Reset Form

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

Retrieve Data

Q Fever Case Report

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

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: (70)
1 Yes
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) (121-22) / (123-24) / (125-28)
1 Yes 2 No 9 Unk

– 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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Save Data Print Email Form

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CDC SAFER·HEALTHIER·PEOPLE™

Form Approved
OMB 0920-0009

– PATIENT/PHYSICIAN INFORMATION –

[redacted]

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

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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2 ☐ Female
9 ☐ Not specified

6. Race: (69)
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9 ☐ Not specified

7. Hispanic ethnicity:
1 ☐ Yes (70)
2 ☐ No
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8. Occupation at date of onset of illness (Check all that apply)
1 ☐ wool or felt plant (71)
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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)
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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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– LABORATORY DATA –

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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)
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)

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22. Other Diagnostic Tests ?*	Positive?
PCR	1 ☐ Yes 2 ☐ No (178)
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Sample(s) tested:

– FINAL DIAGNOSIS –

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