

## Q fever Case Investigation

NBS Patient ID: \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

Confirmed  Probable  Not a Case

Patient Information	
Last Name: _____ First Name: _____	
Date of Birth: ____/____/____ Age: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
Street Address: _____ City, State, Zip: _____	
Patient Phone: _____ County of Residence: _____	
Race: <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	
<input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown	
Clinical Information	
Physician: _____ Address: _____	
City, State, Zip: _____ Phone: _____ Fax: _____	
Was the patient hospitalized for this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> ER Visit	
If yes, provide name and location of hospital: _____	
Dates of hospitalization: Admission ____/____/____ Discharge ____/____/____	
Date of illness Onset: ____/____/____	
Does the patient have any underlying health condition or significant medical history? <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<input type="checkbox"/> Valvular heart disease or vascular graft <input type="checkbox"/> Diabetes <input type="checkbox"/> Immunocompromised <input type="checkbox"/> Pregnant	
<input type="checkbox"/> Other: _____	
Is there a more likely clinical explanation for this patient's symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, provide explanation: _____	
Is the patient deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, provide date of death: ____/____/____ (submit documentation)	
Clinical Signs and Symptoms (complete appropriate section)	
Acute Q fever	Chronic Q fever
Acute fever <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Endocarditis* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Chronic hepatitis* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Myalgia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Osteomyelitis* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Acute hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Osteoarthritis* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Pneumonitis* <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Elevated liver function test <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Suspected infection of a vascular aneurysm or prosthesis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Rigors, shaking chills <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Prior acute Q fever diagnosis <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Severe headache <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Sweats <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Cough <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	<i>*In the absence of another known etiology</i>

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Specify any serious and/or life-threatening complications in the clinical course of illness (select all that apply):

- Adverse pregnancy outcome (e.g. miscarriage, stillbirth)
- Acute respiratory distress syndrome (ARDS)
- Other: \_\_\_\_\_
- Aseptic meningitis or encephalitis
- Pericarditis
- Myocarditis
- None

**Treatment**

Did the patient receive antibiotic treatment?  Yes  No  Unknown      Start Date: \_\_\_/\_\_\_/\_\_\_

If yes, select all that apply:

- Doxycycline
- Hydroxychloroquine
- Trimethoprim/sulfamethoxazole
- Other (explain): \_\_\_\_\_

Did patient respond to treatment?  Yes  No  Unknown

**Epidemiology**

Patient occupation at date of onset of illness:

- Rancher     Veterinarian     Abattoir worker     Wool or felt plant worker     Laboratory worker
- Tannery or rendering plant worker     Animal research worker/student     Dairy farm worker
- Other (please specify): \_\_\_\_\_

Did patient have any contact with animals within 2 months prior to illness onset (select all that apply)?

- Cattle     Sheep     Goats     Pigeons     Cats     Rabbits     Other (please specify): \_\_\_\_\_

Any exposure to birthing animals? If yes, which animal? \_\_\_\_\_  Yes  No  Unknown

Any exposure to unpasteurized dairy? If yes, which animal? \_\_\_\_\_  Yes  No  Unknown

Has another family member had a similar illness in the last year?  Yes  No  Unknown

Did the patient travel outside his/her/their county of residence in the last year?  Yes  No  Unknown

***If yes, provide dates and locations in table below.***

**Travel Dates and Locations**

Date Ranges	Area/Street Address	City	State	Country

**Laboratory Findings**

Date Collected	Specimen Type	Test	Result	Performing Lab
	serum	Phase I IgG (acute)		
	serum	Phase II IgG (acute)		
	serum	Phase I IgG (convalescent)		
	serum	Phase II IgG (convalescent)		
		PCR		
		Culture		

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**Laboratory Findings (continued)**

Date Collected	Specimen Type	Test	Result	Performing Lab

**Comments or Other Pertinent Epidemiological Data**

**Notes**

There are two Q fever conditions: Q fever, Acute, and Q fever, Chronic. This allows public health to report both acute and chronic Q fever infections separately. About half of individuals with acute Q fever infection are asymptomatic. However, only symptomatic acute Q fever cases are reported. Providers will often test patients with Q fever phase II IgG\* titers frequently to monitor for development of chronic Q fever; a rise in phase I IgG will be indicative of this (will typically rise higher than phase II IgG). If an individual was reported as a “Q fever, Acute” case in the past and has an increase in phase I titers, please investigate again to determine if the patient meets the “Q fever, Chronic” case definition. If so, the patient should be reported again as a chronic case.

*\*IgM antibodies rise at the same time as IgG and are less specific than IgG, thus are not utilized in the case definition.*

**Completed by Investigating Agency**

Date First Reported: \_\_\_/\_\_\_/\_\_\_ Investigation: Started \_\_\_/\_\_\_/\_\_\_ Completed \_\_\_/\_\_\_/\_\_\_

Reporting Facility: \_\_\_\_\_

Name of Investigator: \_\_\_\_\_ (Please print clearly)

Agency: \_\_\_\_\_ (PLEASE DO NOT ABBREVIATE)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_