

Psittacosis Surveillance Worksheet

GENERIC MMG

Psittacosis RIBD_V1_0_MMG_F_20191003

NAME (last) _____ (first) _____	ADDRESS (Street and No.) _____	Phone _____	Hospital Record No. _____
This information will not be sent to CDC			

REPORTING SOURCE TYPE <input type="checkbox"/> physician <input type="checkbox"/> PH clinic <input type="checkbox"/> nurse <input type="checkbox"/> laboratory <input type="checkbox"/> hospital <input type="checkbox"/> other clinic <input type="checkbox"/> other source type _____	48766-0 NAME _____ ADDRESS _____ ZIP CODE 52831-5 PHONE (____) _____	SUBJECT ADDRESS CITY PID- 11.3 _____ SUBJECT ADDRESS STATE PID-11.4 _____ SUBJECT ADDRESS COUNTY PID-11.9 _____ SUBJECT ADDRESS ZIP CODE PID-11.5 _____ LOCAL SUBJECT ID PID-3 _____
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CASE INFORMATION

Date of Birth _____ <small>month day year</small> PID-7	Country of Birth 78746-5	Other Birth Place 21842-0	Country of Usual Residence 77983-5
Ethnic Group PID-22 H=Hispanic or Latino N=Not Hispanic/Latino O=Other _____ U=Unknown <input type="checkbox"/>			
Race PID-10 <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not asked <input type="checkbox"/> Refused to answer <input type="checkbox"/> Other 32624-9 <input type="checkbox"/> Unknown			
Age at Case Investigation _____ 77998-3	Age Unit* _____ OBX-6 for 77998-3	Reporting County 77967-8	Reporting State 77966-0
Date Reported _____ <small>month day year</small> 77995-9	Date First Reported to PHD _____ <small>month day year</small> 77970-2	National Reporting Jurisdiction 77968-6	
Earliest Date Reported to County 77972-8 (mm/dd/yyyy)		Earliest Date Reported to State 77973-6 (mm/dd/yyyy)	

Case Class Status <input type="checkbox"/> Suspected <input type="checkbox"/> Probable <input type="checkbox"/> Confirmed <input type="checkbox"/> Unknown <input type="checkbox"/> Not a case 77990-0	Case Investigation Start Date _____ <small>month day year</small> 77979-3
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CASE INVESTIGATION STATUS CODE INV109	<input type="checkbox"/> approved <input type="checkbox"/> closed <input type="checkbox"/> deleted <input type="checkbox"/> in progress <input type="checkbox"/> notified <input type="checkbox"/> rejected <input type="checkbox"/> other _____ <input type="checkbox"/> ready for review <input type="checkbox"/> reviewed <input type="checkbox"/> suspended <input type="checkbox"/> unknown
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CLINICAL INFORMATION

Illness Onset Date _____ <small>month day year</small> 11368-8	Illness End Date _____ <small>month day year</small> 77976-9	Illness Duration _____ 77977-7	Duration Units* _____ OBX-6 for 77977-7
Illness Onset Age <input type="text"/> <input type="text"/> <input type="text"/> INV143	Illness Onset Age Units <input type="text"/> <input type="text"/> OBX-6 for INV143	Date of Diagnosis _____ <small>month day year</small> 77975-1	Pregnancy Status <input type="checkbox"/> <small>Y=yes N=no U=unknown</small> 77996-7
Hospitalized? Y=yes N=no U=unknown <input type="checkbox"/>	Hospital Admission Date _____ <small>month day year</small> 8656-1	Hospital Discharge Date _____ <small>month day year</small> 8649-6	
During any part of hospitalization, did you stay in Intensive Care Unit (ICU) or Critical Care Unit (CCU)? Y=yes N=no U=unknown <input type="checkbox"/>			
Duration of Hospital Stay 0 – 998 _____ <small>999=unknown days</small> 78033-8	Subject's highest measured temperature during this illness? 81265-1 _____		Temperature Units <input type="checkbox"/> F <input type="checkbox"/> Cel OBX-6 for 81265-1
<small>*UNITS a=year d=day h=hour min=minute mo=month s=second wk=week UNK=unknown</small>			

Indicate what SYMPTOMS of interest the patient had during the illness: **56831-1**

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				Sym INV919 indicators Y=yes N=no U=unk			

Did the subject take ANTIBIOTICS as treatment for this illness? **INV559** Y=yes N=no U=unknown If yes, select antibiotic below:

Antibiotic	Dose	Dose Unit	Start Date	Stop Date	Duration (days)
Azithromycin	18615-5	OBX-6 for 18615-5	86948-7	63939-3	67453-1
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 d by the patient (select below)?

TYPE OF PROTECTIVE EQUIPMENT	Respiratory <input type="text" value="INV1048"/>	Elastomeric [†]	Glove Material <input type="text" value="INV1050"/>		
	Surgical mask	N or P95	Plastic	Leather	Cloth
	Filtering piece/N95	N or P99/100	Double (i.e., nitrile underneath, leather over)(describe)		
	Other _____	Other cartridge _____		†Half face or full face	
	Goggles	Face shield	Rubber boots/disposable overshoes		
	Disposable surgical cap	Overalls	No personal protective equipment used		
	Respiratory protective	Unknown	Other (specify) _____		

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 <input type="text" value="INV1051"/>	Species <input type="text" value="INV1052"/>	Number of Birds <input type="text" value="INV1053"/>	Were Birds Healthy?	Y	N	U
Psittacines [‡]			<input type="text" value="INV1054"/>			
Pigeons						
Domestic fowl						
Other birds						
Unknown						

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

If birds were not healthy, please elaborate:

Indicate where the exposure may have occurred:

Type of Establishment <input type="text" value="INV1102"/>	Name of Establishment <input type="text" value="INV1056"/>	Address of Establishment <input type="text" value="INV1057"/>	Exposure Setting <input type="text" value="81267-7"/>	Date of Exposure <input type="text" value="INV1058"/>
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	Test Result Quantitative	Result Units	Test Manufacturer	Date Specimen Sent to CDC	Specimen Type	Performing Laboratory Name	Performing Laboratory Type
<input type="text" value="INV290"/>	<input type="text" value="INV291"/>		<input type="text" value="68963-8"/> <small>mm dd yyyy</small>	<input type="text" value="LAB628"/>	<input type="text" value="LAB115"/>	<input type="text" value="LAB650"/>	<input type="text" value="85930-6"/> <small>mm dd yyyy</small>	<input type="text" value="66746-9"/>	<input type="text" value="68994-3"/>	<input type="text" value="82771-7"/>
culture										
PCR										
Titer (acute)	<input type="text" value="LAB653"/>	<input type="text" value="LAB654"/>								
Titer (conval)	<input type="text" value="LAB653"/>	<input type="text" value="LAB654"/>								
genotype										
other										
unknown										

LABORATORY TESTING CODES

Lab Test Type	Specimen Source	Titer Test Method
LAB695=culture LAB696=PCR LAB698=titer LAB670=acute LAB671=convalescent LAB608=Other LAB609=Unknown type LAB713=genotyping	1=amniotic fluid 10=internal body site 19=ovary 28=spleen 2=BAL 11=joint 20=pancreas 29=sputum 3=blood 12=kidney 21=pericardial fluid 30=stool 4=bone 13=liver 22=peritoneal fluid 31= tracheal aspirate 5=brain 14=lung 23=placenta 32=urine 6=CSF 15=lymph node 24=pleural fluid 33=vascular tissue 7=heart 16=muscle/fascia/tendon 25=purpuric lesions 34=vitreous 8=other 17=NP swab 26=respiratory secretion 35=wound 9=unknown 18=oropharyngeal swab 27=serum	Acute Ab Convalescent Ab Unknown Performing Laboratory Type PHC412=CDClab 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 Not done Other Pending Positive Significant rise in IgG	No significant rise in IgM 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 OBR-31	10450	Immediate National Notifiable Condition Y=yes N=no U=unknown <input type="checkbox"/>	Legacy Case ID 77997-5
State Case ID 77993-4	Local Record ID OBR-3	Jurisdiction Code 77969-4	Binational Reporting Criteria 77988-4
Date First Verbal Notification to CDC 77994-2 month day year		Date Notification First Electronically Submitted OBR-7 month day year	
Date of Electronic Case (this version) Notification to CDC OBR-22 month day year		MMWR Week 77991-8	MMWR Year 77992-6
Notification Result Status OBR-25 F = Final C = Record is a correction X = Results cannot be obtained <input type="checkbox"/>			
Current Occupation (type of work the case-patient does) 85658-3		Current Occupation Standardized (NIOCCS code) 85659-1	
Current Industry (type of business or industry in which the case-patient works) 85078-4		Current Industry Standardized (NIOCCS code) 85657-5	
Person Reporting to CDC Name 74549-7 (first) (last)		Person Reporting to CDC Email 74547-1 @ _____	
		Person Reporting to CDC Phone Number 74548-9 (_____) _____	

Comments 77999-1

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://www.cdc.gov/nndss/conditions/psittacosis/case-definition/2010/>