

PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

Ohio Department of Health

246 N. High St., Columbus OH 43215

Fax: (614)564-2456

Investigation Information				
Report Date	Diagnosis Date		Onset Date	
Patient Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Deceased				
Patient Information				
Patient ID	Last	First		Middle
Street Address				
City	County	State	Zip	
Home Phone	Ext.	Other Phone <input type="checkbox"/> Work / Business <input type="checkbox"/> Cell		Ext.
Parent/Guardian (if patient < 18yr.)				
Last		First		Middle
Demographics				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Date of Birth _____	Age <input type="checkbox"/> Years <input type="checkbox"/> Months _____	
Race <input type="checkbox"/> Caucasian <input type="checkbox"/> African America <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify) _____				
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown				
Report Information				
Person Providing Report				
First	Last	Phone	Ext.	Email
City	County	State	Zip	City
Primary Physician				
First	Last	Phone	Ext.	Email
Street Address				
City	County	State	Zip	

Case ID

Clinical Information

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

- Fever; Maximum temperature: _____ F C
 Cough Pneumonia (**CXR confirmed** or **clinical diagnosis**)
 Myalgia Rash Chills Photophobia
 Headache Other (describe/details): _____

Specific therapy: (Specify products, dosage, and duration)

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
Acute-phase serum <input type="checkbox"/> CF <input type="checkbox"/> MIF		IgM: _____ IgG: _____	
Convalescent-phase serum <input type="checkbox"/> CF <input type="checkbox"/> MIF		IgM: _____ IgG: _____	
PCR <input type="checkbox"/> blood <input type="checkbox"/> sputum <input type="checkbox"/> other: _____			
Sputum culture			
Chest X-ray done: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:

 *Psittacine Birds include: Cockatoos, Cockatiels, Macaws, Parakeets, Parrots

Case ID

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 of Establishment	Address of Establishment	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 Department

Phone number:

Ext.