

26-ID-06

Committee: Infectious Disease

Title: Update to Standardized Surveillance Case Definition for and Discontinuation of National Notification of Psittacosis (*Chlamydia psittaci* infection)

☒ Check this box if this position statement is an update to an existing standardized surveillance case definition and include the most recent position statement number here: 09-ID-13.

Synopsis:

- This position statement updates the standardized surveillance case definition for psittacosis (previous position statement 09-ID-13) to improve the accuracy of case classification and recommends the removal of psittacosis from the *Nationally Notifiable Conditions (NNC) List*.
- Updates include:
 - Clinical evidence updates.
 - Laboratory evidence updates
 - Removes serologic methods from laboratory evidence.
 - Adds isolation by cell culture with identification using a molecular method to confirmatory laboratory evidence.
 - Adds *C. psittaci* nucleic acid detection by molecular assays other than PCR, including metagenomic sequencing, genotyping, and other assays. Stratifies molecular assays as confirmatory or presumptive laboratory evidence based on specimen type (preferred or non-preferred).
 - Establishes epidemiologic linkage criteria.
 - Case classification updates
 - Incorporates epidemiologic linkage criteria into probable case classifications.
 - Adds a suspect case classification.
 - Establishes criteria for enumerating new cases of psittacosis.

Table of Contents

I. Statement of the Problem	2
II. Background and Justification	2
III. Statement of the Desired Action(s) to be Taken	3
IV. Goals of Surveillance	4
V. Recommended Data Sources and Methods for Surveillance	4
Table V. Recommended Sources of Data, Surveillance Methods, and Extent of Coverage for Ascertainment of Cases of Psittacosis.	4
VI. Criteria for Case Ascertainment	4
VII. Case Definition for Case Classification	6
VIII. Period of Surveillance	7
IX. Data Sharing/Release and Print Criteria	7
X. Revision History	8
XI. References	8
XII. Coordination	9
XIII. Author Information	9
Technical Supplement	11
Table VI. Table of criteria to determine whether a case should be reported to public health authorities.	11
Table VII.A. Classification Table: Criteria for defining a case of psittacosis.	12
Table VII.B. Classification Table: Criteria to distinguish a new case of psittacosis from reports or notifications which should not be enumerated as a new case for surveillance.	13
Appendix A: Psittacosis Diagnostic Code(s)	A1
Appendix B: Psittacosis Investigation and Case Classification Guidance	A2

I. Statement of the Problem

Cases of psittacosis (*Chlamydia psittaci* infection) have been notifiable to the Centers for Disease Control and Prevention (CDC) via the National Notifiable Diseases Surveillance System (NNDSS). CSTE Position Statement 09-ID-13 last updated criteria for psittacosis case reporting and classification, which went into effect in 2010. Since that time, new zoonotic *Chlamydia* spp. have been identified, additional diagnostic tests have been developed, and additional experience with outbreaks has been gained, each of which supports an updated case definition. Previous case definitions included classification based on the results of serologic tests, which are widely available but are non-specific to infection with *C. psittaci*. Previous case definitions have not adequately addressed non-pulmonary clinical manifestations, including gestational psittacosis.

This position statement addresses these problems by updating clinical criteria to include a range of symptoms, updating laboratory criteria to improve the specificity of the case definition, and adding epidemiologic linkage criteria for case classification to improve sensitivity during clusters or outbreaks. It also recommends the removal of psittacosis from the *Nationally Notifiable Conditions (NNC) List*, thus discontinuing national notifications of cases to CDC.

II. Background and Justification

Psittacosis, also called ornithosis or parrot fever, is a zoonotic disease caused by the obligate intracellular bacterium *Chlamydia psittaci*. The disease occurs worldwide, and there is an increasing interest in understanding the worldwide burden and health risks to wildlife, domestic animals, and humans [1]. Many *C. psittaci* phenotypes (with corresponding genotypes) are known, each with different host species affinities and virulence. The primary risk factor is exposure to infected birds, including pet or aviary birds and commercial poultry; other animals can also pose a risk [2,3]. Inhalation of material containing the dried secretions or excretions of infected animals is the most common infection route [4].

Psittacosis is a form of atypical pneumonia, though other clinical manifestations are recognized [4]. Approximately 1% of community-acquired pneumonia cases are caused by *C. psittaci* [5,6]. Psittacosis often presents as pulmonary illness with constitutional symptoms. Typical symptoms include the abrupt onset of fever and chills, headache, myalgia, and cough, which is often described as nonproductive or dry. Less frequently, gastrointestinal symptoms, pulse-temperature dissociation, rash, or splenomegaly occur. Pneumonia is often evident on x-ray with lobar or interstitial infiltrates. Complications may include severe pneumonia requiring intensive-care support, respiratory failure, sepsis, arthritis, hepatitis, endocarditis, myocarditis, or encephalitis. Gestational psittacosis may cause severe pneumonia and maternal or fetal death [7]. Otherwise, death occurs in <1% of properly treated patients. Human-to-human transmission is rare.

Psittacosis has been nationally notifiable since 1944. At that time, only two *Chlamydia* spp. were recognized: *C. trachomatis*, causing lymphogranuloma venereum and genital infections, and *C. psittaci*, thought to cause all other disease manifestations. Since then, ≥13 new *Chlamydia* spp. have been described, including the human pathogen *C. pneumoniae* (officially recognized as a separate pathogen from *C. psittaci* in 1989), and at least six animal pathogens known to infect humans: *C. abortus*, *C. caviae*, *C. felis*, *C. gallinacea*, *C. pecorum*, and *C. suis* [8]. Of these, *C. abortus* and *C. gallinacea* may cause avian chlamydiosis (in addition to *C. psittaci*).

Laboratory diagnosis is challenging [9] and *Chlamydia* spp. are closely related. Cell culture is required for isolation, but is rarely performed because of the difficulty, low sensitivity, and safety concerns with the procedure; BSL-3 practices, equipment, and facilities are recommended for testing tissues or cultures known or suspected to contain *C. psittaci* strains of avian origin [10]. Serology is widely available commercially; however, well-documented sensitivity and specificity problems make serology unsuitable for diagnosis [11]. Serologic cross-reactions between *C. psittaci*, *C. pneumoniae*, and *C. trachomatis* are common, making interpretation difficult. The extent to which antibodies to other zoonotic *Chlamydia* spp. cross-react on *C. psittaci* serologic assays is unknown; antibodies against *C. psittaci* might result from infection with any *Chlamydia* sp.

Molecular laboratory methods, such as *OmpA* sequencing and real-time PCR, have significantly advanced *Chlamydia* spp. diagnosis [9]. Despite the widespread use of PCR assays for detecting respiratory pathogens, including *C. pneumoniae*, PCR is not widely available in the U.S. for *C. psittaci* detection. The development and widespread implementation of sensitive and specific molecular assays for the detection of *C. psittaci* in human clinical specimens would improve diagnostic and case ascertainment accuracy [9]. Sequencing and pathogen-agnostic diagnostic techniques, such as microbial cell-free nucleic acid testing or metagenomic next-generation sequencing, are increasingly used to identify human *C. psittaci* infections. However, depending on the specimen, molecular tests may detect *C. psittaci* present in a contaminated environment rather than resulting from infection; therefore, correlation of molecular testing with clinical signs and specimen type is necessary.

Additionally, previous versions of the case definition did not include epidemiologic linkage criteria for classification. Inclusion of epidemiologic linkage criteria will improve sensitivity during outbreak situations when ill and epi-linked persons are not tested.

Finally, due to low psittacosis case counts nationwide, outbreaks occurring among groups already known to be at risk of psittacosis with little new information assumed to be gained, jurisdictional ability to capture psittacosis cases within catch-all reporting requirements (e.g., report all outbreaks/clusters or unusual occurrence of disease), several jurisdictions' removal of psittacosis from their state reportable disease lists and other jurisdictional interest in removing psittacosis from reportable disease lists/codes/regulations, and changing resources across priority public health activities, this position statement recommends psittacosis no longer be nationally notifiable to the CDC, thus removing psittacosis from the *NNC List*.

III. Statement of the Desired Action(s) to be Taken

CSTE recommends the following actions:

1. Implement a standardized surveillance case definition for **psittacosis**.
 - A. Utilize recommended reporting* sources for case ascertainment for **psittacosis**. Surveillance for **psittacosis** should use the recommended sources of data to the extent of coverage presented in Section V.
 - B. Utilize standardized criteria for case ascertainment for **psittacosis** presented in Section VI and Table VI in Technical Supplement.
 - C. Utilize standardized criteria for case classification for **psittacosis** presented in Section VII and Table VII in Technical Supplement.
2. Utilize standardized criteria for case ascertainment and classification (based on Sections VI and VII and Technical Supplement) for **psittacosis** and **remove psittacosis** from the *Nationally Notifiable Condition List* using the following notification** timeframe:
 - ☐ Immediately notifiable, extremely urgent (within 4 hours)
 - ☐ Immediately notifiable, urgent (within 24 hours)
 - ☐ Routinely notifiable
 - ☒ No longer notifiable

* *Reporting: process of a healthcare provider, laboratory, or other entity submitting a report (case information) of a condition under public health surveillance to local, state, or territorial public health.*

** *Notification: process of a local, state, or territorial public health authority submitting a report (case information) of a condition on the Nationally Notifiable Conditions List to CDC.*

IV. Goals of Surveillance

The goals of psittacosis surveillance are to collect and disseminate information on the temporal, geographic, and demographic occurrence of psittacosis to facilitate its prevention and control. Specific aims are to:

- Define occupational and recreational risks;
- Detect outbreaks for a timely source control response;
- Evaluate the continued effectiveness of policies and guidance (such as the Wild Bird Conservation Act) that aim to reduce *C. psittaci* infection in animals, and thereby humans;
- Monitor for changes in epidemiology, genotype distribution, human virulence, or transmissibility; and
- Attribute human *Chlamydia* spp. infection cases accurately to the causative organism by promoting use of *Chlamydia* species-specific diagnostic methods (such as sequencing or PCR).

V. Recommended Data Sources and Methods for Surveillance

Surveillance for psittacosis should use the following recommended sources of data and/or methodologies and the extent of coverage listed in Table V.

Table V. Recommended Sources of Data, Surveillance Methods, and Extent of Coverage for Ascertainment of Cases of Psittacosis.

Source of Data/Methodology for Case Ascertainment	Coverage	
	Population-Wide	Sentinel Sites
Clinician reporting	X	
Laboratory reporting	X	
Reporting by other entities, specify: • Hospitals • Occupational health services • State animal health officials	X	
Death certificates	X	
Hospital discharge or outpatient records	X	
Data from electronic medical records	X	
Telephone or online survey		
School-based survey		
Other, specify: N/A		

VI. Criteria for Case Ascertainment

Case ascertainment is the process through which public health identifies potential cases of a disease or condition using data reported or provided to public health by healthcare, laboratories, and other reporting entities. This public health reporting is triggered by the case ascertainment criteria (a single criterion or a combination of criteria) included in this position statement, and each initial report sent to public health should include common data elements and disease-specific data elements. Case ascertainment criteria are not intended to be used for clinical diagnosis purposes.

A. Narrative: A description of suggested criteria for case ascertainment of a specific condition and recommended reporting procedures.

- All suspected cases of psittacosis should be reported to public health authorities.
- Reporting should be ongoing.
- Reporting should be routine.

Report persons with any of the following criteria to public health authorities:**A1. Clinical Criteria for Reporting**

- Clinical suspicion of psittacosis

A2. Laboratory Criteria for Reporting

- Isolation of *C. psittaci* in a clinical or autopsy specimen, **OR**
- Detection of *C. psittaci* organisms by e.g., microscopy or histologic staining methods, in a clinical or autopsy specimen, **OR**
- Detection of *C. psittaci* nucleic acid by any method in a clinical or autopsy specimen, **OR**
- Positive result on a *C. psittaci* serum antibody assay

A3. Epidemiologic Linkage Criteria for Reporting

N/A

A4. Vital Records Criteria for Reporting

- A person whose death certificate lists psittacosis, ornithosis, parrot fever, or *C. psittaci* infection as a cause of death or a significant condition contributing to death.

A5. Healthcare Record Criteria for Reporting

- A person whose healthcare record contains a diagnosis* of psittacosis, ornithosis, parrot fever, or *C. psittaci* infection.

* See Appendix A for diagnostic code(s).

B. Disease-Specific Data Elements to be Included in the Initial Report

Disease-specific data elements should be included in addition to the common data elements that are to be reported for all initial individual case reports (see CSTE Position Statement 09-SI-01 “Common Core Data Elements for Case Reporting and Laboratory Result Reporting” <https://cdn.ymaws.com/www.cste.org/resource/resmgr/PS/09-SI-01.pdf>). Public health authorities do not expect that an initial report will contain all the information necessary for case investigation and case classification.

- Industry and Occupation
- Exposure information, such as
 - Contact (including potential aerosol exposure) with an animal with laboratory evidence for *C. psittaci* infection
 - Contact with a setting, such as a roost, or material, such as animal bedding, known or suspected to contain *C. psittaci*
 - Contact with settings containing domestic birds (such as poultry, ducks, birds in pet trade, pet stores, aviaries, zoos) or settings providing care to captive, injured, or ill animals (such as veterinary facilities, wildlife rehabilitation)
 - Contact with a person who is a confirmed case of psittacosis
 - Shared exposure with another person who is a confirmed case of psittacosis (i.e., part of a cluster)
 - Other activities in occupational or recreational settings that could be linked to *C. psittaci* exposure
- Laboratory results for all assays designed to detect any *Chlamydia* spp. or antibodies against any *Chlamydia* spp.
- Antibiotic treatment for current illness, if available

VII. Case Definition for Case Classification

This case definition for case classification is intended solely for public health surveillance purposes and does not recommend criteria for clinical diagnosis purposes. Once a public health agency has ascertained data on potential cases of a disease or condition from reporting entities, the public health agency assigns case statuses based on the case classifications included within this position statement.

A. Narrative: A description of criteria to determine how public health should classify a case of psittacosis.

A1. Clinical Criteria

In the absence of another more likely etiology, acute onset of any of the following:

- Pneumonia diagnosed clinically or radiographically, **OR**
- Fever (objective or subjective) or chills **AND** cough, **OR**
- Fever (objective or subjective) or chills **AND** at least 2 of the following
 - Headache
 - Myalgia
 - Shortness of breath
 - Non-specific rash
 - Icterus
 - Vomiting
 - Abdominal pain
 - Diarrhea
 - In a pregnant person, premature delivery or fetal loss (i.e., gestational psittacosis).

A2. Laboratory Criteria*

Confirmatory Laboratory Evidence:

Both of the following:

- Isolation of *C. psittaci* from a clinical or autopsy specimen in cell culture, **AND**
- Speciation to *C. psittaci* using a specific molecular identification method (e.g., OmpA gene sequencing, genotyping, or whole genome sequencing),

OR

- Detection of *C. psittaci*-specific nucleic acid sequence(s) using, e.g., PCR assay, which is validated[#], or genotyping, targeted next-generation sequencing, or metagenomic sequencing, in a preferred clinical or autopsy specimen^{**^}.

Presumptive Laboratory Evidence:

- Detection of *C. psittaci*-specific nucleic acid sequence(s) using, e.g., PCR assay, which is validated[#], or genotyping, targeted next-generation sequencing, or metagenomic sequencing, in a non-preferred clinical or autopsy specimen^{**^}.

Supportive Laboratory Evidence:

- A positive result on a *C. psittaci* serum antibody assay.

** Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.*

A test offered as a diagnostic service from a commercial or clinical laboratory is considered validated.

*** Preferred specimens are from lower respiratory tract (such as sputum, BAL), blood, CSF, or tissue (such as placenta). Non-preferred specimens are from upper respiratory tract (such as nasopharyngeal, nasal, or oropharyngeal swab), stool (during GI illness), or other non-sterile site. Non-preferred specimens might be prone to contamination with environmentally present DNA and correlation with clinical evidence is necessary. Regardless of specimen type, laboratory evidence of disease is strongest when laboratory specimen correlates with clinical syndrome (such as detection in placenta in suspected gestational psittacosis or BAL in pneumonia). Stool testing has proven useful during outbreaks.*

*^ PCR-based detection of *C. psittaci* nucleic acid in a specimen from a nonsterile site is evidence of contact with an environmental source that may be a hazard to humans and animals, independent of case classification criteria. A One Health investigation to document the pathogen's source should be considered (see Appendix B).*

A3. Epidemiologic Linkage Criteria

- Within 30 days of illness onset, or when clinical information is not available, within 30 days of specimen collection:
 - Known contact (including potential inhalation exposure) with an animal with molecular laboratory evidence for *C. psittaci* infection, **OR**
 - Shared exposure with another person who is a confirmed case of psittacosis (i.e., part of a cluster), **OR**
 - Close (household, healthcare) contact with a patient who is a confirmed case of psittacosis, **OR**
 - Known handling of a *C. psittaci* isolate in a laboratory setting,

OR

- For a neonate or infant, had *in utero* exposure to a person who is a confirmed case of psittacosis.

A4. Case Classifications

Confirmed:

- Meets confirmatory laboratory evidence, **OR**
- Meets presumptive laboratory evidence **AND** meets clinical criteria^{Error! Bookmark not defined.}

Probable:

- Meets clinical criteria **AND** meets epidemiologic linkage criteria.

Suspect:

- Meets presumptive laboratory evidence, **OR**
- Meets supportive laboratory evidence.

B. Criteria to Distinguish a New Case of Psittacosis from Reports or Notifications which Should Not be Enumerated as a New Case for Surveillance

- A person not previously enumerated as a case that meets confirmed, probable, or suspect case classification.
- A person previously enumerated as a confirmed, probable, or suspect case who, after a period of complete recovery, newly meets confirmed or probable case classification.

VIII. Period of Surveillance

Psittacosis surveillance should be ongoing and routine.

IX. Data Sharing/Release and Print Criteria

CSTE recommends the following case statuses* be included in the 'case' count released outside of the public health agency:

- ☒ Confirmed
- ☒ Probable
- ☐ Suspect
- ☐ Unknown

**Which case statuses are included in case counts constitute the "print criteria."*

Jurisdictions (e.g., States and Territories) conducting surveillance under this case definition can voluntarily submit de-identified case information to CDC, if requested and in a mutually agreed upon format.

Production of national data summaries and national data re-release for non-NNCs:

- Prior to release of national data summaries CDC should follow the CDC/ATSDR Policy on Releasing & Sharing Data, issued on April 16, 2003 and referenced in 11-SI-01 and custodians of such data should consult the CDC-CSTE Intergovernmental Data Release Guidelines Working Group report (www.cste2.org/webpdfs/drgwgreport.pdf) which contains data release guidelines and procedures for CDC programs re-releasing state, local, or territorial-provided data.

- CDC programs have a responsibility, in collaboration with states, localities, and territories, to ensure that CDC program-specific data re-release procedures meet the needs of those responsible for protecting data in the states and territories.

X. Revision History

Position Statement ID	Section of Document	Revision Description
26-ID-06	V. Goals of surveillance	Shifted focus to improve case definition specificity and establish classification for epidemiologically linked cases.
26-ID-06	VI.A. Criteria for case ascertainment	Added criteria throughout.
26-ID-06	VI.B. Disease-specific data elements	Added data elements to report.
26-ID-06	VII.A1. Clinical criteria for case classification	Revised to include uncommon manifestations of psittacosis and gestational psittacosis. Added “in the absence of another more likely etiology” to improve clinical criteria specificity.
26-ID-06	VII.A2. Laboratory criteria for case classification	Revised throughout. Emphasis on molecular identification of <i>C. psittaci</i> . Removed serology as laboratory criteria.
26-ID-06	VII.A3. Epidemiologic linkage criteria for case classification	Added and specified epidemiologic linkage criteria.
26-ID-06	VII.B. Criteria to distinguish a new case	Added criteria to distinguish a new case.
26-ID-06	NNC Recommendation	Removes psittacosis from the <i>NNC List</i>
09-ID-13	N/A	Established standardized surveillance case definition for psittacosis based on CSTE template. Expanded clinical description. Added DNA detection to laboratory criteria and probable case classification.

XI. References

1. Liu, S., et al., *Chlamydia psittaci* should be a notifiable infectious disease everywhere. The Lancet Microbe, 2023. 4(2):e62-e63.
2. Wang, J., et al., *Chlamydia psittaci*: A zoonotic pathogen causing avian chlamydiosis and psittacosis. Virulence, 2024. 15(1):2428411.
3. Hogerwerf, L., et al., *Animal sources for zoonotic transmission of psittacosis: a systematic review*. BMC Infect Dis, 2020. 20(1):192.
4. Beeckman, D.S. and D.C. Vanrompay, *Zoonotic Chlamydophila psittaci* infections from a clinical perspective. Clin Microbiol Infect, 2009. 15(1):11-17.
5. Hogerwerf, L., D.E.G. B, B. Baan, and V.D.H. W, *Chlamydia psittaci* (psittacosis) as a cause of community-acquired pneumonia: a systematic review and meta-analysis. Epidemiol Infect, 2017. 145(15):3096-3105.
6. Qu, J., et al., *Aetiology of severe community acquired pneumonia in adults identified by combined detection methods: a multi-centre prospective study in China*. Emerg Microbes Infect, 2022. 11(1):556-566.
7. Tantengco, O.A.G., *Gestational psittacosis: an emerging infection*. Lancet Microbe, 2022. 3(10):e728.
8. Sohaili, A., et al., *A review of zoonotic chlamydiae species in Africa: assessing their burden and potential impact through One Health perspective*. One Health Outlook, 2025. 7(1):40.
9. Wolff, B.J., et al., *Multiplex real-time PCR assay for the detection of all Chlamydia species and simultaneous differentiation of C. psittaci and C. pneumoniae in human clinical specimens*. Ann Lab Med, 2023. 43(4):375-380.
10. Meehan, P.J. and J. Potts, *Biosafety in Microbiological and Biomedical Laboratories: 6th Edition*, eds. Centers for Disease Control and Prevention and National Institutes of Health. 2020, Atlanta, GA.
11. De Meyst, A., et al., *Challenges in Chlamydial serology: Insights from a Belgian and a Dutch population cohort*. Microorganisms, 2024. 12(4):658.

XII. Coordination**Subject Matter Expert (SME) Consultants:****PRIMARY SME**

- (1) Albert Barskey
Epidemiologist
Centers for Disease Control and Prevention
404-639-3012
zkn6@cdc.gov

ADDITIONAL SMEs

- | | |
|--|---|
| <ol style="list-style-type: none">(2) Maureen Diaz, PhD, MPH
Deputy Branch Chief for Science, Pneumonia
and Streptococcus Laboratory Branch
Centers for Disease Control and Prevention
404-639-4534
iqs5@cdc.gov(3) Liz Hannapel
Epidemiologist
Centers for Disease Control and Prevention
404-639-2215
qlr0@cdc.gov(4) Bernard Wolff, MS
Microbiologist, Mycoplasma and Chlamydia
Laboratory
Centers for Disease Control and Prevention
404-639-2388
gcx1@cdc.gov | <ol style="list-style-type: none">(5) Jonas Winchell, PhD
Team Lead, Mycoplasma and Chlamydia
Laboratory
Centers for Disease Control and Prevention
404-639-4921
zdx2@cdc.gov(6) Branson Ritchie, DVM, MS, PhD, DABVP,
ECAMS
Director of Infectious Diseases Laboratory,
Professor
University of Georgia, College of Veterinary
Medicine
706-542-8092
britchie@uga.edu |
|--|---|

Agencies for Response:

- (1) Centers for Disease Control and Prevention
Jay Bhattacharya, MD, PhD
Acting Director
1600 Clifton Road, NE
Atlanta, GA 30329
404-639-7000
director@cdc.gov

Agencies for Information:

N/A

XIII. Author Information**Submitting and Presenting Author:**

- (1) Angie Maxted DVM, PhD, DACVPM (Active Member)
State Public Health Veterinarian
Wisconsin Department of Health Services
201 E Washington Ave
Madison, WI 53703
608-266-2154
angela.maxted@dhs.wisconsin.gov

Co-Authors:

- (1) Julia Murphy DVM, MS, DACVPM (Active Member)
State Public Health Veterinarian
Virginia Department of Health
109 Governor Street
Madison Building, 6th Floor
Richmond, VA 23218
804-864-8113
julia.murphy@vdh.virginia.gov
- (2) Brit Oiulfstad DVM, MPH (Active Member)
Senior Veterinarian
Los Angeles County Department of Public Health
313 N. Figueroa St., Suite 212
Los Angeles, CA 90012
213-240-7941
boiulfstad@ph.lacounty.gov
- (3) Kelly Giesbrecht DVM, MPH (Active Member)
State Public Health Veterinarian
Kentucky Department for Public Health
275 East Main St.
HS2GWC
Frankfort, KY 40621
502-564-3418, ext. 4313
kelly.giesbrecht@ky.gov
- (4) Hannah Litwak MPH (Active Member)
Infectious Disease Surveillance Epidemiologist
Florida Department of Health
4052 Bald Cypress Way
Bin A-12
Tallahassee, FL 32399
850-901-6890
Hannah.Litwak@flhealth.gov

Technical Supplement

Table VI. Table of criteria to determine whether a case should be reported to public health authorities.

Criterion	Psittacosis
<i>Clinical Criteria for Reporting</i>	
Clinical suspicion of psittacosis	S
<i>Laboratory Criteria for Reporting</i>	
Isolation of <i>C. psittaci</i> in a clinical or autopsy specimen	S
Detection of <i>C. psittaci</i> organisms by e.g., microscopy or histologic staining methods, in a clinical or autopsy specimen	S
Detection of <i>C. psittaci</i> nucleic acid by any method in a clinical or autopsy specimen	S
Positive result on a <i>C. psittaci</i> serum antibody assay	S
<i>Epidemiologic Linkage Criteria for Reporting</i>	
N/A	
<i>Vital Record Criteria for Reporting</i>	
A person whose death certificate lists psittacosis, ornithosis, parrot fever, or <i>C. psittaci</i> infection as a cause of death or a significant condition contributing to death	S
<i>Healthcare Record Criteria for Reporting</i>	
A person whose healthcare record contains a diagnosis* of psittacosis, ornithosis, parrot fever, or <i>C. psittaci</i> infection	S

Notes:

S = This criterion alone is SUFFICIENT to report a case.

* See Appendix A for diagnostic code(s).

[intentionally left blank]

Table VII.A. Classification Table: Criteria for defining a case of psittacosis.

Criterion	Confirmed					Probable						Suspect		
Clinical Evidence														
The absence of another more likely etiology			N	N	N	N	N	N	N	N	N	N		
Acute onset			N	N	N	N	N	N	N	N	N	N		
Pneumonia diagnosed clinically or radiographically			N			N	N							
Fever (objective or subjective)				O	O			O	O	O	O			
Chills				O	O			O	O	O	O			
Cough				N				N	N					
At least two of the following signs or symptoms: • Headache • Myalgia • Shortness of breath • Non-specific rash • Icterus • Vomiting • Abdominal pain • Diarrhea • In a pregnant person, premature delivery or fetal loss (i.e., gestational psittacosis)					N					N	N			
Laboratory Evidence														
Isolation of <i>C. psittaci</i> in cell culture	N													
Speciation to <i>C. psittaci</i> using a specific molecular identification method (e.g., OmpA gene sequencing, genotyping, or whole genome sequencing)	N													
Detection of <i>C. psittaci</i> -specific nucleic acid sequence(s) using, e.g., PCR assay, which is validated [#] , or genotyping, targeted next-generation sequencing, or metagenomic sequencing		N	N	N	N								N	
Preferred clinical or autopsy specimen from lower respiratory tract (such as sputum, BAL), blood, CSF, or tissue (such as placenta)	O	N												
Non-preferred clinical or autopsy specimen from upper respiratory tract (such as nasopharyngeal, nasal, or oropharyngeal swab), stool (during GI illness), or other non-sterile site [^]	O		N	N	N								N	
A positive result on a <i>C. psittaci</i> serum antibody assay														S
Epidemiologic Linkage Evidence														
Exposure within 30 days of illness onset, or when clinical information is not available, within 30 days of specimen collection						N		N		N				
Known contact (including potential inhalation exposure) with an animal with molecular laboratory evidence for <i>C. psittaci</i> infection						O		O		O				
Shared exposure with another person who is a confirmed case of psittacosis (i.e., part of a cluster)						O		O		O				
Close (household, healthcare) contact who is a patient with a confirmed case of psittacosis						O		O		O				
Known handling of a <i>C. psittaci</i> isolate in a laboratory setting						O		O		O				
For a neonate or infant, had in utero exposure to a person with confirmed psittacosis							N		N		N			

Notes: S = This criterion alone is SUFFICIENT to classify a case.

N = All "N" criteria in the same column are NECESSARY to classify a case.

O = At least one of these "O" (ONE OR MORE) criteria in each category (categories=clinical evidence, laboratory evidence, and epidemiologic evidence) in the same column—in conjunction with all "N" criteria in the same column—is required to classify a case.

[^] PCR-based detection of *C. psittaci* nucleic acid in a specimen from a nonsterile site is evidence of contact with an environmental source that may be a hazard to humans and animals, independent of case classification criteria. A One Health investigation to document the pathogen's source should be considered (see Appendix B).

[#] A test offered as a diagnostic service from a commercial or clinical laboratory is considered validated.

Table VII.B. Classification Table: Criteria to distinguish a new case of psittacosis from reports or notifications which should not be enumerated as a new case for surveillance.

Criterion	Confirmed	Probable	Suspect
<i>Criteria to distinguish a new case</i>			
A person not previously enumerated as a case that meets confirmed case classification	S		
A person not previously enumerated as a case that meets the probable case classification		S	
A person not previously enumerated as a case that meets the suspect case classification			S
A person previously enumerated as a confirmed, probable, or suspect case	N	N	
Newly meets confirmed case classification after a period of complete recovery	N		
Newly meets probable case classification after a period of complete recovery		N	

S = This criterion alone is SUFFICIENT to enumerate as a new case.

N = All "N" criteria in the same column are NECESSARY to enumerate as a new case.

Appendix A: Psittacosis Diagnostic Code(s)

Schema	Code(s)
ICD10	A70

Appendix B: Psittacosis Investigation and Case Classification Guidance

[Appendix in development]