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Bulletin No. 13
August 22, 1986

Psittacosis Strikes New Bird Owner

On May 23, a Homer physician saw a 40-year-old Anchor Point resident who complained of illness for two days characterized by cough, chest congestion, bloody rhinorrhea, chills, fatigue, and a fever of 103°F. The patient's chest x-ray showed left lower lobe pneumonia. There was no pleural effusion. White blood count on May 31 was 7,100, with a differential of 74 segs, 9 bands, 14 lymphs and 3 monos. The patient, who had recently purchased a bird from an Alaskan aviary, spent an entire day at the aviary learning how to care for birds twelve days prior to the onset of her illness.

The physician alertly diagnosed psittacosis and drew serum for laboratory testing. The patient's serum was positive for psittacosis with a titer of 1:2584. The patient, hospitalized on May 31, was treated with penicillin and tetracycline. She recovered and was discharged 5 days later. By June 12, her chest x-ray had returned to normal. Interviews of her family members and the aviary owner found no other clinical cases. Contacts declined to submit paired sera for testing for psittacosis. We quarantined the aviary. Birds were placed on a 45-day supervised course of tetracycline feed.

Psittacosis, also known as ornithosis, is an acute generalized disease with varied clinical presentations and is caused by *Chlamydia psittaci*. Clinical illness may be a mild, brief, influenza-like illness or a more severe form characterized by fever, chills, and upper or lower respiratory symptoms, myalgias, headache, photophobia, nausea, and splenomegaly. Typically, respiratory symptoms are disproportionately mild compared to the extensive pneumonia demonstrable by chest x-ray. Complications can include encephalitis, myocarditis, pericarditis, valvular heart disease, and death. With proper treatment, case-fatality rates are less than 1%.

Psittacosis is usually acquired by inhaling the agent in desiccated droppings and secretions from clinically ill or asymptomatic infected birds. The organism, excreted in the feces of infected birds, is resistant to drying and can remain infective for several months. Apparently healthy birds may shed the infectious agent intermittently and sometimes continuously for weeks or months. Psittacosis is an occupational disease for turkey and duck farm, processing and rendering plant, and pet shop employees. Outbreaks occasionally occur in individual households, pet shops, aviaries, and pigeon lofts. Many reported cases have occurred in pet bird owners, often after the purchase of a new bird.

Psittacosis in birds can be eliminated by treatment with chlortetracycline in the feed for 45 days. There are no vaccines to prevent psittacosis in birds. Quarantines are supervised by the Health Department and the State veterinarian. During the time of quarantine, no birds may be sold from the premises and no new birds introduced.

The incubation period in man is usually 10 days, with a range of 4-20 days. Fleeting exposures often are adequate to produce disease. Transmission from person-to-person is extremely rare. Immunity following infection is incomplete and transitory. Reinfections have occurred. Cases of confirmed or suspected psittacosis are investigated in order to determine the source of infection and to place in quarantine all involved birds in order to protect the public health.

The recommended treatment for psittacosis is tetracycline. Individuals presenting with a history of cough, headache, fever, malaise, and a history of contact to pet birds or occupational exposure to birds should be evaluated for psittacosis. Diagnosis can be confirmed by obtaining acute and convalescent serum samples taken at least 2 weeks apart and by testing for psittacosis antibodies. All suspected and diagnosed cases of psittacosis should be reported promptly to the Epidemiology Office.

In addition, the Epidemiology Office investigates all diagnosed or suspect cases. The recommended treatment for human psittacosis is tetracycline which is continued for 10-14 days after temperature returns to normal. Individuals presenting with a history of cough, headache, fever, malaise and a history of contact to pet birds or occupational exposure to birds should be evaluated for psittacosis. Laboratory tests are available through the State Labs. Acute and convalescent sera drawn two weeks apart are preferred. Suspected cases of psittacosis should be reported to the Epidemiology Office.