Demographics

Gender PID-8	Date of Birth PID-7	Age 77998-3
☐ Male ☐ Female ☐ Unknown	__ __/__ __/__ __ __ __ MM/DD/YYYY	☐ **Years** ☐ **Months** OBX-6 for 77998-3

Race PID-10

☐ Caucasian ☐ African American ☐ American Indian/Alaska Native ☐ Hawaiian/Pacific Islander ☐ Asian

☐ Unknown ☐ Other (Specify) 32624-9 ____

Ethnicity PID-22	If female, pregnant? 77996-7
☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unknown	☐ Yes ☐ No

Report Information

Person Providing Report

First 74549-7	Last 74549-7	Phone 74548-9 ###-###-####	Ext.	Email 74547-1
City	**County** 77967-8	**State** 77969-4	**Zip** 52831-5	**City**

Primary Physician

First	Last	Phone ###-###-####	Ext.	Email
Street Address				
City	**County**	**State**	**Zip**	

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Clinical Information

Brief clinical description (Symptoms and signs 56831-1, note maximum temperature, etc.)

- ☐ Fever; Maximum temperature: 81265-1 ______________ ☐ F ☐ C OBX-6 for 81265-1
- ☐ Cough INV919 ☐ Pneumonia (☐ **CXR confirmed or** ☐ **clinical diagnosis**)
- ☐ Myalgia ☐ Rash
- ☐ Chills ☐ Photophobia
- ☐ Headache ☐ Other (describe/details): ____

Specific Therapy: (Specify products, dosage, and dates 86948-7 of treatment)

Outcome:

- ☐ Hospitalized 77974-4 ☐ Required ICU care 309904001
- ☐ Recovered ☐ Unknown

Date of discharge __ __/__ __/__ __ __ __ 8649-6
MM/DD/YYYY

If patient died, date of death: PID-29

__ __/__ __/__ __ __ __
MM/DD/YYYY

Laboratory Information

Test Name/Test Method INV290	Date Specimen Collected MM/DD/YYYY 68963-8	Test Result INV291	Name of Laboratory 68994-3
***C. psittaci* PCR (*preferred*)** LAB696 ☐ blood ☐ sputum ☐ other (specify): ________________	__ __/__ __/__ __ __ __		
Respiratory secretions *C. psittaci* culture (*preferred*) LAB695 ☐ sputum ☐ BAL ☐ other (specify): ________________	__ __/__ __/__ __ __ __		
C. psittaci **Fourfold increase in antibody titer** **Acute-phase serum** LAB698 ☐ CF ☐ MIF LAB654 ☐ Other (specify) ______ **Convalescent-phase serum** LAB698 ☐ CF ☐ MIF LAB654 ☐ Other (specify) ______	__ __/__ __/__ __ __ __ __ __/__ __/__ __ __ __	**IgM:** _______ **IgG:** _______ **IgM:** _______ **IgG:** _______	
***C. pneumoniae* PCR** LAB696 ☐ blood ☐ sputum ☐ other (specify): ________________	__ __/__ __/__ __ __ __		
C. pneumoniae **Fourfold increase in antibody titer** **Acute-phase serum** LAB698 ☐ CF ☐ MIF LAB654 ☐ Other (specify) ______ **Convalescent-phase serum** LAB698 ☐ CF ☐ MIF LAB654 ☐ Other (specify) ______	__ __/__ __/__ __ __ __ __ __/__ __/__ __ __ __	**IgM:** _______ **IgG:** _______ **IgM:** _______ **IgG:** _______	

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Chlamydia trachomatis [any test(s)]	__ __/__ __/__ __ __ __		
Autopsy ☐ lung 127458004 ☐ other: OTH ____________________	75711-2 __ __/__ __/__ __ __ __	85691-4	LAB656

Chest X-ray done: ☐ Yes ☐ No ☐ Unknown	**If yes, date:** INV1096 __ __/__ __/__ __ __ __ MM/DD/YYYY	**If yes, results:** INV923

Epidemiologic Information (*cont'd. on the next page*)

Occupation at date of onset: INV1099	**Specific duties:** INV1098

At the time of exposure which of the following personal protective equipment was the patient using? INV1047

☐ Respiratory Protective Equipment: INV1048 ☐ Surgical mask 409528009 ☐ Filtering piece/N95 PHC1514

☐ Elastomeric – half face or full face (with cartridges) – specify types of cartridges if known PHC1517

- ☐ N or P 95 PHC1515
- ☐ N or P 99 or 100 PHC1516
- ☐ Other: OTH ____
  - ▪ Does the patient get annual respirator fit testing and training ___ Yes ___ No INV1049

☐ Gloves (if known, specify the material by circling the appropriate from the list below) INV1050

- Plastic (latex or nitrile) 61088005
- Cloth 81293006
- Leather 19627002
- Double gloves, i.e., nitrile underneath, leather over (describe) PHC1581 ________________________________

☐ Goggles 272183000

☐ Face shield 706724001

☐ Rubber boots/disposable overshoes 33482001

☐ Disposable surgical cap 465668002

☐ Overalls PHC1921

☐ No personal protective equipment was being used 262001002

☐ Other (describe details): OTH ____________________________

Indicate which of the following contacts the patients had during the 5 weeks prior to onset: INV603

(Check all that apply)

☐ Birds 387972009

☐ Other (specify) OTH ____________

☐ Human case of psittacosis (specify) PHC1567 _________________

☐ No known exposure 260413007

If exposure to birds, complete the following table:

Type of Bird INV1051	**Species** INV1052	**Approximate Number** INV1053	**Were birds healthy?** INV1054 (Y=Yes N=No UNK=Unknown)
Psittacines* 107100000			
Pigeons 422719004			
Domestic fowl 359839008			
Other birds OTH			

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If birds were not healthy, please elaborate: INV1055

*Psittacine Birds include: Cockatoos, Cockatiels, Macaws, Parakeets, Conures, Parrots

Indicate where the exposure may have occurred. If the patient had multiple contacts, specify to what they were exposed at each place of exposure.

Type of Establishment INV1102	**Owner of Establishment**	**Address of Establishment** INV1057	**Exposure To (Species)** INV1052	**Exposure Setting** 81267-7	**Date of Exposure** INV1058
1=Private home 2=Private aviary 3=Commercial aviary 4=Pet shop 5=Pigeon loft 6=Poultry establishment (specify processor or farm) 7=Bird fair show 8=Backyard poultry 9=Healthcare 10=Long term Nursing Home 11=Swap meet 12=Other 13=Unknown				I = Indoors O = Outdoors	

If other, specify:

If pet birds, domestic pigeons, or fowl are implicated as the source of the human psittacosis, or if any such bird is shown by laboratory methods to be infected, it is important to learn where these birds originated and where they were subsequently purchased or obtained by the present owner. These birds may have acquired a latent form of the infection at any place where they have been detained since hatching.

List the address of every known place where the birds were harbored, including approximate dates.

Additional Relevant Information

Submitted By:	**Date:** 77970-2 __ __/__ __/__ __ __ __ MM/DD/YYYY	**Health Dept.** 48766-0
Phone Number: ###-###-####	**Ext.**	