

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
INFECTIOUS DISEASES BRANCH
VETERINARY PUBLIC HEALTH SECTION, MS 7308
P.O. BOX 997377
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AVIAN PSITTACOSIS CASE REPORT

I. SECTION TO BE COMPLETED BY SUBMITTING LABORATORY:

CASE CLASSIFICATION:

C=CONFIRMED, P=PROBABLE, S=SUSPECT

1. ISOLATION CULTURE

- TISSUES (LIVER, SPLEEN) (C),
- CLOACAL, CHOANA, FECAL SWAB (C)

2. SEROLOGICAL TESTS (ANTIBODIES)

- COMPLEMENT FIXATION: (P) TITER: _____
 DIRECT, MODIFIED DIRECT, INDIRECT
- LATEX AGGLUTINATION (P) TITER: _____
- BELISA (P or S)* TITER: _____

3. IMMUNOFLUORESCENT STAINING

- CLOACAL (S), FECAL (S)
- TISSUE IMPRESSION SMEARS (C)

4. TISSUES

- IMPRESSION SMEARS (C):
- GIMENEZ STAIN, MACCHIA VELLO STAIN,
- OTHER: _____
- PEROXIDASE-ANTIPEROXIDASE STAIN (C)

5. ELISA: IDEIA, KODAK SURECELL (P or S)*

- SAMPLE: TISSUE, FECAL,
- CHOANAE, CLOACA

*P if bird shows signs of disease, S if bird is asymptomatic

DATE SPECIMEN SUBMITTED: _____
ACCESSION NUMBER: _____

LABORATORY
NAME: _____
ADDRESS: _____
PHONE: (____) _____

DIAGNOSING VETERINARIAN
NAME/HOSPITAL: _____
ADDRESS: _____
PHONE: (____) _____

BIRD OWNER:
NAME/AVIARY: _____
ADDRESS: _____
PHONE: (____) _____

II. SECTION TO BE COMPLETED BY DIAGNOSING VETERINARIAN

Please complete Section II, send a copy of this form to the Veterinary Public Health Section, and forward the original to the local health (environmental health) department conducting the case investigation. (Reference: California Health and Safety Code, §121745-121765 and California Code of Regulations. Title 17, §2603-2603.5)

DATE REPORTED: _____

REPORTED TO: _____
PHONE: _____

1. SIGNALMENT:

- SPECIES AND BREED _____
- MALE FEMALE AGE OF BIRD _____
- LEG BAND NUMBER _____
- STATUS OF BIRD: ALIVE DEAD

BIRD OWNER:
NAME/AVIARY: _____
ADDRESS: _____
PHONE: _____
COUNTY OF ORIGIN: _____

2. CLINICAL SIGNS OF DISEASE COMPATIBLE WITH PSITTACOSIS:

- NASAL-OCULAR DISCHARGE, DIARRHEA, WEAKNESS, WEIGHT LOSS, ASYMPTOMATIC

3. TREATMENT GIVEN

- CHLORTETRACYCLINE FEED, ORAL DOXYCYCLINE, OTHER: _____
- DURATION OF TREATMENT: _____ DAYS FOLLOW UP TEST OF CURE DONE? Y N

4. WAS THE BIRD PURCHASED FROM A PET STORE OR BREEDER IN THE PAST 60 DAYS Y N

- IF YES, NAME OF PET STORE OR BREEDER _____
- ADDRESS _____
- PHONE (____) _____

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III. SECTION TO BE COMPLETED BY LOCAL HEALTH (ENVIRONMENTAL HEALTH) DEPARTMENT INVESTIGATOR

PLEASE FINISH SECTION III. AND FORWARD THE COMPLETED ORIGINAL TO THE VETERINARY PUBLIC HEALTH SECTION.

INVESTIGATOR'S NAME: _____ TITLE: _____
ADDRESS: _____ PHONE: (____) _____
OWNER'S NAME: _____ ACCESSION NUMBER: _____

GUIDELINES FOR INVESTIGATIONS

For more information on avian psittacosis click on the link below:

<http://www.cdph.ca.gov/healthinfo/discond/Pages/Psittacosis.aspx>

- A confirmed case which was procured from a pet store, breeder or dealer within 60 days of the onset of symptoms should be investigated.
- A confirmed or probable case associated with a confirmed case of human psittacosis should be investigated.
- A probable case which was recently procured (within 60 days) from a pet store, breeder or dealer, and at least one other probable case had been identified in the preceding 60 days as having been purchased from the same establishment should be investigated.
- A confirmed, probable or suspect case of avian psittacosis can always be investigated at the discretion of the local public health officer.
- All owners of confirmed cases of avian psittacosis should be contacted by telephone by a local health official to ensure that they understand the requirements of quarantine and the public health hazards of psittacosis.

DATE _____ (PLEASE CIRCLE)

Was an investigation conducted?	YES	NO
Was the bird quarantined?	YES	NO
Did the bird have contact with other birds?	YES	NO
If yes, were these birds also quarantined?	YES	NO
Were any of these birds ill?	YES	NO
Was appropriate treatment completed?	YES	NO
Was the bird purchased within the 60 days prior to the onset of the illness?	YES	NO
If yes, was an investigation conducted at the site of purchase?	YES	NO
Is anyone who had contact with these birds sick with chronic flu-like symptoms?	YES	NO

COMMENTS: