Psittacosis is a very common disease, which may affect all members of the psittacine family (parrots, parakeets, budgies, macaws, cockatoos, cockatiels, lorikeets, and lovebirds) as well as waterfowl, pigeons, raptors, doves and other animal species. It is found in all areas of the world. The severity of the disease will vary with respect to the species which is infected as well as the strain of infection.

Psittacosis is also a "**ZOONOSIS**" which means it can infect and cause significant disease in humans. There are a number of important facts that you as the keeper of a positive or suspect bird must be aware of.

Psittacosis is a disease in which birds may be infected, for many years (at least > 15 yrs) before any signs of the disease ever become apparent. The infection commonly remains 'latent', ie. Hiding, in the body, then following some period of stress, or change in the bird's life style, the disease may suddenly become active.

CLINICAL SIGNS

The majority of the infections exist subclinically in birds with the symptoms of psittacosis principally hidden, making these birds carriers of the disease, with exhibiting any signs.

In birds that are exhibiting clinical signs of disease, the symptoms range from

- any respiratory signs
- sneezing,
- Coughing
- eye discharges
- diarrhoea or soft droppings
- loss of appetite
- in-coordination or other nervous signs
- sudden death

or simply being 'fluffed up' and sick.

In many cases only one of the presenting signs will be present. Any bird with eye or nasal discharge, breathing difficulties or diarrhoea should be tested for chlamydiosis.

Predisposing factors include stress, poor or change of diet, fluctuation temperatures, overcrowding, and prolonged transportation. Young birds are more prone to the serious form of the disease. Infection of young birds often occurs from their parents who may be shedding the organism, as breeding is a stressful time for them. The bird may remain healthy in all respects and yet have commenced shedding the infective agent, there endangering both other birds in the vicinity as well as the keeper.

DIAGNOSIS

Testing for the disease is difficult, as both false positives and false negatives do occur. Different tests each have their weaknesses; take advice from your avian vet. In order to be certain, it is often necessary to use two separate tests.

Disease cannot be proven in a bird that is a carrier, it can only be confirmed in a bird which is shedding the infective agent at that time. However the bird's serological titre (a measure of its own immune resistance to that infection) against the disease may be tested, if this is high it denotes current or recent infection. If it is high and the bird has not been treated for the condition one can assume it is still present.

Once a bird has been diagnosed as positive, although the bird can be given therapy which is regarded as effective, there is no way of proving for certain that the bird is not still a carrier. It may start to shed the agent again at some time in the future.

TREATMENT

Treatment of birds usually involves continual medication for 45 days. One major problem with therapy is the limitation of route of drug administration in many birds. Therapy is simplest in birds that will eat soft food, to which medication may be added. Water therapy is rarely effective (except in cockatiels with Doxycycline). Alternatively birds may be injected every 7 days for 45 days.

All mineral supplements should be removed during therapy, as calcium in particular interferes with the medication used in treating chlamydiosis.

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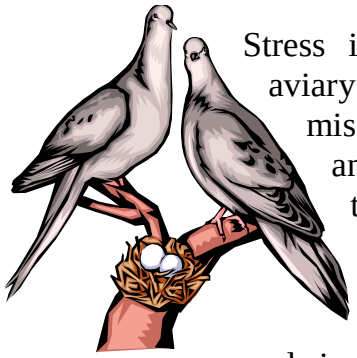

Stress in the bird room/ aviary should be minimised during therapy and all birds being treated should be isolated.

Infection is spread in dust (from dried faeces), so all birds in the same area will have been exposed, and are likely to be infected. The species most commonly affected are cockatiels.

During treatment the owner should disinfect the premised with an effective disinfectant. Ventilation should be improved, feather and faecal dust should be minimised. People over 45 years of age and pregnant women should not enter an infected premises.

PREVENTION

When purchasing birds, either to introduce to your existing aviary or as a pet to cage inside. only buy birds from a reputable source. Always quarantine new birds, and have health screens carried out on all new birds. Quarantine of new birds should be a minimum of 6 weeks, with regular observation for developing symptoms.

Don't house caged birds in an area of the home where you are frequently, such as the

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kitchen, meals area or bedrooms.

When cleaning your aviary or cage, always use gloves and a face mask to prevent inhalation of dust from feathers, or dry faeces.

HUMAN INFECTION

Although psittacosis can cause severe, even fatal disease in humans, the disease is not difficult to treat effectively, so long as your Doctor knows that you are at risk.

Transmission of the disease from bird to human must commonly occurs from inhaling contaminated air, but may also be passed via direct contact with sick birds, or bite and scratch wounds from an infected bird. The incubation period of psittacosis is 4-15 days with an average of 10 days.

Symptoms in humans include headaches, flu like symptoms, non-productive cough, swollen glands, liver problems, or a rapid severe pneumonia, with nausea, fever and chills.

If you have had a bird diagnosed positive, please inform your doctor. If you are suffering form any of the above symptoms, and keep birds, please consult your doctor, and inform him/her that you keep birds.

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PSITTACOSIS