PSITTACOSIS HUMAN CASE SURVEILLANCE REPORT

Investigation Information			
Report Date ____/____/_____ MM/DD/YYYY	**Patient Status** □ Inpatient □ Outpatient □ Deceased	**Diagnosis Date** ____/____/_____ MM/DD/YYYY	**Onset Date** ____/____/_____ MM/DD/YYYY

Patient Information			
WebSurv ID	**Last**	**First**	**Middle**
Street Address			
City	**County**	**State**	**Zip**
Home Phone ###-###-####	**Ext.**	**Other Phone □ Work / Business □ Cell** ###-###-####	**Ext.**
Parent/Guardian (if patient < 18yr.)			
Last	**First**	**Middle**	

Demographics		
Gender □ Male □ Female □ Unknown	**Date of Birth** ____/____/_____ MM/DD/YYYY	**Age □ Years □ Months**
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**
City	**County**	**State**	**Zip**	**City**
Primary Physician				
First	**Last**	**Phone** ###-###-####	**Ext.**	**Email**
Street Address				
City	**County**	**State**	**Zip**	

WebSurv 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 □ **CF** □ **MIF**	____/____/_____	**IgM:_____ IgG: _____**	
Convalescent-phase serum □ **CF** □ **MIF**	____/____/_____	**IgM:_____ IgG: _____**	
PCR □ **blood** □ **sputum** □ **other: _____**	____/____/_____		
Sputum culture	____/____/_____		

Chest X-ray done: □ Yes □ No □ 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**

Websurv 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

Submitted by:	Date: ____/____/_____ MM/DD/YYYY	Health Depart.
Phone number: ###-###-#####	**Ext.**	