# PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

| **Investigation Information** | | | |
|---|---|---|---|
| **Report Date**<br>____/____/_____<br>MM/DD/YYYY | **Patient Status**<br>□ Inpatient □ Outpatient □ Deceased | **Diagnosis Date**<br>____/____/_____<br>MM/DD/YYYY | **Onset Date**<br>____/____/_____<br>MM/DD/YYYY |

| **Patient Information** | | | |
|---|---|---|---|
| **Patient ID** | **Last** | **First** | **Middle** |
| **Street Address** | | | |
| **City** | **County** | **State** | **Zip** |
| **Home Phone**<br>###-###-#### | **Ext.** | **Other Phone □ Work / Business □ Cell**<br>###-###-#### | **Ext.** |
| Parent/Guardian (if patient < 18yr.) | | | |
| **Last** | **First** | **Middle** | |

| **Demographics** | | |
|---|---|---|
| **Gender**<br>□ Male □ Female □ Unknown | **Date of Birth**<br>____/____/_____<br>MM/DD/YYYY | **Age □ Years □ Months** |
| **Race**<br>□ Caucasian □ African America □ American Indian/Alaska Native □ Hawaiian/Pacific Islander □ Asian<br>□ Unknown □ Other (Specify)_____ | | |
| **Ethnicity**<br>□ Hispanic/Latino □ Non-Hispanic/Latino □ Unknown | | |

| **Report Information** | | | | |
|---|---|---|---|---|
| Person Providing Report | | | | |
| **First** | **Last** | **Phone**<br>###-###-#### | **Ext.** | **Email** |
| **City** | **County** | **State** | **Zip** | **City** |
| Primary Physician | | | | |
| **First** | **Last** | **Phone**<br>###-###-#### | **Ext.** | **Email** |
| **Street Address** | | | | |
| **City** | **County** | **State** | **Zip** | |

Case ID First Name Last Name

## 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:** ____/____/_____ MM/DD/YYYY |
|---|---|

## Laboratory Information

| Test Name/Test Method | Date Specimen Collected MM/DD/YYYY | Test Result | Name of Laboratory |
|---|---|---|---|
| **Acute-phase serum** □ **CF** □ **MIF** | ____/____/_____ | **IgM:**_____ **IgG:** _____ | |
| **Convalescent-phase serum** □ **CF** □ **MIF** | ____/____/_____ | **IgM:**_____ **IgG:** _____ | |
| **PCR** □ **blood** □ **sputum** □ **other:** _____ | ____/____/_____ | | |
| **Sputum culture** | ____/____/_____ | | |

| **Chest X-ray done:** □ Yes □ No □ Unknown | **If yes, date:** ____/____/_____ MM/DD/YYYY | **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:**

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

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 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: ____/____/_____ MM/DD/YYYY | Health Depart. |
|---|---|---|
| **Phone number:** ###-###-##### | **Ext.** | |