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

# 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.

CDC# (1-4)

Form Approved OMB 0920-0009

## – PATIENT/PHYSICIAN INFORMATION –

**Patient's name:**

**Address:** (number, street)

**City:**

**Date submitted:** (5-6) / (7-8) / (9-12) (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)
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

## – 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)
2 ☐ myalgia (103)
3 ☐ retrobulbar pain (104)
4 ☐ malaise (105)
5 ☐ rash (106)
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**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)
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) (121-22) / (123-24) / (125-28)
1 ☐ Yes 2 ☐ No 9 ☐ Unk

## – 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) (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:**

## – 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)

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Patient's name:
Address:
City:

Date submitted: (5-6) / (7-8) / (9-12) (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)
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9 Not specified

**6. Race:** (69)
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5 Pacific Islander
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**7. Hispanic ethnicity:** (70)
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**8. Occupation at date of onset of illness** (Check all that apply)
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9 rancher (79)
10 live in household with person occupationally related to above? (80)
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**9. Any contact with animals within 2 months prior to onset?** (check all that apply)
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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

## – CLINICAL FINDINGS –

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

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Evidence of clinically compatible illness is necessary. See CSTE/CDC Q Fever case definition, and case categorization summaries below.
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1 immunocompromised (115)
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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)

## – 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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| | 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) |
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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?** 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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**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
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**Sample(s) tested:**

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