**Q Fever Case Report**

**DEPARTMENT OF HEALTH & HUMAN SERVICES**
Centers for Disease Control and Prevention (CDC)
Atlanta, Georgia 30333

**Q Fever Case Report**
Centers for Disease Control and Prevention Fax: (404) 639-2778

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**PATIENT/PARTICIPANT INFORMATION**

<table>
<thead>
<tr>
<th>Patient's name:</th>
<th>Date submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: (number, street)</td>
<td>Phone no.:</td>
</tr>
<tr>
<td>City:</td>
<td>NETSS ID No.: (if reported)</td>
</tr>
</tbody>
</table>

**DEMOGRAPHICS**

<table>
<thead>
<tr>
<th>1. Date of Onset of Symptoms:</th>
<th>8. Occupation at date of onset of illness (Check all that apply):</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td>1. wool or felt plant (71)</td>
</tr>
<tr>
<td></td>
<td>2. tannery or rendering plant (72)</td>
</tr>
<tr>
<td></td>
<td>3. dairy (73)</td>
</tr>
<tr>
<td></td>
<td>4. veterinarian (74)</td>
</tr>
<tr>
<td></td>
<td>5. medical research (75)</td>
</tr>
</tbody>
</table>

**CLINICAL FINDINGS**

<table>
<thead>
<tr>
<th>11. Exposure to unpasteurized milk?</th>
<th>12. Any travel in last year?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mm/dd/yyyy)</td>
<td>(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

**LABORATORY DATA**

<table>
<thead>
<tr>
<th>20. Serology (Check only if specific assay was performed):</th>
<th>City:</th>
<th>State:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I Antigen</td>
<td></td>
<td>Zip:</td>
</tr>
<tr>
<td>Titer or OD* Positive?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFA - IgG</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>IFA - IgM</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Complement Fixation</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Other test:</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase II Antigen</th>
<th>Sample(s) tested:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Titer or OD* Positive?</td>
<td>PCR, Immunostain Culture</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>22. Other Diagnostic Tests *</th>
<th>Positive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Yes</td>
<td>2. No</td>
</tr>
</tbody>
</table>

**FINAL DIAGNOSIS**

23. Classify case based on the CDC case definition (see criteria below):

1. **CONFIRMED**
2. **PROBABLE**

**State Health Department Official who reviewed this report:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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Q FEVER CASE REPORT

1st COPY STATE HEALTH DEPARTMENT
### Clinical Findings

1. Fever (≥100.5°F)(100)
2. Malaise (≥105)
3. Headache (≥108)
4. Pneumonia (≥111)
5. Other (please specify) (≥114)

### Laboratory Data

#### Serology

<table>
<thead>
<tr>
<th>Phase I Antigen</th>
<th>Serology 1 (mm/dd/yyyy)</th>
<th>Titer or OD* Positive?</th>
<th>Serology 2 (mm/dd/yyyy)</th>
<th>Titer or OD* Positive?</th>
<th>Phase II Antigen</th>
<th>Serology 1 (mm/dd/yyyy)</th>
<th>Titer or OD* Positive?</th>
<th>Serology 2 (mm/dd/yyyy)</th>
<th>Titer or OD* Positive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>IFA - IgG</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>(37)</td>
<td></td>
<td></td>
<td>No</td>
<td>(49)</td>
<td>No</td>
<td>(42)</td>
<td>No</td>
</tr>
<tr>
<td>IFA - IgM</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>(38)</td>
<td></td>
<td></td>
<td>No</td>
<td>(50)</td>
<td>No</td>
<td>(42)</td>
<td>No</td>
</tr>
<tr>
<td>Complement Fixation</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>(39)</td>
<td></td>
<td></td>
<td>No</td>
<td>(51)</td>
<td>No</td>
<td>(42)</td>
<td>No</td>
</tr>
<tr>
<td>Other test:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
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* Check only if specific assay was performed.

### Final Diagnosis

23. Classify case based on the CDC case definition (see criteria below):

- **Confirmed Q fever**: A clinically compatible case that is laboratory confirmed with 1) a fourfold change in antibody titer to Coxiella burnetii antigen by IFA or CF antibody test, or 2) a positive PCR assay, or 3) culture of C. burnetii from a clinical specimen, or 4) positive immunostaining of C. burnetii in tissue.
- **Probable Q fever**: A clinically compatible case with single supportive IgG or IgM titer as defined by testing lab.

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Form Approved OMB 0920-0009

- PATIENT/PHYSICIAN INFORMATION -

Patient’s name: ___________________________ Date submitted: ________________ Phone no.: ____________________

Address: ___________________________ NETSS ID No.: (if reported) ___________________

City: ___________________________ Case ID (13-18) __________ Site (19-21) __________ State (22-23) __________

- DEMOGRAPHICS -

1. State of residence: __________

2. County of residence: __________

3. Zip code: ___________________________

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

5. Sex: (68) ___________________________

6. Race: (69) ___________________________

7. Hispanic ethnicity: ___________________________

- CLINICAL FINDINGS -

8. Occupation at date of onset of illness (Check all that apply)

9. Any contact with animals within 2 months prior to onset? (check all that apply)

10. Any exposure to birthing animals? (69)

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)

- LABORATORY DATA -

14. Date of Onset of Symptoms: __________

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

16. Any pre-existing medical conditions? (check all that apply)

17. Was patient hospitalized because of this illness? (119)

18. Did patient die from complications of this illness? (119) (If yes, date of death: mm/dd/yyyy)

- FINAL DIAGNOSIS -

20. Serology (Check only if specific assay was performed)

21. Was there a fourfold change in antibody titer between the two serum specimens? __________

22. Other Diagnostic Tests *

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- FURTHER INFORMATION -

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