Psittacosis/Ornithosis

Reporting Obligations
Confirmed and suspected cases shall be reported to the local Health Unit.

Risk Factors/Susceptibility
Susceptibility is general; persons in contact with infected birds are at highest risk and older adults may be more severely affected; there is no evidence that persons with antibodies are protected, post infective immunity is incomplete or transitory.

Epidemiology

Aetiological Agent:
Psittacosis/Ornithosis is caused by Chlamydophila psittaci (formerly Chlamydia psittaci), an obligate intracellular bacterial pathogen.

Clinical Presentation:
Onset of psittacosis is usually abrupt with fever, headache, photophobia, and myalgia and upper or lower respiratory tract symptoms, and non-productive cough. Complications can occur occasionally and include encephalitis, myocarditis and thrombophlebitis. Mild forms of the illness may be mistaken for common respiratory infection and may go unnoticed or undiagnosed.

Modes of transmission:
Infection is generally acquired by inhaling dust from dried feces or dried ocular and nasal secretions from infected birds. Direct contact with birds is not required; rare person-to-person spread has occurred.

Incubation Period:
From 1-4 weeks

Period of Communicability:
Birds may shed the agent intermittently and sometimes continuously for weeks or months. Rarely communicable person-to-person.

Diagnosis & Laboratory Testing

Laboratory Confirmation
Any of the following will constitute a confirmed case of psittacosis/ornithosis:
• Isolation of infectious agent from clinical specimen (This should be done in a Containment level 3 facility, being a risk level 3 agent in Canada.)
• A significant (i.e., fourfold or greater) rise in antibody response towards Chlamydia psittaci with specimen collection ≥ 2-3 weeks apart.
• Positive for nucleic amplification testing (NAAT) for C.psittaci specific targets.

Testing Information & Requisition

Treatment & Case Management
Treatment with antibiotics is under the direction of the attending health care provider. Isolation of case is not required. Instruct the patient on using proper hand hygiene and proper cough etiquette.

Patient Information

Additional Resources

References