

## PSITTACOSIS Fact Sheet

**Agent:** Zoonotic bacterial disease caused by *Chlamydophila psittaci*.

**Brief Description:** An acute, generalized infectious disease with variable clinical presentation that may include fever, headache, myalgia, chills, and upper or lower respiratory tract disease. Respiratory symptoms are usually mild when compared with the extensive pneumonia demonstrable by x-ray.

**Reservoir:** Principally in cockatiels, parakeets, parrots, and love birds; less often in pigeons, turkeys, domestic fowl, and other birds. Birds that appear healthy can be carriers, particularly when subjected to the stresses of crowding and shipping.

**Mode of Transmission:** Humans are infected when they inhale the agent in desiccated (dried) droppings, secretions, and dust from feathers of infected birds.

**Incubation Period:** 1 to 4 weeks, but typically 5 to 14 days.

### Laboratory Criteria for Diagnosis:

- Isolation of *Chlamydophila psittaci* from respiratory specimens (e.g., sputum, pleural fluid, or tissue) or blood,
- A fourfold or greater increase in antibody (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,
- A *C. psittaci* antibody titer (IgM) by CF or MIF of greater than or equal to 1:32 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 PCR assay.

### Diagnostic Testing:

#### A. Serology



1. Specimen Needed: 5-10 cc. whole blood. Acute and convalescent sera (collected 2-3 weeks apart) need to be analyzed by same lab at same time.
2. Lab Test Performed: CF or MIF
3. Lab Performing Test: Commercial laboratories or CDC (through prior arrangement with the Division of Public Health). Lab Forms: GPLH Form 3432 and CDC form 50.34

#### **B. Culture or identification**

1. Specimen Needed: Throat swab, sputum, bronchial specimen
2. Lab Test Performed: PCR, isolation of agent or microscopic identification of agent.
3. Lab Performing Test: CDC, through prior arrangement with the Division of Public Health. Lab Forms: GPLH Form 3410 and CDC form 50.34.

*Do not submit specimens directly to CDC. All specimens must be submitted through the Georgia Public Health Laboratory.*

#### **Case Classification:**

- *Probable:* a clinically compatible case that is epidemiologically linked to a confirmed case (bird or human) or that has supportive serology (e.g., *C. psittaci* titer of greater than or equal to 1:32 in one or more serum specimens obtained after onset of symptoms)
- *Confirmed:* a clinically compatible case that is laboratory confirmed

**Period of Communicability:** Diseased as well as apparently healthy birds may shed the agent intermittently, and sometimes continuously, for weeks or months. Direct person-to-person transmission has not been proven.

**Treatment:** Tetracycline is the antibiotic of choice. Erythromycin can be used as an alternative when tetracycline is contraindicated (e.g., pregnancy, children <9 years). Treatment should continue for 10 to 14 days after fever is gone.

**Investigation:** The local or district health department should investigate the source of infection. Determination of possible exposure of the patient to a potentially infected bird or infected bird droppings is essential. Sick or shedding birds should be identified so that appropriate public health measures can be promptly instituted.





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**Reporting:** Report all cases **WITHIN 7 DAYS** by phone to the local health department, District Health Office, or the Epidemiology Branch at 404-657-2588. If calling after regular business hours report cases to the Epidemiology Branch answering service (770-578-4104). After a verbal report has been made, please transmit the case information electronically through the State Electronic Notifiable Disease Surveillance System (SENDSS) at <http://sendss.state.ga.us>, or complete and mail the Psittacosis Case Report Form.

**References:**

1. Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System. [http://www.cdc.gov/osels/ph\\_surveillance/nndss/nndsshis.htm](http://www.cdc.gov/osels/ph_surveillance/nndss/nndsshis.htm)
2. Compendium of Measures to Control Chlamydophila psittaci Infection Among Humans (Psittacosis) and Pet Birds (Avian Chlamydiosis), 2009. <http://www.nasphv.org/Documents/Psittacosis.pdf>
3. Chin J, ed. Psittacosis. In: Control of Communicable Diseases Manual. 17th ed. Washington, DC: American Public Health Association, 2000: 405- 407.

**Links:**

- CDC – <http://www.cdc.gov/pneumonia/atypical/psittacosis.html>
- Psittacosis Compendium -<http://www.nasphv.org/Documents/Psittacosis.pdf>



***We Protect Lives.***