

## Chapter 10

# Chlamydiosis

### Synonyms

Parrot fever, psittacosis, ornithosis, parrot disease, Louisiana pneumonitis

### Cause

Chlamydiosis refers to an infection with organisms of the genus *Chlamydia* sp., which are bacteria that live within animal cells. *Chlamydia psittaci* is the species generally associated with this disease in birds. The severity of the disease differs by the strain of *C. psittaci* and the susceptibility of different species of birds. As a result, chlamydiosis may range from an inapparent infection to a severe disease with high mortality. The organism is excreted in the feces and nasal discharges of infected birds and can remain infective for several months. Infection commonly occurs from inhaling the bacteria in airborne particles from feces or respiratory exudates. Because of the organism's resistance to drying, infected bird feces at roosts are especially hazardous.

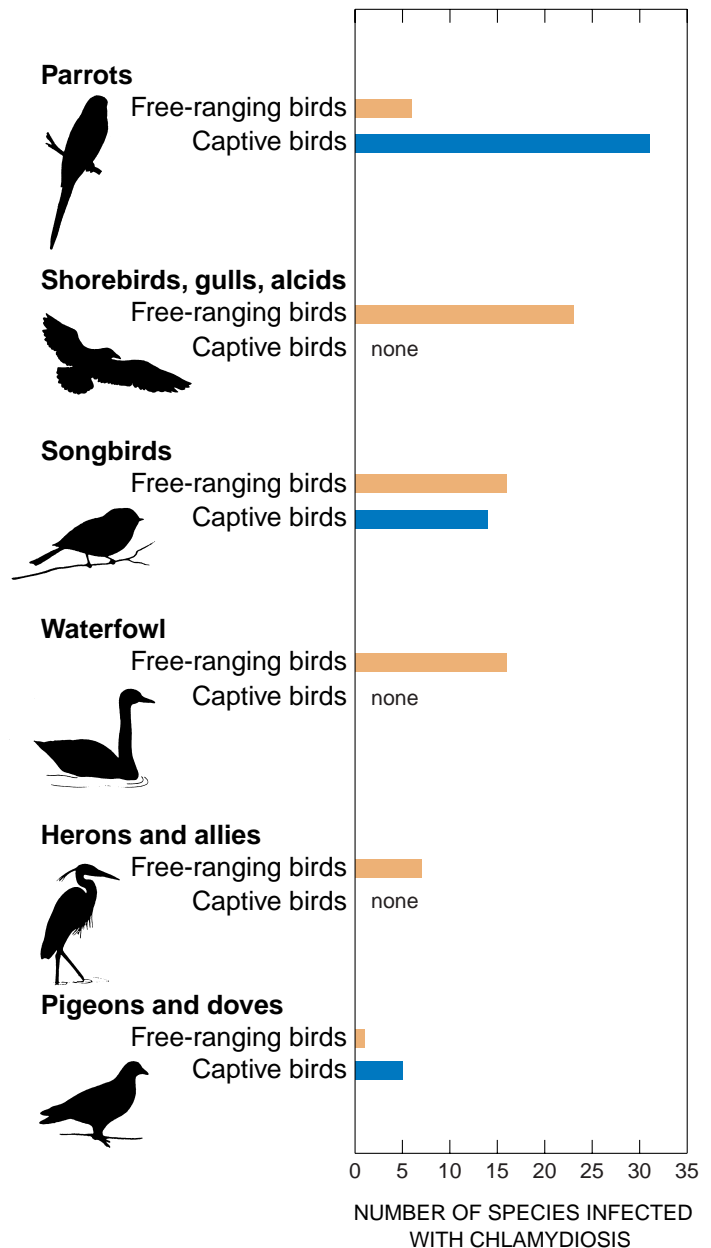
### Species Affected

Chlamydiosis was first recognized as an infectious disease affecting parrots, parakeets, and humans involved in the international parrot trade in the late 1920s to 1930s. Chlamydiosis has since become known as a serious disease of domestic turkeys in the United States, of domestic ducks and geese in central Europe, and as a common infection of domestic and feral pigeons worldwide. The feral city pigeon is the most common carrier of *Chlamydia* sp. within the United States.

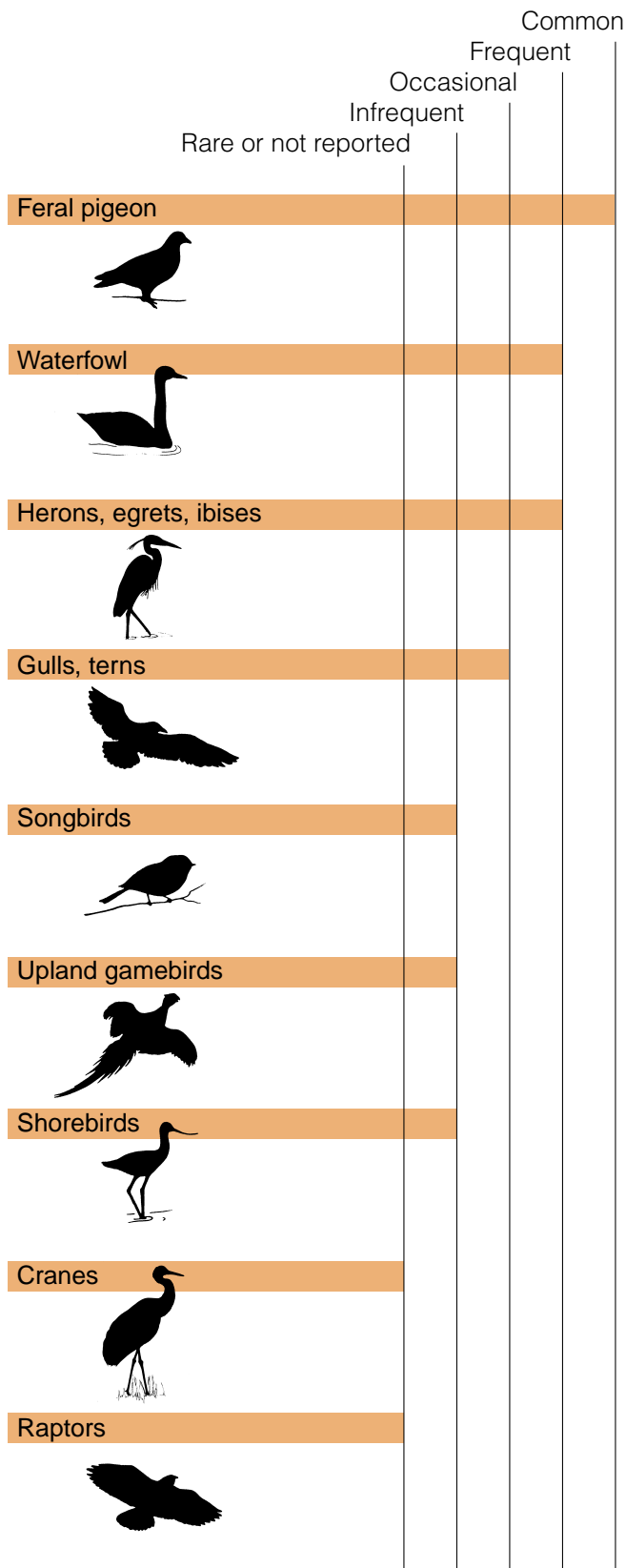
Chlamydial infections have been reported from at least 159 species of wild birds in 20 orders, but most isolations have been made from six groups of birds (Figure 10.1). Psittacine birds such as parakeets, parrots, macaws, and cockatiels are most commonly identified with this disease, while among other caged birds *Chlamydia* sp. occurs most frequently in pigeons, doves, and mynahs. Waterfowl, herons, and pigeons are the most commonly infected wild birds in North America (Figure 10.2). Chlamydiosis also occasionally infects gulls and terns, shorebirds, songbirds, and upland gamebirds.

### Distribution

Among free-living birds, avian chlamydiosis has been found worldwide in the feral pigeon, in gulls and fulmars on islands of coastal Great Britain, in waterfowl and shorebirds in the Caspian Sea, and in herons, waterfowl, gulls, and doves in the United States. Infected parrots and parakeets have been found throughout the tropics and Australia.



**Figure 10.1** Relative occurrence of reported chlamydiosis in the most frequently infected groups of birds. (Adapted from Burkhardt and Page, 1971).



**Figure 10.2** Relative occurrence of chlamydial infections in wild birds in North America.

## Seasonality

Individual cases may occur at any time because of healthy carriers and latent infections within bird populations. Shipping, crowding, chilling, breeding, and other stressors have been attributed to active shedding of the infectious agent among captive birds with latent infections. Groupings of wild birds together in flocks, such as during spring and fall migrations, may facilitate the transmission of chlamydiosis. In caged birds, the onset of disease following exposure to *C. psittaci* occurs across a broad range of time from as quickly as 3 days to as long as several weeks. Young birds are more susceptible than adults, and the disease can spread rapidly among colonial nesting birds.

## Field Signs

Signs of infection depend on the species of bird, virulence of the strain of *Chlamydia sp.*, the physiological condition of the bird as influenced by stressors, and route of exposure to the organism. Chlamydiosis in wild birds is often inapparent and infected birds can serve as asymptomatic carriers. Infection may also result in an acute, subacute, or chronic form of disease. *C. psittaci* can cause severe, acute disease that may be rapidly fatal in highly susceptible species. Birds often become weak, stop eating, and develop purulent (fluid containing pus) discharges of the eyes and nares. Birds tend to become motionless, remain in a fixed position, huddled up with ruffled feathers (Fig 10.3). Birds may have diarrhea, sometimes rust-colored because of the presence of blood, and respiratory distress is common. Feces from birds that stop eating are often dark green. In an outbreak of chlamydiosis in wild gulls, primarily fledglings died and the birds that were found dead were typically thin. Captive snowy and American egrets with chlamydiosis exhibited weakness, abnormal gait, ruffled feathers, diarrhea, and rapid weight loss; the birds generally died 1–2 days after the onset of signs. In other species of egrets, the infection may be inapparent even though the organism can be isolated from swabs of the cloaca or respiratory tract.

Feral pigeons exhibit many of the same signs; however, their diarrhea is likely to be more frequently tinged with blood. Mortality rates in young pigeons are often very high. Purulent discharges from the eyes of a very sick pigeon should cause the observer to think first of chlamydiosis. Sudden death without any signs of illness has been reported among captive cage birds (Java finch, parrots) and among wild parrots in Australia where king parrots were reported to have fallen out of trees and died within minutes.

## Gross Lesions

The most common anatomical change in infected birds is an enlargement of the spleen or splenomegaly or of the liver or hepatomegaly or both, up to three-or-four times normal size (Figure 10.4). During an outbreak of chlamydiosis in gulls, splenomegaly was noted in each of nine birds exam-



Photo by Milton Friend

**Figure 10.3** Classic appearance of an immature little blue heron with severe chlamydia infection.

ined and hepatomegaly was noted in four of the nine. Pericarditis, which is an inflammation and thickening of the pericardial sac that surrounds the heart (Figure 10.5), is a striking lesion sometimes seen with acute or subacute chlamydiosis. The air sacs may be thickened and the lungs are often congested, appearing darker than normal.

## Diagnosis

Diagnosis is based upon the isolation of *Chlamydia* sp. from tissues of infected birds. Whole birds should be submitted. When this is not possible, selected tissues should be collected (Chapter 2, Specimen Collection and Preservation and Chapter 3, Specimen Shipment). The lungs, spleen, liver, and affected air sacs are the preferred tissues for microbial examination. Because *C. psittaci* is also a human pathogen, care must be taken in handling carcasses and tissues.

Diagnosis cannot be based on gross lesions alone because the lesions of some other diseases are similar. Chronic avian cholera infection can produce similar gross lesions in gulls, avian malaria can cause enlarged spleens, and early stages of aspergillosis can produce somewhat similar changes in the lungs and air sacs.

## Control

*Chlamydia* sp. are present in the tissues, feces, discharges from the eyes and nares, and may also be present on plumage of infected birds. When the excreta and discharges dry, the resulting material can become airborne. Infection may be transmitted by direct contact with affected birds, or by inhaling dried bird fecal material or respiratory exudates that contain *Chlamydia* sp. organisms. Sick birds should be collected and euthanized and carcasses should be picked up. The removal and incineration of carcasses will help reduce the amount of infective material in the area. However, the level of human activity in the area should be carefully considered because it may cause redistribution of birds that could result in the spread of infection to new areas.

## Human Health Considerations

Chlamydiosis can be a serious human health problem, infecting more frequently those who work with birds. The close association between parrots and this disease in humans prompted the United States and most nations of Western Europe to outlaw the importation of parrots and parakeets from 1930 to 1960. Individuals who work in areas in which there is a strong possibility of inhaling airborne avian fecal material should consider wearing a mask or respirator. Dry, dusty areas with bird droppings can be wetted down with a 5 percent solution of household bleach, or a commercial disinfectant. Working with large numbers of birds in dusty, closely confined areas should be avoided as much as possible.



Photo by James Runnigen

**Figure 10.4** Enlarged spleen (top) and liver (bottom) of a ring-billed gull affected with chlamydiosis. (From Franson and Pearson, 1995. Reprinted with permission from the *Journal of Wildlife Diseases*).

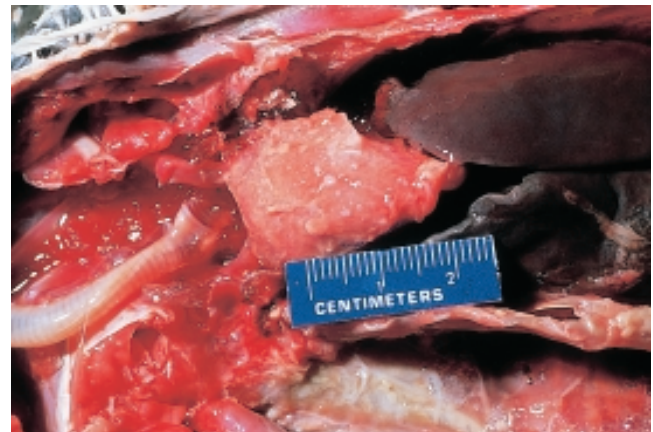


Photo by Michael Coffey

**Figure 10.5** Pericarditis in a ring-billed gull that died of chlamydiosis (From Franson and Pearson, 1995. Reprinted with permission from the *Journal of Wildlife Diseases*).

Outbreaks have occurred among poultry slaughterhouse workers and there have also been several severe cases among wildlife biologists. These biologists were thought to have become infected from handling snow geese, common egrets, snowy egrets, white-winged doves, and ducks.

Before the availability of antibiotics, chlamydiosis was fatal in about 20 percent of the human cases. Today, such fatalities are rare. However, persons working with birds should inform their physicians of that fact to help avoid potential situations where early signs of chlamydiosis could be overlooked or dismissed.

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*(Modified from an earlier chapter by Louis N. Locke)*

### **Supplementary Reading**

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- Burkhart, R. L., and Page, L.A., 1971, Chlamydiosis (ornithosis-psittacosis), in Davis, J.W., and others, eds., *Infectious and parasitic diseases of wild birds*: Ames, Iowa, Iowa State University Press, p. 118–140
- Franson, J.C., and Pearson, J.E., 1995, Probable epizootic chlamydiosis in wild California (*Larus californicus*) and ring-billed (*Larus delawarensis*) gulls in North Dakota: *Journal of Wildlife Diseases*, v. 31, no. 3, p. 424–427.
- Grimes, J.E., 1994, Avian chlamydiosis, in Beran, G. W., and others, eds., *Handbook of zoonoses* (2nd ed.): Boca Raton, Fla., CRC Press, p. 389–402.
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