Form Approved
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QID:_____

Chronic Q Fever – Enhanced Surveillance

ENROLLMENT/FIRST FORM

1. When was this patient first diagnosed with chronic Q fever? _____ (mm/yyyy)
2. Patient's date of birth _____ (mm/dd/yyyy)
3. Sex of patient: ☐Male ☐Female ☐Transgender ☐Non-binary ☐Something Else ☐Not specified
4. State of residence _____
5. Race: ☐White ☐Black ☐American Indian/Alaska Native ☐Asian ☐Pacific Islander ☐Not specified
6. Hispanic ethnicity: ☐Yes ☐No ☐Unknown

Acute Q Fever History:

7. Was this patient previously diagnosed with acute Q fever? ☐Yes ☐No ☐Unknown
   (If 'no' or 'unknown', skip to question 8)
   a. Date of acute Q fever diagnosis: _____ (mm/dd/yyyy) or ☐Date Unknown
   b. How was initial diagnosis made?
      ☐PCR ☐Paired Serology ☐Single serology ☐Other _____ ☐Unknown
   c. Was the patient treated for acute Q fever? ☐Yes ☐No ☐Unknown
      i. If yes, what medication(s) were/was used and for what duration_____
   d. Was treatment completed? ☐Yes ☐No ☐Unknown

8. For female patients: was this patient pregnant at the time of acute Q fever diagnosis?
   ☐Yes ☐No ☐Unknown ☐NA
   (If 'no' or 'unknown', skip to question 9)
   a. In which trimester did the symptoms begin (if unknown use diagnosis): ☐ 1st (weeks 1-12)
      ☐ 2nd (weeks 13-28) ☐ 3rd (weeks 29-42) ☐Unknown
   b. Was the patient treated during pregnancy? ☐Yes ☐No ☐Unknown *(If 'no' or 'unknown', skip to question 8f)*
   c. At what week gestation did treatment begin? _____ weeks
   d. When was treatment discontinued? _____ weeks or ☐Still receiving treatment
   e. Was treatment completed? ☐Yes ☐No ☐Unknown
   f. What antibiotics were used? ☐Trimethoprim/sulfamethoxazole ☐Other _____ ☐Unknown
   g. What was the duration of treatment? _____ weeks
   h. Did this patient develop placentitis? ☐Yes ☐No ☐Unknown
   i. Did the patient develop any of the following complications of pregnancy (*select all that apply)*:
      ☐intrauterine growth restriction (IUGR) ☐stillbirth ☐miscarriage
      ☐premature delivery ☐Other→Please specify other complications:
      _____

j. Where any of the following newborn complications present?
☐malformations (specify type:_____) ☐hyperbilirubinemia ☐ kernicterus ☐ Other→Please specify other complications: _____
k. What was the gestational age at birth? _____ weeks ☐Unknown
l. What was the weight at birth? _____ lbs. _____ozs. ☐Unknown

Risk Factors:

9. Did this patient have a history of any of the following cardiovascular conditions? (check all that apply):

☐ 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
→Which valve was replaced? (check all that apply)
☐ Aortic ☐ Mitral ☐ Pulmonic ☐ Tricuspid
→Date of most recent replacement: _____ (mm/dd/yyyy)
→What type of valve replacement did the patient receive?
☐ Manufactured mechanical valve ☐ Human Donor valve ☐ Bioprosthetic-bovine ☐ Bioprosthetic- porcine
→History of >1 valve replacement ☐Yes ☐No ☐Unknown
☐ Aneurysm
☐ Vascular graft/stent
☐ Atrial septal defect
☐ Patent ductus arteriosus
☐ Ventricular septal defect
☐ Tetralogy of Fallot
☐ Other congenital heart defect →Please specify:_____
☐ Other heart valve problem →Please specify:_____

Clinical Findings:

10. What clinical signs and symptoms has the patient exhibited during the course of their illness? *Select all that apply.*
☐relapsing fever ☐chills ☐weight loss ☐night sweats ☐fatigue ☐ Shortness of breath
☐hepatosplenomegaly ☐Other _____

QID:_____

11. Did this patient have culture negative endocarditis? ☐Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 12)

a. Please specify affected valve(s) (Check all that apply):
   ☐ Aortic valve
   ☐ Mitral valve
   ☐ Pulmonary valve
   ☐ Tricuspid valve
   ☐ Unknown or None
b. What imaging technologies were used to diagnose endocarditis (check all that apply)?
   ☐ Transthoracic echocardiogram ☐Transesophageal echocardiogram
   ☐PET Scan ☐ CT Scan ☐ MRI ☐Other _____
c. Was infected valve removed? ☐ Yes ☐No ☐Unknown
   (If 'no' or 'unknown', skip to question 12)
d. If yes, specify date of removal: _____ (mm/dd/yyyy)
e. If removed, was the valve tested for presence of *Coxiella burnetii?* ☐ Yes ☐No ☐Unknown
   (If 'no' or 'unknown', skip to question 12)
f. Testing method: ☐ PCR ☐ IHC ☐ Culture ☐ Next-generation sequencing ☐Unknown
g. Results: ☐ Positive ☐ Negative ☐ Results not available

12. Did this patient have a vascular infection (i.e. infection of vascular graft, stent, or aneurysm) caused by *Coxiella burnetii*?
   ☐ Yes ☐No ☐Unknown
   (If 'no' or 'unknown', skip to question 13)

a. If yes, please specify which type of vascular infection
   ☐vascular graft ☐stent ☐ aneurysm ☐ other ____
b. Please specify location of infection: ☐abdominal aorta ☐thoracic aorta ☐ other ____
c. Specify date of graft/stent placement: _____ (mm/dd/yyyy) ☐ NA
d. Was infected graft/stent removed or aneurysm repaired? ☐ Yes ☐No ☐Unknown
   (If 'no' or 'unknown', skip to question 12f)
e. If yes, specify date of removal or repair: _____ (mm/dd/yyyy)
f. Was the vascular infection tested for presence of *Coxiella burnetii?* ☐ Yes ☐No ☐Unknown
   (If 'no' or 'unknown', skip to question 13)
g. Testing method: ☐ PCR ☐ IHC ☐ Culture ☐ Next-generation sequencing ☐Unknown
   a. PCR Results: ☐ Positive☐ Negative ☐ Results not available
   b. IHC Results: ☐ Positive ☐ Negative ☐ Results not available
   c. Culture Results: ☐ Positive ☐ Negative ☐ Results not available
   d. NGS Results: ☐ Positive ☐ Negative ☐ Results not available

13. Did this patient have an osteoarticular infection (e.g. osteomyelitis or spondylodiscitis) caused by *Coxiella burnetii*? ☐Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 14)

a. Please specify location of osteoarticular infection :_____
b. Was this a native joint? ☐Yes ☐No ☐Unknown
c. Was surgical debridement of the diseased tissue and bone performed? ☐ Yes ☐No ☐Unknown
   (If 'no' or 'unknown', skip to question 14)

d. If yes, specify date of most recent debridement: _____ (mm/yyyy)
e. During the debridement, was any tissue tested for presence of *Coxiella burnetii?* ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 14)
f. Testing method: ☐ PCR ☐ IHC ☐ Culture ☐ Next-generation sequencing ☐Unknown
    a. PCR Results: ☐ Positive ☐ Negative ☐ Results not available
    b. IHC Results: ☐ Positive ☐ Negative ☐ Results not available
    c. Culture Results: ☐ Positive ☐ Negative ☐ Results not available
    d. NGS Results: ☐ Positive ☐ Negative ☐ Results not available

14. Did this patient have evidence of granulomatous hepatitis? ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 15)
a. Which of the following liver enzymes was elevated? (check all that apply)
☐Alk Phos ☐ALT ☐AST ☐LDH ☐Bilirubin
b. Was a liver biopsy performed? ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 15)
c. Was the biopsy tested for presence of *Coxiella burnetii?* ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 15)
d. Testing method: ☐ PCR ☐ IHC ☐ Culture ☐ Next-generation sequencing ☐Unknown
    a. PCR Results: ☐ Positive ☐ Negative ☐ Results not available
    b. IHC Results: ☐ Positive ☐ Negative ☐ Results not available
    c. Culture Results: ☐ Positive ☐ Negative ☐ Results not available
    d. NGS Results: ☐ Positive ☐ Negative ☐ Results not available

15. Did this patient develop lymphadenopathy? ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 16)
a. Please specify location of lymphadenopathy(s): (check all that apply)
☐Cervical ☐Supraclavicular ☐ Axillary ☐ Perihilar ☐Mediastinal
☐Mesenteric ☐Inguinal ☐Popliteal
☐Other:_____
b. Was a lymph node biopsy performed? ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 16)
c. Was the biopsy tested for presence of *Coxiella burnetii?* ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 16)
d. Testing method: ☐ PCR ☐ IHC ☐ Culture ☐ Next-generation sequencing ☐Unknown
    a. PCR Results: ☐ Positive ☐ Negative ☐ Results not available
    b. IHC Results: ☐ Positive ☐ Negative ☐ Results not available
    c. Culture Results: ☐ Positive ☐ Negative ☐ Results not available
    d. NGS Results: ☐ Positive ☐ Negative ☐ Results not available

16. Did this patient develop either of the following complications? (check all that apply)
☐ Psoas abscess ☐ Cardiac abscess ☐Empyema or other pulmonary abscess
☐ Other abscess → please specify location(s):_____
☐ Ruptured aneurism
☐ None of the above
(If none of the above selected, skip to question 17.)
a. Was medical intervention performed? ☐ Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 17)

b. What interventions were performed? ☐ incision and drainage ☐ marsupialization ☐indwelling drain ☐Other, specify _____
c. Was any material from the abscess or rupture tested for *Coxiella burnetii*? ☐Yes ☐No ☐Unknown
(If 'no' or 'unknown' skip to question 17.)
d. What was the method used to test material from the abscess?
☐ PCR ☐ IHC ☐ Culture ☐Unknown
e. What was the result of testing? ☐ Positive ☐ Negative ☐ Results not available

17. Did this patient develop an embolic stroke or infarct? ☐Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 18.)
a. Please specify location: _____
b. Date of stroke or infarct occurrence:_____ (mm/dd/yyyy)

18. Was this patient admitted to the hospital for this illness? ☐Yes ☐No ☐Unknown
(If 'no' or 'unknown', skip to question 19.)
a. First date of admission: __/__/____ and date of discharge: __/__/____
b. 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. _____

19. Which antibiotics did the patient receive? ☐Doxycycline ☐Hydroxychloroquine ☐None ☐Other _____ (please write name of medication)
a. How long has/was the patient on antibiotic therapy? _____(months)
b. Has the patient completed antibiotic therapy? ☐Yes ☐No ☐Unknown
c. Was the patient taken off any antibiotic during treatment due to side effects? ☐Yes ☐No ☐Unknown ((If 'no' or 'unknown', skip to question 19e.)
d. *If yes which medication (s) were stopped?* ☐Doxycycline ☐Hydroxychloroquine ☐Other _____
e. *And what were the side effects?* ☐nausea ☐vomiting ☐fatigue ☐photosensitivity ☐ Other:_____ ☐ Unknown
f. Did the patient develop any of the following side effects or complications from antibiotic therapy (select all that apply)?
☐ Nausea/other GI upset ☐ Retinal damage ☐QT prolongation
☐Photosensitivity ☐irreversible skin pigmentation
☐Other _____ ☐ None

20. On average, how frequently were Q fever serologies collected from the patient? Every _____ months (on average)
a. What was the **highest** Phase 1 IgG titer value recorded date _____
b. What was the **highest** Phase 2 IgG titer value recorded date _____
c. What was the **lowest** Phase 1 IgG titer value recorded date _____
d. What was the **lowest** Phase 2 IgG titer value recorded date _____

21. Did the patient die from complications of this illness? ☐Yes ☐No ☐Unknown
(*If 'no' or 'unknown', skip to end of survey*.)
a. Date of death: __/__/____
b. Cause of death per death certificate: _____