I. IDENTIFICATION

A. CLINICAL DESCRIPTION: A respiratory disease caused by infection with *Chlamydia psittaci*. Persons with symptomatic infections typically have an abrupt onset of fever, chills, headache, malaise, and myalgia. A nonproductive cough is usually present and can be accompanied by breathing difficulty and/or chest tightness. A pulse-temperature dissociation (fever without increased pulse rate), enlarged spleen, and nonspecific rash are sometimes observed. Severe illness with respiratory failure, thrombocytopenia, and hepatitis has also been reported.

B. REPORTING CRITERIA: A clinically compatible illness with confirmatory or supportive laboratory findings.

C. LABORATORY CRITERIA FOR CONFIRMATION:

1. Laboratory confirmatory:
   - Isolation of *Chlamydia psittaci* from respiratory specimens (e.g., sputum, pleural fluid, or tissue), or blood, OR
   - Fourfold or greater increase in antibody (Immunoglobulin G [IgG]) against *C. psittaci* by complement fixation (CF) or microimmunofluorescence (MIF) between paired acute- and convalescent-phase serum specimens obtained at least 2-4 weeks apart

2. Laboratory supportive:
   - *C. psittaci* IgM antibody titer of greater than or equal to 32 in at least one serum specimen obtained after onset of symptoms), OR
   - Detection of *C. psittaci* DNA in a respiratory specimen (e.g. sputum, pleural fluid or tissue) via amplification of a specific target by polymerase chain reaction (PCR) assay.

D. WISCONSIN CASE DEFINITION:

1. Confirmed case: A clinically compatible illness (characterized by fever, chills, headache, cough and myalgia), with confirmatory laboratory findings.

2. Probable Case: A clinically compatible illness (characterized by fever, chills, headache, cough and myalgia) with supportive laboratory findings.

II. ACTIONS REQUIRED / PREVENTION MEASURES

A. WISCONSIN DISEASE SURVEILLANCE CATEGORY II:
   Report to the patient’s local health department either electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), by mail or fax using an Acute and Communicable Disease Case Report (F-44151), or by other means within 72 hours upon recognition of a case or suspected case.

B. EPIDEMIOLOGY REPORTS REQUIRED:
   - Electronically – Report through WEDSS, including appropriate disease-specific tabs OR
   - Paper Copy – Acute and Communicable Diseases Case Report (F-44151) AND http://www.nasphv.org/Documents/PsittacosisHumanCaseReport.doc
C. PUBLIC HEALTH INTERVENTIONS:
   In accordance with Wisconsin Administrative rule DHS 145.05, local public health should follow the methods of control recommended in the current edition of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association.
   See also “Compendium of Measures to Control Chlamyphila psittaci Infection among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis)” at [http://www.nasphy.org/Documents/Psittacosis.pdf](http://www.nasphy.org/Documents/Psittacosis.pdf).
   Briefly, a source investigation should be performed. The most common source of infection is exposure to infected psittacine (parrot-like) birds, particularly parrots, parakeets, and lovebirds, although pigeons and poultry (particularly turkeys) may serve as reservoirs. Bird cages, roosts and other housing may harbor the organisms in bird droppings. Infected birds should be treated or destroyed.

D. PREVENTION MEASURES:
   Educate persons at high risk for exposure (pet owners, zoo personnel, pet shop operators and poultry processors) about the signs and symptoms of disease. Care should be used in cleaning bird housing to minimize contamination of surrounding environments.

III. CONTACTS FOR CONSULTATION
   
   B. BCDER / COMMUNICABLE DISEASE EPIDEMIOLOGY SECTION: (608) 267-9003
   
   C. WISCONSIN STATE LABORATORY OF HYGIENE / BACTERIOLOGY: (608) 263-3421

IV. RELATED REFERENCES
   
   