

PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

Investigation Information

Report Date ____/____/____ MM/DD/YYYY	Patient Status <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Deceased	Diagnosis Date ____/____/____ MM/DD/YYYY	Onset Date ____/____/____ MM/DD/YYYY
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Patient Information

Patient ID	Last	First	Middle
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Street Address

City	County	State	Zip
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Home Phone ###-###-####	Ext.	Other Phone <input type="checkbox"/> Work / Business <input type="checkbox"/> Cell ###-###-####	Ext.
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Parent/Guardian (if patient < 18yr.)

Last	First	Middle
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Demographics

Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Date of Birth ____/____/____ MM/DD/YYYY	Age <input type="checkbox"/> Years <input type="checkbox"/> Months
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Race
 Caucasian African America American Indian/Alaska Native Hawaiian/Pacific Islander Asian
 Unknown Other (Specify) _____

Ethnicity
 Hispanic/Latino Non-Hispanic/Latino Unknown

Report Information

Person Providing Report

First	Last	Phone ###-###-####	Ext.	Email
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City	County	State	Zip	City
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Primary Physician

First	Last	Phone ###-###-####	Ext.	Email
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Street Address

City	County	State	Zip
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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 <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: _____ / _____ / _____ 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:

 *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

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Submitted by:

Date:

Health Dept.

____/____/____
MM/DD/YYYY

Phone number:

###-###-####

Ext.