



Psittacosis

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other

Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____

OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Fever Highest measured temp (°F): _____
 Oral Rectal Other: _____ Unk
 Chills
 Headache
 Cough
 Cough onset date: ___/___/___
 Nonproductive cough
 Breathing difficulty or shortness of breath
 Muscle aches or pain (myalgia)
 Eyes sensitive to light (photophobia)

Clinical Findings

Y N DK NA
 Respiratory infection, Type: _____
 Pneumonia
 X-ray result: P N I O NT

P = Positive
 N = Negative
 I = Indeterminate
 O = Other
 NT = Not Tested

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness

Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___

Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

Laboratory

Collection date ___/___/___
 Source _____

P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT
 C. psittaci culture (respiratory specimens or blood)
 C. psittaci IgG with ≥ 4-fold rise by complement fixation or by microimmunofluorescence (MIF) (acute and convalescent serum pair at least two weeks apart)
 C. psittaci IgM ≥ 32 in at least one serum specimen after onset [supportive serology]
 C. psittaci DNA by PCR (respiratory specimen) [probable]

NOTES

