

Psittacosis (Ornithosis)

Merlin reporting code = 07390
 Case report form (CRF): [Psittacosis Human Case Surveillance Report](#)
PAPER CRF REQUIRED

Clinical description

An illness characterized by fever, chills, headache, photophobia, cough, and myalgia.

Laboratory criteria for case classification

Confirmatory:

- Isolation of *Chlamydia psittaci* from respiratory secretions
- OR
- Fourfold or greater increase in antibody against *C. psittaci* by complement fixation (CF) or microimmunofluorescence (MIF) to a reciprocal titer of ≥ 32 between paired acute and convalescent phase serum specimens obtained at least 2-4 weeks apart.

Supportive:

- Presence of IgM antibody against *C. psittaci* by MIF greater or equal 1:32 in at least one serum specimen obtained after onset of symptoms
- OR
- Detection of *C. psittaci* DNA in a respiratory specimen (e.g. sputum, pleural fluid or tissue) via amplification of a specific target by polymerase chain reaction (PCR).

Case classification

Confirmed:

A clinically compatible illness in a person with confirmatory laboratory evidence.

Probable:

- A clinically compatible illness in a person with supportive laboratory evidence
- OR
- A clinically compatible illness in a person who is epidemiologically linked to a confirmed case.

Suspect:

Clinically compatible illness in a person with history of close contact with a *C. psittaci* positive bird or its feces or secretions within 2 weeks of symptom onset and no alternative agreed upon diagnosis.

Epidemiologic criteria for case classification

Epidemiologic risk factors include exposure to a *C. psittaci* confirmed infected bird's feces or secretions, exposure to same dried bird feces or secretions as a confirmed case, and bird owners, pet shop employees, veterinarians, poultry plant workers and others exposed to birds and their secretions. Cultures of *C. psittaci* pose an aerosol exposure risk to laboratory workers. Follow up should be conducted with the laboratory to identify any potential lab exposures.

Comments

The serologic findings by CF also may occur as a result of infection with *Chlamydia pneumoniae* or *Chlamydia trachomatis*. Results from MIF and CF should be interpreted with caution due to possible cross reactivity with *C. pneumoniae* and *C. trachomatis*. To increase the reliability of test results, acute- and convalescent-phase serum specimens should be analyzed at the same time in the same

laboratory. A real-time polymerase chain reaction (PCR) has been developed and validated in avian specimens but has not yet been validated for use in humans.

Reference

Mitchell SL, BJ Wolff, WL Thacker, PG Ciombor, CR Gregory, KDE Everett, BW Ritchie, JM Winchell 2008. Genotyping of *Chlamydophila psittaci* by real-time PCR and high resolution melt analysis. J. Clin. Microbiol. 47:175-181.

 **Specimens from all cases must be sent to the Bureau of Public Health Laboratories for confirmation. Specimens will be forwarded on to CDC for testing in outbreak settings. This condition has been identified as a potential bioterrorism agent by the CDC.**

[Return to Table of Contents](#)