



Q Fever

County _____

LHJ Use ID _____
 Reported to DOH Date ___/___/___
 LHJ Classification Confirmed
 Probable
 By: Lab Clinical
 Epi Link: _____

Outbreak-related
 LHJ Cluster# _____
 LHJ Cluster Name: _____
 DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___ Investigation start date ___/___/___
 Reporter (check all that apply) Lab Hospital HCP
 Public health agency Other
 Reporter name _____
 Reporter phone _____
 Primary HCP name _____
 Primary HCP phone _____
 OK to talk to case? Yes No DK Date of interview ___/___/___

PATIENT INFORMATION

Name (last, first) _____
 Address _____ Homeless
 City/State/Zip _____
 Phone(s)/Email _____
 Alt. contact Parent/guardian Spouse Other Name: _____
 Zip code (school or occupation): _____ Phone: _____
 Occupation/grade _____
 Employer/worksite _____ School/child care name _____
 Birth date ___/___/___ Age _____
 Gender F M Other Unk
 Ethnicity Hispanic or Latino
 Not Hispanic or Latino Unk
 Race (check all that apply)
 Amer Ind/AK Native Asian
 Native HI/other PI Black/Afr Amer
 White Other Unk

CLINICAL INFORMATION

Onset date: ___/___/___ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y N DK NA
 Fever Highest measured temp: _____ °F
 Type: Oral Rectal Other: _____ Unk
 Chills
 Retrobulbar headache
 Muscle aches or pain (myalgia)
 Headache
 Cough onset date: ___/___/___
 Malaise
 Rash

Hospitalization

Y N DK NA
 Hospitalized at least overnight for this illness
 Hospital name _____
 Admit date ___/___/___ Discharge date ___/___/___
 Y N DK NA
 Died from illness Death date ___/___/___
 Autopsy Place of death _____

Predisposing Conditions

Y N DK NA
 Immunosuppressive therapy or disease
 Pregnant
 Estimated delivery date ___/___/___
 OB name, address, phone: _____
 Valvular heart disease or vascular graft

Laboratory

Collection date ___/___/___
 Source _____
 P = Positive O = Other
 N = Negative NT = Not Tested
 I = Indeterminate

P N I O NT

C. burnetii culture (clinical specimen)
 C. burnetii antigen or nucleic acid detection (clinical specimen)
 C. burnetii IgG or IgM
 C. burnetii phase II or phase I antibodies ≥ 4-fold rise (serum pair ideally taken 3-6 weeks apart)
 Serum aminotransferase (SGOT [AST] or SGPT [ALT]) elevated above normal

Clinical Findings

Y N DK NA
 Identified as acute or chronic
 Acute Chronic
 Meningoencephalitis
 Hepatitis
 Hepatomegaly
 Splenomegaly
 Pneumonia
 X-ray result: P N I O NT
 Endocarditis

P = Positive N = Negative
 I = Indeterminate O = Other
 NT = Not Tested

NOTES

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period. Timeline only for acute case.

Exposure period

Days from onset:

Calendar dates:

o
n
s
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t

EXPOSURE (Refer to dates above)

Y N DK NA

- Travel out of the state, out of the country, or outside of usual routine
Out of: County State Country
Dates/Locations: _____
- Case knows anyone with similar symptoms
- Epidemiologic link to a confirmed human case**
- Epidemiologically linked to a consistent exposure**
- Unpasteurized milk (cow)
- Other unpasteurized milk (e.g. sheep, goat)
- Farm or dairy residence or work
- Work with animals or animal products (e.g. research, veterinary medicine, slaughterhouse)
Animal birthing/placentas Y N DK NA
Specify animal: _____

Y N DK NA

- Zoo, farm, fair or pet shop visit
- Animal hair, wool, hides, bones
- Any contact with animals at home or elsewhere
- Cat or kitten
- Cattle, cow or calf
- Goat
- Sheep
- Wildlife or wild animal exposure
- Other exposure to animal or bird
Specify animal or bird: _____
- Employed in laboratory
- Any medical or dental procedure
- Organ or tissue transplant recipient,
Date: ___/___/___
- Blood transfusion or blood products (e.g. IG, factor concentrates)
Date of receipt/transfusion: ___/___/___

Where did exposure probably occur? In WA (County: _____) US but not WA Not in US Unk

Exposure details: _____

- No risk factors or exposures could be identified
- Patient could not be interviewed

PUBLIC HEALTH ISSUES

Y N DK NA

- Source animal or bird identified
- Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset? Date: ___/___/___
Agency and location: _____
Specify type of donation: _____
- Potential bioterrorism exposure

PUBLIC HEALTH ACTIONS

- Notify blood or tissue bank
- Follow-up/prophylaxis of laboratorians exposed to specimen
- Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ___/___/___

Local health jurisdiction _____

Record complete date ___/___/___