

Compendium of measures to control *Chlamydophila psittaci* (formerly *Chlamydia psittaci*) infection among humans (psittacosis) and pet birds, 2005

Kathleen A. Smith, DVM, MPH; Kristy K. Bradley, DVM, MPH, DACVPM;
Mary G. Stobierski, DVM, MPH, DACVPM; Leslie A. Tengelsen, PhD, DVM

Psittacosis, also known as parrot fever and ornithosis, is a bacterial infection of humans that can cause severe pneumonia and other serious health problems. It is caused by *Chlamydophila psittaci*, formerly known as *Chlamydia psittaci*. From 1988 through 2002, 923 human cases of psittacosis were reported to CDC, and most resulted from exposure to infected pet birds, usually cockatiels, parakeets, parrots, and macaws. In birds, *C. psittaci* infection is referred to as avian chlamydiosis (AC). Infected birds shed the bacteria through feces and nasal discharges, and humans become infected from exposure to these materials. This compendium provides information about psittacosis and AC to public health officials, physicians, veterinarians, the pet bird industry, and others concerned about controlling these diseases and protecting public health. The recommendations in this compendium provide standardized procedures for controlling AC in birds, a vital step to protecting human health. This document will be reviewed biannually and revised as necessary.

Chlamydophila psittaci (formerly known as *Chlamydia psittaci*) is a member of the family *Chlamydiaceae*.¹ It is a bacterium that can be transmitted from pet birds to humans. In humans, the resulting infection is referred to as psittacosis (also known as parrot fever and ornithosis). Psittacosis typically causes influenza-like symptoms and can lead to severe pneumonia and nonrespiratory health problems. With appropriate treatment, the disease is rarely fatal. From 1988 through 2003, the CDC received reports of 935 cases of psittacosis,² which is an underrepresentation of the actual number of cases. Most human cases were associated with exposure to pet birds. Other persons at risk include pigeon fanciers and persons in specific occupations (eg, employees in poultry slaughtering and processing plants, veterinarians, veterinary technicians, laboratory workers, workers in avian quarantine stations, farmers, wildlife rehabilitators, and zoo workers). Because human infection can result from brief, passing exposure to infected birds or their contaminated excretions or secretions, persons with no identified leisure time or occupational risk can become infected.

In this compendium, *C psittaci* infection in birds is referred to as avian chlamydiosis. Chlamydial organisms have been isolated from approximately 100 bird species but are most commonly identified in psittacine (parrot-type) birds, especially cockatiels and budgerigars, commonly known as parakeets or budgies. Among caged, nonpsittacine birds, infection with *Chlamydiaceae* organisms occurs most frequently in pigeons and doves. Avian chlamydiosis is less frequently diagnosed in canaries and finches. The recommendations in this compendium provide standardized procedures for controlling avian chlamydiosis in the pet bird population, an essential step in efforts to control psittacosis among humans. This compendium is intended to guide public health officials, physicians, veterinarians, the pet bird industry, and others concerned with the control of *C psittaci* infection and the protection of public health.

Infection in Humans (Psittacosis)

Transmission—The disease resulting from *C psittaci* infection in humans is called psittacosis, and most infections are typically acquired from exposure to pet psittacine birds. However, transmission has been documented from poultry and free-ranging birds, including doves, pigeons, birds of prey, and shore birds. Infection with *C psittaci* usually occurs when a person inhales organisms that have been aerosolized from dried feces or respiratory tract secretions of infected birds. Other means of exposure include mouth-to-beak contact and handling infected birds' plumage and tissues. Even brief exposures can lead to symptomatic infection; therefore, certain patients with psittacosis might not recall or report having any contact with birds.

Mammals occasionally transmit *Chlamydiaceae* organisms to humans. Certain chlamydial species infect sheep, goats, and cattle, causing chronic infection of the reproductive tract, placental insufficiency, and abortion. Those

species are transmitted to humans when humans are exposed to the birth fluids and placentas of infected animals. Another chlamydial species, the feline keratoconjunctivitis agent, typically causes rhinitis and conjunctivitis in cats. Transmission of this species from cats to humans may be underreported.

Person-to-person transmission has been suggested but not proven.³ Standard infection-control precautions are sufficient for humans with psittacosis, and specific isolation procedures (eg, private room, negative pressure air flow, and masks) are not indicated.

Clinical signs and symptoms—Onset of illness typically follows an incubation period of 5 to 14 days, but longer periods have been reported. The severity of the disease ranges from inapparent illness to systemic illness with severe pneumonia. Before antimicrobial agents were available, 15% to 20% of humans with *C psittaci* infection died. However, < 1% of properly treated humans now die as a result of the infection. Humans with symptomatic infection typically have abrupt onset of fever, chills, headache, malaise, and myalgia. They usually develop a nonproductive cough that can be accompanied by breathing difficulty and chest tightness. A pulse-temperature dissociation (fever without increased pulse rate), enlarged spleen, and nonspecific rash are sometimes observed and are suggestive of psittacosis in patients with community-acquired pneumonia. Auscultatory findings can underestimate the extent of pulmonary involvement. Radiographic findings include lobar or interstitial infiltrates. The differential diagnosis of pneumonia caused by psittacosis includes infection with *Coxiella burnetii*, *Mycoplasma pneumoniae*, *Legionella* spp, other *Chlamydiaceae*, and respiratory viruses such as influenza. *Chlamydophila psittaci* can affect organ systems other than the respiratory tract and result in endocarditis, myocarditis, hepatitis, arthritis, keratoconjunctivitis, and encephalitis. Severe illness with respiratory failure, thrombocytopenia, hepatitis, and fetal death has been reported among pregnant women.

Case definition—In 1997, the CDC and the Council of State and Territorial Epidemiologists published surveillance case definitions for confirmed and probable psittacosis for epidemiologic purposes.⁴ These definitions should not be used as the sole criteria for establishing clinical diagnoses. A patient is considered to have a confirmed case of psittacosis if clinical illness is compatible with psittacosis and the case is laboratory confirmed by 1 of 3 methods: *C psittaci* is cultured from respiratory secretions, there is a 4-fold or greater increase in antibodies against *C psittaci* detected by **complement fixation (CF) or microimmunofluorescence (MIF)** to a reciprocal titer of ≥ 32 between paired acute- and convalescent-phase serum samples, or immunoglobulin M antibodies against *C psittaci* are detected by MIF to a reciprocal titer of ≥ 16 . A patient is considered to have a probable case of psittacosis if clinical illness is compatible with psittacosis and the patient is epidemiologically linked to a confirmed human case of psittacosis or the patient has supportive serologic (eg, a single antibody titer of ≥ 32 , detected by CF or MIF, in at least 1 serum sample obtained after onset of symptoms). Updated case definitions may be available on the CDC Web site.⁵

Diagnosis—Most diagnoses are established by use of MIF to test for antibodies against *C psittaci* in paired sera. The MIF is more sensitive and specific than the previously used CF tests; however, there is still some cross-reactivity with other chlamydiae, such as *C pneumoniae*, *C trachomatis*, and *C felis*. **Polymerase chain reaction (PCR)** assays can be used to distinguish *C psittaci* infection from infection with other chlamydial species. Acute-phase serum samples should be obtained as soon as possible after onset of symptoms, and convalescent-phase serum samples should be obtained 2 weeks after the first sample. Because antimicrobial treatment can delay or diminish the antibody response, a third serum sample might help confirm the diagnosis. All sera should be tested simultaneously at the same laboratory. The infectious agent can also be isolated from the patient's sputum, pleural fluid, or clotted blood during acute illness and before treatment with antimicrobial agents; however, culture of *C psittaci* is performed by few laboratories because of technical difficulty and safety concerns.

Laboratories that test human specimens for *Chlamydiaceae*—Information about laboratory testing is available from most state public health laboratories. Few commercial laboratories have the capability to differentiate chlamydial species. Certain laboratories accept human specimens to confirm *C psittaci* infection ([Table 1](#)). Other sources might be available.

Treatment—Tetracyclines are the drugs of choice.⁶ Most patients respond to orally administered treatment (doxycycline [100 mg, q 12 h] or tetracycline hydrochloride [500 mg, q 6 h]). For initial treatment of severely ill patients, doxycycline hyclate can be administered IV at a dosage of 4.4 mg/kg/d (2 mg/lb/d) divided into 2 infusions/d (up to 100 mg/dose). Remission of symptoms usually is evident within 48 to 72 hours. However, relapse can occur, and treatment must continue for at least 10 to 14 days after fever abates. Although in vivo efficacy has not been determined, macrolides are probably the best alternative agents in patients for whom tetracycline is contraindicated (eg, children < 9 years of age and pregnant women).

Table 1-Laboratories that test human specimens for *Chlamydophila psittaci*.

Laboratory	Tests performed*	Telephone number
Respiratory Diseases, Laboratory Section, CDC,* Atlanta, Ga	MIF, PCR, Culture	(404) 639-3563
Focus Technologies, Cypress, Calif	MIF, PCR, Culture	(800) 445-4032
Laboratory Corp of America, Burlington, NC	Culture	(800) 222-7566
Specialty Labs, Santa Monica, Calif	MIF	(800) 421-4449
Viomed, Minnetonka, Minn	MIF	(800) 582-0077

*CDC is not a commercial laboratory.

MIF = Microimmunofluorescence. PCR = Polymerase chain reaction assay.

Infection in Birds (Avian Chlamydiosis)

Transmission—*Chlamydophila psittaci* is excreted in the feces and nasal discharges of infected birds. The organism is environmentally labile but can remain infectious for several months if protected by organic debris (eg, litter and feces). Some infected birds can appear healthy and shed the organism intermittently. Shedding can be activated by stress factors, including relocation, shipping, crowding, chilling, and breeding.⁷

Clinical signs—The usual duration between exposure to *C psittaci* and onset of illness ranges from 3 days to several weeks. However, active disease can appear with no identifiable exposure. Whether the bird has acute or chronic signs of illness or dies depends on the species of bird, virulence of the strain, infectious dose, stress factors, age, and extent of treatment or prophylaxis.⁷

Signs of avian chlamydiosis include lethargy, anorexia, and ruffled feathers, similar to signs of other systemic illnesses. Other signs include serous or mucopurulent ocular or nasal discharge, diarrhea, and excretion of green to yellow-green urates. Anorectic birds can produce sparse, dark green droppings, followed by emaciation, dehydration, and death.

Case definition—A confirmed case of avian chlamydiosis is defined on the basis of at least 1 of 4 laboratory results, including isolation of *C psittaci* from a clinical specimen, identification of chlamydial antigen by use of immunofluorescence (fluorescent antibody testing) of the bird's tissues, a ≥ 4 -fold change in serologic titer in 2 samples obtained from the bird at least 2 weeks apart and assayed simultaneously at the same laboratory, or identification of *Chlamydiaceae* within macrophages in smears stained with Gimenez or Macchiavello stain or sections of the bird's tissues.

A probable case of avian chlamydiosis is defined as compatible illness and at least 1 of 2 positive laboratory results, including a single high serologic titer in 1 or more samples obtained after the onset of signs or detection of *Chlamydiaceae* antigen (identified by use of ELISA, PCR, or fluorescent antibody) in feces, a cloacal swab specimen, or respiratory tract or ocular exudates.

A suspected case of avian chlamydiosis is defined as a compatible illness that is epidemiologically linked to another case in a human or bird but that is not laboratory confirmed, a subclinical infection with a single high serologic titer or detection of chlamydial antigen, compatible illness with positive results from a nonstandardized test or a new investigational test, or compatible illness that is responsive to appropriate therapy.

Diagnosis and treatment—Several diagnostic methods are available for identifying avian chlamydiosis in birds ([Appendix 1](#)). Treatment should be supervised by a licensed veterinarian ([Appendix 2](#)).

Recommendations and Requirements

Aviary and pet shop owners are encouraged to implement recommendations such as those described in the Model Aviary Program.¹⁷ Such programs encourage disease prevention and improve animal health and the human-animal bond.

Recommendations for controlling infection in humans and birds—To prevent transmission of *C psittaci* to humans and birds, specific control measures are recommended:

- **Protect persons at risk.** Inform all persons in contact with infected birds or contaminated materials about the nature of the disease. Instruct them to wear protective clothing, gloves, a disposable surgical cap, and an appropriately fitted respirator¹⁸ with N95 or higher rating when cleaning cages or handling infected birds. Surgical masks might not be effective in preventing transmission of *C psittaci*. When necropsies are performed on potentially infected birds, wet the carcass with detergent and water to prevent aerosolization of infectious particles and work under a biological safety cabinet or equivalent.
- **Maintain accurate records of all bird-related transactions for at least 1 year to aid in identifying sources of infected birds and potentially exposed persons.** Records should include the date of purchase, species of birds purchased, individual bird identification, source of birds, and any identified illnesses or deaths among birds. In addition, the seller should record the name, address, and telephone number of the customer and individual bird identification (eg, band or microchip number).
- **Avoid purchasing or selling birds that have signs of avian chlamydiosis.** Signs include ocular or nasal discharge, diarrhea, or low body weight.
- **Isolate newly acquired, ill, or exposed birds.** Isolation should include housing in a separate air space from other birds and noncaretakers. Isolate birds, including those that have been to shows, exhibitions, fairs, and other events, for at least 30 days, and test or prophylactically treat them before adding them to a group.
- **Test birds before they are to be boarded or sold on consignment.** House them in a room separate from other birds.
- **Practice preventive husbandry.** Position cages to prevent the transfer of fecal matter, feathers, food, and other materials from 1 cage to another. Do not stack cages, and be sure to use solid-sided cages or barriers if cages are adjoining. The bottom of the cage should be made of a wire mesh. Litter that will not produce dust (eg, newspapers) should be placed underneath the mesh. Clean all cages, food bowls, and water bowls daily. Soiled bowls should be emptied, cleaned with soap and water, rinsed, placed in a disinfectant solution, and rinsed again before reuse. Between occupancies by different birds, cages should be thoroughly scrubbed with soap and water, disinfected, and rinsed in clean running water. Exhaust ventilation should be sufficient to prevent accumulation of aerosols and prevent cross-contamination of rooms.

- **Control the spread of infection.** Isolate birds requiring treatment. Rooms and cages where infected birds were housed should be cleaned immediately and disinfected thoroughly. When the cage is being cleaned, transfer the bird to a clean cage. Thoroughly scrub the soiled cage with a detergent to remove all fecal debris, rinse the cage, disinfect it (allowing at least 5 minutes of contact with the disinfectant), and rerinse the cage to remove the disinfectant. Discard all items that cannot be adequately disinfected (eg, wooden perches, ropes, nest material, and litter). Minimize the circulation of feathers and dust by wet-mopping the floor frequently with disinfectants and preventing air currents and drafts within the area. Reduce contamination from dust by spraying the floor with a disinfectant or water before sweeping it. Do not use a vacuum cleaner because it will aerosolize infectious particles. Frequently remove waste material from the cage (after moistening the material), and burn or double-bag the waste for disposal. Care for healthy birds before handling isolated or sick birds.
- **Use disinfection measures.** All surfaces should be cleaned thoroughly before disinfection. *Chlamydophila psittaci* is susceptible to most disinfectants and detergents as well as heat; however, it is resistant to acid and alkali. A 1:1,000 dilution of quaternary ammonium compounds (eg, Roccal or Zephiran) is effective, as are 70% isopropyl alcohol, 1% Lysol, 1:100 dilution of household bleach (ie, 2.5 tablespoons/gallon), and chlorophenols. Many disinfectants are respiratory irritants and should be used in a well-ventilated area. Avoid mixing disinfectants with any other product.

Treatment and care of infected birds—All birds with confirmed or probable avian chlamydiosis should be isolated and treated, preferably under the supervision of a veterinarian ([Appendix 2](#)). Birds with suspected avian chlamydiosis or birds previously exposed to avian chlamydiosis should be isolated and retested or treated. Because treated birds can be reinfected, they should not be exposed to untreated birds or other potential sources of infection. To prevent reinfection, contaminated aviaries should be thoroughly cleaned and disinfected several days before treatment ends. No avian chlamydiosis vaccines are available. General recommendations should be followed when treating and caring for birds with confirmed, probable, or suspected avian chlamydiosis:

- Protect birds from undue stress (eg, chilling or relocation), poor husbandry, and malnutrition. These problems reduce the effectiveness of treatment and promote the development of secondary infections with other bacteria or yeast.
- Observe the birds daily, and weigh them every 3 to 7 days. If the birds are not maintaining weight, have them reevaluated by a veterinarian.
- Avoid high dietary concentrations of calcium and other divalent cations because they inhibit the absorption of tetracyclines. Remove oyster shell, mineral blocks, and cuttlebone.
- Isolate birds that are to be treated in clean, uncrowded cages.
- Clean up all spilled food promptly; wash food and water containers daily.
- Provide fresh water and appropriate vitamins daily.
- Continue medication for the full treatment period to avoid relapses. Birds can appear clinically improved and have reduced chlamydial shedding after 1 week.

Responsibilities of bird owners, physicians, and veterinarians—Humans exposed to birds with avian chlamydiosis should seek medical attention if they develop influenza-like symptoms or other respiratory tract illnesses. The physician should consider psittacosis in ill patients exposed to birds and collect specimens for laboratory analysis. Early and specific treatment for psittacosis should be initiated. Most states require physicians to report cases of psittacosis to the appropriate state or local public health authorities. Timely diagnosis and reporting can help identify the source of infection and control the spread of disease. Local and state authorities may conduct epidemiologic investigations and institute additional disease control measures. Birds that are suspected sources of human infection should be referred to veterinarians for evaluation and treatment. Veterinarians should be aware that avian chlamydiosis is not a rare disease among pet birds. They should consider a diagnosis of avian chlamydiosis for any lethargic bird that has nonspecific signs of illness, especially if the bird was purchased recently. If avian chlamydiosis is suspected, the veterinarian should submit appropriate laboratory specimens to confirm the diagnosis. Laboratories and attending veterinarians should follow local and state regulations or guidelines regarding case reporting. Veterinarians should work closely with authorities on investigations and inform clients that infected birds should be isolated and treated. In addition, they should educate clients about the public health hazard posed by avian chlamydiosis and the appropriate precautions that should be taken to avoid the risk for transmission.

Local and state epidemiologic investigations—Public or animal health authorities at the local or state level may need to conduct epidemiologic investigations to help control the transmission of *C psittaci* to humans and birds. An epidemiologic investigation should be initiated if a bird with confirmed or probable avian chlamydiosis was procured from a pet store, breeder, or dealer within 60 days of the onset of signs of illness; a person has confirmed or probable psittacosis; or several suspect avian cases have been identified from the same source. Other situations can be investigated at the discretion of the appropriate local or state public health department or animal health authorities.

Investigations involving recently purchased birds should include a visit to the site where the infected bird is located and identification of the location where the bird was originally procured (eg, pet shop, dealer, breeder, or quarantine station). Authorities should document the number and types of birds involved, the health status of potentially affected persons and birds, locations of facilities where birds were housed, relevant ventilation-related factors, and any treatment protocol. Suspect birds should be tested as recommended ([Appendix 1](#)). Examination of sales records for other birds that had contact with the infected bird may be considered. To help identify multistate outbreaks of *C psittaci* infection, local and state authorities should report suspected outbreaks to the Respiratory Diseases Branch, Division of Bacterial and Mycotic Diseases, National Center for Infectious Diseases, CDC (telephone 404/639-2215).

Quarantine of birds—The appropriate animal and public health authorities may issue an official quarantine for all affected and susceptible birds on premises where *C psittaci* infection has been identified. The purpose of imposing a quarantine is to prevent further pathogen transmission. Reasonable options should be made available to the owners and operators of pet stores. For example, with the approval of state or local authorities, the owner of quarantined birds may choose to treat the birds in a separate quarantine area to prevent exposure to the public and other birds; sell the birds if they have completed at least 7 days of treatment, provided that the new owner agrees in writing to continue the quarantine and treatment and is informed of the disease hazards; or euthanatize the infected birds. After completion of the treatment or removal of the birds, a quarantine can be lifted when the infected premises are thoroughly cleaned and disinfected. The area can then be restocked with birds.

Bird importation regulations—Large-scale commercial importation of psittacine birds from foreign countries ended in 1993 with the implementation of the Wild Bird Conservation Act.¹⁹ Limited importation of personal pets and avicultural specimens is permitted at this time. Illegally imported (smuggled) birds are a rare but potential source of new avian chlamydiosis infection to domestic flocks and should be avoided. The Veterinary Services of the Animal and Plant Health Inspection Service, USDA, still regulates the legal importation of pet birds to ensure that exotic poultry diseases are not introduced into the United States.²⁰ These regulations are set forth in the Code of Federal Regulations, Title 9, Chapter 1. Current minimum treatment protocols under these regulations are not always sufficient to cure avian chlamydiosis in all birds.

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Additional Resources

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From the National Association of State Public Health Veterinarians (NASPHV) Psittacosis Compendium Committee.
Consultants to the Committee: Lauri A. Hicks, DO (CDC); Keven Flammer, DVM, DABVP (Association of Avian Veterinarians); Susan E. Lance, DVM, PhD (Council of State and Territorial Epidemiologists); Branson W. Ritchie, DVM, PhD, DABVP (Association of Avian Veterinarians); Thomas N. Tully Jr, DVM, MS, DABVP (Association of Avian Veterinarians); Mark Starr, DVM, MPVM, DACVPM (AVMA Council on Public Health and Regulatory Veterinary Medicine).
Endorsed by the AVMA, the Council of State and Territorial Epidemiologists, and the Association of Avian Veterinarians.
Address correspondence to Kathleen A. Smith, DVM, MPH, Ohio Department of Health, 900 Freeway Dr, Columbus, Ohio 43229.
Copies also can be accessed at the AVMA Web site at www.avma.org. Browse the resources tab or search on Psittacosis Compendium.