

Q-Fever Case Investigation

P A T I E N T	Last Name _____ First Name _____ MI _____ (_____) _____ Patient's Phone Number			
	Street Address _____		City _____	County _____ Zip _____
	Age: _____	Date of Birth: _____	Sex: M F	
	Race: White Black Asian Native American Other _____		Hispanic: Yes No Unknown	
C O U R S E	Date of Onset: _____ Was patient hospitalized? YES NO If YES, which hospital? _____			
	Date of admission: _____		Date of discharge: _____ Discharge diagnosis: _____	
	Recovered? YES NO		Died? YES NO Date of death: _____	
	Attending Physician: _____ (Name)		(_____) _____ (Phone 1)	(_____) _____ (Phone 2)
Address: _____				
M E D I C A L	Circle Response (Yes, No, Unknown):			
	Fever >100.5	Y	N	U
	Max temp: _____ °F			
	Myalgia	Y	N	U
	Retrobulbar pain	Y	N	U
	Malaise	Y	N	U
	Headache	Y	N	U
	Anorexia	Y	N	U
	Chills	Y	N	U
	Sweating	Y	N	U
Weakness	Y	N	U	
Cough	Y	N	U	
Splenomegaly		Y	N	U
Hepatomegaly		Y	N	U
Pneumonia		Y	N	U
Hepatitis		Y	N	U
Lymphadenopathy		Y	N	U
Endocarditis		Y	N	U
Rash (Describe)		Y	N	U
O T H E R E P I D E M I O L O G Y	Does the patient work in a livestock industry? (i.e. Production, Meat-packing, etc?) Y N U			
	If yes, give occupation: _____ (Give exact job, type of business or industry, location)			
	Has the patient had any animal contact within the 60 days prior to onset of illness? Y N U			
	If yes, circle all species that apply. Cattle Swine Goats Sheep Dogs Cats Pigeons Rabbits Other _____			
	Has the patient had contact with an aborting animal? Y N U If yes, specify: _____			
	Does the patient have a history of travel outside of home county within 15 days of onset? Y N U			
	If yes, document travel history below.			
	Have any household members experienced similar symptoms recently? YES NO If yes, provide details.			
Did the patient have any of the following pre-existing conditions?				
Immunocompromised Pregnancy Vavular Heart Disease Vascular Graft Other _____				

S E R O L O G I C	Date of specimen	Phase I Antigen	Results	Phase II Antigen	Results	Laboratory Name
C U L T U R E	Specimen date	Specimen type	Species Isolated		Laboratory Name	
O T H E R L A B	Test	Specimen date	Results	Specimen Date	Results	
	WBC					
	Diff					
	Platelets					
	AST					
	ALT					
	Other (Specify)					
T H E R A P Y	Dose, duration and route of administration of:					
	Teteracycline	_____				
	Streptomycin	_____				
	Sulfonamides	_____				
	Other	_____				
F I N A L D I A G N O S I S	Circle appropriate case classification based on the CDC case definition (see criteria below).					
	Confirmed		Probable		Not a case	
	Confirmed Q-fever: A clinically compatible case that is laboratory confirmed with 1) a four-fold change in antibody titer to <i>Coxiella burnetii</i> by IFA or CF antibody test, or 2) a positive PCR assay, or 3) culture of <i>C. burnetii</i> from a clinical specimen, or 4) positive immunostaining of <i>C. burnetii</i> in tissue.					
	Probable Q-fever: A clinically compatible case with single supportive IgM titers as defined by testing lab.					
	State Health Department Official who reviewed this report:					
	Name: _____					
	Title: _____				Date: _____	

Investigated by: _____ Phone: (____) _____

Agency: _____ Date: _____