Psittacosis Surveillance Worksheet

NAME _____ (last) _____ (first) **ADDRESS (Street and No.)** _____ **Phone** _____ **Hospital Record No.** _____

This information will not be sent to CDC

REPORTING SOURCE TYPE
☐ physician ☐ PH clinic
☐ nurse ☐ laboratory
☐ hospital ☐ other clinic
☐ other source type _____

NAME _____
ADDRESS _____
ZIP CODE _____
PHONE (__ __ __) __ __ __ __ __ __ __

SUBJECT ADDRESS CITY _____
SUBJECT ADDRESS STATE _____
SUBJECT ADDRESS COUNTY _____
SUBJECT ADDRESS ZIP CODE __ __ __ __ __
LOCAL SUBJECT ID _____

CASE INFORMATION

Date of Birth __ __ __ __ __ __ __ __ (month day year) | **Country of Birth** _____ | **Other Birth Place** ____ | **Country of Usual Residence** _____

Race ☐American Indian/Alaskan Native ☐Asian ☐Black/African American ☐Native Hawaiian/Pacific Islander ☐White ☐Not asked ☐ Refused to answer ☐Other _____ ☐ Unknown

Ethnic Group H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown ☐ | **Sex** M=male F=female U=unknown ☐

Age at Case Investigation _____ | **Age Unit*** _____ | **Reporting County** _____ | **Reporting State** _____

Date Reported __ __ __ __ __ __ __ __ (month day year) | **Date First Reported to PHD** __ __ __ __ __ __ __ __ (month day year) | **National Reporting Jurisdiction** ____

Ealiest Date Reported to County __ __ __ __ __ __ __ __ (mm/dd/yyy) | **Earliest Date Reported to State** __ __ __ __ __ __ __ __ (mm/dd/yyy)

Case Class Status ☐ Suspected ☐ Probable ☐ Confirmed ☐ Unknown ☐ Not a case | **Case Investigation Start Date** __ __ __ __ __ __ __ __ (month day year)

CASE INVESTIGATION STATUS CODE
☐ approved ☐ closed ☐deleted ☐in progress ☐notified ☐ rejected
☐ other_____ ☐ ready for review ☐ reviewed ☐suspended ☐unknown

CLINICAL INFORMATION

Illness Onset Date __ __ __ __ __ __ __ __ (month day year) | **Illness End Date** __ __ __ __ __ __ __ __ (month day year) | **Illness Duration** ____ | **Duration Units*** _____

Illness Onset Age ☐☐☐ | **Illness Onset Age Units** ☐☐☐ | **Date of Diagnosis** __ __ __ __ __ __ __ __ (month day year) | **Pregnancy Status** ☐ Y=yes N=no U=unknown

Hospitalized? Y=yes N=no U=unknown ☐ | **Hospital Admission Date** __ __ __ __ __ __ __ __ (month day year) | **Hospital Discharge Date** __ __ __ __ __ __ __ __ (month day year)

During any part of hospitalization, did subject stay in Intensive Care Unit (ICU) or Critical Care Unit (CCU)? Y=yes N=no U=unknown ☐

Duration of Hospital Stay 0 – 998, 999=unknown _____ days | **Subject's highest measured temperature during this illness?** __ __ __ . __ | **Temperature Units** ☐ F ☐ Cel

***UNITS** a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown

Indicate what symptoms of interest the patient had during the illness:

SYMPTOM	Y	N	U	SYMPTOM	Y	N	U	SYMPTOM	Y	N	U	SYMPTOM	Y	N	U
Chills				Gastrointestinal illness				Photophobia				Vomiting			
Cough				Headache				Pneumonia				Unknown			
Diarrhea				Muscle pain				Rash				Other _____			
Fever				Nausea				Stiff neck				Y=yes; N=no; U=unknown			

Did the subject take antibiotics as treatment for this illness? Y=yes N=no U=unknown ☐ **If yes, select antibiotic below:**

Antibiotic	Dose	Dose Unit	Start Date	Stop Date	Duration (days)
Azithromycin					
Clarithromycin					
Erythromycin					
Other _____					
Unknown					

EXPOSURE INFORMATION

Occupation at date of onset: _____ **Industry at date of onset:** _____

Occupational duties: _____

At the time of exposure, which of the following personal protective equipment was used by the patient (select below)?

TYPE OF PROTECTIVE EQUIPMENT									
	Respiratory		**Elastomeric**[†]		**Gloves**				
	☐ Surgical mask		☐ N or P95		☐ Plastic	☐ Leather	☐ Cloth		
	☐ Filtering piece/N95		☐ N or P99/100		☐ Double (i.e., nitrile underneath, leather overi(describe)				
	☐ Other _____		☐ Other cartridge _____		[†]Half face or full face				
	☐ Goggles		☐ Face shield		☐ Rubber boots/disposable overshoes				
	☐ Disposable sugical cap		☐ Overalls		☐ No pesonal protective equipment used				
	☐ Other (describe) _____								

Does the patient get annual respirator fit testing and training? Y=yes N=no U=unknown ☐

Indicate which of the following contacts patient had during 5 weeks prior to onset:

☐	Birds	☐	Day care	☐	Mother	☐	Other family member
☐	Classmate	☐	Father	☐	None	☐	SIbling
☐	Coworker	☐	Human case of psittacosis	☐	Nursing home	☐	Unknown
☐	Other (specify) _____						

If exposure to birds, complete the following table:

	Type of Bird	Species	Number	Were birds healthy?	Y	N	U
☐	Psittacines[‡]						
☐	Pigeons						
☐	Domestic fowl						
☐	Other birds						
☐	Unknown						

‡Psittacine birds include Cockatoos, Cockatiels, Macaws, Parakeets, Conrues, Parrots

If birds were not healthy, please elaborate: _____

Indicate where the exposure may have occurred:

Type of Establishment	Owner of Establishment	Address of Establishment	Exposure Setting	Date of Exposure
Backyard poultry				
Bird fair show				
Commercial aviary				
Healthcare				
Long term/Nursing home				
Other				
Pet shop				
Pigeon loft				
Poultry establishment (farm)				
Poultry establishment (processor)				
Private aviary				
Private home				
Swap meet				
Unknown				

LABORATORY INFORMATION

Was there laboratory testing done to confirm the diagnosis? Y=yes N=no U=unknown ☐

Was case laboratory confirmed? Y=yes N=no U=unknown ☐ **Bacterial Species Isolated** _____

Test Type	Test Result	Test Method	Date Specimen Collected (mm dd yyyy)	Test Result Quantitative	Result Units	Test Manufacturer	Date Specimen Sent to CDC (mm dd yyyy)	Specimen Type	Performing Laboratory Name	Performing Laboratory Type
culture										
PCR										
Titer (acute)										
Titer (conval)										
genotype										
other										
unknow										

LABORATORY TESTING CODES

Lab Test Type

LAB695=culture
LAB696=PCR
LAB698=titer
LAB670=acute
LAB671=convalescent

LAB608=Other
LAB609=Unknown type
LAB713=genotyping

Specimen Source

1=amniotic fluid
2=BAL
3=blood
4=bone
5=brain
6=CSF
7=heart
8=other
9=unknown
10=internal body site
11=joint
12=kidney
13=liver
14=lung
15=lymph node
16=muscle/fascia/tendon
17=NP swab
18=oropharyngeal swab
19=ovary
20=pancreas
21=pericardial fluid
22=peritoneal fluid
23=placenta
24=pleural fluid
25=purpuric lesions
26=respiratory secretion
27=serum
28=spleen
29=sputum
30=stool
31=tracheal aspirate
32=urine
33=vascular tissue
34=vitreous
35=wound

Titer Test Method

Acute Ab Convalescent Ab Unknown

Performing Laboratory Type

PHC643=public health lab
PHC645=commercial lab
PHC1316=VPD testing lab
PHC1317=hospital lab
PHC1318=other clinical lab
OTH=other UNK=unknown

TEST RESULT CODES

≥4X rise in Ab titer IgM ≥32 Indeterminate Negative No significant rise in IgG No significant rise in IgM
Not done Other Pending Positive Significant rise in IgG Unknown

Was a specimen sent to CDC for testing? Y=yes N=no U=unknown ☐

Did the subject die from this illness? Y=yes N=no U=unknown ☐ **Date or Death** __ __ __ __ ____ (mm/dd/yyyy)

Autopsy Specimen Type	Date of Autopsy	Autopsy Result	Autopsy Laboratory Name

Date of Chest X-ray __ __ __ __ ____ (month day year) **Chest X-Ray Result** ☐ Positive ☐ Negative ☐ Not done ☐ Unknown

IMPORTATION AND EXPOSURE INFORMATION

CASE DISEASE IMPORTED CODE

☐	Indigenous	☐	In state, out of jurisdiction	☐	Unknown
☐	International	☐	Out of state	☐	Yes, imported, but not able to determine source state/country

Imported Country _____ **Imported State** _____ **Imported County** _____ **Imported City** _____

Country of Exposure _____ **State or Province of Exposure** _____

County of Exposure _____ **City of Exposure** _____

Outbreak related? Y=yes N=no U=unknown ☐ **Outbreak Name** _____ **Transmission Mode** _____

CASE NOTIFICATION

CONDITION CODE	**10450**	**Immediate National Notifiable Condition** Y=yes N=no U=unknown ☐	**Legacy Case ID** _____
State Case ID _____	**Local Record ID** _____	**Jurisdiction Code** ___	**Binational Reporting Criteria** __ __ __ __ __ __ __
Date First Verbal Notification to CDC __ __ (month) __ __ (day) __ __ __ __ (year)		**Date Notification First Electonically Submitted** __ __ (month) __ __ (day) __ __ __ __ (year)	
Date of Electronic Case (this version) Notification to CDC __ __ (month) __ __ (day) __ __ __ __ (year)		**MMWR Week** ___	**MMWR Year** _____
Notification Result Status F = Final C = Record is a correction X = Results cannot be obtained ☐			
Current Occupation (*type of work the case-patient does*) _____		**Current Occupation Standardized (NIOCCS code)** _____	
Current Industry (*type of business or industry in which the case-patient works*) _____		**Current Industry Standardized (NIOCCS code)** _____	
Person Reporting to CDC Name _____ (first) _____ (last)		**Person Reporting to CDC Email** _____ @ _____ **Person Reporting to CDC Phone Number** (__ __ __) __ __ __ __ __ __ __	
Comments			

CLINICAL CASE DEFINITION[§]

PROBABLE

An illness characterized by fever, chills, headache, cough and myalgia that has either:

- Supportive serology (e.g. *C. psittaci* antibody titer [Immunoglobulin M, IgM] 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.

CONFIRMED

An illness characterized by fever, chills, headache, cough and myalgia, and laboratory confirmed by either:

- Isolation of *C. 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.

[§] https://wwwn.cdc.gov/nndss/conditions/psittacosis/case-definition/2010/