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

CDC# ____ (1-4)

Q Fever Case Report

Centers for Disease Control and Prevention Fax: (404) 639-2778

Form Approved
OMB 0920-0009

— PATIENT/PHYSICIAN INFORMATION —

Patient's name: _____

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

Physician's name: _____ Phone no.: _____

Address: _____ (number, street)

City: _____

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)
1 ☐ fever (>100.5) (102)
2 ☐ myalgia (103)
3 ☐ retrobulbar pain (104)
4 ☐ malaise (105)
5 ☐ rash (106)
6 ☐ cough (107)
7 ☐ headache (108)
8 ☐ splenomegaly (109)
9 ☐ hepatomegaly (110)
10 ☐ pneumonia (111)
11 ☐ hepatitis (112)
12 ☐ endocarditis (113)
88 ☐ Other (please specify) (114) _____

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)

— LABORATORY DATA —

19. Name of laboratory: _____ 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)
Complement Fixation	____ 1 ☐ Yes 2 ☐ No (139)	____ 1 ☐ Yes 2 ☐ No (151)	____ 1 ☐ Yes 2 ☐ No (163)	____ 1 ☐ Yes 2 ☐ No (175)
Other test: _____	____ 1 ☐ Yes 2 ☐ No (140)	____ 1 ☐ Yes 2 ☐ No (152)	____ 1 ☐ Yes 2 ☐ No (164)	____ 1 ☐ Yes 2 ☐ No (176)

*IFA or CF "Titer" or Other test: 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 ?*	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 CDC case definition (see criteria below):

1 ☐ CONFIRMED 2 ☐ PROBABLE (181)

Confirmed Q fever: A clinically compatible case that is laboratory confirmed with **1)** a fourfold change in antibody titer to *Coxiella burnetii* antigen by IFA or CF antibody test, or **2)** a positive PCR assay, or **3)** culture of *C. burnetii* from a clinical specimen, or **4)** positive immunostaining of *C. burnetii* in tissue.

Probable Q Fever: A clinically compatible case with single supportive IgG or IgM titer as defined by testing lab.

State Health Department Official who reviewed this report:

Name: _____

Title: _____ Date: ___/___/___ (mm/dd/yyyy)

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