

Chronic Q Fever Enhanced Surveillance

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.

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.

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

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

State of Residence

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Puerto Rico
- U.S. Virgin Islands
- Guam
- American Samoa
- Northern Mariana Islands

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

Acute Q fever history

Was this patient previously diagnosed with acute Q fever? Yes No Unknown

Is the date of acute Q fever diagnosis known? Yes No

Year of acute Q fever diagnosis.

(YYYY)

How was the initial diagnosis made?

- PCR
 Paired Serology
 Single serology
 Other
 Unknown
 (Select all that apply.)

If other diagnostic used, specify.

Was the patient treated for acute Q fever? Yes No Unknown

What medication(s) was/were used?

- Doxycycline
 Trimethoprim/sulfamethoxazole
 Other
 Unknown
 (Select all that apply.)

Please specify what other antibiotics were prescribed?

(Use the common name for the drug or chemical, not trade name.)

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

(Number of days.)

Was this patient pregnant at the time of acute Q fever diagnosis? Yes No Unknown

In which trimester did the symptoms begin?

- 1st (weeks 1-12)
 2nd (weeks 13-28)
 3rd (weeks 29-42)
 Unknown

Was the patient treated during pregnancy? Yes No Unknown

At what week gestation did treatment begin?

(Week number)

Is the patient still receiving treatment? Yes No Unknown

How long was the patient on medication before treatment was discontinued?

(Number of weeks.)

What antibiotics are/were used?

- Trimethoprim/sulfamethoxazole
 Other
 Unknown

If other antibiotic use, specify.

(Use the common name for the drug or chemical, not trade name.)

Did this patient develop placentitis?

Yes No Unknown

Did this patient develop any of the following complications of pregnancy?

- Intrauterine growth restriction (IUGR)
 Stillbirth
 Miscarriage
 Premature delivery
 Other
 No complications
 Unknown
 (Select all that apply.)

If other complication of pregnancy, please specify.

Where any of the following newborn complications present?

- Malformations
 Hyperbilirubinemia
 Kernicterus
 Other
 No complications
 Unknown
 (Select all that apply.)

If malformations, please specify types.

What other newborn complications were present?

What was the gestational age at birth?

(Weeks)

What was the weight at birth?

(in pounds)

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.)

Which valve was replaced?

- Aortic
 - Mitral
 - Pulmonic
 - Tricuspid
 - Unknown
- (Select all that apply)

Year of most recent replacement.

(YYYY)

What type of valve replacement did the patient receive?

- Manufactured mechanical valve
- Human donor valve
- Bioprosthetic - bovine
- Bioprosthetic - porcine
- Other
- Unknown

Please specify other valve replacement received.

History of >1 valve replacement?

- Yes No Unknown

Please specify other congenital heart defect.

Please specify other heart valve problem.

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.)

Please specify what other clinical signs and symptoms the patient has exhibited.

Endocarditis

Did this patient have culture negative endocarditis? Yes No Unknown

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.)

Please specify what other imaging was/were used to diagnose endocarditis.

Was the infected valve removed?

Yes No Unknown

Please specify the year of valve removal.

(YYYY)

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

Yes No Unknown

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

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

Please specify which type of vascular infection.

- Vascular graft
 Stent
 Aneurysm
 Other
 Unknown

Please specify what other type of vascular infection was present.

Please specify location of infection.

- Abdominal aorta
 Thoracic aorta
 Other
 Unknown

Please specify the other location of infection.

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

(YYYY)

Was infected graft/stent removed or aneurysm repaired?

Yes No Unknown

Please specify the year of removal or repair surgery.

(YYYY)

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

Yes No Unknown

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

Osteoarticular infection

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

Yes No Unknown

Please specify location of osteoarticular infection.

Was this a native joint?

Yes
 No
 Unknown
 Not applicable

Was surgical debridement of the diseased tissue and bone performed?

Yes No Unknown

Specify the year of most recent debridement.

(YYYY)

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

Yes No Unknown

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

Granulomatous hepatitis

Did this patient have evidence of granulomatous hepatitis?

Yes No Unknown

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)

What other imaging technology was used to diagnose hepatitis?

Was a liver biopsy performed?

Yes No Unknown

What year was the liver biopsy performed?

(YYYY)

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

Yes No Unknown

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

Lymphadenopathy

Did this patient develop lymphadenopathy? Yes No Unknown

Please specify location of lymphadenopathy(s)

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

(Select all that apply.)

If other location of lymphadenopathy, please specify.

Was a lymph node biopsy performed? Yes No Unknown

Was the biopsy tested for presence of *Coxiella burnetii*? Yes No Unknown

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

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.)

Please specify the location of the other abscess.

Was medical intervention performed?

- Yes No Unknown

What interventions were performed?

- Incision and drainage
 Marsupialization
 Indwelling drain
 Other
 Unknown
 (Select all that apply.)

Please specify what other intervention was performed.

What year was the intervention performed?

_____ (YYYY)

Was any material from the abscess or rupture tested for *Coxiella burnetii*?

- Yes No Unknown

What was the method used to test material from the abscess?

- PCR
 IHC
 Culture
 Unknown
 (Select all that apply.)

What was the result of testing?

- Positive
 Negative/undetermined
 Unknown

Did this patient develop an embolic stroke or infarct?

- Yes No Unknown

Please specify the location of the embolic stroke or infarct.

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

- Yes No Unknown

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)

Antibiotics

Which antibiotics did the patient receive?

- Doxycycline
 Hydroxychloroquine
 Other
 None
 Unknown
 (Select all that apply)

Please specify what other antibiotics is/was the patient on.

 (Use the common name for the drug or chemical, not trade name.)

How many months has the patient been on antibiotic therapy?

 (Number of Months)

Has the patient completed antibiotic therapy?

Yes No Unknown

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.)

Please specify what other side effects or complications the patient developed from antibiotic therapy.

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

Yes No Unknown

Which medication(s) were stopped?

- Doxycycline
 Hydroxychloroquine
 Other
 (Select all that apply)

What other antibiotic was stopped?

 (Use the common name for the drug or chemical, not trade name.)

What were the side effects that led to the medication being discontinued?

- Nausea/other GI upset
 Retinal damage
 QT prolongation
 Photosensitivity
 Irreversible skin pigmentation
 Fatigue
 Other
 (Select all that apply.)

Please specify other side effects that led to medication to medication being discontinued.

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

Outcome

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

What was the cause of death per death certificate?
