



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

CDC# [] [] [] [] (1-4)

- PATIENT/PHYSICIAN INFORMATION -

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

- DEMOGRAPHICS -

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) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Not specified	6. Race: (69) 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> American Indian 4 <input type="checkbox"/> Asian 5 <input type="checkbox"/> Pacific Islander 8 <input type="checkbox"/> Other (please specify)	7. Hispanic ethnicity: (70) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk
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8. Occupation at date of onset of illness (Check all that apply)
 1 wool or felt plant (71) 6 animal research (76) 10 live in household with person occupationally related to above? (80)
 2 tannery or rendering plant (72) 7 slaughterhouse worker (77) 8 laboratory worker (78) 8 8 other (please specify) (81)
 3 dairy (73) 8 rancher (79)
 4 veterinarian (74)
 5 medical research (75)

9. Any contact with animals within 2 months prior to onset? (check all that apply)
 1 Cattle (82) 3 Goats (84) 5 Cats (86)
 2 Sheep (83) 4 Pigeons (85) 6 Rabbits (87)
 8 Other (please specify) (88)

10. Any exposure to birthing animals? (89)
 1 Yes 2 No 9 Unk
 If yes, which animal _____

11. Exposure to unpasteurized milk? (90)
 1 Yes 2 No 9 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)
 1 Yes 2 No 9 Unk

- CLINICAL FINDINGS -

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.
 1 fever (>100.5) (102) 4 malaise (105) 7 headache (108) 10 pneumonia (111) 8 8 Other (please specify) (114)
 2 myalgia (103) 5 rash (106) 8 splenomegaly (109) 11 hepatitis (112)
 3 retrobulbar pain (104) 6 cough (107) 9 hepatomegaly (110) 12 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)
 1 immunocompromised (115) 3 valvular heart disease or vascular graft (117)
 2 pregnancy (116) 8 Other _____ (118)

17. Was patient hospitalized because of this illness? (119)
 1 Yes 2 No 9 Unk

18. Did patient die from complications of this illness? (120) (If yes, date) (mm/dd/yyyy)
 1 Yes 2 No 9 Unk (121-22) (123-24) (125-28)

- LABORATORY DATA -

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) Titer or OD* Positive?	Serology 2 (mm/dd/yyyy) Titer or OD* Positive?	Serology 1 (mm/dd/yyyy) Titer or OD* Positive?	Serology 2 (mm/dd/yyyy) Titer or OD* Positive?
IFA - IgG	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (137)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (149)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (161)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (173)
IFA - IgM	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (138)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (150)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (162)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (174)
Other test: _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (140)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (152)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (164)	1 <input type="checkbox"/> Yes 2 <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? 1 Yes 2 No (177)

22. Other Diagnostic Tests? (Use #20, S1 to indicate collection date.)
 PCR Positive? 1 Yes 2 No (178)
 Immunostain Positive? 1 Yes 2 No (179)
 Culture Positive? 1 Yes 2 No (180)
 Sample(s) tested: _____

- FINAL DIAGNOSIS -

23. Classify case based on the CSTE/CDC case definition (see 15 above and criteria below):
 1 Confirmed acute Q Fever 2 Probable acute Q Fever
 3 Confirmed chronic Q Fever 4 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.

Probable acute Q Fever: A clinically compatible case of acute illness that is not laboratory confirmed but has lab supportive evidence (antibody to Phase II higher than Phase I [if latter present]).

Confirmed chronic Q Fever: A clinically compatible case of chronic illness that is laboratory confirmed.

Probable chronic Q Fever: A clinically compatible case of chronic illness that is not laboratory confirmed but has lab supportive evidence (antibody to Phase I higher than Phase II [if latter present]).

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 >= 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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CDC#

(1-4)

PATIENT/PHYSICIAN INFORMATION

Date submitted: ____/____/____ (mm/dd/yyyy)

Physician's name: _____

Phone no.: _____

NETSS ID No.: (if reported) _____

Case ID (13-18)

Site (19-21)

State (22-23)

DEMOGRAPHICS

1. State of residence:

(24-25)

2. County of residence:

(26-50)

3. Zip code:

(51-59)

4. Date of birth: (mm/dd/yyyy)

(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:

- Yes (70)
 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) other (please specify) (81)
 dairy (73) laboratory worker (78) rancher (79)
 veterinarian (74) 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

CLINICAL FINDINGS

14. Date of Onset of Symptoms:

____/____/____ (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.
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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)

- Yes No Unk
____/____/____ (121-22) (123-24) (125-28)

LABORATORY DATA

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)	Serology 2 (mm/dd/yyyy)	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)
IFA - IgG	Titer or OD* Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (137)	Titer or OD* Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (149)	Titer or OD* Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (161)	Titer or OD* Positive? <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)

* Check only if specific assay was performed.

22. Other Diagnostic Tests? (Use #20, S1 to indicate collection date.)

	Positive?	
PCR	<input type="checkbox"/> Yes	<input type="checkbox"/> No (178)
Immunostain	<input type="checkbox"/> Yes	<input type="checkbox"/> No (179)
Culture	<input type="checkbox"/> Yes	<input type="checkbox"/> No (180)

Sample(s) tested:

FINAL DIAGNOSIS

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)

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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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 Case ID (13-18) Site (19-21) State (22-23)

- DEMOGRAPHICS -

1. State of residence: [] [] (24-25) 2. County of residence: _____ (26-50) 3. Zip code: _____ (51-59) 4. Date of birth: ____/____/____ (mm/dd/yyyy) (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)
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 Other (please specify) (88)

10. Any exposure to birthing animals? (89) 11. Exposure to unpasteurized milk? (90) 12. Any travel in last year? (91-92) 13. Other family member with similar illness in last year? (93)
 Yes No Unk If yes, which animal _____ If yes, which animal _____ If yes, State [] [] County _____ Foreign Country _____ Yes No Unk

- CLINICAL FINDINGS -

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

15. Clinical Signs and syndromes (check all that apply)
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- LABORATORY DATA -

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

20. Serology (Check only if specific assay was performed)	Phase I Antigen		Phase II Antigen	
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IFA - IgG	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (137)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (149)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (161)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (173)
IFA - IgM	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (138)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (150)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (162)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (174)
Other test: _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (140)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (152)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (164)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (176)

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 * Check only if specific assay was performed.
 PCR Positive? Yes No (178)
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 Sample(s) tested: _____

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