INTRODUCTION
Psittacosis or ornithosis is a zoonotic respiratory disease caused by a parasitic bacterium *Chlamydothila (Chlamydia) psittaci* [7]. The disease is characterized by fever, watery-green diarrhea, anorexia, emaciation, respiratory distress and conjunctivitis in birds [1]. It is classified as an occupational disease with man often as an accidental host through exposure to carrier animals. Veterinarians, avian and pet shop workers are potentially at risk as well as wildlife park visitors and those who rear birds as pets. The disease in humans may vary, from asymptomatic infections to mild influenza-like illness to severe pneumonia with involvement of several extra-pulmonary organs [5, 8].

In the Philippines, the presence of *C. psittaci* has been demonstrated through detection of antibodies from test animals although this study was undertaken a long time ago. Arambulo (1971) detected the presence of antibodies against *C. psittaci* among several species of birds in Manila and Bulacan using the direct complement fixation test (CFT) [2]. In addition, Asai et al. (1991) demonstrated antibodies against *C. psittaci* in 13 out of 147 (9%) crab-eating monkeys (*Macaca fuscularis*) imported from the Philippines, also by using direct CFT [3].

Although, to the best of our knowledge, the presence of the disease in humans has not been reported in the Philippines, previous studies suggesting the presence of *C. psittaci* among domestic and wildlife species may suggest the possibility of transmission to humans.

The fact that birds play an important role in the transmission of the disease to humans means that studies such as this would be very valuable in determining the status of the disease in animals. This study was conducted to detect antibodies against *C. psittaci* from captive birds at the Wildlife Rescue Center (WRC), NAPWNC, Philippines using an ELISA test kit.
RESULTS AND DISCUSSION

*Chlamydophila psittaci* bacteria, which are avian strains, can be transmitted to humans usually by inhalation of infected dust [6]. The infection may pass asymptptomatically or may be manifested in the form of an influenza-like illness to severe pneumonia with other multisystemic disease [1, 5, 8]. Because of this, it is very important to determine the occurrence of this organism in the avian population, as this may be an important source of human infections particularly in the Philippines where recent investigation on this organism is lacking.

The complete results of the detection of antibodies against *C. psittaci* using the ELISA test kit are presented in Table 1. From a sample population of 36, a total of nine (25%) demonstrated antibodies against *C. psittaci*; six (16.7%) of which are psittacines and three (8.3%) are raptors. Six birds have a combscale score of 1 (low positive), two showed a rating of 2 (low positive), and one bird recorded a combscale score of 4 (positive). These results indicated that these birds may have been exposed to *C. psittaci*. In the present study, it was observed that the cages of psittacines in the park were situated next to each other and many birds are housed together in one cage. This may contribute to the high carrier rate and occurrence of the organism in this species of birds. Raptors, on the other hand, are generally caged individually or in small groups.

As this is a public park, the people frequenting the area as well as visitors might be at some risk of contracting the organism. It should be noted that with even a brief exposure to infected birds the organism may be transmitted to humans and can cause disease [5, 8]. The fact that these birds are popular as pets and in animal shows, psittacosis has become an important public health concern [4]. Results of this study confirmed the presence of *C. psittaci* antibodies among the captive birds examined. These birds could be an important source of infection for other animals and more importantly for humans. It is recommended that the results gathered from this initial study should be verified through further serological testing and isolation of the organism among the birds tested.

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INTERNATIONAL MEETINGS


24-28 July 2007, Singapore. XVIII Woorca World Conference: Human Genomics and its Impact on Family Physicians. Contact: rcefps@pacific.net.sg

13-17 August 2007, Galway, Ireland. 17th International Conference on Nucleation and Atmospheric Aerosols. Contact: www.icnaa.org


26-29 August 2007, Kaohsiung, Taiwan. 5th Asian Aerosol Conference. Contact: www.aac2007.org

27-29 August 2007, Elsinore, Denmark. NIVA course: Reading and Writing Review Articles in Occupational Epidemiology. Contact: www.niva.org/courses/2007/ab_27_29_08_07.htm


10-15 September 2007, Moscow, Russia. 2nd Immune Mediated Diseases Congress: Immune Mediated Diseases: Better Life through Immunology. Contact: www.gtiebio.com/newsletter/ind2-w.htm


12-14 October 2007, Madrid, Spain. Perspectives in Interpandemic Influenza. Contact: www.perspectivesininfluenza.com

18-23 October 2007, Nanjing, China. 4th International Conference on Soils of Urban, Industrial, Traffic and Mining Areas. Contact: Institute of Soil Science, Chinese Academy of Sciences; www.issas.ac.cn/suitsna4.htm/


29-31 May 2008, Cracow, Poland. 5th International Conference on Work Environment and Cardiovascular Disease. Contact: International Commission of Occupational Health (ICOH) & Nofer Institute of Occupational Medicine (NIOM); alab@sunlib.p.lodz.pl


22-27 March 2009, Cap Town, South Africa. 29th International Congress on Occupational Health. Contact: www.icoh2009.co.za