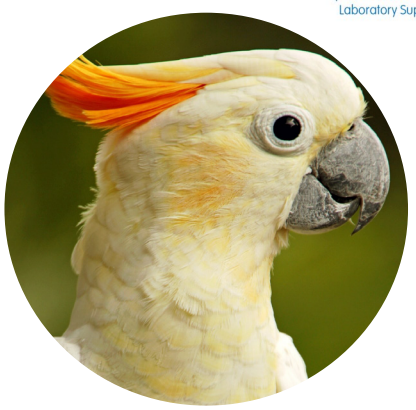
Vetlab Supplies
Specialists in Veterinary Laboratory Supplies

FLASH VetID™ C. psittaci

A hidden risk beyond the cage



Fast test for the qualitative detection of DNA of *Chlamydia psittaci* in whole blood of the bird

40 minutes	50 µL EDTA whole blood	Room temperature	12 months
TOTAL ASSAY TIME	SAMPLE	STORAGE	SHELF LIFE (FROM MFG)

Detects *C. psittaci* DNA

Ideal for acute cases and systemic infections where the bird is severely ill or septic

Clinical suspicion:

- Lethargy, anorexia, weight loss, ruffled feathers, particularly after transport, boarding, breeding, crowding or other stress
- Conjunctivitis, blepharospasm, sinusitis, ocular or nasal discharge, or respiratory distress
- Diarrhoea, polyuria or green to yellow-green urates; with suspected hepatic or systemic involvement
- Sudden deterioration or death in a bird collection, shop, shelter, or multi-bird household.

Screening / prevention programs:

- First presentation when *C. psittaci* status is unknown and an isolation or biosafety decision is needed
- Before introducing a new bird into a household, aviary, breeding group, shop or shelter
- Quarantine, pre-/post-purchase assessment, or contact tracing after a confirmed avian or human case



FLASH DIAGNOSTICS

FLASH VetID™ C. psittaci

The Pathogen and Transmission

Chlamydia psittaci is a Gram-negative, obligate intracellular bacterium causing respiratory, hepatic, and systemic disease across a broad range of avian hosts, with particularly important disease in psittacines. Organisms are shed in faeces and ocular or respiratory secretions, transmitted mainly by inhalation of contaminated aerosols or dried material. Many infected birds remain clinically normal and shed intermittently for prolonged periods, and stress can increase shedding. Because exposed owners and veterinary personnel can develop severe psittacosis, rapid recognition has immediate consequences for clinic management too.

Species-Specific Manifestations

Clinical signs vary by species, age, and infecting strain. Psittacines often present with severe systemic disease, air sacculitis and characteristic green urates, while pigeons and other species may show mainly localised conjunctivitis or rhinitis. Other avian chlamydiae, including *C. avium* and *C. gallinacea*, can produce overlapping signs, and management diverges sharply from true *C. psittaci* infection: a confirmed case mandates strict airborne isolation, clinic biosafety measures, and a prolonged 30–45 day doxycycline course to eradicate latent infection and prevent relapse.

The Diagnostic Value Proposition

Because *C. psittaci* infection can be subclinical or produce only nonspecific signs, clinical diagnosis alone is unreliable. Detecting pathogen DNA in whole blood gives species-specific molecular evidence from a routine sample. A same-visit result supports treatment, isolation and biosafety decisions, and distinguishes *C. psittaci* – with its distinct zoonotic and management implications – from other avian species that a generic *Chlamydiaceae* test cannot separate.

+ Positive Result

Confirms *C. psittaci* DNA and, with compatible signs or exposure history, supports active infection. Isolate the bird, implement appropriate PPE, and begin treatment.

– Negative Result

Makes acute infection less likely; retest if clinical suspicion remains high.

Gold-standard confirmation

For outbreaks, breeding collections or discordant cases, confirm with reference-laboratory species-specific qPCR.

Differential diagnostics

Investigate other causes of avian respiratory or systemic disease, and distinguish *C. psittaci* from other avian *Chlamydia* species when relevant.