

Q Fever Case Report



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

Form Approved OMB 0920-0009

	(1-4)	_ PATIENT	PHYSICIAN INFORM	IATION -		OMB 0020 0000	
Patient's		- I ATIENT		IATION -			
name:							
Address:			name:		1 110	ne 0.:	
(number, street)			NETSS ID No.: (if re	enorted)			
City:				Case ID	(13-18)	Site (19-21) State (22-23)	
			DEMOGRAPHICS -				
1. State of 2. County residence: reside		3. Zip code:	4. Date of birth: (mm/dd/yyyy)		ICE: (69)	7. Hispanic ethnicity:	
residence. reside	nice.		(IIIII/dd/yyyy)	I L IVIAIC _	_	4 ASIdii	
			//	Not		5 Pacific Islander 2 No	
(24-25)	(26-50)	(51-59)	(60-61) (62-63) (64-67)	specified 3	Alaskan Native	9 Not specified 9 Unk	
8. Occupation at date of onset of illness (Check all that apply) 9. Any contact with animals within 2 months prior to onset? (check all that apply)							
1 wool or felt plant			ive in household with pers	son _		Goats (84) 5 Cats (86)	
	ing plant (72) 7 slaug	TITCHTIOUSE WOLKET (77)	occupationally related to a			Pigeons (85) 6 Rabbits (87)	
3 dairy (73)			other (please specify) (81)		Other (please sp	<u> </u>	
4 veterinarian (74)	9 L ranch	er (79)			ditier (please sp	(celly) (co)	
5 medical research	. ,	-					
10. Any exposure to bir	(89)	posure to unpasteurized m	nilk? 12. Any travel i	n last year? (91-92)		13. Other family member with similar illness in last year?	
1 ☐ Yes 2 ☐ No 9	□ Unk 1□	Yes 2 No 9 Unk	If yes, State	County		(93)	
If yes, which	If ye	s, which	' -			1 ☐ Yes 2 ☐ No 9 ☐ Unk	
animal	anin	nal		У			
14 Date of Owest of Cou	and an arrangement of the contract of the cont		LINICAL FINDINGS	_			
14. Date of Onset of Syr	•	I Signs and syndromes (over (>100.5) $(^{102})$ 4 \square mala				(nlaces ansaifs)	
, ,		/er (>100.5)(102) 4 □ maia /algia(103) 5 □ rash		y (109) 11 ☐ hepatitis (112		(please specify) (114)	
(94-95) / (96-97) / (98 (mm/dd/yyyy)	-101)	robulbar pain (104)6 ☐ cougl		•			
. 3333.							
	edical conditions? (chec		17. Was patient hecause of the	nospitalized 18. Did	l patient die from this illness?(120)	n complications (If yes, date) (mm/dd/yyyy)	
	_	rt disease or vascular graft	(117)	· · ·			
2 pregnancy (116) 8	Other		1 Yes 2	No 9 Unk 1	Yes 2 No 9	9 Unk <u>/_ /_ /_ (121-22) (123-24) (125-28)</u>	
		– L	ABORATORY DATA -				
19. Name of laboratory:			City·		State: Zii	p:	
			=			if specific assay was performed.	
Serology	Serology 1 (mm/dd/yyyy)	Antigen Serology 2 (mm/dd/yyyy)	Serology 1 (mm/dd/yyyy)	Antigen Serology 2 (mm/dd/yyyy)	22. Other		
(Check only if specific	Corology 1 (IIIII/dd/yyyy)	Corology 2 (IIIII/dd/yyyy)	corology i (iiiii/da/yyyy)	Corology 2 (IIIII/dd/yyyy)	Diagnostic 1	Tests ?* Positive?	
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)	PCR	1 Yes 2 No (178)	
	Titer or OD* Positive?		Titer or OD* Positive?	Titer or OD* Positive?	Immunosi		
IFA - IgG	1☐ Yes	1□ Yes	1☐ Yes	1☐ Yes	Culture	1 Yes 2 No (180)	
	2 No (137)	2 No (149)	2 No (161)	2 No (173)			
IFA - IgM	1☐ Yes	1□ Yes	₁☐ Yes	1☐ Yes	Sample(s) to	ested:	
g	2 No (138)	2 No (150)	2 No (162)	2 No (174)	_		
Complement	1☐ Yes	1□ Yes	₁☐ Yes	1☐ Yes			
Fixation	2 No (139)	2 No (151)	2 No (163)	2 No (175)			
Other	1☐ Yes	1□ Yes	₁☐ Yes	1☐ Yes			
test:	2 No (140)	2 No (152)	2 No (164)	2 No (176)	 		
		est: ELISA (EIA) Optical Density "					
21. Was there a fourfold change in antibody titer between the two serum specimens? 1 Yes 2 No (177)							
– FINAL DIAGNOSIS –							
23. Classify case based of			State Hea	alth Department Official	who reviewed t	his report:	
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.							
·	Intic						
Probable Q Fever: A clinically compatible case with single supportive IgG or IgM titer as defined by testing lab.							

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



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

Form Approved OMB 0920-0009

TO ORDER OF A ROAD OF THE REPORT		DATICNT	PHYSICIAN INFORM	ATION						
HARAWEST TAINN ALTERATION			1.0	IATION -						
		Physician's	Date submitted: Physician's (5-6) / (7-8) / (9-12) (mm/dd/yyyy) Phone							
			name:			no.:				
Mar di suri Villa di di		Tractive committee w	NETSS ID No.: (if re	eported)			_			
			DEMOGRAPHICS –	Cas	se ID (13-1	8) Site (19-2	1) State (22-23)			
1. State of 2. Count		3. Zip code:	4. Date of birth:	5. Sex: (68) 6.	. Race:	(69)	7. Hispanic			
residence: reside	ence:	•	(mm/dd/yyyy)	1 Male	1 Whi		4 Voc (70)			
		_			2 Blac		ific Islander			
(24-25)	(26-50)	(51-59)	(60-61) (62-63) (64-67)	9 Not specified	3 ☐ Alas	erican Indian 9 Not skan Native	specified 9 Unk			
8. Occupation at date of onset of illness (Check all that apply) 9. Any contact with animals within 2 months prior to onset? (check all that apply)										
1 Wool or felt plant (71) 6 Animal research (76) 1 0 live in household with person										
3 dairy (73)		THEITHOUSE WOLKET (77)	other (please specify) (81)	20101 (00)	2 She		ns (85) 6 Rabbits (87)			
4 veterinarian (74)	9 ranch	•	milei (piease specify) (81)		8 Oth	er (please specify) (88	3)			
5 ☐ medical research		· · · · -								
10. Any exposure to bi		posure to unpasteurized m	ilk? 12. Any travel i	n last year? (91-92)			er family member with			
1 ☐ Yes 2 ☐ No	9 Unk ⁽⁸⁹⁾ 1 _	Yes 2 No 9 Unk	(90)	Country			nilar illness in last year?			
If yes, which		s, which	If yes, State	County		1	Yes 2□No 9□Unk			
animal	anir	nal		<i></i>						
14. Date of Onset of Sy	mntoms: 15 Clinica	I Signs and syndromes (c	LINICAL FINDINGS -	_						
The Butto of Chiscot of Cy	-	/er (>100.5)(102) 4 ☐ malai	* * *	10 pneumor	nia (111)	88 Other (please s	specify) (114)			
(94-95) / (96-97) / (96			106) 8 splenomegaly			ų ····	,,,,,			
(mm/dd/yyyy)	₃ □ re	robulbar pain (104) 6 Cougl	n (107) 9 hepatomegal	y (110) 12 endocard	ditis (113)					
16. Any pre-existing m	16. Any pre-existing medical conditions? (check all that apply) 17. Was patient hospitalized 18. Did patient die from complications									
•		ort disease or vascular graft	(117)		1 immunocompromised (115) 3 valvular heart disease or vascular graft (117) because of this 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 /										
	Other		1 Yes 2	No 9 Unk 1	1 Yes	2 No 9 Unk	(121-22) (123-24) (125-28)			
. 0 ,	Other		ABORATORY DATA		1 ☐ Yes	2 No 9 Unk	(121-22) (123-24) (125-28)			
19. Name of			ABORATORY DATA	-			(121-22) (123-24) (125-28)			
19. Name of laboratory:	Phase	- L	ABORATORY DATA -	-	Stat	te: Zip:	(121-22) (123-24) (125-28)			
19. Name of laboratory:		<u> </u>	ABORATORY DATA -	-	Stat	te: Zip: * Check only if specif 22. Other	(121-22) (123-24) (125-28)			
19. Name of laboratory:	Phase Serology 1 (mm/dd/yyyy)	Antigen Serology 2 (mm/dd/yyyy)	City: Phase II Serology 1 (mm/dd/yyyy)	Antigen Serology 2 (mm/dd/yy	Stat	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?*	ic assay was performed.			
19. Name of laboratory:	Phase	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48)	ABORATORY DATA - City: Phase II	Antigen	Stat	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?*	(121-22) (123-24) (125-28) ic assay was performed. Positive? 1 Yes 2 No (178)			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed)	Phase Serology 1 (mm/dd/yyyy) 129-30/(131-32/ (133-36) Titer or OD* Positive? 1 Yes	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1 Yes	ABORATORY DATA - City: Phase II Serology 1 (mm/dd/yyyy) (153-54) (155-56) (157-60) Titer or OD* Positive? 1 Yes	Antigen Serology 2 (mm/dd/y) (165-66) (167-68)	Stat	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain	(121-22) (123-24) (125-28) (1			
19. Name of laboratory:	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137)	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1 Yes 2 No (149)	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1	Stat (173) Stat (173)	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) ic assay was performed. Positive? 1 Yes 2 No (178)			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed)	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137) 1 Yes	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44)	ABORATORY DATA -	Antigen Serology 2 (mm/dd/y) 165-66) (167-68) (169-72 Titer or OD* Positi 1 Yes 2 No 1 Yes	Stat (173) S (173) S	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain	(121-22) (123-24) (125-28) (1			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32)	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44)	City: Phase I	Antigen Serology 2 (mm/dd/y) (165-66) (167-68)	Stat yyyy) 122 tive? S 0 (173) S 0 (174)	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) (1			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Complement	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32)	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44)	City: Phase I	Antigen Serology 2 (mm/dd/y) (165-66) (167-68)	Stat yyyy)	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) (1			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Complement Fixation	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32)	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No	Stat (2) (173) (3) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) (1			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Complement Fixation Other	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137) 1 Yes 2 No (138) 1 Yes 2 No (138) 1 Yes 1 Yes	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 1 Yes 1 Yes	Stat (2) (173) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) (1			
19. Name of laboratory:	Phase Serology 1 (mm/dd/yyyy) 1129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137) 1 Yes 2 No (138) 1 Yes 2 No (139) 1 Yes 2 No (140)	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1	ABORATORY DATA - City: 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 (163) 1 Yes 2 No (164)	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No	Stat (2) (173) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) (1			
19. Name of laboratory:	Phase Serology 1 (mm/dd/yyyy) 129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137) 1 Yes 2 No (138) 1 Yes 2 No (139) 1 Yes 2 No (140) *IFA or CF "Titer" or Other to	Antigen Serology 2 (mm/dd/yyyy)	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1	Stat (2) (173) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) (1			
19. Name of laboratory:	Phase Serology 1 (mm/dd/yyyy) 129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137) 1 Yes 2 No (138) 1 Yes 2 No (139) 1 Yes 2 No (140) *IFA or CF "Titer" or Other to	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1	Stat (2) (173) (3) (4) (4) (5) (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture	(121-22) (123-24) (125-28) (1			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Complement Fixation Other test: 21. Was there a four	Phase Serology 1 (mm/dd/yyyy) 129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137) 1 Yes 2 No (138) 1 Yes 2 No (139) 1 Yes 2 No (140) *IFA or CF "Titer" or Other to	Antigen Serology 2 (mm/dd/yyyy)	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1	Stat (179) (179) (170) (171) (174) (175) (175) (176) (176)	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture Sample(s) tested:	Positive? 1 Yes 2 No (179) 1 Yes 2 No (180)			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Complement Fixation Other test: 21. Was there a four	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32)	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44)	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1	Stat (179) (179) (170) (171) (174) (175) (175) (176) (176)	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture Sample(s) tested:	Positive? 1 Yes 2 No (179) 1 Yes 2 No (180)			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Complement Fixation Other test: 21. Was there a four 23. Classify case based 1 CONFIF	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32) (133-36) Titer or OD* Positive? 1 Yes 2 No (137) 1 Yes 2 No (138) 1 Yes 2 No (138) 1 Yes 2 No (140) *IFA or CF "Titer" or Other teriold change in antibody on the CDC case definition RMED 2 PROBAl ally compatible case that is la	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1 Yes 2 No (150) 1 Yes 2 No (151) 1 Yes 2 No (152) est: ELISA (EIA) Optical Density "titer between the two sero (see criteria below): BLE (181) boratory confirmed with 1) a four	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1	Stat (179) (179) (170) (171) (174) (175) (175) (176) (176)	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture Sample(s) tested:	Positive? 1 Yes 2 No (179) 1 Yes 2 No (180)			
19. Name of laboratory: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Complement Fixation Other test: 21. Was there a four 23. Classify case based 1 CONFIRE Confirmed 0 fever: A clinic antibody titer to Coxiella Is	Phase Serology 1 (mm/dd/yyyy) (129-30) (131-32)	Antigen Serology 2 (mm/dd/yyyy) (141-42) (143-44) (145-48) Titer or OD* Positive? 1	Phase II	Antigen Serology 2 (mm/dd/y) (165-66) (167-68) (169-72 Titer or OD* Positi 1	Stat (179) (179) (170) (171) (174) (175) (175) (176) (176)	te: Zip: * Check only if specif 22. Other Diagnostic Tests ?* PCR Immunostain Culture Sample(s) tested:	Positive?			



Q Fever Case Report



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Form Approved OMB 0920-0009

- PATIENT/PHYSICIAN INFORMATION -							
Patient's name: Date submitted: Physician's (5-6) / (7-8) / (9-12) (mm/dd/yyyy) Phone							
		Physician's (5-6) (7-8) (9-12	FIR	one		
Address: (number, street)					no.:		
City:		NETSS ID No.: (if re		CO ID (13.18)	Sito (40.24) State (22.22)		
Case ID (13-18) Site (19-21) State (22-23) — DEMOGRAPHICS —							
1. State of residence: 2. County of residence:	3. Zip code:	4. Date of birth:		6. Race: (69)	7. Hispanic ethnicity:		
residence.		(mm/dd/yyyy)	1 Male	1 White 2 Black	4 Asian ethnicity: 5 Pacific Islander		
		//	2 Female 9 Not		2 No		
(24-25) (26-50)	, ,	(60-61) (62-63) (64-67)	Specifica				
8. Occupation at date of onset of illness (Check all that apply) 1 wool or felt plant (71) 6 animal research (76) 10 live in household with person							
1 wool or felt plant (71) 6 anim 2 tannery or rendering plant (72) 7 slaug		e in nousenoid with persi cupationally related to at	n household with person pationally related to above? (80) 1 Cattle (82) 3 Goats (84) 5 Cats (86)				
	_	ner (please specify) (81)					
4 veterinarian (74) 9 ranci	•	(p), (/		8 Other (please s	pecify) (88)		
5 medical research (75)							
	xposure to unpasteurized milk	? 12. Any travel ir	last year? (91-92)		13. Other family member with		
1 ☐ Yes 2 ☐ No 9 ☐ Unk (89) 1 ☐	Yes 2□No 9□Unk	If yes State	County		similar illness in last year?		
, ,	es, which				1 ☐ Yes 2 ☐ No 9 ☐ Unk		
animal ani	mal	Foreign Country INICAL FINDINGS -					
14. Date of Onset of Symptoms: 15. Clinic			-				
14. Date of Onset of Symptoms: 15. Clinical Signs and syndromes (check all that apply) 1 fever (>100.5)(102) 4 malaise (105) 7 headache (108) 10 pneumonia (111) 88 Other (please specify) (114)							
	yalgia (103) 5 ash (106		(109) 11 hepatiti	S (112)	, , ,		
(mm/dd/yyyy) 3 - re	etrobulbar pain (104) 6 cough (1	9 hepatomegaly	(110) 12 endocal	rditis (113)			
16. Any pre-existing medical conditions? (check all that apply) 17. Was patient hospitalized because of this illness? (119) 18. Did patient die from complications of this illness? (120) (lf yes, date) (mm/dd/yyyy)							
1 immunocompromised (115) 3 valvular he	art disease or vascular graft (11)	because of th	is illness? (119)	of this illness?(120)	(If yes, date) (mm/dd/yyyy)		
2 pregnancy (116) 8 Other	(11)	₈₎ 1 ☐ Yes 2 ☐ I	No 9 Unk	1 Yes 2 No	9 Unk (121-22) (123-24) (125-28)		
	– LA	BORATORY DATA -					
19. Name of laboratory:		City:		State: Z	ip:		
Dhaca	I Antigen	Phase II	Antigon		y if specific assay was performed.		
Serology Serology 1 (mm/dd/yyyy)		Gerology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/)	22. Other	5 6		
(Check only if specific , ,				Diagnostic	lests ?* Positive?		
assay was performed) (129-30) (131-32) (133-36) (131-00 Positive?		53-54) (155-56) (157-60) iter or OD* Positive?	(165-66) (167-68) (169-7	tivo2	1 Yes 2 No (178)		
1 Vos	1 Yes	1 Yes	1 Ye	Immunos			
IFA - IgG		2 No (161)	2 No	l Culture	1 Yes 2 No (180)		
1 Yes	1□ Yes	1□ Yes	1 □ Y e	Sample(s)	tested:		
IFA - IgM 2 No (138)	2 No (150)	2 No (162)	2 No	O (174)			
Complement 1 Yes	1 Yes	1☐ Yes	1 <u></u> Y e				
Fixation 2 No (139		2 No (163)	2 No	 			
Other 1	1☐ Yes	1☐ Yes	1☐ Ye				
*IEA or CE "Titor" or Other		2 No (164)	2 No	0 (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)							
- FINAL DIAGNOSIS -							
23. Classify case based on the CDC case definitio			Ith Department Off	ficial who reviewed	this report:		
23. Classify case based on the CDC case definition (see criteria below): 1 CONFIRMED 2 PROBABLE (181) State Health Department Official who reviewed this report:							
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 <i>C. burnetii</i> from a clinical specimen, or 4) po	ů .	Title			Date: /		
Probable Q Fever: A clinically compatible case with single supportive IgG or IgM titer as defined by testing lab.							

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).