

## **Q** Fever Case Report

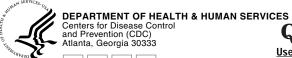
SAFER-HEALTHIER-PEOPLE

Use for: Acute Q Fever and Chronic Q Fever
Visit <a href="http://www.cdc.gov">http://www.cdc.gov</a> and use "Search" for complete Case Definition or to visit the

Form Approved OMB 0920-0009

				DF version of thi	<u>'</u>		
Patient's		– PATIENT	PHYSICIAN INFORM	IATION –			
name: (mm/dd/yyyy)							
Address:			name:	rnysician's Phone			
(number, street)	NETCC ID No . /if we						
City: NETSS ID No.: (if reported) Case ID (13-18) Site (19-21) State (22-23)							
		_	DEMOGRAPHICS -		, ,	<u> </u>	
1. State of 2. County		3. Zip code:	4. Date of birth:	5. Sex: (68)	6. Race: (69)	7. Hispanic ethnicity:	
residence: reside	nce:		(mm/dd/yyyy)	1 Male		4 Asian Yes (70)	
			, ,	2 Female		5 Pacific Islander	
(24-25)	(26-50)	(51-59)	(60-61) (62-63) (64-67)	- 9 □ Not specified	3 Alaskan Native	9 Not specified 9 Unk	
8. Occupation at date of					9. Any contact with a	nnimals within	
1 wool or felt plant (71) 6 animal research (76) 10 live in household with person occupationally related to above? (80) 2 months prior to onset? (check all that apply) 1 Cattle (82) 3 Goats (84) 5 Cats (86)							
2 Lamery of rendering plant (72) 7 Landing monker (77)			•	DOVE: (80)		☐ Pigeons (85) 6 ☐ Rabbits (87)	
3 dairy (73)			other (please specify) (81)		8 Other (please sp	· ·	
4 veterinarian (74)		her (79)			o oo. (p.oaoo op	,	
5 medical research  10. Any exposure to birt		xposure to unpasteurized m	nilk2   12 Any travel i	n last year? (91-92)		13. Other family member with	
1 Yes 2 No 9		Yes 2 No 9 Unk	(90)			similar illness in last year?	
If yes, which		es, which	If yes, State	County		1 <b>Yes</b> 2 <b>No</b> 9 <b>Unk</b>	
· · ·		mal	Foreign Country			1 162 2 NO 9 UIIK	
14. Date of Onset of Syr	nntoms:   15 Clinica	Signs and syndromes (che	LINICAL FINDINGS -	_			
14. Date of offset of Syl	Evidence	of clinically compatible illness is neces	sary. See CSTE/CDC Q Fever case	definition, and case cate	egorization summaries below.		
		ever (>100.5) (102) 4 mala			nonia (111) 88 Other	(please specify) (114)	
(94-95) (96-97) (98- (mm/dd/yyyy)	, , , , , , , , , , , , , , , , , , ,	ıyalgia (103) 5 🔲 rash	,				
(IIIII/dd/yyyy)	3 □ r	etrobulbar pain (104) 6 coug	h (107) 9 L hepatomegaly	(110) 12 endoc	arditis (113)	o an algusted liver annuma lavala	
	Chronic Q feve	Acute fever and one or more of the fole: Newly recognized, culture-negative of the son or vascular prostheses, or chronic	endocarditis - particularly in patien henatitis in the absence of other k	ts with previous valvulop	eathies or compromised immune	e systems, suspected infections of	
16. Any pre-existing me			17. Was patient h		8. Did patient die fron		
		art disease or vascular graft	(117) because of th	nis illness? (119)	of this illness?(120)	(If yes, date) (mm/dd/yyyy)	
2 pregnancy (116) 8	Other		1 Yes 2	No 9 Unk	1 Yes 2 No 9	Unk (121-22) (123-24) (125-28)	
	- LABORATORY DATA -						
19. Laboratory Name: State: Zip: City: State: Zip:							
19. Laboratory Name: _							
20		I Antigen	Phase II	Antigen	* Check only	if specific assay was performed.	
20. Serology	Phase Serology 1 (mm/dd/yyyy)			Antigen Serology 2 (mm/de	* Check only 22. Other Di		
20			Phase II	Serology 2 (mm/do	* Check only 22. Other Di	if specific assay was performed. agnostic Tests?*	
20. Serology (Check only if specific	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)	Serology 2 (mm/de	* Check only 22. Other Di (Use #20, S1 t	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1  Yes 2 No (178)	
20. Serology (Check only if specific assay was performed)	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)	Serology 2 (mm/do	* Check only 22. Other Di (Use #20, S1 ti  9-72)  Sitive?  * Check only 22. Other Di (Use #20, S1 ti	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (179)	
20. Serology (Check only if specific	Serology 1 (mm/dd/yyyy)  (129-30) (131-32) (133-36)  Titer or OD* Positive	Serology 2 (mm/dd/yyyy) 	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?	Serology 2 (mm/do (165-66) (167-68) (16 Titer or OD* Po	* Check only 22. Other Di (Use #20, S1 ti  9-72)  Sitive?  * Check only 22. Other Di (Use #20, S1 ti	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1  Yes 2 No (178)	
20. Serology (Check only if specific assay was performed)  IFA - IgG	Serology 1 (mm/dd/yyyy)  (129-30) (131-32) (133-36)  Titer or OD* Positive'  1 Yes	Serology 2 (mm/dd/yyyy) 	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes	Serology 2 (mm/do (165-66) (167-68) (16 Titer or OD* Po	* Check only 22. Other Di (Use #20, S1 t  9-72)  Sitive?  PCR  Immunos  Culture	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (179)  1 Yes 2 No (180)	
20. Serology (Check only if specific assay was performed)	Serology 1 (mm/dd/yyyy)  (129-30) (131-32) (133-36)  Titer or OD* Positive  1 Yes  2 No (137	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes 2 No (161)	Serology 2 (mm/du (165-66) (167-68) (166 Titer or OD* Po	* Check only 22. Other Di (Use #20, S1 t  9-72) sitive? PCR Immunos Culture	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (179)  1 Yes 2 No (180)	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or 0D* Positive?  1 Yes 2 No (161)  1 Yes 2 No (162)	Serology 2 (mm/du (165-66) (167-68) (166 Titer or OD* Po	* Check only 22. Other Di (Use #20, S1 t  9-72)  PCR  Immunos Culture  Yes No (173)  Sample(s) t	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (179)  1 Yes 2 No (180)	
20. Serology (Check only if specific assay was performed)  IFA - IgG	Serology 1 (mm/dd/yyyy)   (129-30) (131-32)	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60) Titer or OD* Positive?  1 Yes 1 Yes 1 Yes	Serology 2 (mm/dd	* Check only 22. Other Di (Use #20, S1 t  9-72)  PCR  Immunos Culture  Yes No (173)  Sample(s) t	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (179)  1 Yes 2 No (180)	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)  (153.54) (155.56) (157.60)  Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 1 Yes 2 No (162)  1 Yes 2 No (164)	Serology 2 (mm/dd	* Check only 22. Other Di (Use #20, S1 t  9-72) Sitive? PCR Immunos Culture Yes No (173) Yes  * Check only *	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (179)  1 Yes 2 No (180)	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:	Serology 1 (mm/dd/yyyy)   (129-30) (131-32)	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60) Titer or OD* Positive?  1 Yes 2 No (161) 1 Yes 2 No (162) 1 Yes 2 No (164) 1 Yes 2 No (164) 1 Or Ses 1 Or Ses	Serology 2 (mm/dd	* Check only 22. Other Di (Use #20, S1 t  9-72) Sitive? PCR Immunos Culture Yes No (173) Yes  * Check only *	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (179)  1 Yes 2 No (180)	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourf	Serology 1 (mm/dd/yyyy)   (129-30) (131-32)	Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)    Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dr  (165-66) (167-68) (16  Titer or OD* Po  1 1 2  1 1 2  1 2 1  2 No (177)	* Check only 22. Other Di (Use #20, S1 t  9-72) sitive?  PCR Immunos Culture  Yes No (173) Yes No (174) Yes No (176)	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test: 21. Was there a fourf	Serology 1 (mm/dd/yyyy)   (129-30) (131-32)	Serology 2 (mm/dd/yyyy)	Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or 0D* Positive?  1 Yes 2 No (161) 1 Yes 2 No (162) 1 Yes 2 No (164) al Density "0D" value.  um specimens? 1 Yes FINAL DIAGNOSIS — nd criteria below): Sta	Serology 2 (mm/dr   105-60) (167-68)	* Check only 22. Other Di (Use #20, S1 t  9-72) Sitive? PCR Immunos Culture Yes No (173) Yes  * Check only *	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:	Serology 1 (mm/dd/yyyy)   (129-30) (131-32)	Serology 2 (mm/dd/yyyy)    Titer or OD* Positive?	Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes  2 No (161)  1 Yes  2 No (162)  1 Yes  2 No (164)  al Density "OD" value.  um specimens? 1 Yes  FINAL DIAGNOSIS —  nd criteria below): Sta	Serology 2 (mm/di  (165-66) (167-68) (166  Titer or OD* Po  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* Check only 22. Other Di (Use #20, S1 t  9-72) sitive?  PCR Immunos Culture  Yes No (173) Yes No (174) Yes No (176)	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test: 21. Was there a fourf	Serology 1 (mm/dd/yyyy)   (129-30) (131-32)	Serology 2 (mm/dd/yyyy)	Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes  2 No (161)  1 Yes  2 No (162)  1 Yes  2 No (164)  al Density "OD" value.  um specimens? 1 Yes  FINAL DIAGNOSIS —  nd criteria below): Sta	Serology 2 (mm/dr   105-60) (167-68)	* Check only 22. Other Di (Use #20, S1 t  9-72) sitive?  PCR Immunos Culture  Yes No (173) Yes No (174) Yes No (176)	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourf  Confirmed acute Q I  Confirmed chronic (See CSTE/CDC Q Fever Case	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)    (141-42) (143-44)	Phase II Serology 1 (mm/dd/yyyy)  Titer or OD* Positive?  1 Yes 2 No (161) 1 Yes 2 No (162) 1 Yes 2 No (164) Al Density "OD" value.  Lum specimens? 1 Yes FINAL DIAGNOSIS —  nd criteria below): State ategories:	Serology 2 (mm/di	* Check only 22. Other Di (Use #20, S1 t  PCR Immunos Culture  Yes No (173) Yes No (176)  ment Official who revi	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (180)  rested:  iewed this report:	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourf  23. Classify case based 1 Confirmed acute Q I 3 Confirmed chronic Q See CSTE/CDC Q Fever Case Confirmed acute Q Fever:	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)    (141-42) (143-44)	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60) Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 2 No (164)  1 Yes 2 No (164)  al Density "0D" value.  um specimens? 1 Yes  FINAL DIAGNOSIS —  nd criteria below): State  ategories:  tal case criteria or is epider	Serology 2 (mm/di   (165-66) (167-68)	* Check only 22. Other Di (Use #20, S1 t  PCR Immunos Culture  Yes No (173) Yes No (176)  ment Official who revi to lab confirmed case.	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive? 1 Yes 2 No (178) 1 Yes 2 No (180)  rested:  iewed this report:  Date:/	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourf  23. Classify case based 1 Confirmed acute Q I 3 Confirmed acute Q Fever: A confirmed acute Q Fever: Probable acute Q Fever: A confirmed acute Q Fev	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)    (141-42) (143-44)	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60) Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 2 No (162)  1 Yes 2 No (164)  al Density "OD" value.  um specimens? 1 Yes  FINAL DIAGNOSIS —  nd criteria below): State  ategories:  ata case criteria or is epideloratory confirmed but has la	Serology 2 (mm/di   (165-66) (167-68)	* Check only 22. Other Di (Use #20, S1 t  PCR Immunos Culture  Yes No (173) Yes No (176)  ment Official who revi to lab confirmed case.	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1 Yes 2 No (178)  1 Yes 2 No (180)  rested:  iewed this report:	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourf  23. Classify case based 1 Confirmed acute Q I 3 Confirmed chronic Q See CSTE/CDC Q Fever Case Confirmed acute Q Fever: Probable acute Q Fever: A c Confirmed chronic Q Fever:	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)    Titer or OD* Positive?	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60) Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 2 No (162)  1 Yes 2 No (164)  al Density "OD" value.  um specimens? 1 Yes  FINAL DIAGNOSIS — nd criteria below): State at ease criteria or is epideo oratory confirmed but has late oratory confirmed.	Serology 2 (mm/di	* Check only 22. Other Di (Use #20, S1 t  PCR Immunos Culture  Yes No (174) Yes No (176)  ment Official who revi  to lab confirmed case. e (antibody to Phase II high	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive? 1 Yes 2 No (178) 1 Yes 2 No (180)  rested:  iewed this report:  Date:/	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourf  23. Classify case based 1 Confirmed acute Q I 3 Confirmed chronic Q  See CSTE/CDC Q Fever Case Confirmed acute Q Fever: Probable acute Q Fever: A c Confirmed chronic Q Fever: A Note: Samples from suspect	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)    Titer or OD* Positive?	Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60) Titer or OD* Positive?  1 Yes  2 No (161)  1 Yes  2 No (162)  1 Yes  2 No (164)  al Density "OD" value.  um specimens? 1 Yes  FINAL DIAGNOSIS —  nd criteria below): State  tategories:  tal case criteria or is epidele coratory confirmed but has late oratory confirmed.  laboratory confirmed but has late oratory confirmed.	Serology 2 (mm/di    (165-66) (167-69)	* Check only 22. Other Di (Use #20, S1 t  PCR Immunos Culture  Sample(s) t  to lab confirmed case. e (antibody to Phase II high Illy available ELISA tests (w	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1	
20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourf  23. Classify case based   Confirmed acute Q I ever Case Confirmed acute Q Fever: Probable acute Q Fever: Probable acute Q Fever: Probable chronic Q Fever: Probable chronic Q Fever: A Note: Samples from suspect quantitative and thus can, at neither readily available nor	Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Serology 2 (mm/dd/yyyy)    Titer or OD* Positive?	Phase II  Serology 1 (mm/dd/yyyy)  Titer or OD* Positive?  1 Yes  2 No (161)  1 Yes  2 No (162)  1 Yes  2 No (164)  Al Density "OD" value.  Lum specimens? 1 Yes  FINAL DIAGNOSIS —  nd criteria below): Stategories:  al case criteria or is epidele oratory confirmed.  Iaboratory confirmed but has la oratory confirmed.  Iaboratory confirmed but has phase I and phase II antigens able because they lack specific get testing (cutoff of ≥ 1:128),	Serology 2 (mm/di    (165-66) (167-68)	* Check only 22. Other Di (Use #20, S1 t  PCR Immunos Culture  Yes No (173)  Yes No (176)  The continued case of the continued case	if specific assay was performed.  agnostic Tests?* to indicate collection date.)  Positive?  1	

Public reporting burden of this collection of information is estimated to average 10 minutes per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Please send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Rd., NE (MS D-74); Atlanta, GA 30333; ATTN: PRA (0920-0009).



## **Q** Fever Case Report



Form Approved OMB 0920-0009

Use for: Acute Q Fever and Chronic Q Fever
Visit <a href="http://www.cdc.gov">http://www.cdc.gov</a> and use "Search" for complete Case Definition or to visit the

1-4) Q Fever disease web site for a fillable/downloadable PDF version of this Case Report.

		– PATIENT	PHYSICIAN INFORM	IATION –			
Palients V. 14 July 1	TO THE REAL PROPERTY.		Date submitted:		(mana (alal (m.m.)		
Physician's Physician's Phone							
			name:				
Mary Carl Vol Carlo	``````````````````````````````````````	PARKETIAN	NETSS ID No.: (if re	eported)			
TWO TENSON WAS A VEST					D (13-18) Site (19	9-21) State (22-23)	
WITH SEVERENCE FOR	THE STATE OF THE S	FYERMORE STATE OF STATE	DEMOGRAPHICS -			7 Hieronia	
1. State of residence: 2. County		3. Zip code:	4. Date of birth: (mm/dd/yyyy)		ace: (69)	7. Hispanic ethnicity:	
residence. reside	nice.		(IIIII/dd/yyyy)	1 Male	_  White 4 L_ A	Sian Ves (70)	
			1 1	2 Female 2 Not		acific Islander 2 No	
(24-25)	(26-50)	(51-59)	(60-61) (62-63) (64-67)	specified 3	Alaskan Native	ot specified 9 Unk	
8. Occupation at date of onset of illness (Check all that apply)  9. Any contact with animals within							
1 wool or felt plant (71) 6 animal research (76) 10 live in household with person 2 months prior to onset? (check all that apply) 1 Cattle (82) 3 Goats (84) 5 Cats (86)							
2 tannery or render	ing plant (72) 7∐ slauç	ghterhouse worker (77)	occupationally related to a	5010. (66)		eons (85) 6 Rabbits (87)	
3 dairy (73)	8∐ laboi	ratory worker (78) 88	other (please specify) (81)	-	□ Other (please specify)		
4 veterinarian (74)		ner (79)		8	_ Other (please specify)	(00)	
5 medical research							
10. Any exposure to bir		xposure to unpasteurized n	nilk? 12. Any travel i	n last year? (91-92)		ther family member with milar illness in last year?	
1 <b>Yes</b> 2 <b>No</b> 9	□ UNK 1 L	Yes 2 No 9 Unk	If yes, State	County	3	(93)	
If yes, which		es, which			1	Yes 2 No 9 Unk	
animal	ani	mal	Foreign Country				
14. Date of Onset of Syl	nptoms:   15. Clinical	Signs and syndromes (che					
		of clinically compatible illness is neces				•• \	
, ,		ever (>100.5) (102) 4  mala	_		1(111) 88 Other (pleas	e specify) (114)	
(94-95) (96-97) (98 (mm/dd/yyyy)	·	yalgia (103) 5 I rash	_ ' ' '	(109) 11 hepatitis (1			
(IIIII/dd/yyyy)		etrobulbar pain (104) 6 Coug				voted liver engage	
	Chronic Q fever	Acute fever and one or more of the fo : Newly recognized, culture-negative ims or vascular prostheses, or chronic	endocarditis - particularly in patien	ts with previous valvulopathies	or compromised immune system	s, suspected infections of	
16. Any pre-existing me			17. Was patient h		d patient die from com		
		art disease or vascular graft		nis illness? (119) of	this illness?(120) (If ye	s, date) (mm/dd/yyyy)	
2 pregnancy (116) 8	_		1 Yes 2	No 9 Unk 1	☐ Yes 2☐ No 9☐ Ur	lk (121-22) (123-24) (125-28)	
	·		_ABORATORY DATA -	_		(121 22) (120 21) (120 20)	
19. Laboratory Name:			City:		State: Zip: _		
20.	Phase	I Antigen	Phase II	Antigen		cific assay was performed.	
Serology	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	22. Other Diagnos (Use #20, S1 to indic		
(Check only if specific					(050 #20, 51 to maic	,	
assay was performed)	(129-30) (131-32) (133-36)	(141-42) (143-44) (145-48)	(153-54) (155-56) (157-60)	(165-66) (167-68) (169-72) Titer or OD* Positive	PCR	Positive?	
	Titer or OD* Positive?	_	Titer or OD* Positive?		Immunostain	1 Yes 2 No (179)	
IFA - IgG	1 Ves	1 Yes	1∟ Yes	1∟Yes	0	1 Yes 2 No (179)	
	2 No (137)	<del> </del>	2 No (161)	2 No (17:	3)	1 165 2 100 (100)	
IFA - IgM	1 Yes	₁∐ Yes	1 <b>∐ Yes</b>	1∟ Yes	Sample(s) tested	:	
	2 No (138)	2 No (150)	2 No (162)	2 No (17-	4)		
Other	₁☐ Yes	1☐ Yes	1 <b>☐ Yes</b>	1☐ Yes			
test:	_   2 No (140)		2 No (164)	2 No (176	6)		
	*IFA "Titer" or Other test: i	f CF, "Titer", if ELISA (EIA), Optic	al Density "OD" value.				
21. Was there a fourfold change in antibody titer between the two serum specimens? 1 Yes 2 No (177)							
- FINAL DIAGNOSIS -							
,		definition (see 15 above a	nd criteria below): St	ate Health Department	t Official who reviewed	this report:	
1 Confirmed acute Q Fever 2 Probable acute Q Fever Name:							
3 Confirmed chronic	Q Fever 4 L Probable	chronic Q Fever (181)	Tit	tle:	Dat	e: //	
See CSTE/CDC Q Fever Case	Definition effective 1/1/20	08 for details of the following o	ategories:			(iiiii/du/yyyy)	
		case that either meets clini	-	miologically linked to lab	confirmed case.		
		of acute illness that is not lab	•	b supportive evidence (anti	body to Phase II higher than	Phase I [if latter present]).	
	, ,	se of chronic illness that is lab e of chronic illness that is not	•	as lah sunnortive evidence	(antihody to Phase I higher	han Phase II fif latter presentil	
			•	• • •	,		
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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## **Q** Fever Case Report



Use for: Acute Q Fever and Chronic Q Fever
Visit <a href="http://www.cdc.gov">http://www.cdc.gov</a> and use "Search" for complete Case Definition or to visit the
O Fever disease web site for a fillable/downloadable PDF version of this Case Report.

Form Approved OMB 0920-0009

UPEVE	DATIENT	PHYSICIAN INFORMATION -			
Patient's	- FAIILNI				
name:		Date submitted:	(mm/dd/yyyy)		
Address		Physician's (5-6) (7-8) (name:	Phone no.:		
Address:(number, street)					
City:		NETSS ID No.: (if reported)			
j			Case ID (13-18) Site (19-21) State (22-23)		
1 State of 2 County of		- DEMOGRAPHICS -	6. Race: (69) 7. Hispanic		
1. State of residence: 2. County of residence:	3. Zip code:	4. Date of birth: 5. Sex: (68)	athnicity:		
residence.		1 Male	1 Wille 4 Asiali		
			2 Black 5 Pacific Islander 2 No		
(24-25) (26-50)	(51-59)	/	3 American Indian 9 Not specified 9 Unk		
8. Occupation at date of onset of illness (Chec	k all that annly)		9. Any contact with animals within		
1 wool or felt plant (71) 6 animal research (76) 10 live in household with person 2 months prior to onset? (check all that apply)					
2 ☐ tannery or rendering plant (72) 7 ☐ slau	· —	occupationally related to above? (80)	1 Cattle (82) 3 Goats (84) 5 Cats (86)		
		other (please aposity)	2 Sheep (83) 4 Pigeons (85) 6 Rabbits (87)		
	-	other (please specify) (81)	8 Other (please specify) (88)		
4	1 <b>er</b> (/9)				
5 medical research (75)			100000000000000000000000000000000000000		
	xposure to unpasteurized r	nilk? 12. Any travel in last year? (91-9	13. Other family member with similar illness in last year?		
1 Yes 2 NO 9 UNK	Yes 2 No 9 Unk	` '	(93)		
, ,	es, which		1 Yes 2 No a link		
animal ani	mal	Foreign Country			
14. Date of Onset of Symptoms:   15. Clinical	Signs and syndromes (che	CLINICAL FINDINGS –			
Evidence	f clinically compatible illness is nece	ssary. See CSTE/CDC Q Fever case definition, and case ca	ategorization summaries below.		
			ımonia (111) 88 Other (please specify) (114)		
(94-95) / (96-97) / (98-101) — 2 <b>n</b>	yalgia (103) 5 rash	(106) 8 splenomegaly (109) 1 1 hepa	atitis (112)		
		gh (107) 9 hepatomegaly (110) 12 endo			
Chronic Q fever	: Newly recognized, culture-negative	endocarditis - particularly in patients with previous valvul c hepatitis in the absence of other known etiology.	dache, acute hepatitis, pneumonia, or elevated liver enzyme levels. opathies or compromised immune systems, suspected infections of		
16. Any pre-existing medical conditions? (che		17. Was patient hospitalized	18. Did patient die from complications		
1 immunocompromised (115) 3 valvular he			of this illness?(120) (lf yes, date) (mm/dd/yyyy)		
2 pregnancy (116) 8 Other	_	1 Yes 2 No 9 Unk	1 Yes 2 No 9 Unk $\frac{1}{(121-22)(123-24)}$ $\frac{1}{(125-28)}$		
programoy (***, ***)		LABORATORY DATA –	(121-22) (123-24) (125-28)		
19. Laboratory Name:	_	City:	State: Zip:		
Dhaca	I Antigen	Phase II Antigen	* Check only if specific assay was performed.		
Serology Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Serology 1 (mm/dd/yyyy)   Serology 2 (mm/	22. Other Diagnostic Tests?*		
33	Corology 2 (IIIII/dd/yyyy)	Corology 1 (IIIII/Idd/yyyy)	(Use #20, S1 to indicate collection date.)		
(Check only if specific assay was performed) (7129-30) (131-32) (133-36)	(141-42) (143-44) (145-48)	(153-54) (155-56) (157-60) (165-66) (167-68) (	769-72) Positive?		
Titer or OD* Positive			ositive? PCR 1 Yes 2 No (178)		
. Vee	1 <b>Yes</b>		Yes Immunostain 1 Yes 2 No (179)		
IFA - IgG			No (173)   Culture   1   Yes 2   No (180)		
<u> </u>					
IFA - IgM	₁☐ Yes		Yes Sample(s) tested:		
2 No (138	2 No (150)	2 No (162) 2	No (174)		
Other ¹□ Yes	₁ Yes	1□Yes 1□	Yes		
test: 2 No (140			No (176)		
	F CF, "Titer", if ELISA (EIA), Option				
21. Was there a fourfold change in antibody					
L 1. Was there a rounding charge in antibody	THE PERMECH THE TAND 261	FINAL DIAGNOSIS -			
23 Classify case based on the CSTE/CDC case			rtment Official who reviewed this report.		
23. Classify case <u>based on</u> the CSTE/CDC case	definition (see 15 above a	and criteria below): State Health Depar	rtment Official who reviewed this report:		
1 Confirmed acute Q Fever 2 Probable	definition (see 15 above a acute Q Fever	and criteria below): State Health Depa Name:	•		
1 Confirmed acute Q Fever 2 Probable	definition (see 15 above a	and criteria below): State Health Depar	Nate:		
1 Confirmed acute Q Fever 2 Probable	definition (see 15 above a acute Q Fever chronic Q Fever (181)	and criteria below): State Health Department   State Health Department	•		
Confirmed acute Q Fever 2 Probable Confirmed chronic Q Fever 4 Probable	definition (see 15 above a acute Q Fever chronic Q Fever (181) 08 for details of the following of	and criteria below): State Health Department Name:	Date:/		
1 Confirmed acute Q Fever 2 Probable 3 Confirmed chronic Q Fever 4 Probable  See CSTE/CDC Q Fever Case Definition effective 1/1/20 Confirmed acute Q Fever: A laboratory confirmed Probable acute Q Fever: A clinically compatible case	definition (see 15 above a acute Q Fever chronic Q Fever (181) 08 for details of the following of case that either meets clini of acute illness that is not lab	nand criteria below): State Health Departure:    Name:	Date:/		
1 Confirmed acute Q Fever 2 Probable 3 Confirmed chronic Q Fever 4 Probable  See CSTE/CDC Q Fever Case Definition effective 1/1/20 Confirmed acute Q Fever: A laboratory confirmed Probable acute Q Fever: A clinically compatible case Confirmed chronic Q Fever: A clinically compatible case	definition (see 15 above a acute Q Fever chronic Q Fever (181)  OB for details of the following or case that either meets clini of acute illness that is not lab se of chronic illness that is lal	nand criteria below): State Health Departure:  Name:  Title:  categories: cal case criteria or is epidemiologically linked oratory confirmed but has lab supportive evident boratory confirmed.	Date:/		
1 Confirmed acute Q Fever 2 Probable 3 Confirmed chronic Q Fever 4 Probable See CSTE/CDC Q Fever Case Definition effective 1/1/20 Confirmed acute Q Fever: A laboratory confirmed Probable acute Q Fever: A clinically compatible case Confirmed chronic Q Fever: A clinically compatible case Probable chronic Q Fever: A clinically compatible case	definition (see 15 above a acute Q Fever chronic Q Fever (181) 08 for details of the following of case that either meets clini of acute illness that is not lab se of chronic illness that is no	nand criteria below): State Health Departure:    Name:	Date:/		
1 Confirmed acute Q Fever 2 Probable 3 Confirmed chronic Q Fever 4 Probable See CSTE/CDC Q Fever Case Definition effective 1/1/20 Confirmed acute Q Fever: A laboratory confirmed Probable acute Q Fever: A clinically compatible case Confirmed chronic Q Fever: A clinically compatible case Probable chronic Q Fever: A clinically compatible case Note: Samples from suspected chronic patients should it	definition (see 15 above a acute Q Fever chronic Q Fever (181)  OB for details of the following of case that either meets clini of acute illness that is not lab se of chronic illness that is late of chronic illness that is not e evaluated for IgG titers to bott	nand criteria below): State Health Departure:    Name:	Date:/		
1 Confirmed acute Q Fever 2 Probable 3 Confirmed chronic Q Fever 4 Probable See CSTE/CDC Q Fever Case Definition effective 1/1/20 Confirmed acute Q Fever: A laboratory confirmed Probable acute Q Fever: A clinically compatible case Confirmed chronic Q Fever: A clinically compatible case Probable chronic Q Fever: A clinically compatible case Note: Samples from suspected chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can, at best, indicate a probable in the confirmed chronic patients should I quantitative and thus can be confirmed chronic patients should be	definition (see 15 above a acute Q Fever chronic Q Fever (181)  88 for details of the following case that either meets clini of acute illness that is not lab se of chronic illness that is lal e of chronic illness that is no e evaluated for IgG titers to bott fection. IgM tests may be unrel	nand criteria below): State Health Departure Name:	Date:/		

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