

Appendix A

"Guidelines for Confirmation of a Foodborne Disease Outbreak"

Source: Health, Education, and Welfare, Public Health Service,  
Center for Disease Control. 1976. Foodborne and  
Waterborne Disease Outbreaks: Annual Summary 1974.  
Pages 53-57.

Guidelines for Confirmation of a Foodborne Disease Outbreak

	<u>Clinical Syndrome</u>	<u>Laboratory and/or Epidemiologic Criteria</u>
<b><u>BACTERIAL</u></b>		
1. <u>Bacillus cereus</u>	<ul style="list-style-type: none"> <li>a) incubation period 1-16 hrs.</li> <li>b) gastrointestinal syndrome</li> </ul>	<ul style="list-style-type: none"> <li>a) isolation of <math>\geq 10^5</math> organisms per gram in epidemiologically incriminated food</li> <li style="text-align: center;"><u>OR</u></li> <li>b) isolation of organism from stools of ill person</li> </ul>
2. <u>Brucella</u>	<ul style="list-style-type: none"> <li>a) clinical syndrome compatible with brucellosis</li> </ul>	<ul style="list-style-type: none"> <li>a) 4x ↑ in titer</li> <li style="text-align: center;"><u>OR</u></li> <li>b) positive blood culture</li> </ul>
3. <u>Clostridium botulinum</u>	<ul style="list-style-type: none"> <li>a) clinical syndrome compatible with botulism</li> </ul>	<ul style="list-style-type: none"> <li>a) detection of botulinal toxin in human sera, feces, or food</li> <li style="text-align: center;"><u>OR</u></li> <li>b) isolation of <u>C.</u> botulinum organism from epidemiologically incriminated food or stools</li> <li style="text-align: center;"><u>OR</u></li> <li>c) food epidemiologically incriminated</li> </ul>
4. <u>Clostridium perfringens</u>	<ul style="list-style-type: none"> <li>a) incubation period 8-22 hrs</li> <li>b) lower intestinal syndrome--majority of cases with diarrhea but little vomiting or fever</li> </ul>	<ul style="list-style-type: none"> <li>a) organisms of same sero-type in epidemiologically incriminated food and stool of ill individuals</li> <li style="text-align: center;"><u>OR</u></li> <li>b) isolation of organisms with same serotype in stool of most ill individuals and not in stool of controls</li> <li style="text-align: center;"><u>OR</u></li> <li>c) <math>\geq 10^5</math> organisms per gram in epidemiologically incriminated food provided specimen properly handled</li> </ul>

	<u>Clinical Syndrome</u>	<u>Laboratory and/or Epidemiologic Criteria</u>
5. <u>Escherichia coli</u>	a) incubation period 6-36 hrs  b) gastrointestinal syndrome--majority of cases with diarrhea	a) demonstration of organisms of same serotype in epi- demiologically incriminated food and stool of ill individuals and not in stool of controls  OR b) isolation of $\geq 10^5$ organisms per gram of same serotype in implicated food  OR c) isolation of organism of same serotype from stool of most ill individuals. If possible, organisms should be tested for enterotoxigenicity and invasiveness by special laboratory techniques
6. <u>Salmonella</u>	a) incubation period 6-48 hrs  b) gastrointestinal syndrome--majority of cases with diarrhea	a) isolation of salmonella organism from epidemio- logically implicated food  OR b) isolation of salmonella organism from stools of ill individuals
7. <u>Shigella</u>	a) incubation period 7-66 hrs  b) gastrointestinal syndrome--majority of cases with diarrhea	a) isolation of shigella organism from epidemio- logically implicated food  OR b) isolation of shigella organism from stools of ill individuals
8. <u>Staphylococcus aureus</u>	a) incubation period 1-7 hrs	a) detection of enterotoxin in epidemiologically implicated food

Clinical Syndrome

Laboratory and/or  
Epidemiologic Criteria

b) gastrointestinal syndrome--majority of cases with vomiting

b) organisms with same phage type in stools or vomitus of ill individuals and, when possible, implicated food and/or skin or nose of food handler

OR  
c) isolation of  $\geq 10^5$  organisms per gram in epidemiologically implicated food

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9. Group A streptococcus

a) febrile URI syndrome

a) isolation of organisms with same M and T type from implicated food

OR  
b) isolation of organisms with same M and T type from throats of ill individuals

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10. Vibrio cholerae

a) incubation period 5 hrs to 3 days

a) isolation of V. cholerae from epidemiologically incriminated food

b) gastrointestinal syndrome--majority of cases with diarrhea and without fever

OR  
b) isolation of organisms from stools or vomitus of ill individuals

OR  
c) significant rise in vibriocidal, bacterial agglutinating, or antitoxin antibodies in acute and early convalescent sera, or significant fall in vibriocidal antibodies in early and late convalescent sera in persons not recently immunized.

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11. Vibrio parahaemolyticus

a) incubation period 12-24 hrs

a) isolation of  $\geq 10^5$  organisms per gram from epidemiologically implicated food (usually seafood).

b) gastrointestinal syndrome--majority of cases with diarrhea

OR  
b) isolation of Kanagawa-positive organisms of same serotype from stool of ill individuals

	<u>Clinical Syndrome</u>	<u>Laboratory and/or Epidemiologic Criteria</u>
12. Others	a) clinical data appraised in individual circumstances	a) laboratory data appraised in individual circumstances

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CHEMICAL

1. Heavy metals Antimony Cadmium Copper Iron Tin Zinc, etc.	a) incubation period 3 min to 3 hrs (rarely longer)  b) clinical syndrome compatible with heavy metal poisoning--usually gastrointestinal syndrome and often metallic taste	a) demonstration of high concentration of metallic ion in epidemiologically incriminated food or beverage
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2. Ichthyosarcotoxin (Ciguatoxin)	a) incubation period 30 min to 30 hrs  b) clinical syndrome compatible with ciguatera--usually initial gastrointestinal symptoms followed by dry mouth, paraesthesias of lips, tongue, throat or extremities. A sensation of looseness and pain in the teeth and a paradoxical temperature sensation are characteristic	a) demonstration of ciguatoxin in epidemiologically incriminated fish  <u>OR</u> b) Ciguatera-associated fish epidemiologically incriminated
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Puffer fish (tetrodotoxin)	a) incubation period 10 min to 4 hrs  b) clinical syndrome compatible with puffer fish poisoning--paraesthesias of lips, tongue, face or extremities often followed by numbness, loss of proprioception or a "floating" sensation	a) demonstration of tetrodotoxin in fish  <u>OR</u> b) puffer fish epidemiologically incriminated
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	<u>Clinical Syndrome</u>	<u>Laboratory and/or Epidemiologic Criteria</u>
Scombrototoxin	<ul style="list-style-type: none"> <li>a) incubation period 5 min to 2 hrs</li> <li>b) clinical syndrome compatible with scombroid fish poisoning often including flushing, headache, dizziness, burning of mouth and throat, upper and lower gastrointestinal symptoms, urticaria and generalized pururitus</li> </ul>	<ul style="list-style-type: none"> <li>a) demonstration of elevated histamine levels in epidemiologically incriminated fish</li> <li style="text-align: center;"><u>OR</u></li> <li>b) fish of order Scombrodei or fish associated with scombroid poisoning (e.g. mahi-mahi) epidemiologically incriminated</li> </ul>
3. Monosodium glutamate	<ul style="list-style-type: none"> <li>a) incubation period 5-30 min</li> <li>b) clinical syndrome compatible with monosodium glutamate intoxication--often including burning sensations in chest, neck, abdomen or extremities, sensations of lightness and pressure over face, or a heavy feeling in the chest</li> </ul>	<ul style="list-style-type: none"> <li>a) history of large amounts (usually &gt;1.5 grams) of MSG having been added to epidemiologically incriminated food</li> </ul>
4. Mushroom poison Group containing ibotenic acid and muscimol	<ul style="list-style-type: none"> <li>a) incubation period 30 min to 12 hrs</li> <li>b) clinical syndrome compatible with mushroom poisoning by this group--often including confusion, delirium, visual disturbances</li> </ul>	<ul style="list-style-type: none"> <li>a) demonstration of toxic chemical in epidemiologically incriminated mushrooms</li> <li style="text-align: center;"><u>OR</u></li> <li>b) epidemiologically incriminated mushrooms identified as a toxic type</li> </ul>

	<u>Clinical Syndrome</u>	<u>Laboratory and/or Epidemiologic Criteria</u>
Group containing toxins and phallo-toxins, or gyromi-trin	a) incubation period 6-24 hrs  b) characteristic clinical syndrome compatible with mushroom poisoning by this group-- upper and lower gastrointestinal symptoms followed by hepatic and/or renal failure	a) demonstration of toxic chemical in epidemiologically incriminated mushrooms  <u>OR</u> b) epidemiologically incriminated mushrooms identified as a toxic type
Groups containing muscarine, psilocybin and psilocin, gastrointestinal irritants, disulfiram-like compounds	a) characteristic incubation period  b) clinical syndrome compatible with mushroom poisoning by these groups	a) demonstration of toxic chemical in epidemiologically incriminated mushrooms  <u>OR</u> b) epidemiologically incriminated mushroom identified as a toxic type
5. Paralytic and Neurotoxic shellfish poison	a) incubation period 10 min to 1 hr  b) clinical syndrome compatible with paralytic shellfish poisoning-- often including paraesthesias of lips, mouth or face and often upper and lower gastrointestinal symptoms	a) detection of toxin in epidemiologically incriminated mollusks  <u>OR</u> b) detection of large numbers of shellfish poisoning-associated species of dinoflagellates in water from which epidemiologically incriminated mollusks gathered
6. Other chemicals	a) clinical data appraised in individual circumstances  b)	a) laboratory data appraised in individual circumstances

Clinical Syndrome

Laboratory and/or  
Epidemiologic Criteria

PARASITIC AND VIRAL

- |                                |  |   |
|--------------------------------|--|---|
| 1. <u>Trichinella spiralis</u> | a) 2 or more cases<br>b) incubation period 3-28 days<br>c) clinical syndrome compatible with trichinosis--often including fever, high eosinophil count, orbital edema, myalgia | a) muscle biopsy from ill individual<br><u>OR</u><br>b) serological tests<br><u>OR</u><br>c) demonstration of larvae in incriminated food |
| <hr/>                          |  |   |
| 2. Hepatitis A                 | a) incubation period 10-50 days<br>b) clinical syndrome compatible with hepatitis--usually including jaundice, GI symptoms, dark urine   | a) liver function tests compatible with hepatitis in affected persons who consumed the epidemiologically incriminated food                |
| <hr/>                          |  |   |
| 3. Others                      | a) clinical evidence appraised in individual circumstances   | a) laboratory evidence appraised in individual circumstances  |

Appendix B

Selected Case Investigation Forms

- Brucellosis
- Leptospirosis
- Tickborne typhus
- Psittacosis

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
Centers for Disease Control  
Atlanta, Georgia 30333

Reported to State Health Dept.  
Month Day Year

PERSONAL DATA

State \_\_\_\_\_  
Case No. \_\_\_\_\_

**BRUCELLOSIS CASE SURVEILLANCE REPORT**

FIRST FOUR LETTERS OF PATIENT'S NAME: [ ][ ][ ][ ] AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

ADDRESS (County/State): \_\_\_\_\_

CLINICAL ILLNESS AND THERAPY

Date of Current Onset: \_\_\_\_\_ This Onset was: 1  Acute 2  Insidious 9  Not Stated  
Duration of Current Illness: \_\_\_\_\_ Weeks  
Date of Original Onset if Recurrence: \_\_\_\_\_ This Onset was: 1  Acute 2  Insidious 9  Not Stated

SYMPTOMS	DURATION OR SEVERITY	THERAPY
<input type="checkbox"/> Fever, Intermittent _____ <input type="checkbox"/> Fever, Constant _____ <input type="checkbox"/> Chills _____ <input type="checkbox"/> Weight Loss _____ <input type="checkbox"/> Sweating _____ <input type="checkbox"/> Body Ache _____ <input type="checkbox"/> Weakness _____ <input type="checkbox"/> Headache _____ <input type="checkbox"/> Malaise _____ <input type="checkbox"/> Anorexia _____ <input type="checkbox"/> Abscess (Bone, Joint, _____ Muscle) _____ <input type="checkbox"/> Other (specify) _____		Type, Duration and Route of Administration of: <input type="checkbox"/> Tetracycline _____ <input type="checkbox"/> Streptomycin _____ <input type="checkbox"/> Sulfonamides _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Bed Rest (Duration) _____
REMARKS: _____		REMARKS: _____

DIAGNOSTIC TESTS

Culture	Blood	Other Specimens (specify)	Date Collected	Date Examined	Isolation Results			Species Isolated	Culture Media	Laboratory
					Pos.	Neg.	Unsat.			
1)										
2)										
3)										
4)										

  

Serology	Std. Tube Aggl.	Other Tests (specify)	Date Collected	Date Examined	Results (Titer, etc.)	Producer of Test Antigen	Laboratory
	1)						
2)							
3)							
4)							

  

Skin	Date Performed	Results		Degree of Reaction	Producer of Test Antigen	Laboratory
		Pos.	Neg.			

\*Sera positive by tube agglutination may be sent to the CDC for mercaptoethanol-resistant agglutinins test.

Type of Work or Activity at Onset: \_\_\_\_\_

Animal Contact within 6 Months Prior to Onset: 1  Yes 2  No 9  Unknown

If Yes, Place: \_\_\_\_\_

Dates, From: \_\_\_\_\_ To: \_\_\_\_\_

PROBABLE SOURCE OF INFECTION

Brucellosis Status in Animal Contacts	Commercial Establishments*				Family Owned Animals			
	Cattle		Swine	Other (specify)	Cattle		Swine	Other (Specify)
	Beef	Dairy			Beef	Dairy		
Brucellosis: Present								
Not Present								
Status Unknown								
Under Investigation								
Abortions Noted								

\*Includes stockyards, slaughterhouses, packinghouses, dairies, meathandlers, etc.

USE OF MILK OR MILK PRODUCTS

Type Of Product	Pasteurized			Date of Last Consumption Prior to Onset	Source of Milk
	Yes	No	Unk.		

Exposure to Brucella Vaccine: 1  Yes 2  No

If Yes, Date and Type of Exposure: \_\_\_\_\_

County Under Control Program: 1  Yes 2  No

If Yes, check  Modified Certified (Bovine)  
 Certified Free (Bovine)  
 Validated (Swine)

Additional information about recrudescence cases or those with insidious onset - type of work or activity, contact with animals, species and frequency, place of contact, dates:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 PUBLIC HEALTH SERVICE  
 CENTERS FOR DISEASE CONTROL  
 Atlanta, Georgia 30333

FORM APPROVED  
 OMB NO. 0920-0008

LEPTOSPIROSIS CASE INVESTIGATION REPORT  
 (Human Infection)

Case No. \_\_\_\_\_

I. PATIENT INFORMATION

First four letters of Patient's last name <input type="text"/>	Age <input type="text"/>	SEX 1 <input type="checkbox"/> Male    2 <input type="checkbox"/> Female
Address (County/State) <input type="text"/>		Occupation <input type="text"/>

II. CLINICAL DATA

Date of Onset \_\_\_\_\_ Was patient hospitalized: Yes  No  Unk.

Date of Admission \_\_\_\_\_ Name of Hospital \_\_\_\_\_

Date of Discharge or recovery \_\_\_\_\_ Death: Yes  No  Unk.  Date of Death \_\_\_\_\_ Autopsy: Yes  No

Name of attending physician: \_\_\_\_\_

Initial clinical impression:

Leptospirosis  Unknown  Other, specify \_\_\_\_\_

Presumptive serotype \_\_\_\_\_

Signs and Symptoms:

(1) Renal involvement	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	3 Unk. <input type="checkbox"/>	(2) Liver involvement	1 Yes <input type="checkbox"/>	2 No <input type="checkbox"/>	3 Unk. <input type="checkbox"/>
1. anuria or oliguria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	jaundice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. elevated BUN (over 20 mg. %)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(3) Central nervous system involvement			
3. hematuria	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. stiff neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. albuminuria (over "2+")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. elevated CSF protein (over 50 mg.%)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) Other manifestations:				3. elevated CSF cell count (over 5 cells per ml)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. EPIDEMIOLOGY

(1) Recent contact with animals: Yes  No  Unknown

- |                                     |                                    |   |
|-------------------------------------|------------------------------------|---|
| 1. Rodents <input type="checkbox"/> | 3. Cattle <input type="checkbox"/> | 5. Wild animals <input type="checkbox"/>  |
| 2. Dogs <input type="checkbox"/>    | 4. Swine <input type="checkbox"/>  | 6. Other animals <input type="checkbox"/> |

(2) Water. Recent history of contact in potentially contaminated water (i.e., sewage, streams, ponds, floods, etc.):

Yes  No  Unknown

This report is authorized by law (Public Health Service Act, 42 USC 241). While your response is voluntary, your cooperation is necessary for the understanding and control of the disease.



(3) Describe contacts with animals and water:

**IV. LABORATORY EVIDENCE OF LEPTOSPIRAL INFECTION (other than Leptospirosis Reference Laboratory)**

Name of Laboratory \_\_\_\_\_

Location \_\_\_\_\_

(1) Serology:      Specimens examined:      1  Yes      2  No

For specimens examined:

Dates and Titers

Type of Test	Antigens Used	Mo. Day Yr.	Mo. Day Yr.	Mo. Day Yr.	Mo. Day Yr.
		_____ day after onset	_____ day after onset	_____ day after onset	_____ day after onset

(2) Culture:

Material cultured \_\_\_\_\_ Date \_\_\_\_\_

Animals inoculated \_\_\_\_\_

Results \_\_\_\_\_

(3) Direct examination:

Material examined

Method:      Darkfield 1       Fluorescent antibody 2       Histopathology 3

Results \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICES  
CENTERS FOR DISEASE CONTROL  
ATLANTA, GEORGIA 30333

**ROCKY MOUNTAIN SPOTTED FEVER**  
(Tick-Borne Typhus Fever)  
**CASE REPORT**  
(Please forward to the State Health Department)

CDC ID No.   
(1-4)

Name of Patient		The First Three Letters of Patient's Last Name (5-7) <input type="text"/> <input type="text"/> <input type="text"/>		State	County
Address (Number, street)		AGE (8-9) <input type="text"/> <input type="text"/>		SEX (10) <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	
City	State	Zip Code	CDC USE ONLY State (11-12) <input type="text"/> <input type="text"/> County (13-15) <input type="text"/> <input type="text"/>		
Telephone Number (Area Code)		RACE/ETHNICITY (16) <input type="checkbox"/> 1 White, not Hispanic <input type="checkbox"/> 4 Asian or Pacific Islander <input type="checkbox"/> 2 Black, not Hispanic <input type="checkbox"/> 5 American Indian or Alaskan Native <input type="checkbox"/> 3 Hispanic <input type="checkbox"/> 6 Not Specified			
Physician's Name and Telephone Number					

SIGNS & SYMPTOMS				TREATMENT AND OUTCOME			
Date of Onset of Symptoms	Mo. <input type="text"/> <input type="text"/>	Day <input type="text"/> <input type="text"/>	Yr. <input type="text"/> <input type="text"/>	YES	NO	UNKNOWN	IF YES, Date Started: Mo. <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>
	(17-22)						
Fever ≥ 100.5 (23)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Tetracycline (28)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="text"/> <input type="text"/> (29-32)
Headache (24)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Chloramphenicol (33)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="text"/> <input type="text"/> (34-37)
Myalgias (25)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Other (Drug): (38)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9		<input type="text"/> <input type="text"/> (39-42)
Rash (26)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	Hospitalization? (43) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> IF YES, DATE: Mo. <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> (44-47)			
Rash on Palms or Soles (27)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9	IF YES, Name of Hospital: _____ Mo. <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (49-54)			
				Did patient die? (48) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

**EPIDEMIOLOGIC FEATURES**

Tick Exposure: (55)

<input type="checkbox"/> 1 Tick bite or attachment within 14 days of onset	Did any other family member have a similar illness this year? (56) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
<input type="checkbox"/> 2 If no tick bite or attachment, was patient in a known tick infested area within last 14 days?	Travel outside of county within 14 days of onset (57) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9
<input type="checkbox"/> 3 No known tick bite, attachment or exposure to tick infested area	IF YES, where: _____
<input type="checkbox"/> 4 No exposure information available	CDC USE ONLY State (58-59) <input type="text"/> <input type="text"/> County (60-62) <input type="text"/> <input type="text"/>

**LABORATORY DATA**

Serology (Titers)	S1 Mo. Day Yr. (63-68)	S2 Mo. Day Yr. (69-74)	S3 Mo. Day Yr. (75-80)
Indirect fluorescent antibody (IFA)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Complement fixation (CF)	_____ (81)	_____ (82)	_____ (83)
Microagglutination (MA)	_____ (84)	_____ (85)	_____ (86)
Proteus OX19	_____ (87)	_____ (88)	_____ (89)
Proteus OX2	_____ (90)	_____ (91)	_____ (92)
Latex agglutination (LA)	_____ (93)	_____ (94)	_____ (95)
Indirect hemagglutination (IHA)	_____ (96)	_____ (97)	_____ (98)
Other (specify) (102)	_____ (99)	_____ (100)	_____ (101)
	_____ (103)	_____ (104)	_____ (105)

**Detection of Rickettsial Agent**

Rickettsial Isolation: (106)	<input type="checkbox"/> 1 Successful	If attempted, give source of specimen: (107) _____	Fluorescent antibody of patient tissue (FA): (108)	<input type="checkbox"/> 1 Positive	If attempted, give source of specimen: (109) _____
	<input type="checkbox"/> 2 Unsuccessful			<input type="checkbox"/> 2 Negative	
	<input type="checkbox"/> 3 Not attempted			<input type="checkbox"/> 3 Not attempted	
	<input type="checkbox"/> 9 Unknown			<input type="checkbox"/> 9 Unknown	

**COMMENTS:**

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Report Completed By: (Name, Title, Institution) \_\_\_\_\_

**DISPOSITION OF CASE (To Be Completed by State Health Department - See CDC Criteria)**

DISPOSITION: (110)	If confirmed, by what technique?	Disposition by:	Name and Title	Date
<input type="checkbox"/> 1 Confirmed (111)	<input type="checkbox"/> IFA (Sera) (114) <input type="checkbox"/> LA (117) <input type="checkbox"/> FA of tissue (118)			
<input type="checkbox"/> 2 Probable (112)	<input type="checkbox"/> CF (115) <input type="checkbox"/> IHA (116)			
<input type="checkbox"/> 3 Not confirmed (113)	<input type="checkbox"/> MA (116) <input type="checkbox"/> Isolation (119)			

This report is authorized by law (Public Health Service Act, 42 USC 241). While your response is voluntary, your cooperation is necessary for the understanding and control of the disease.

DO NOT WRITE

PSITTACOSIS CASE SURVEILLANCE REPORT

<b>PERSONAL DATA</b>	First four letters of Patient's last name <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	Age	Sex		
	Address (County/State)				
<b>PRESENT ILLNESS</b>	Date of onset	Specific therapy: (Specify products and dosage, date of 1st and last dose of each)			
	Brief clinical description: (Symptoms and signs, maximum temperature, etc.)				
	Outcome of case: Recovered <input type="checkbox"/> Died <input type="checkbox"/> Date of death _____				
<b>DIAGNOSTIC TESTS</b>	Complement fixation (Specify antigen: _____)	Date Collected	Results	Name and Location of Laboratory	
	Acute stage		(titre)		
	Early convalescence		(titre)		
	Late convalescence		(titre)		
	Virus isolation (Specimen: _____)				
Chest x-rays	Date	Results			
<b>HISTORY AND CONTACT INFORMATION</b>	Occupation at date of onset _____				
	Specific duties _____				
	Indicate which of the following contacts the patient had during the 5 weeks prior to onset:				
	<input type="checkbox"/> Birds      Check: <input type="checkbox"/> Psittacines ; species: _____ Approximate number: _____ <input type="checkbox"/> Pigeons _____ Approximate number: _____ <input type="checkbox"/> Domestic fowl; species: _____ Approximate number: _____ <input type="checkbox"/> Other birds ; species: _____ Approximate number: _____ Were birds apparently in good health? Yes <input type="checkbox"/> No <input type="checkbox"/> (If not, please elaborate): _____				
	<input type="checkbox"/> Human case of Psittacosis; name: _____ <input type="checkbox"/> Other ; specify: _____ <input type="checkbox"/> No known exposure				
Indicate where exposure occurred (Specify the Type of Establishment, such as 1 - private home, 2 - private aviary, 3 - commercial aviary, 4 - pet shop, 5 - bird loft, 6 - poultry establishment, etc. If the patient had multiple contacts, specify to what he was exposed at each place of exposure):					
Type of Establishment	Owner and Address	Exposed to	Exposure		Dates of Exposure
			Indoors	Outdoors	

INVESTIGATION OF SOURCE

	Species Tested	Number of Specimens	Date Collected	Owner of Specimens	Results	Name and Location of Laboratory
Virus isolation						
Serologic test						

If pet birds or domestic pigeons or fowl are implicated as the source of human psittacosis, or if any such birds are shown by laboratory methods to be infected, it is important to learn where these birds originated, and where they were subsequently purchased or obtained by the present owner. These birds may have acquired a latent form of the infection at any place where they have been detained since hatching; therefore, list the address of every known place where they were harbored, giving approximate dates:

Other cases of human respiratory illness observed in connection with this possible source:  
(Name, Age, and Address)

(A PSITTACOSIS CASE SURVEILLANCE REPORT should be completed for every human case diagnosed.)

APPRAISAL

Investigator's Name	Title	Address
Date(s) of investigation		
Investigator's impression of case: Confirmed <input type="checkbox"/> Presumptive <input type="checkbox"/> Diagnostic Problem <input type="checkbox"/> Not Psittacosis <input type="checkbox"/>		

Remarks:

Notes:

1. If sera are obtained shortly after onset and again 4 weeks and 8 weeks later, a change in titre may be demonstrated.
2. The virus causing psittacosis belongs to a group designated as the lymphogranuloma venereum-psittacosis group. The complement fixation test gives a group reaction for these diseases. Clinical and epidemiologic findings are given consideration when interpreting these laboratory results.
3. Pet psittacine birds in the U.S. usually include parrots (Amazons, Mexican double-heads, etc.) parakeets, shell parakeets or budgerigars, African grays, cockatoos, cockateels, love birds, lorries, lorikeets, macaws, roseleas, and parolets.
4. Other birds which have been found to be infected include pet finches, canaries, and rice birds, in addition to many species of wild birds.
5. Psittacosis-like viruses have been found in species other than birds. Therefore, if there is doubt as to the source of infection, contact with mammals should be inquired into.

Appendix C

Examples of Frequency Distributions of Signs  
and Symptoms of Persons Having:

- Brucellosis
- Leptospirosis
- Psittacosis

Appendix C

Following are 3 examples of frequency distributions of signs and symptoms of persons having a particular illness. In all 3 examples the distributions were prepared from reports sent to the CDC of cases that occurred during the specified year.

Table 15  
272 Cases of Human Brucellosis, by Major Symptoms,  
United States, 1975\*

Signs and Symptoms	No. of Cases	Percent of Total
Fever		
Intermittent	211	77.6
Constant	26	9.6
Not specified	11	4.0
Total	248	91.2
Malaise	205	75.4
Chills	193	71.0
Sweating	192	70.6
Weakness	189	69.5
Body aches	178	65.4
Headache	162	59.6
Weight loss	154	56.6
Anorexia	146	53.7

\*Includes confirmed and presumptive cases

Table 16  
Human Leptospirosis Cases, by Major Signs and Symptoms,  
United States, 1974

Signs and Symptoms	No of Cases	Percent of Total*
Fever	32	55
Headache	22	38
Stiff Neck	21	36
Myalgia	20	35
Nausea/vomiting	19	33
Pleocytosis	19	33
Jaundice	18	31
Malaise	14	24
Hematuria	14	24
Chills	13	22
Elevated CSF Protein	12	21
Elevated BUN	10	17
Diarrhea	10	17
Abdominal Pain	9	16
Albuminuria	9	16
Anuria/Oliguria	8	14

\*Based on 58 reports of cases for which the diagnosis was established by MA test or culture results and symptoms reported.

Table 17  
Major Symptoms of 104 Patients with Psittacosis, U.S., 1974

Symptom	Pet Bird Associated (N=43)		Symptom	Turkey Processing Plant Associated (N=61)	
	No.	(%)		No.	(%)
Fever	33	(77)	Fever	60	(98)
Headache	17	(40)	Malaise	53	(87)
Cough	16	(37)	Headache	52	(85)
Chest Pain	15	(35)	Chills	49	(80)
Malaise	13	(30)	Weight Loss	36*	(80)
Myalgia	11	(26)	Anorexia	46	(75)
Chills	10	(23)	Myalgia	18**	(69)
Pneumonia	7	(16)	Cough	39	(64)
Nausea	7	(16)	Night Sweats	39	(64)
Anorexia	6	(14)	Nausea	31	(51)
Pneumonitis	5	(12)	Vomiting	31	(51)
Abdominal Pain	5	(12)	Photophobia	24	(39)
Stiff Neck	3	(7)	Stiff Neck	22	(36)
Diarrhea	2	(5)	Pneumonia	21	(34)
Splenomegaly	2	(5)	Diarrhea	12	(20)
Vomiting	2	(5)			
General URI	1	(2)			

\*N=46

\*\*N=26

Sources:

1. Table 15: HEW, PHS, CDC, Brucellosis Surveillance, Annual Summary 1975, issued July 1976.
2. Table 16: HEW, PHS, CDC, Leptospirosis Surveillance, Annual Summary 1974, Issued September 1975.
3. Table 17: HEW, PHS, CDC, Psittacosis, Annual Summary 1974, Issued June 1975.