Case ID:	First Name:	Last Name:
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PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

Investigation Information									
Report Date	Patient Stat	us			Diagnosis Date	ate On:		set Date	
//	□ Inpatient □ Outpatient				//			//	
MM/DD/YYYY	□ Deceased				MM/DD/YYY	Y	MM/	DD/YYYY	
		Pati	ient I	nforn	nation				
Patient ID (State or Local HD)	Last name			Fi	rst name		Midd	le name	
Street Address									
City	County				State			Zip	
Home Phone (Ext.)	Current		Oth	er Ph	one Work / Business Cell Ext.			Ext.	
###-###-####	Occupation		###-#	##-####					
If patient < 18yrs:								-	
Parent/Guardian Last na	me	First n	ame				Midd	le name	
		Γ) emo	graph	nics		•		
Sex		Date of I	Birth			Age	□ Ye	ars Months	
□ Male □ Female				/	/				
				MM	/DD/YYYY				
Race □ Caucasian □ African America □ American Indian/Alaska Native □ Hawaiian/Pacific Islander □ Asian □ Unknown □ Other (Specify)									
Ethnicity □ Hispanic/Latino	Non-Hispanio	c/Latino			□ Unknown				
If female, pregnant? Ye	es 🗆 No								
Report Information									
Person Providing Report									
First	Last				Phone ###-####	Ext.	•	Email	
City	County				State	Zip		City	
Primary Physician					I	<u> </u>		1	
First	Last			Phone ###-#####	Ext.	•	Email		
Street Address									
City	County Stat			te			Zip		

Case ID: Fi	rst Name:	Last Name:		
	Clinical Information			
Brief clinical description (Symptoms and Fever; Maximum temperature:	□ F □ C	•		
	CXR confirmed or clini	cal diagnosis)		
□ Myalgia □ Rash				
□ Chills □ Photophobia	/1 · · · · · · ·			
☐ Headache ☐ Other (describe	/details):			
Specific therapy: (Specify products, do	sage, and dates of treatment)		
Outcome:	_	ied, date of death:		
☐ Hospitalized ☐ Required ICU care	//			
□ Recovered □ Unknown	MM/DD/YYYY	•		
Date of discharge://				
MM/DD/YYYY	Laboratory Information			
Test Name/Test Method	<u> </u>	Test Result	Name of Laboratory	
Test Name/Test Method	Date Specimen Collected MM/DD/YYYY	Test Result	Name of Laboratory	
C. psittaci PCR (preferred)				
□ blood □ sputum	/			
□ other (specify):				
Respiratory secretions C. psittaci				
culture (preferred)	/			
□ sputum □ BAL				
□ other (specify):				
C. psittaci				
Fourfold increase in antibody titer				
Acute-phase serum	//	IgM:		
\Box CF \Box MIF \Box Other (specify)		IgG:		
		T-M.		
Convolescent phase some		IgM: IgG:		
Convalescent-phase serum □ CF □ MIF □ Other (specify)	/	1gG:		
\ 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
C. pneumoniae PCR				
□ blood □ sputum	/			
□ other (specify):				
C. pneumoniae				
Fourfold increase in antibody titer				
Acute-phase serum	/	IgM:		
□ CF □ MIF □ Other (specify)		IgG:		
Convalescent-phase serum		IgM:		
\Box CF \Box MIF \Box Other (specify)	/	IgG:		

Case ID:	First Name:			Last Name:		
Chlamydia trachomatis	[any test(s)]	//				
Autopsy						
□ lung		/ /				
□ other:						
Chest X-ray done:		If yes, date:		If yes, results:		
□ Yes □ No □ Unkno	own	/ / / / / / / / / / / / / / / / / / /	/	II y os, results.		
		MM/DD/	YYYY			
	Epidemiolo	gic Information (contd.	on the next	page)		
Occupation at date	of onset:	Specific du	 ities:			
At the time of expos	ure which of the fol	lowing personal protec	tive equinm	ent was the patient using?		
		urgical Mask Filtering		ent was the patient asing.		
		h cartridges) - specify ty		ges if known:		
□N or P 95				8		
N or P 99 or 100						
Other:						
 Does th 	ne patient get annual	respirator fit testing and	training?	_YesNo		
		ircling the appropriate ty				
_ Plastic (latex	or nitrile)					
_ Cloth						
_ Leather						
_	s, i.e. nitrile underne	ath, leather over (describ	e)			
□ Goggles						
□ Face shield						
□ Rubber boots/dispo						
☐ Disposable surgica	I cap					
□ Overalls		and a second				
□ No personal protec		_				
□ Other (describe/de	tans)					
Indicate which of th	e following contacts	s the patients had durin	g the 5 weel	ks prior to onset:		
(Check all that apply)	.	.	8			
□ Birds □ Human case of Psittacosis (specify)						
□ Other (specify)		No known exposure				
If exposure to birds, c	complete following tal	ole:				
Type of Bird	Species	Approxima	te number	Were birds healthy? (Y=Ye	25	
Type of Bird	Species	пррголина	te number	N=No UNK=Unknown)	3	
Psittacines*						
Pigeons						
Domestic Fowl						
Other birds						

#Fsittacine Birds include: Cockatoos, Cockatiels, Macaws, Parakeets, Conures, Parnots 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 Owner of Establishment Establishment Establishment Establishment Coperation Exposure Exposure	Case ID:	First Name:		Last N	Last Name:			
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Indicate the 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 13=Unknown 13=Unknown 14 15 15 15 15 15 15 15	Type of Establishment							
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