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

CDC# (1-4)

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: _____

Address: _____ (number, street)

City: _____

Date submitted: ___ ___ ___ ___ (mm/dd/yyyy) (5-6) (7-8) (9-12)

Physician's name: _____ **Phone no.:** _____

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: (mm/dd/yyyy) ___ ___ ___ ___ ___ ___ ___ ___ (60-61) (62-63) (64-67)

5. Sex: (68)
1 ☐ Male
2 ☐ Female
9 ☐ Not specified

6. Race: (69)
1 ☐ White
2 ☐ Black
3 ☐ American Indian Alaskan Native
4 ☐ Asian
5 ☐ Pacific Islander
9 ☐ Not specified

7. Hispanic ethnicity:
1 ☐ Yes (70)
2 ☐ No
9 ☐ Unk

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

9. Any contact with animals within 2 months prior to onset? (check all that apply)
1 ☐ Cattle (82)
2 ☐ Sheep (83)
3 ☐ Goats (84)
4 ☐ Pigeons (85)
5 ☐ Cats (86)
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

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)
2 ☐ myalgia (103)
3 ☐ retrobulbar pain (104)
4 ☐ malaise (105)
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11 ☐ hepatitis (112)
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88 ☐ Other (please specify) (114) _____

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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)
2 ☐ pregnancy (116)
3 ☐ valvular heart disease or vascular graft (117)
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)

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)	Serology 2 (mm/dd/yyyy) ___ ___ ___ (141-42) (143-44) (145-48)	Serology 1 (mm/dd/yyyy) ___ ___ ___ (153-54) (155-56) (157-60)	Serology 2 (mm/dd/yyyy) ___ ___ ___ (165-66) (167-68) (169-72)
	Titer or OD* / Positive?	Titer or OD* / Positive?	Titer or OD* / Positive?	Titer or OD* / Positive?
IFA - IgG	_____ 1 ☐ Yes 2 ☐ No (137)	_____ 1 ☐ Yes 2 ☐ No (149)	_____ 1 ☐ Yes 2 ☐ No (161)	_____ 1 ☐ Yes 2 ☐ No (173)
IFA - IgM	_____ 1 ☐ Yes 2 ☐ No (138)	_____ 1 ☐ Yes 2 ☐ No (150)	_____ 1 ☐ Yes 2 ☐ No (162)	_____ 1 ☐ Yes 2 ☐ No (174)
Other test: _____	_____ 1 ☐ Yes 2 ☐ No (140)	_____ 1 ☐ Yes 2 ☐ No (152)	_____ 1 ☐ Yes 2 ☐ No (164)	_____ 1 ☐ Yes 2 ☐ 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)

* Check only if specific assay was performed.

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

	Positive?
PCR	1 ☐ Yes 2 ☐ No (178)
Immunostain	1 ☐ Yes 2 ☐ No (179)
Culture	1 ☐ Yes 2 ☐ No (180)

Sample(s) tested:

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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Form Approved
OMB 0920-0009

[redacted]

Date submitted: ____ ____ ____ (mm/dd/yyyy) (5-6) (7-8) (9-12)
Physician's name: _____ Phone no.: _____
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: (mm/dd/yyyy) (60-61) (62-63) (64-67)

5. Sex: (68)
1 ☐ Male
2 ☐ Female
9 ☐ Not specified

6. Race: (69)
1 ☐ White
2 ☐ Black
3 ☐ American Indian Alaskan Native
4 ☐ Asian
5 ☐ Pacific Islander
9 ☐ Not specified

7. Hispanic ethnicity: (70)
1 ☐ Yes
2 ☐ No
9 ☐ Unk

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

9. Any contact with animals within 2 months prior to onset? (check all that apply)
1 ☐ Cattle (82)
2 ☐ Sheep (83)
3 ☐ Goats (84)
4 ☐ Pigeons (85)
5 ☐ Cats (86)
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

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

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)
2 ☐ myalgia (103)
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16. Any pre-existing medical conditions? (check all that apply)
1 ☐ immunocompromised (115)
2 ☐ pregnancy (116)
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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)

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)	Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48)	Serology 1 (mm/dd/yyyy) (153-54) (155-56) (157-60)	Serology 2 (mm/dd/yyyy) (165-66) (167-68) (169-72)
	Titer or OD* / Positive?	Titer or OD* / Positive?	Titer or OD* / Positive?	Titer or OD* / Positive?
IFA - IgG	1 ☐ Yes 2 ☐ No (137)	1 ☐ Yes 2 ☐ No (149)	1 ☐ Yes 2 ☐ No (161)	1 ☐ Yes 2 ☐ No (173)
IFA - IgM	1 ☐ Yes 2 ☐ No (138)	1 ☐ Yes 2 ☐ No (150)	1 ☐ Yes 2 ☐ No (162)	1 ☐ Yes 2 ☐ No (174)
Other test: _____	1 ☐ Yes 2 ☐ No (140)	1 ☐ Yes 2 ☐ No (152)	1 ☐ Yes 2 ☐ No (164)	1 ☐ Yes 2 ☐ 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)

* Check only if specific assay was performed.

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

	Positive?
PCR	1 ☐ Yes 2 ☐ No (178)
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