# DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention (CDC) Atlanta, Georgia 30333 Use Visit http://www.cdc.gov

### **Q** Fever Case Report



Use for: Acute Q Fever and Chronic Q Fever
Visit <a href="http://www.cdc.gov">http://www.cdc.gov</a> and use "Search" for complete Case Definition or to visit the

(1-4) Q Fever disease web site for a fillable/downloadable PDF version of this Case Report.

Form Approved OMB 0920-0009

Patient's			5		
name:			Date submitted: Physician's	(5-6) (7-8) (9-12)	_ (mm/dd/yyyy) Phone
Address:(number, street)			name:		no.:
City:			NETSS ID No.: (if re	eported)	
				Case I	D (13-18) Site (19-21) State (22-23)
1. State of residence: 2. County reside		3. Zip code:	4. Date of birth: (mm/dd/yyyy)	1 Male	Tace: (69)  White  Asian  Property of the prop
(24-25)	(26-50)		(60-61) (62-63) (64-67)	2 Female 2 9 Not 3	Black 5 Pacific Islander American Indian 9 Not specified 2 No
8. Occupation at date o	f onset of illness (Chec	* *	( ) ( ) ( ) ( ) ( )	9. A	ny contact with animals within
wool or felt plant			live in household with pers	-	months prior to onset? (check all that apply)  Cattle (82) 3 Goats (84) 5 Cats (86)
	ing plant (72) 7 slaug	internouse worker (77)	occupationally related to a	DOVE? (80)	
3 dairy (73)		=	other (please specify) (81)	8	¬
4 veterinarian (74) 5 medical research		ler (79)			
10. Any exposure to bir		posure to unpasteurized r	nilk?   12. Any travel i	n last year? (91-92)	13. Other family member with
1 Yes 2 No 9	Unk (89) 1	Yes 2 No 9 Unk	(90) If yes, State	County	similar illness in last year?
If yes, which animal		es, which nal	Foreign Countr		1 Yes 2 No 9 Unk
anınaı	aili	ΠαΙ	roreign country	<i></i>	
14. Date of Onset of Syr	mptoms: 15. Clinical	Signs and syndromes (che f clinically compatible illness is nece	eck all that apply) ssary. See CSTE/CDC Q Fever case	definition, and case categoriza	tion summaries below.
		ver (>100.5) (102) 4 mala		_	(111) 88 Other (please specify) (114)
(94-95) (96-97) (98 (mm/dd/yyyy)	·	yalgia (103) 5 rash		(109) 11 hepatitis (1	
(IIIII/dd/yyyy)		trobulbar pain (104)6 coug		y (110) 12 endocarditi	
	Chronic Q fever vascular aneurys	Newly recognized, culture-negative ms or vascular prostheses, or chronical control in the contro	endocarditis - particularly in patier c hepatitis in the absence of other	severe retrobulbal fleadache, at its with previous valvulopathies known etiology.	cute hepatitis, pneumonia, or elevated liver enzyme levels. or compromised immune systems, suspected infections of
16. Any pre-existing me	edical conditions? (ched	k all that apply)	17. Was patient I	nospitalized 18. Di	d patient die from complications
	_	art disease or vascular graft	` '	nis illness? (119) of No 9 Unk 1	this illness? (120) (If yes, date) (mm/dd/yyyy)  Yes 2 No 9 Unk
2 pregnancy (116) 8	Other		(118)	NO 9 OIK	(121-22) (123-24) (125-28)
19. Laboratory Name:			City:		State: Zip:
20.	Phase	I Antigen	Phase II	Antigen	* Check only if specific assay was performed.
Serology	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection date.)
(Check only if specific assay was performed)	(129-30) (131-32) (133-36)	(141-42) (143-44) (145-48)	(153-54) (155-56) (157-60)	(165-66) (167-68) (169-72)	Positive?
	Titer or OD* Positive?	Titer or OD* Positive?	Titer or OD* Positive?	Titer or OD* Positive	PCR 1 Yes 2 No (178)
IFA - IgG	1 Yes	1 Yes	1 Yes	1Yes	Immunostain 1 Yes 2 No (179)
	2 <b>No</b> (137)	2 <b>No</b> (149)	2 <b>No</b> (161)	2 <b>No</b> (17:	3) Culture 1 Yes 2 No (180)
IFA - IgM	1 Yes	1 Yes 2 No (150)	1Yes 2No (162)	1 Yes 2 No (174	Sample(s) tested:
Othor	1 Yes	1 Yes	1 Yes	1 Yes	<u> </u>
Other test:	2 No (140)	2 No (152)	2 No (164)	2 No (176	6)
	*IFA "Titer" or Other test: it	CF, "Titer", if ELISA (EIA), Optic	al Density "OD" value.		
21. Was there a four	fold change in antibody	titer between the two ser	rum specimens? 1 Yes	2 No (177)	
22 Classify ages beard	on the CCTF/CDC ages	definition (see 15 above o	and aritaria halaus). Ct	ata Haalib Danantusani	A Official tasks manifested this manual.
1 Confirmed acute Q		definition (see 15 above a acute Q Fever	·	ate neath bepartment ame:	t Official who reviewed this report:
3 ☐ Confirmed chronic	_	chronic Q Fever (181)		tle:	Date:
San CSTE/CDC O Enver Coo	Definition affective 1/1/20	08 for details of the following o			(mm/dd/yyyy)
		case that either meets clini		miologically linked to lab	confirmed case.
Probable acute Q Fever: A clinically compatible case of acute illness that is not laboratory confirmed but has lab supportive evidence (antibody to Phase II higher than Phase I [if latter present]).					
Confirmed chronic Q Fever: A clinically compatible case of chronic illness that is laboratory confirmed.  Probable chronic Q Fever: A clinically compatible case of chronic illness that is not laboratory confirmed but has lab supportive evidence (antibody to Phase I higher than Phase II [if latter present]).					
Note: Samples from suspect	ed chronic patients should b	e evaluated for IgG titers to both	n phase I and phase II antigen	s. Current commercially ava	ailable ELISA tests (which test only for phase II) are not
quantitative and thus can, a neither readily available nor	t best, indicate a probable in commonly used. For acute	fection. IgM tests may be unrel testing, CDC uses in-house IFA I	iable because they lack special $qG$ testing (cutoff of $\geq 1:128$ ).	ficity. IgM antibody may pe preferring simultaneous to	rsist for lengthy periods of time. Older test methods are esting of paired specimens, and does not use IgM results
					ver may exist, especially in rural and farming areas.

Public reporting burden of this collection of information is estimated to average 10 minutes per response. 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. Please 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 Rd., NE (MS D-74); Atlanta, GA 30333; ATTN: PRA (0920-0009).

## DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention (CDC) Atlanta, Georgia 30333

### **Q** Fever Case Report

(1-4) Q Fever disease web site for a fillable/downloadable PDF version of this Case Report.

Use for: Acute Q Fever and Chronic Q Fever Visit <a href="http://www.cdc.gov">http://www.cdc.gov</a> and use "Search" for complete Case Definition or to visit the

SAFER	HEALTHIE	R.PEOPL
_	_	

Form Approved OMB 0920-0009

			Date submitted: Physician's name: NETSS ID No.: (if re	. ,	(mm/dd/yyyy) Phone no.:  = ID (13-18) Site (19-21) State (22-23)
1. State of residence: 2. County reside	(26-50)	3. Zip code:	4. Date of birth: (mm/dd/yyyy)	1 Male 2 Female	Race: (69)    White
8. Occupation at date o  1 wool or felt plant  2 tannery or render  3 dairy (73)  4 veterinarian (74)  5 medical research	ing plant (72) 7 slaugh 8 labora 9 ranche	research (76) 10 terhouse worker (77) tory worker (78) 88	live in household with pers occupationally related to a other (please specify) (81)	son above? (80)	Any contact with animals within 2 months prior to onset? (check all that apply)    Cattle (82) 3 Goats (84) 5 Cats (86)    Sheep (83) 4 Pigeons (85) 6 Rabbits (87)    Other (please specify) (88)
10. Any exposure to bir  1 Yes 2 No 9  If yes, which  animal	Unk (89) 1	oosure to unpasteurized r Yes 2 No 9 Unk s, which al	If yes, State	County	13. Other family member with similar illness in last year?  1 Yes 2 No 9 Unk
14. Date of Onset of Sys	Evidence of  1 fev  101) 2 my  3 rett  Acute Q fever: Ac Chronic Q fever:	er (>100.5) (102) 4 mala  algia (103) 5 rash  obulbar pain (104) 6 cou  ute fever and one or more of the followly recognized, culture-negative	ssary. See CSTÉ/ČDĆ Q Fever case aise (105) 7 headache (106 (106) 8 splenomegaly gh (107) 9 hepatomegal	B) 10 pneumon y (109) 11 hepatitis y (110) 12 endocard severe retrobulbar headache, tts with previous valvulopathi	nia (111) 88 Other (please specify) (114) (112)
	edical conditions? (check ed (115) 3 valvular hea 0ther		17. Was patient l because of the 1 Yes 2	his illness? (119)	Did patient die from complications of this illness?(120) (If yes, date) (mm/dd/yyyy)  Yes 2 No 9 Unk
19. Laboratory Name:			City:		State: Zip:
20. Serology (Check only if specific	Phase I Serology 1 (mm/dd/yyyy)	Antigen Serology 2 (mm/dd/yyyy)	Phase II Serology 1 (mm/dd/yyyy)	Antigen   Serology 2 <sub>(mm/dd/yy</sub>	* Check only if specific assay was performed.  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection date.)
assay was performed)	(129-30) (131-32) (133-36)  Titer or OD* Positive?	(141-42) (143-44) (145-48)  Titer or OD* Positive?	(153-54) (155-56) (157-60)  Titer or OD* Positive?	(165-66) (167-68) (169-72)  Titer or OD* Positi	ve? PCR 1 Yes 2 No (178)
IFA - IgG	1 Yes 2 No (137)	1 Yes 2 No (149)	1 <b>Yes</b> 2 <b>No</b> (161)	1 Yes	
IFA - IgM	1 Yes 2 No (138)	1 Yes 2 No (150)	1 Yes 2 No (162)	1 Yes	Sample(s) tested:
Other test:	1 <b>Yes</b> 2 <b>No</b> (140)	1 <b>Yes</b> 2 <b>No</b> (152)	1 <b>Yes</b> 2 <b>No</b> (164)	1Yes	
21. Was there a fourt	*IFA "Titer" or Other test: if ( fold change in antibody t	CF, "Titer", if ELISA (EIA), Option iter between the two se		2 <b>No</b> (177)	
20 01 15					
23. Classify case based	on the CSTE/CDC case of Fever 2 Probable a	efinition (see 15 above a cute Q Fever	•	•	ent Official who reviewed this report:
3 ☐ Confirmed chronic		hronic Q Fever (181)		tle:	Date:
Confirmed acute Q Fever: Probable acute Q Fever: A c Confirmed chronic Q Fever: Probable chronic Q Fever: A Note: Samples from suspect	linically compatible case of A clinically compatible case I clinically compatible case ed chronic patients should be	case that either meets clini acute illness that is not labe of chronic illness that is la of chronic illness that is no evaluated for IgG titers to bot	cal case criteria or is epide oratory confirmed but has la poratory confirmed. t laboratory confirmed but h h phase I and phase II antigen	ab supportive evidence (an nas lab supportive evidence s. Current commercially a	(mm/dd/yyyy)  ab confirmed case.  ntibody to Phase II higher than Phase I [if latter present]).  ce (antibody to Phase I higher than Phase II [if latter present]).  available ELISA tests (which test only for phase II) are not
I amandesida and dama and a	hast indicate a probable infe	ction. IgM tests may be unre	liable because they lack specif	ficity. IgM antibody may	persist for lengthy periods of time. Older test méthods are testing of paired specimens, and does not use IgM results

Public reporting burden of this collection of information is estimated to average 10 minutes per response. 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. Please 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 Rd., NE (MS D-74); Atlanta, GA 30333; ATTN: PRA (0920-0009).

for routine diagnostic testing. Interpret serologic test results with caution, because antibodies acquired as a result of historical exposure to Q fever may exist, especially in rural and farming areas.

# DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Disease Control and Prevention (CDC) Atlanta, Georgia 30333 Visit http://www.cdc.gov

#### **Q** Fever Case Report



Use for: Acute Q Fever and Chronic Q Fever
Visit <a href="http://www.cdc.gov">http://www.cdc.gov</a> and use "Search" for complete Case Definition or to visit the
(1-4) Q Fever disease web site for a fillable/downloadable PDF version of this Case Report.

Form Approved OMB 0920-0009

Patient's			Date submitted:			
name:			Physician's	(5-6) (7-8) (9-12) (r	mm/dd/yyyy) <b>Phon</b> e	
Address:			name:		no.:	1
City:			NETSS ID No.: (if re			
				Case ID (	(13-18) Site (19-21) State (2	22-23)
1. State of residence: 2. County		3. Zip code:	4. Date of birth: (mm/dd/yyyy)	5. Sex: (68) 6. Rac	_	7. Hispanic ethnicity:
residence. reside	ince.		(IIIII/dd/yyyy)		White 4 Asian  Black 5 Pacific Islander	1 Yes (70)
	(00.50)		(0.01) (0.00) (0.107)	Not	American Indian	2 No
8 Occupation at date of	f onset of illness (Check	(51-59)	(60-61) (62-63) (64-67)	Specified - 7	Alaskan Native	9 <b>Unk</b>
wool or felt plant		al research (76) 10	live in household with pers	son 2 m	onths prior to onset? (check all the	
2 tannery or render	ring plant (72) 7 slaug	hterhouse worker (77)	occupationally related to a	.5010. (55)		Cats (86)
3 dairy (73)		=	other (please specify) (81)		Sheep (83) 4 Pigeons (85) 6 Other (please specify) (88)	Rabbits (87)
4 veterinarian (74)		<b>er</b> (79)			Other (product opening) (4-5)	
5 medical research  10. Any exposure to bir	` '	posure to unpasteurized r	milk? 12. Any travel i	n last year? (91-92)	13. Other family m	nember with
1 Yes 2 No s	(00)	Yes 2 No 9 Unk	(90)		similar illnéss	in last year?
If yes, which		es, which	If yes, State	County	1 Yes 2 N	lo 9 Unk
animal	anin	nal	Foreign Country	у		
14. Date of Onset of Sy		Signs and syndromes (che clinically compatible illness is nece		definition and eace estagorization	a cummerica holow	
	_	re (>100.5) (102) 4 mala	_		13) 88 Other (please specify) (114)	.)
(94-95) (96-97) (98		` ′ _	_	y (109) 1 1 hepatitis (112)	,	
(mm/dd/yyyy)		trobulbar pain (104)6 couç		y (110) 12 endocarditis (1		
	Acute Q fever: A Chronic Q fever:	cute fever and one or more of the fo	ollowing: Rigors (febrile shivering), endocarditis - particularly in patien	severe retrobulbar headache, acute nts with previous valvulopathies or o	e hepatitis, pneumonia, or elevated liver enzyme compromised immune systems, suspected infec	levels. ctions of
16. Any pre-existing me	edical conditions? (chec		17. Was patient h		patient die from complications	
1 immunocompromis	sed (115) 3 valvular hea	art disease or vascular graft	. ,			m/dd/yyyy)
immunocompromis pregnancy (116) 8		<u> </u>	because of the second of the s		es 2 No 9 Unk	m/dd/yyyy) 23-24) (125-28)
' -		<u> </u>	1 Yes 2		/es 2 No 9 Unk (121-22) (12	23-24) (125-28)
2 pregnancy (116) 8 9 19. Laboratory Name:	Other	<u> </u>	1 Yes 2 City:		/es 2 No 9 Unk  State: Zip: * Check only if specific assay wa	23-24) (125-28)
2 pregnancy (116) 8  19. Laboratory Name:  20.  Serology	Other		1 Yes 2 City:	No 9□Unk 1□Y	/es 2 No 9 Unk  State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?*	23-24) (125-28) 
2 pregnancy (116) 8 9 19. Laboratory Name:	Other Phase Serology 1 (mm/dd/yyyy)	I Antigen   Serology 2 (mm/dd/yyyy)	City:  Phase II  Serology 1 (mm/dd/yyyy)	No 9 Unk 1 Y  Antigen   Serology 2 (mm/dd/yyyy)	/es 2 No 9 Unk  State: Zip: * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da	23-24) (125-28) 
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific	OtherPhase	I Antigen	1 Yes 2 City: Phase II	No 9 Unk 1 Y	/es 2 No 9 Unk  State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  Posi	s performed.
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)	Other	Antigen   Serology 2 (mm/dd/yyyy)	1   Yes 2	Antigen   Serology 2 (mm/dd/yyyy)   Titer or 0D* Positive?	/es 2 No 9 Unk  State: Zip: * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR Immunostain 1 Yes	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific	Other	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?	1   Yes 2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68) (169-72)   Titer or OD* Positive?	/es 2 No 9 Unk  State: Zip: * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR Immunostain 1 Yes	23-24) (125-28)
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)	Other	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?   1   Yes   2   No (149)   1   Yes	1   Yes 2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)   Titer or OD*   Positive?     Yes   2   No (173)   1   Yes	/es 2 No 9 Unk  State: Zip: * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR Immunostain 1 Yes	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG	Other	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?     1	City:  Phase II Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60) Titer or 0D* Positive?  1 Yes 2 No (161) 1 Yes 2 No (162)	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)   Titer or OD*   Positive?     Yes	/es 2 No 9 Unk  State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other	Other	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?     1	1   Yes   2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)     Titer or OD* Positive?   1	/es 2 No 9 Unk  State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM	Other    Phase   Serology 1 (mm/dd/yyyy)	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?     1	1   Yes   2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)   Titer or OD*   Positive?     Yes	/es 2 No 9 Unk  State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:	Other	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?     1	1   Yes   2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)   Titer or OD* Positive?     1	/es 2 No 9 Unk  State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourth	Phase   Serology 1 (mm/dd/yyyy)   (129-30) (131-32)	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)     Titer or OD*   Positive?     1	1   Yes   2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)   Titer or OD* Positive?     1	/es 2 No 9 Unk  State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourt	Phase Serology 1 (mm/dd/yyyy)  (129-30) (131-32) (133-36)  Titer or OD* Positive?  1 Yes 2 No (137)  1 Yes 2 No (140)  *IFA "Titer" or Other test: if fold change in antibody	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?   1   Yes   2   No (149)   1   Yes   2   No (150)   1   Yes   2   No (152)   CF, "Titer", if ELISA (EIA), Optic titer between the two set   definition (see 15 above as	1   Yes   2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)     Titer or OD* Positive?   1	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
2 pregnancy (116) 8  19. Laboratory Name: 20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test: 21. Was there a fourt	Phase Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	I Antigen Serology 2 (mm/dd/yyyy)  (141-42) (143-44) (145-48) Titer or OD* Positive?  1 Yes 2 No (149) 1 Yes 2 No (150) 1 Yes 2 No (150) CF, "Titer", if ELISA (EIA), Optic titer between the two serons definition (see 15 above accute Q Fever	City:  Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or 0D* Positive?  1 Yes 2 No (161) 1 Yes 2 No (162) 1 Yes 2 No (164) 2 No (164) 2 In Yes 3 Yes 4 Yes 4 Yes 5 Yes 6 Yes 7 Yes 7 Yes 8 Yes 8 Yes 8 Yes 9 No (164) 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 2 No (164) 2 No (164) 3 Yes 4 Yes 5 No (164) 5 No (164) 5 No (164) 5 No (164) 6 No (164) 6 No (164) 6 No (164) 7 Yes 7 No (164) 8 No (1	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourt	Phase Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)   (145-48)   Titer or OD*   Positive?   1   Yes   2   No (149)   1   Yes   2   No (150)   1   Yes   2   No (152)   CF, "Titer", if ELISA (EIA), Optic titer between the two set   definition (see 15 above as	City:  Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or 0D* Positive?  1 Yes 2 No (161) 1 Yes 2 No (162) 1 Yes 2 No (164) 2 No (164) 2 In Yes 3 Yes 4 Yes 4 Yes 5 Yes 6 Yes 7 Yes 7 Yes 8 Yes 8 Yes 8 Yes 9 No (164) 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 2 No (164) 2 No (164) 3 Yes 4 Yes 5 No (164) 5 No (164) 5 No (164) 5 No (164) 6 No (164) 6 No (164) 6 No (164) 7 Yes 7 No (164) 8 No (1	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)     Titer or OD* Positive?   1	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)  Lis performed.  ate.)  ititive?  2 No (178) 2 No (179)
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourth confirmed acute Q 3 Confirmed acute Q 3 Confirmed chronic	Phase Serology 1 (mm/dd/yyyy)  (129-30) (131-32) (133-36)  Titer or OD* Positive?  1 Yes 2 No (137)  1 Yes 2 No (140)  *IFA "Titer" or Other test: if fold change in antibody  I on the CSTE/CDC case Fever 2 Probable of Probable of Probable of Probable of Probable of Period (1/1/200)	I Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)	1   Yes   2	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)     Titer or OD* Positive?   1	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)
2 pregnancy (116) 8  19. Laboratory Name: 20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test: 21. Was there a fourt  23. Classify case based 1 Confirmed acute Q 3 Confirmed chronic  See CSTE/CDC Q Fever Cas Confirmed acute Q Fever: Probable acute Q Fever: A confirmed acute Q Fever:	Phase Serology 1 (mm/dd/yyyy)    129-30) (131-32)	Antigen Serology 2 (mm/dd/yyyy)  (141-42) (143-44) (145-48) Titer or OD* Positive?  1 Yes 2 No (149) 1 Yes 2 No (150) 1 Yes 2 No (152) CF, "Titer", if ELISA (EIA), Optic titer between the two ser definition (see 15 above a acute Q Fever (181) 8 for details of the following case that either meets clinif acute illness that is not lab	City:  Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 2 No (162)  1 Yes 2 No (164)  cal Density "OD" value.  rum specimens? 1 Yes  and criteria below): St  Na  Tit  categories: ical case criteria or is epide boratory confirmed but has la	Antigen   Serology 2 (mm/dd/yyyy)   (165-60) (167-68)   (169-72)     Titer or OD* Positive?   1	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  PCR	23-24) (125-28)
2 pregnancy (116) 8  19. Laboratory Name: 20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test: 21. Was there a fourt  23. Classify case based of the confirmed acute Q and confirmed acute Q and confirmed acute Q fever: Probable acute Q Fever: A confirmed chronic Q Fever:	Phase Serology 1 (mm/dd/yyyy)    129-30) (131-32)	Antigen Serology 2 (mm/dd/yyyy)  (141-42) (143-44) (145-48) Titer or OD* Positive?  1 Yes 2 No (149) 1 Yes 2 No (150) 1 Yes 2 No (152)  CF, "Titer", if ELISA (EIA), Optic titer between the two set acute Q Fever chronic Q Fever (181)  8 for details of the following or case that either meets clinification acute illness that is not lab se of chronic illness that is lai	City:  Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 2 No (162)  1 Yes 2 No (164)  2 No (164)  al Density "OD" value.  rum specimens? 1 Yes  and criteria below): St  Na  Tit  categories: ical case criteria or is epide boratory confirmed but has laboratory confirmed.	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)   (169-72)     Titer or OD* Positive?   1	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  POSI  PCR	23-24) (125-28)  Is performed.  Iste.)  Itive?  2 No (178)  2 No (179)  2 No (180)  Itive?  It
2 pregnancy (116) 8  19. Laboratory Name:  20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test:  21. Was there a fourth confirmed acute Q as Confirmed acute Q Fever: A confirmed acute Q Fever: Probable acute Q Fever: A confirmed chronic Q Fever: Probable chronic Q	Phase Serology 1 (mm/dd/yyyy)  (129-30) (131-32) (133-36)  Titer or OD* Positive?  1 Yes 2 No (137)  1 Yes 2 No (140)  *IFA "Titer" or Other test: if fold change in antibody  I on the CSTE/CDC case of the fold change in antibody	I Antigen   Serology 2 (mm/dd/yyyy)   (141-42) (143-44)	City:  Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 2 No (162)  1 Yes 2 No (164)  cal Density "OD" value.  rum specimens? 1 Yes  and criteria below): St  Na  Tit  categories: ical case criteria or is epide boratory confirmed but has la boratory confirmed. it laboratory confirmed but h	Antigen   Serology 2 (mm/dd/yyyy)   (165-69) (167-68)   (169-72)     Titer or OD* Positive?   1	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  POSI Immunostain 1 Yes Culture 1 Yes  Sample(s) tested:  Date: (mm.)  confirmed case.	23-24) (125-28)
2 pregnancy (116) 8  19. Laboratory Name: 20. Serology (Check only if specific assay was performed)  IFA - IgG  IFA - IgM  Other test: 21. Was there a fourful confirmed acute Q 3 Confirmed acute Q 3 Confirmed chronic Confirmed acute Q Fever: Aconfirmed chronic Q Fever: Probable chronic Q Fever: Aconfirmed chronic Q Fever: Probable chronic Q Fever: Aconfirmed chronic Q Fever	Phase Serology 1 (mm/dd/yyyy)    (129-30) (131-32)	I Antigen Serology 2 (mm/dd/yyyy)  (141-42) (143-44) (145-48) Titer or OD* Positive?  1 Yes 2 No (149) 1 Yes 2 No (150) 1 Get a between the two serological services of the following of acute Q Fever chronic Q Fever (181)  88 for details of the following of acute illness that is not lab see of chronic illness that is not lab see of chronic illness that is no en evaluated for IgG titers to bot ection. IgM tests may be unreleased.	City:  Phase II  Serology 1 (mm/dd/yyyy)  (153-54) (155-56) (157-60)  Titer or OD* Positive?  1 Yes 2 No (161)  1 Yes 2 No (162)  1 Yes 2 No (164)  cal Density "OD" value.  rum specimens? 1 Yes  and criteria below): St  Na  Tit  categories: ical case criteria or is epide boratory confirmed. It laboratory confirmed but has la boratory confirmed but has la boratory confirmed. It laboratory confirmed but has la boratory confirmed.	Antigen   Serology 2 (mm/dd/yyyy)   (165-66) (167-68)	State: Zip:  * Check only if specific assay wa  22. Other Diagnostic Tests?* (Use #20, S1 to indicate collection da  POSI I Yes Immunostain 1 Yes Culture 1 Yes  Sample(s) tested:  Date: (mm.)  onfirmed case. dy to Phase II higher than Phase II [if latter  ntibody to Phase I higher than Phase II [if	itive? 2 No (178) 2 No (178) 2 No (180)

Public reporting burden of this collection of information is estimated to average 10 minutes per response. 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. Please 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 Rd., NE (MS D-74); Atlanta, GA 30333; ATTN: PRA (0920-0009).