Psittacosis (Ornithosis)

Merlin disease code=07390
Case report form (CRF): Psittacosis Human Case Surveillance Report
PAPER CRF REQUIRED

Clinical criteria for case classification
An illness characterized by fever, chills, headache, photophobia, cough, and myalgia.

Laboratory criteria for case classification

Confirmatory:
Either of the following:
• 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:
Either of the following:
• 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).

Epidemiological 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.

Case classification

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

Probable:
Either of the following:
• 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.

Criteria to distinguish a new case from previous reports
Not applicable.
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.


✉ 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.