

PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

Investigation Information

Report Date ____/____/____	Patient Status <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Died	Diagnosis Date ____/____/____	Onset Date ____/____/____
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Patient Information

Patient ID	First	Last	Middle
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Street Address

City	County	State	Zip
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Home Phone ###-###-####	Ext.	Other Phone ###-###-####	Ext.
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Parent/Guardian (if under 18yr.)

First	Last	Middle
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Demographics

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth ____/____/____	Age
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Race
 Caucasian African America American Indian/Alaska Native Hawaiian/Pacific Islander Asian
 Unknown Other (Specify) _____

Ethnicity
 Hispanic/Latino Non-Hispanic/Latino Unknown

Report Information

Person Providing Report

First	Last	Phone ###-###-####	Ext.	Email
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Primary Physician

First	Last	Phone ###-###-####	Ext.	Email
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Street Address

City	County	State	Zip
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Case ID

First Name

Last Name

Clinical Information**Brief clinical description (Symptoms and signs, note maximum temperature, etc.)**

- Fever Pneumonia
 Myalgia Rash
 Chills Photophobia
 Headache Other (describe/details):
 Cough

Specific therapy: (Specify products and dosage)**Outcome:**

-
- Recovered
-
- Died
-
- Unknown

If the patient died, date of death:

____/____/____

Laboratory Information

Test Name/Test Method	Date Specimen Collected	Test Result	Name of Laboratory
MIF	____/____/____		
IFA- Acute phase serum	____/____/____		
IFA Convalescent-phase serum	____/____/____		
PCR	____/____/____		
Isolation	____/____/____		

Chest X-rays done:

-
- Yes
-
- No
-
- Unknown

If yes, date:

____/____/____

If yes, results:**Epidemiologic Information****Occupation at date of onset:****Specific duties:****Indicate which of the following contacts the patients had during the 5 weeks prior to onset:**

(Check all that apply)

- Birds Human case of Psittacosis (specify) _____
 Other (specify) _____ No known exposure

If exposure to birds, complete following table:

Type of Bird	Species	Approximate number	Were birds healthy? (Y=Yes N=No UNK=Unknown)
Psittacines			
Pigeons			
Domestic Fowl			
Other birds			

If birds were not healthy, please elaborate:

Case ID

First Name

Last Name

Epidemiologic Information cont.

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

Type of Establishment	Owner	Address	Exposure To (Species)	Exposure setting	Date of Exposure
1=Private home 2=Private aviary 3=commercial aviary 4=Pet shop 5=Bird loft 6=Poultry establishment 7=other 8=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: ____/____/____	Health Dept.
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Phone number: ### ##-####	Ext.	
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