

PSITTACOSIS DISEASE INVESTIGATION FORM

(TO BE COMPLETED FOR SUSPECTED AND CONFIRMED CASES)

Case details

Surname _____	Given name _____	NDD no. _____	Sex M F
DOB ___/___/___	Age ___ yrs/___ mths		
Address _____			
Suburb _____	Postcode _____	Telephone _____	
Other contact _____		Telephone _____	
Occupation/school _____		Telephone _____	
Indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres St Islander <input type="checkbox"/> both Aboriginal and TSI <input type="checkbox"/> not Indigenous <input type="checkbox"/> not stated	Country of Birth <input type="checkbox"/> Australia <input type="checkbox"/> Other: <i>specify</i> _____	Language <input type="checkbox"/> English <input type="checkbox"/> Other: <i>specify</i> _____	

Disease

Onset of First Symptoms	___/___/___	Time _____
Fever >38°C	Y / N / Unknown	
Dry Cough	Y / N / Unknown	If Yes: Productive / Non-productive
Dyspnoea	Y / N / Unknown	
Headache	Y / N / Unknown	
Myalgia	Y / N / Unknown	
Rigors	Y / N / Unknown	
Other Symptoms	Y / N / Unknown	Details _____
CXR Performed?	Y / N / Unknown	If Yes, date performed ___/___/___
Description of CXR Findings	_____	
Other Abnormal Findings	_____	

Laboratory

Lab confirmed Y N	Specimen _____	Specimen date/(s) ___/___/___ ___/___/___
Organism _____	ID method _____	

Notification

First notifier _____	Telephone _____	Fax _____
Notifier type No. in order of receipt <input type="checkbox"/> Lab <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital (not lab) <input type="checkbox"/> Other _____	Notified date ___/___/___	Received date ___/___/___
Treating doctor _____	Telephone _____	Postcode _____
Address _____		Fax _____

Exposure History

Direct contact with pet birds in 5-28 days before onset (e.g. hand feeding)
If yes, obtain ownership history, date and place of purchase and bird health history

_____ Y / N / Unknown

Indirect contact with wild birds in 5-28 days before onset

(e.g. mowing lawns contaminated with bird faeces, cleaning bird feeders/bird baths, picking up dead birds)

If yes, obtain location, date, bird species and whether any dead birds were seen

Y / N / Unknown

Direct contact with aborted material from horses, abnormal equine placenta or unwell foals in 5-28 days before onset

If yes, obtain location, date and any testing of the material or animal

Y / N / Unknown

Hospital Admission History (in Australia)

Hospitalised Y / N / Unknown

Hospital Name _____

Date Admitted ___/___/___

Date Discharged ___/___/___

Treating Doctor Name _____ Position _____

Contact No. _____

Isolation Y / N / Unknown

If Yes, dates of period of isolation ___/___/___ to ___/___/___

ICU Admission Y / N / Unknown

If Yes, dates of ICU stay ___/___/___ to ___/___/___

Mechanical Ventilation Y / N / Unknown

Co-morbidities Y / N / Unknown **If Yes, specify** _____

Treatment Details

Antibiotics (please list) _____

Other (please list) _____

Outcome (circle all that apply)

Confirmed as Psittacosis? Y / N

Alternative Diagnosis Made? Y / N **If Yes, specify** _____

If yes, was there supporting microbiological evidence? Y / N / Unknown

Details: _____

Case Recovered? Y / N / Unknown

Case Died? Y / N / Unknown

If yes, was an autopsy conducted? Y / N / Unknown **If yes, results:** _____

Notes _____

Administration

Completed by _____

Date finalised ___/___/___

PHU _____