Psittacosis

WEST VIRGINIA Department of Health & Human Resources BUREAU FOR PUBLIC HEALTH

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work/cell) : _____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

Birth date: ___/___/_____ **Age**: _____
Sex: ☐Male ☐Female ☐Unk
Ethnicity: ☐Not Hispanic or Latino
☐Hispanic or Latino ☐Unk
Race: ☐White ☐Black/Afr. Amer.
(Mark all that apply) ☐Asian ☐Am. Ind/AK Native
☐Native HI/Other PI ☐Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date: _/_/_____
Earliest date reported to LHD: ___/___/____
Earliest date reported to DIDE: ___/___/____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐Laboratory ☐Hospital ☐HCP ☐Public Health Agency ☐Other
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: ___/___/_____ **Diagnosis date**: ___/___/_____ **Recovery date**: _/_/_____

Clinical Findings
Y N U
☐ ☐ ☐ Fever (Highest measured temperature:_____ ºF)
☐ ☐ ☐ Chills
☐ ☐ ☐ Headache
☐ ☐ ☐ Cough
☐ ☐ ☐ Myalgia
☐ ☐ ☐ Rash
☐ ☐ ☐ Photophobia

Complications
Y N U
☐ ☐ ☐ Pneumonia (☐CXR confirmed ☐Clinical diagnosis)

Hospitalization
Y N U
☐ ☐ ☐ Patient hospitalized for this illness
If yes, hospital name: _____
Admit date: ___/___/_____ Discharge date: _/_/_____

Death
Y N U
☐ ☐ ☐ Patient died due to this illness If yes, date of death: / / _____

TREATMENT

Y N U
☐ ☐ ☐ Patient received antibiotic therapy due to this infection
If yes, specify:
Type:_____ Duration:_____days

LABORATORY *(Please submit copies of __all__ labs obtained on this case to DIDE)*

Y N U
☐ ☐ ☐ Isolation of *Chlamydophila psittaci* from respiratory specimens (e.g., sputum, pleural fluid or tissue) or blood
☐ ☐ ☐ Fourfold or greater increase in antibody (IgG) against *C. psittaci* by complement fixation (CF) between paired acute- and convalescent-phase serum specimens obtained a minimum of 2 weeks apart
☐ ☐ ☐ Fourfold or greater increase in antibody (IgG) against *C. psittaci* by microimmunofluorescence (MIF) between paired acute- and convalescent-phase serum specimens obtained a minimum of 2 weeks apart
☐ ☐ ☐ Titer of antibody against *C. psittaci* (IgM) of at least 1:32 by CF in one or more serum specimens obtained after onset of symptoms
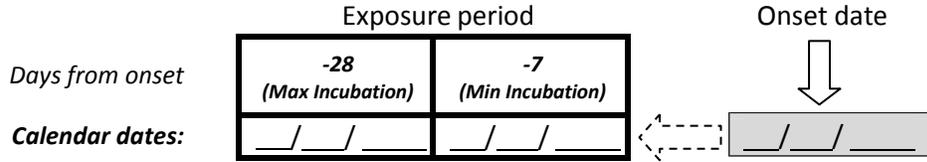☐ ☐ ☐ Titer of antibody against *C. psittaci* (IgM) of at least 1:32 by MIF in one or more serum specimens obtained after onset of symptoms
☐ ☐ ☐ Detection of C. psittaci DNA in a respiratory specimen (e.g. sputum, pleural fluid or tissue) via amplification of a specific target by PCR assay

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period

	Exposure period		Onset date
Days from onset	**-28** (Max Incubation)	**-7** (Min Incubation)	⬇
Calendar dates:	__/__/____	__/__/____	⇠ ___/__/____

EPIDEMIOLOGIC EXPOSURES (based on the above exposure period)

Y N U

☐ ☐ ☐ History of travel during exposure period (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for travel

☐ ☐ ☐ Direct exposure to birds

    If yes, specify type(s): ☐ Parrot ☐Other pet bird ☐Pigeon ☐Other wild bird ☐Domestic fowl (chicken, turkey, etc)

    If yes, specify location: _____

    If yes, exposure date: _/_ _____

☐ ☐ ☐ Bird dropping or feather exposure without direct contact

☐ ☐ ☐ Visited pet shop

    If yes, location: _____

    If yes, date: _/_ _____

☐ ☐ ☐ Occupational exposure

    If yes, list occupation: _____

Where did exposure most likely occur? **County:**_____ **State:**_____ **Country:** _____

PUBLIC HEALTH ISSUES

Y N U

☐ ☐ ☐ Epidemiologic link to a confirmed or presumptive avian case

☐ ☐ ☐ Source bird identified

    Bird tested positive for psittacosis?

    ☐ Positive   ☐Negative   ☐Not tested

    If positive, origin of infected bird:

    ☐Private home   ☐Private aviary

    ☐Commercial aviary   ☐Pet shop

    ☐Bird loft   ☐Poultry establishment

    ☐Other:_____   ☐Unknown

    Species:_____

☐ ☐ ☐ Case knows someone who had shared exposure and is currently having similar symptoms

☐ ☐ ☐ Epi link to another confirmed case of same condition

☐ ☐ ☐ Case is part of an outbreak

☐ ☐ ☐ Other:

PUBLIC HEALTH ACTIONS

Y N U

☐ ☐ ☐ Disease education and prevention information provided to patient and/or family/guardian

☐ ☐ ☐ Education or outreach provided to employer

☐ ☐ ☐ Facilitate laboratory testing of other symptomatic persons who have a shared exposure

☐ ☐ ☐ Patient is lost to follow-up

☐ ☐ ☐ Other:

WVEDSS

Y N U

☐ ☐ ☐ Entered into WVEDSS (**Entry date**: __ / __ /____)   **Case Status:** ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

NOTES