



Communicable Disease Case Reporting and Investigation Protocol **PSITTACOSIS (ORNITHOSIS)**

I. IDENTIFICATION AND DEFINITION OF CASES

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. **Laboratory Criteria:**

Confirmatory:

- Isolation of *Chlamydia psittaci* (formerly *Chlamydophila 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.

Supportive:

- *C. psittaci* IgM antibody titer of ≥ 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.

C. **Wisconsin Surveillance Case Definition:**

- **Confirmed:** A clinically compatible illness (characterized by fever, chills, headache, cough and myalgia), with confirmatory laboratory findings.
- **Probable:** A clinically compatible illness (characterized by fever, chills, headache, cough and myalgia) with supportive laboratory findings.

II. REPORTING

- A. **Wisconsin Disease Surveillance Category II – Methods for Reporting:** This disease shall be reported to the patient's local health officer or to the local health officer's designee within 72 hours of recognition of a case or suspected case, per Wis. Admin. Code § [DHS 145.04 \(3\) \(b\)](#). Report electronically through the Wisconsin Electronic Disease Surveillance System (WEDSS), or mail or fax a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form.
- B. **Responsibility for Reporting:** According to Wis. Admin. Code § [DHS 145.04\(1\)](#), persons licensed under Wis. Stat. ch. [441](#) or [448](#), laboratories, health care facilities, teachers, principals, or nurses serving a school or day care center, and any person who knows or suspects that a person has a communicable disease identified in [Appendix A](#).
- C. **Clinical Criteria for Reporting:** Clinically compatible illness with confirmatory or supportive laboratory results.
- D. **Laboratory Criteria for Reporting:** Confirmatory or supportive laboratory results.

III. CASE INVESTIGATION

- A. **Responsibility for case investigation:** It is the responsibility of the local health department (LHD) to investigate or arrange for investigation of suspected or confirmed cases as soon as is reasonably possible. A case investigation may include information collected by phone, in person, in writing, or through review of medical records or communicable disease report forms, as necessary and appropriate.

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 also serve as reservoirs. Bird cages, roosts and other housing may harbor the organisms in bird droppings. Infected birds should be treated or destroyed.

B. Required Documentation:

1. Complete the WEDSS disease incident investigation report, including appropriate, disease-specific tabs. This may be facilitated by completing the psittacosis case report form (<http://www.nasphv.org/Documents/PsittacosisHumanCaseReport.pdf>). Save this completed form into the WEDSS file cabinet.
2. Upon completion of investigation, set WEDSS disease incident process status to “Sent to State.”

C. Additional Investigation Responsibilities

1. Careful reading of serologic results is necessary to distinguish *Chlamydia psittaci*, *C. pneumoniae*, and *C. trachomatis* titers.
2. If source investigation implicates birds in commercial distribution, coordinate with Bureau of Communicable Diseases (BCD) staff to assess ongoing risk, possible remediation efforts, and environmental cleaning.

IV. PUBLIC HEALTH INTERVENTIONS AND PREVENTION MEASURES

- A. In accordance with Wis. Admin. Code § [DHS 145.05](#), local public health agencies should follow the methods of control recommended in the current editions of *Control of Communicable Diseases Manual*, edited by David L. Heymann, published by the American Public Health Association, and the American Academy of Pediatrics’ *Red Book: Report of the Committee on Infectious Diseases*, unless otherwise specified by the state epidemiologist.
- B. Educate persons at high risk of 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.

V. CONTACTS FOR CONSULTATION

- A. Local health departments and tribal health agencies:
<https://www.dhs.wisconsin.gov/lh-depts/index.htm>
- B. Bureau of Communicable Diseases, Communicable Diseases Epidemiology Section: 608-267-9003
- C. Wisconsin State Laboratory of Hygiene: 1-800-862-1013

VI. RELATED REFERENCES

- A. Heymann DL, ed. Psittacosis. In: *Control of Communicable Diseases Manual*. 20th ed. Washington, DC: American Public Health Association, 2015:491-493.
- B. Pickering LK, ed. *Chlamydophila psittaci*. In: *Red Book: 2015 Report of the Committee on Infectious Diseases*. 30th ed. Elk Grove Village, IL: American Academy of Pediatrics, 2015: 286-288.
- C. National Association of State Public Health Veterinarians - Psittacosis Compendium
<http://www.nasphv.org/Documents/PsittacosisCompendium.pdf>.