

# Chronic Q Fever Enhanced Surveillance

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Thank you for consulting with CDC; please complete the information below to help us learn more about the clinical manifestations of chronic Q fever in the United States.

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Form Approved

OMB No. 0920-XXXX

Exp. Date: XX/XX/20XX

The following enhanced chronic Q fever clinical surveillance tool was developed to gather more detailed and specific clinical data on chronic Q fever to better understand its presentation, management, and long-term outcomes. This information will allow for better characterization of chronic Q fever in the United States.

Your participation in this survey is strictly voluntary and you may stop at any time. All information collected will remain anonymous; we will not collect any personally identifiable information, such as your patient's name or contact information. There are no negative consequences to you should you decline to participate or not complete the survey in its entirety. You may continue to consult with CDC's Rickettsial Zoonoses Branch regardless of your participation in enhanced surveillance.

This survey should take you approximately 20 minutes to complete.

If you have any questions or concerns about completing this survey, please contact: 404-639-1075 or [rzbeptdiag@cdc.gov](mailto:rzbeptdiag@cdc.gov).

The Rickettsial Zoonoses Branch thanks you for your time and involvement.

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. 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 Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

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# Chronic Q Fever Enhanced Surveillance

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## Demographics

When was this patient first diagnosed with chronic Q fever?

YYYY; If unknown, leave blank.

Patient's age at first diagnosis

in years

Sex of patient

Male  Female  Not specified

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State of Residence

  
▼

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Unknown

[select all that apply](#)

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Unknown

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# Chronic Q Fever Enhanced Surveillance

## Acute Q fever history

Was this patient previously diagnosed with acute Q fever?

\* must provide value

Yes  No  Unknown

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Is the date of acute Q fever diagnosis known?

Yes  No

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How was the initial diagnosis made?

- PCR
- Paired Serology
- Single serology
- Other
- Unknown

Select all that apply.

Was the patient treated for acute Q fever?

Yes  No  Unknown

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What medication(s) was/were used?

- Doxycycline
- Trimethoprim/sulfamethoxazole
- Other
- Unknown

Select all that apply.

How long was the patient on the medication for treatment of acute Q fever?

Number of days.

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## Risk Factors

Did this patient have a history of any of the following cardiovascular conditions?

- No history of cardiovascular conditions
- Rheumatic heart disease
- Aortic valve stenosis
- Aortic valve prolapse
- Aortic valve regurgitation
- Mitral valve stenosis
- Mitral valve prolapse
- Mitral valve regurgitation
- Pulmonic valve stenosis
- Pulmonic valve prolapse
- Pulmonic valve regurgitation
- Tricuspid valve stenosis
- Tricuspid valve prolapse
- Tricuspid valve regurgitation
- Prosthetic valve
- Aneurysm
- Vascular graft/stent
- Atrial septal defect
- Patent ductus arteriosus
- Ventricular septal defect
- Tetralogy of Fallot
- Other congenital heart defect
- Other heart valve problem
- Unknown

Check all that apply.

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## Clinical Findings

What clinical signs and symptoms has the patient exhibited?

- Relapsing fever
- Chills
- Weight loss
- Night sweats
- Fatigue
- Shortness of breath
- Hepatosplenomegaly
- Other
- Unknown

Select all that apply.

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## Endocarditis

Did this patient have culture negative endocarditis?

\* must provide value

Yes  No  Unknown

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Please specify affected valve(s)

- Aortic valve
- Mitral valve
- Pulmonary valve
- Tricuspid valve
- Unknown

Select all that apply.

What imaging technologies were used to diagnose endocarditis?

- Transthoracic echocardiogram (TTE)
- Transesophageal echocardiogram (TEE)
- PET CT Scan
- CT Scan
- MRI
- Other
- Unknown

Select all that apply.

Was the infected valve removed?

Yes  No  Unknown

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Please specify the year of valve removal.

YYY

Was the valve tested for the presence of *Coxiella burnetii*?

Yes  No  Unknown

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Which testing method was used on the valve sample?

- PCR
- IHC
- Culture
- Unknown

Select all that apply.

What were the diagnostic results?

- Positive
- Negative/undetermined
- Unknown

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## Vascular infection

Did this patient have a vascular infection (i.e. infection of vascular graft, stent, or aneurysm) caused by *Coxiella burnetii*?

Yes  No  Unknown

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\* must provide value

Please specify which type of vascular infection.

- Vascular graft
- Stent
- Aneurysm
- Other
- Unknown

Please specify location of infection.

- Abdominal aorta
- Thoracic aorta
- Other
- Unknown

What year was the now infected graft/stent originally placed?

YYY

Was infected graft/stent removed or aneurysm repaired?

Yes  No  Unknown

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Please specify the year of removal or repair surgery.

YYY

Was the vascular infection tested for presence of *Coxiella burnetii*?

Yes  No  Unknown

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Which testing method was used to on the vascular infection sample?

- PCR
- IHC
- Culture
- Unknown

Select all that apply.

What were the diagnostic results?

- Positive
- Negative/undetermined
- Unknown

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## Osteoarticular infection

Did this patient have an osteoarticular infection (e.g. osteomyelitis or spondylodiscitis) caused by *Coxiella burnetii*?

\* must provide value

Yes  No  Unknown

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Please specify location of osteoarticular infection.

[Expand](#)

Was this a native joint?

Yes  
 No  
 Unknown  
 Not applicable

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Was surgical debridement of the diseased tissue and bone performed?

Yes  No  Unknown

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Specify the year of most recent debridement.

YYY

During the debridement, was any tissue tested for presence of *Coxiella burnetii*?

Yes  No  Unknown

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Which testing method was used on the debrided tissue?

PCR  
 IHC  
 Culture  
 Unknown

Select all that apply.

What were the diagnostic results?

Positive  
 Negative/undetermined  
 Unknown

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## Granulomatous hepatitis

Did this patient have evidence of granulomatous hepatitis?

Yes  No  Unknown

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\* must provide value

Which liver function tests were elevated?

- Alk Phos
- ALT
- AST
- LDH
- Bilirubin
- Albumin
- GGT

Select all that apply.

Which imaging technologies were used to diagnose hepatitis?

- Ultrasound
- MRI
- MRE (elastography)
- CT
- Other
- No imaging performed

Select all that apply

Was a liver biopsy performed?

Yes  No  Unknown

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What year was the liver biopsy performed?

YYYY

Was the biopsy tested for presence of *Coxiella burnetii*?

Yes  No  Unknown

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**Which testing method was used on the liver biopsy?**

- PCR
- IHC
- Culture
- Unknown

Select all that apply.

**What were the diagnostic results?**

- Positive
- Negative/undetermined
- Unknown

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## Lymphadenopathy

Did this patient develop lymphadenopathy?

\* must provide value

Yes  No  Unknown

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Please specify location of lymphadenopathy(s)

- Cervical
- Supraclavicular
- Axillary
- Perihilar
- Mediastinal
- Mesenteric
- Inguinal
- Popliteal
- Other

Select all that apply.

Was a lymph node biopsy performed?

Yes  No  Unknown

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Was the biopsy tested for presence of *Coxiella burnetii*?

Yes  No  Unknown

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Which testing method was used on the lymph node biopsy?

- PCR
- IHC
- Culture
- Unknown

Select all that apply.

What were the diagnostic results?

- Positive
- Negative/Undetermined
- Unknown

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## Additional complications

Did this patient develop any of the following complications?

- Psoas abscess
- Cardiac abscess
- Empyema or other pulmonary abscess
- Other abscess
- Ruptured aneurism
- None of the above
- Unknown

Select all that apply.

Did this patient develop an embolic stroke or infarct?

\* must provide value

- Yes  No  Unknown

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Please specify the location of the embolic stroke or infarct.

Was this patient admitted to the hospital for chronic Q fever?

- Yes  No  Unknown

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Please provide the number of times the patient was hospitalized at least overnight for complications of chronic Q fever since the initial chronic Q diagnosis

# of hospitalizations

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## Antibiotics

Which antibiotics did the patient receive?

\* must provide value

- Doxycycline
- Hydroxychloroquine
- Other
- None
- Unknown

Select all that apply

How many months has the patient been on antibiotic therapy?

Number of Months

Has the patient completed antibiotic therapy?

- Yes  No  Unknown

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Did the patient develop any of the following side effects or complications from antibiotic therapy?

- Nausea/other GI upset
- Retinal damage
- QT prolongation
- Photosensitivity
- Irreversible skin pigmentation
- Other
- None
- Unknown

Select all that apply.

Was the patient taken off any antibiotic during treatment due to side effects?

- Yes  No  Unknown

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## Serology

On average, how frequently are/were Q fever serologies collected from the patient?

Average months (#)

What was the Phase 1 IgG serology titer value at the initial chronic Q diagnosis?

Record the only reciprocal titer (e.g. 64, 128, 256)

What was the Phase 2 IgG serology titer value at the initial chronic Q diagnosis?

Record the only reciprocal titer (e.g. 64, 128, 256)

What was the most recent Phase 1 IgG titer value recorded?

Record the only reciprocal titer (e.g. 64, 128, 256)

What was the most recent Phase 2 IgG titer value recorded?

Record the only reciprocal titer (e.g. 64, 128, 256)

How many weeks ago was the most recent serology collected?

Number of weeks

At any point during treatment, has a four-fold reduction in Phase 1 titers been observed?

Yes  No  Unknown

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## Outcome

Did the patient die from complications of this illness?  Yes  No  Unknown

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