



Q Fever Case Report

Use for: Acute Q Fever and Chronic Q Fever

Visit <http://www.cdc.gov> and use "Search" for complete Case Definition or to visit the Q Fever disease web site for a fillable/downloadable PDF version of this Case Report.



Form Approved
OMB 0920-0009

Patient's name: _____ Date submitted: _____ (mm/dd/yyyy)
 Address: _____ (number, street) Physician's name: _____ Phone no.: _____
 City: _____ NETSS ID No.: (if reported) _____ Case ID (13-18) Site (19-21) State (22-23)

1. State of residence: _____ (24-25)
 2. County of residence: _____ (26-50)
 3. Zip code: _____ (51-59)
 4. Date of birth: _____ (60-61) (62-63) (64-67)
 5. Sex: (68)
 Male
 Female
 Not specified
 6. Race: (69)
 White
 Black
 American Indian Alaskan Native
 Asian
 Pacific Islander
 Not specified
 7. Hispanic ethnicity: (70)
 Yes
 No
 Unk

8. Occupation at date of onset of illness (Check all that apply)
 wool or felt plant (71) animal research (76) live in household with person occupationally related to above? (80)
 tannery or rendering plant (72) slaughterhouse worker (77) laboratory worker (78) other (please specify) (81)
 dairy (73) veterinarian (74) rancher (79)
 medical research (75)

9. Any contact with animals within 2 months prior to onset? (check all that apply)
 Cattle (82) Goats (84) Cats (86)
 Sheep (83) Pigeons (85) Rabbits (87)
 Other (please specify) (88)

10. Any exposure to birthing animals? (89)
 Yes No Unk
 If yes, which animal _____

11. Exposure to unpasteurized milk? (90)
 Yes No Unk
 If yes, which animal _____

12. Any travel in last year? (91-92)
 If yes, State _____ County _____
 Foreign Country _____

13. Other family member with similar illness in last year? (93)
 Yes No Unk

14. Date of Onset of Symptoms: _____ (94-95) (96-97) (98-101) (mm/dd/yyyy)

15. Clinical Signs and syndromes (check all that apply)
 Evidence of clinically compatible illness is necessary. See CSTE/CDC Q Fever case definition, and case categorization summaries below.
 fever (>100.5) (102) malaise (105) headache (108) pneumonia (111) Other (please specify) (114)
 myalgia (103) rash (106) splenomegaly (109) hepatitis (112)
 retrobulbar pain (104) cough (107) hepatomegaly (110) endocarditis (113)
 Acute Q fever: Acute fever and one or more of the following: Rigors (febrile shivering), severe retrobulbar headache, acute hepatitis, pneumonia, or elevated liver enzyme levels.
 Chronic Q fever: Newly recognized, culture-negative endocarditis - particularly in patients with previous valvulopathies or compromised immune systems, suspected infections of vascular aneurysms or vascular prostheses, or chronic hepatitis in the absence of other known etiology.

16. Any pre-existing medical conditions? (check all that apply)
 immunocompromised (115) valvular heart disease or vascular graft (117)
 pregnancy (116) Other (118)

17. Was patient hospitalized because of this illness? (119)
 Yes No Unk

18. Did patient die from complications of this illness? (120) (If yes, date) (mm/dd/yyyy)
 Yes No Unk (121-22) (123-24) (125-28)

19. Laboratory Name: _____ City: _____ State: _____ Zip: _____

20. Serology (Check only if specific assay was performed)	Phase I Antigen		Phase II Antigen	
	Serology 1 (mm/dd/yyyy) (129-30) (131-32) (133-36) Titer or OD* Positive?	Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive?	Serology 1 (mm/dd/yyyy) (153-54) (155-56) (157-60) Titer or OD* Positive?	Serology 2 (mm/dd/yyyy) (165-66) (167-68) (169-72) Titer or OD* Positive?
IFA - IgG	<input type="checkbox"/> Yes <input type="checkbox"/> No (137)	<input type="checkbox"/> Yes <input type="checkbox"/> No (149)	<input type="checkbox"/> Yes <input type="checkbox"/> No (161)	<input type="checkbox"/> Yes <input type="checkbox"/> No (173)
IFA - IgM	<input type="checkbox"/> Yes <input type="checkbox"/> No (138)	<input type="checkbox"/> Yes <input type="checkbox"/> No (150)	<input type="checkbox"/> Yes <input type="checkbox"/> No (162)	<input type="checkbox"/> Yes <input type="checkbox"/> No (174)
Other test:	<input type="checkbox"/> Yes <input type="checkbox"/> No (140)	<input type="checkbox"/> Yes <input type="checkbox"/> No (152)	<input type="checkbox"/> Yes <input type="checkbox"/> No (164)	<input type="checkbox"/> Yes <input type="checkbox"/> No (176)

*IFA "Titer" or Other test: if CF, "Titer", if ELISA (EIA), Optical Density "OD" value.

21. Was there a fourfold change in antibody titer between the two serum specimens? Yes No (177)

22. Other Diagnostic Tests?*
 (Use #20, S1 to indicate collection date.)
 PCR Positive? Yes No (178)
 Immunostain Yes No (179)
 Culture Yes No (180)
 Sample(s) tested: _____

23. Classify case based on the CSTE/CDC case definition (see 15 above and criteria below):
 Confirmed acute Q Fever Probable acute Q Fever
 Confirmed chronic Q Fever Probable chronic Q Fever (181)

State Health Department Official who reviewed this report:
 Name: _____
 Title: _____ Date: _____ (mm/dd/yyyy)

See CSTE/CDC Q Fever Case Definition effective 1/1/2008 for details of the following categories:
 Confirmed acute Q Fever: A laboratory confirmed case that either meets clinical case criteria or is epidemiologically linked to lab confirmed case.
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Note: Samples from suspected chronic patients should be evaluated for IgG titers to both phase I and phase II antigens. Current commercially available ELISA tests (which test only for phase II) are not quantitative and thus can, at best, indicate a probable infection. IgM tests may be unreliable because they lack specificity. IgM antibody may persist for lengthy periods of time. Older test methods are neither readily available nor commonly used. For acute testing, CDC uses in-house IFA IgG testing (cutoff of $\geq 1:128$), preferring simultaneous testing of paired specimens, and does not use IgM results for routine diagnostic testing. Interpret serologic test results with caution, because antibodies acquired as a result of historical exposure to Q fever may exist, especially in rural and farming areas.



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 If yes, which animal _____
 11. Exposure to unpasteurized milk? (90)
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 If yes, which animal _____
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 If yes, State _____ County _____
 Foreign Country _____
 13. Other family member with similar illness in last year? (93)
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14. Date of Onset of Symptoms: _____ (94-95) (96-97) (98-101) (mm/dd/yyyy)
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IFA - IgG	<input type="checkbox"/> Yes <input type="checkbox"/> No (137)	<input type="checkbox"/> Yes <input type="checkbox"/> No (149)	<input type="checkbox"/> Yes <input type="checkbox"/> No (161)	<input type="checkbox"/> Yes <input type="checkbox"/> No (173)	* Check only if specific assay was performed. PCR Immunostain Culture Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (178) <input type="checkbox"/> Yes <input type="checkbox"/> No (179) <input type="checkbox"/> Yes <input type="checkbox"/> No (180) Sample(s) tested:
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*IFA "Titer" or Other test: if CF, "Titer", if ELISA (EIA), Optical Density "OD" value.

21. Was there a fourfold change in antibody titer between the two serum specimens? Yes No (177)

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IFA - IgM	<input type="checkbox"/> Yes <input type="checkbox"/> No (138)	<input type="checkbox"/> Yes <input type="checkbox"/> No (150)	<input type="checkbox"/> Yes <input type="checkbox"/> No (162)	<input type="checkbox"/> Yes <input type="checkbox"/> No (174)	
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