

Q FEVER, ACUTE OR CHRONIC INVESTIGATION FORM

Dates

___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___
 Onset Physician Date ER Visit Hsp Admit Rep to Area/County

Basic Demographic Data

Last Name: _____ First Name: _____
 Middle Name: _____ Suffix: _____
 DOB: ___/___/___ Age: _____ month / years Current Sex: Female Male Unknown
 Street Address 1: _____
 Street Address 2: _____
 City: _____ State: _____
 Zip Code: _____-_____-_____ County: _____ Country: _____
 Home Phone: (_____) -- _____ - _____ Cell Phone: (_____) -- _____ - _____
 Work Phone: (_____) -- _____ - _____ Ext. _____ Message: (_____) -- _____ - _____
 Ethnicity: Hispanic or Latino Not Hispanic or Latino
 Race: Unknown American Indian or Alaska Native Black or African American
 Native Hawaiian or Other Pacific Islander White

Investigation Summary

Investigation Start Date: ___/___/___ Investigation Status: Open Closed
 Investigator: _____ Date assigned: ___/___/___

Reporting Source

Date of Report: ___/___/___
 Reporting Source: _____
 Earliest Date Reported to: County: ___/___/___ State: ___/___/___
 Reporter: _____

Clinical

Physician's Name: _____ Phone Number: (_____) -- _____ - _____ Ext. _____
 Was patient hospitalized for this illness? No Unknown Yes
 If yes: Hospital Name: _____
 Admission Date: ___/___/___ Discharge Date: ___/___/___ Duration of Stay _____ day(s)
 Diagnosis Date: ___/___/___ Illness Onset Date: ___/___/___
 Illness End Date: ___/___/___ Illness Duration: ___ Circle: days/hrs./minutes/months/unknown/weeks/years
 Age at Onset: _____ Circle: days/hrs./minutes/months/unknown/weeks/years

Is the patient pregnant? No Unknown Yes
 Does the patient have pelvic inflammatory disease? No Unknown Yes
 Did the patient die from this illness? No Unknown Yes Date of Death: ___/___/___

Epidemiologic

Is this patient associated with a day care facility?	No	Unknown	Yes	Is this patient a food handler?	No	Unknown	Yes
Is this case part of an outbreak?	No	Unknown	Yes	If yes, outbreak name: _____			

Where was the disease acquired?

Indigenous within jurisdiction	Out of Country	Out of jurisdiction, from another jurisdiction
Out of state	Unknown	

If the answer is out of Country, Jurisdiction, or State, where was it acquired?

Imported Country: _____	Imported State: _____
Imported City: _____	Imported County: _____

Transmission Mode

Airborne	Bloodborne	Dermal	Foodborne	Indeterminate	Mechanical
Nosocomial	Sexually Transmitted	Vectorborne	Waterborne	Zoonotic	Other

Confirmation Method

Active Surveillance	Case Outbreak Investigation	Clinical Diagnosis	Epidemiologically Linked
Laboratory Confirmed	Laboratory Report	Local/State Specified	Medical Record Review
No information given	Occupational Disease Surveillance	Provider Certified	Other

Confirmation Date: ___ / ___ / _____

CASE STATUS (Required for Notification) Confirmed Not a Case Probable Suspect Unknown

MMWR Week: _____ MMWR Year: _____

Administrative

General Comments: _____

Custom Fields

Date Due: ___ / ___ / _____ Investigation ready for Supervisor review: _____

Date investigation ready for supervisor review: ___ / ___ / _____

Condition Specific Custom Fields

Does the physician feel the patient has Q Fever? No Unknown Yes

Is/was the patient pregnant? No Unknown Yes If yes, did fetal death/abortion occur due to Q Fever? No Unknown Yes

Clinical

Fever: No Unknown Yes Highest Temp: _____ °F Chest Pain: No Unknown Yes

Retrobulbar Headache (behind eyes): No Unknown Yes Non-productive cough: No Unknown Yes

Confusion: No Unknown Yes Nausea: No Unknown Yes

Fatigue: No Unknown Yes Vomiting: No Unknown Yes

Night-sweats: No Unknown Yes Abdominal Pain: No Unknown Yes

Dyspnea: No Unknown Yes Diarrhea: No Unknown Yes

Were the following manifestations of Acute Q-Fever diagnosed:

- | | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. acute hepatitis? | 1. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 2. atypical pneumonia with abnormal radiograph? | 2. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 3. meningoenzephalitis? | 3. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |

Were the following manifestations of Chronic Q-Fever diagnosed:

- | | |
|-------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. infection lasting > 6 months? | 1. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 2. infection of aneurysm? | 2. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 3. infection of vascular prostheses? | 3. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 4. suspect vascular aneurysm infection? | 4. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 5. suspect vascular prosthesis infection? | 5. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 6. acute, culture-neg. endocarditis? | 6. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 7. osteomyelitis of unknown etiology? | 7. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 8. chronic hepatitis of unknown etiology? | 8. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 9. pneumonitis of unknown etiology? | 9. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |

Exposure History

Has the patient been exposed to:

goats? No Unknown Yes sheep? No Unknown Yes other livestock? No Unknown Yes

If yes, did exposure occur during parturition (birthing)? No Unknown Yes

Laboratory Information

Did the patient have:

Leukocytosis (high WBCs)? No Unknown Yes

Thrombocytopenia (low platelets)? No Unknown Yes

Elevated hepatic transaminase levels? No Unknown Yes _____ ALT / _____ AST

CONFIRMATORY:

- | | |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. 4-fold IgG titer increase to <i>C. burnetii</i> phase II antigen between acute and convalescent serum by IFA | 1. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 2. <i>C. burnetii</i> DNA detected by PCR | 2. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 3. <i>C. burnetii</i> demonstrated in a clinical specimen by IHC | 3. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 4. Positive culture (<i>C. burnetii</i> organism isolated) | 4. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 5. Elevated IgG titer (≥1:800) to phase I antigen by IFA (phase I titer > phase II titer if both available) | 5. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |

SUPPORTIVE:

- | | |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 1. Single elevated IgG titer (≥1:128) to phase II antigen by IFA | 1. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 2. Elevated IgG or IgM by EIA, ELISA, dot-ELISA, or LA. | 2. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |
| 3. IgG titer to phase I antigen ≥1:128 but <1:800 by IFA. | 3. <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes |

KEY: EIA/ELISA = Enzyme (-linked) Immuno(adsorbent) Assay; IFA = Immunoflorescent Antibody; IHC = Immunohistochemical (methods); LA = Latex Agglutination; PCR = Polymerase Chain Reaction.

Case Classification			
1	For Acute Q-Fever, did the patient have fever ($\geq 100.4^{\circ}\text{F}$)?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
2	For Acute Q-Fever, did the patient have at least one of the following? <input type="checkbox"/> Rigors <input type="checkbox"/> Acute Hepatitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Elevated Liver Enzymes <input type="checkbox"/> Severe Retrobulbar Headache (behind the eyes)	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
3	For Acute Q-Fever, was at least one of the following confirmatory laboratory results demonstrated? <input type="checkbox"/> 4-fold IgG titer increase to <i>C. burnetii</i> phase II antigen between acute and convalescent serum by IFA; <input type="checkbox"/> <i>C. burnetii</i> DNA detected by PCR; <input type="checkbox"/> <i>C. burnetii</i> demonstrated in a clinical specimen by IHC; and/or <input type="checkbox"/> Positive culture (<i>C. burnetii</i> organism isolated).	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
4	For Acute Q-Fever, was at least one of the following supportive laboratory results demonstrated? <input type="checkbox"/> Single elevated IgG titer ($\geq 1:128$) to phase II antigen by IFA; and/or <input type="checkbox"/> Elevated phase II IgG or IgM by EIA, ELISA, dot-ELISA, or LA.	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
5	For Acute Q-Fever, is the patient epi-linked to a laboratory confirmed case of Acute Q-Fever?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
6	For Chronic Q-Fever, did the patient have at least one of the following? <input type="checkbox"/> Acute, culture-negative endocarditis; <input type="checkbox"/> Suspect vascular aneurysm or vascular prosthesis infection; and/or <input type="checkbox"/> Chronic hepatitis, osteomyelitis, osteoarthritis, or pneumonitis with unknown etiology.	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
7	For Chronic Q-Fever, was at least one of the following confirmatory laboratory results demonstrated? <input type="checkbox"/> Elevated IgG titer ($\geq 1:800$) to phase I antigen by IFA (phase I titer > phase II titer if both available); <input type="checkbox"/> <i>C. burnetii</i> DNA detected by PCR; <input type="checkbox"/> <i>C. burnetii</i> demonstrated in a clinical specimen by IHC; and/or <input type="checkbox"/> Positive culture (<i>C. burnetii</i> organism isolated).	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
8	For Chronic Q-Fever, was the following supportive laboratory result demonstrated? <input type="checkbox"/> IgG titer to phase I antigen $\geq 1:128$ but $< 1:800$ by IFA.	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes	
ACUTE Q-FEVER:		Confirmed: 1, 2, & 3 or 3 & 5	Probable: 1, 2, & 4
CHRONIC Q-FEVER:		Confirmed: 6 & 7	Probable: 6 & 8