



# Ornithosis (psittacosis)

## Australian national notifiable diseases case definition

This document contains the surveillance case definition for ornithosis (psittacosis), which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Government Department of Health and Aged Care of a case.

Version	Status	Last reviewed	Implementation date
1.1	<ul style="list-style-type: none"> <li>Confirmed cases no longer require epidemiological evidence.</li> <li>Complement fixation has been removed from laboratory suggestive evidence and included as laboratory definitive evidence.</li> <li>Clinical evidence includes 'not able to be explained by an alternative diagnosis'.</li> <li>Proximity to an outbreak has been removed from epidemiological evidence and replaced by contact with a confirmed human or animal case.</li> <li>Footnote included to assist in the interpretation of psittacosis serology.</li> </ul>	2017	1 July 2018
1.0	Initial case definition	2004	2004

## Reporting

Both **confirmed cases** and **probable cases** should be notified.

## Confirmed case

A confirmed case requires laboratory definitive evidence AND clinical evidence

## Probable case

A probable case requires laboratory suggestive evidence AND clinical evidence AND epidemiological evidence.

### Laboratory definitive evidence

A seroconversion or fourfold or greater rise in either immunoglobulin G (IgG) antibody by microimmunofluorescence (MIF) or complement fixation (CF) antibody against *Chlamydophila psittaci* - between acute and convalescent sera (collected at least two weeks later) tested in parallel.<sup>1</sup>

OR

Detection of *C. psittaci* by nucleic acid testing.

OR

Isolation of *C. psittaci* by culture.

### Laboratory suggestive evidence

Detection of IgM or single high IgG antibody titre<sup>2</sup> to *C. psittaci* by MIF

OR

A single high *C. psittaci* CF antibody titre.<sup>2</sup>

### Clinical evidence

Pneumonia

OR

AT LEAST TWO of the following: fever, headache, myalgia, rigors, dry cough or dyspnoea.

AND

Not explained by an alternative diagnosis

### Epidemiological evidence

Direct or indirect exposure to birds or bird products, or contact with a confirmed human or animal case.

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1. *C. psittaci* MIF antibody is more specific than CF antibody. However, positive serologic findings by both MIF and CF may occur as a result of infection with other *Chlamydia* species and should be interpreted with caution. This is most likely to occur with primary *Chlamydophila pneumoniae* infection from 5-15 years of age. *Chlamydia* spp. infection in those < 5 years of age may not produce a MIF or CF serological response.
  2. MIF IgG antibody can persist for years whereas CF antibody diminishes over months following *Chlamydia* spp. infection