



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 -

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: <input type="text"/> <input type="text"/> (24-25)	2. County of residence: <input type="text"/> (26-50)	3. Zip code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (51-59)	4. Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/> (mm/dd/yyyy) (60-61) (62-63) (64-67)	5. Sex: (68) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not specified	6. Race: (69) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Not specified	7. Hispanic ethnicity: (70) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
8. Occupation at date of onset of illness (Check all that apply) <input type="checkbox"/> wool or felt plant (71) <input type="checkbox"/> tannery or rendering plant (72) <input type="checkbox"/> dairy (73) <input type="checkbox"/> veterinarian (74) <input type="checkbox"/> medical research (75) <input type="checkbox"/> animal research (76) <input type="checkbox"/> slaughterhouse worker (77) <input type="checkbox"/> laboratory worker (78) <input type="checkbox"/> rancher (79) <input type="checkbox"/> live in household with person occupationally related to above? (80) <input type="checkbox"/> other (please specify) (81)				9. Any contact with animals within 2 months prior to onset? (check all that apply) <input type="checkbox"/> Cattle (82) <input type="checkbox"/> Sheep (83) <input type="checkbox"/> Other (please specify) (88) <input type="checkbox"/> Goats (84) <input type="checkbox"/> Pigeons (85) <input type="checkbox"/> Rabbits (87) <input type="checkbox"/> Cats (86)		

10. Any exposure to birthing animals? (89) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, which animal <input type="text"/>	11. Exposure to unpasteurized milk? (90) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk If yes, which animal <input type="text"/>	12. Any travel in last year? (91-92) If yes, State <input type="text"/> <input type="text"/> County <input type="text"/> Foreign Country <input type="text"/>	13. Other family member with similar illness in last year? (93) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------

- CLINICAL FINDINGS -

14. Date of Onset of Symptoms: <input type="text"/> / <input type="text"/> / <input type="text"/> (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. <input type="checkbox"/> fever (>100.5) (102) <input type="checkbox"/> malaise (105) <input type="checkbox"/> headache (108) <input type="checkbox"/> pneumonia (111) <input type="checkbox"/> Other (please specify) (114) <input type="checkbox"/> myalgia (103) <input type="checkbox"/> rash (106) <input type="checkbox"/> splenomegaly (109) <input type="checkbox"/> hepatitis (112) <input type="checkbox"/> retrobulbar pain (104) <input type="checkbox"/> cough (107) <input type="checkbox"/> hepatomegaly (110) <input type="checkbox"/> 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) <input type="checkbox"/> immunocompromised (115) <input type="checkbox"/> pregnancy (116) <input type="checkbox"/> valvular heart disease or vascular graft (117) <input type="checkbox"/> Other (118)	17. Was patient hospitalized because of this illness? (119) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	18. Did patient die from complications of this illness? (120) (If yes, date) (mm/dd/yyyy) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk (121-22) (123-24) (125-28)
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

- LABORATORY DATA -

19. Laboratory Name: <input type="text"/>	City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>		
20. Serology (Check only if specific assay was performed)	Phase I Antigen		Phase II Antigen		22. Other Diagnostic Tests? (Use #20, S1 to indicate collection date.) * Check only if specific assay was performed. PCR <input type="checkbox"/> Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (178) Immunostain <input type="checkbox"/> Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (179) Culture <input type="checkbox"/> Positive? <input type="checkbox"/> Yes <input type="checkbox"/> No (180) Sample(s) tested:
	Serology 1 (mm/dd/yyyy) (129-30) (131-32) (133-36) Titer or OD* Positive?	Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive?	Serology 1 (mm/dd/yyyy) (153-54) (155-56) (157-60) Titer or OD* Positive?	Serology 2 (mm/dd/yyyy) (165-66) (167-68) (169-72) Titer or OD* Positive?	
	IFA - IgG <input type="checkbox"/> Yes <input type="checkbox"/> No (137)	<input type="checkbox"/> Yes <input type="checkbox"/> No (149)	<input type="checkbox"/> Yes <input type="checkbox"/> No (161)	<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? <input type="checkbox"/> Yes <input type="checkbox"/> No (177)					

- FINAL DIAGNOSIS -

23. Classify case based on the CSTE/CDC case definition (see 15 above and criteria below): <input type="checkbox"/> Confirmed acute Q Fever <input type="checkbox"/> Probable acute Q Fever <input type="checkbox"/> Confirmed chronic Q Fever <input type="checkbox"/> Probable chronic Q Fever (181)	State Health Department Official who reviewed this report: Name: <input type="text"/> Title: <input type="text"/> Date: <input type="text"/> / <input type="text"/> / <input type="text"/> (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 $\geq 1:128$), 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.

