WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

Q Fever

PATIENT DEMOGRAPHICS

Name (last, first): _____
Address (mailing): _____
Address (physical): _____
City/State/Zip: _____
Phone (home): _____ **Phone** (work/cell) : _____
Alternate contact: ☐*Parent/Guardian* ☐*Spouse* ☐*Other*
Name: _____ *Phone:* _____

Birth date: ___/ ___/_____ **Age**: _____
Sex: ☐Male ☐Female ☐Unk
Ethnicity: ☐Not Hispanic or Latino ☐Hispanic or Latino ☐Unk
Race: (Mark all that apply) ☐White ☐Black/Afr. Amer. ☐Asian ☐Am. Ind/AK Native ☐Native HI/Other PI ☐Unk

INVESTIGATION SUMMARY

Local Health Department (Jurisdiction): _____
Investigation Start Date: _/_/_____
Earliest date reported to LHD: ___/ ___/ _____
Earliest date reported to DIDE: ___/ ___/ _____

Entered in WVEDSS? ☐Yes ☐No ☐Unk
Case Classification:
☐ Confirmed ☐ Probable ☐ Suspect
☐ Not a case ☐ Unknown

REPORT SOURCE/HEALTHCARE PROVIDER (HCP)

Report Source: ☐Laboratory ☐Hospital ☐HCP ☐Public Health Agency ☐Other
Reporter Name: _____ Reporter Phone: _____
Primary HCP Name: _____ Primary HCP Phone: _____

CLINICAL

Onset date: ___/ ___/_____ **Diagnosis date**: ___/ ___/_____ **Recovery date**: _/_/_____

Clinical Findings

Y N U
☐ ☐ ☐ Fever (Highest measured temperature: _____ °F)
☐ ☐ ☐ Rigors
☐ ☐ ☐ Headache
☐ ☐ ☐ Retrobulbar pain
☐ ☐ ☐ Acute hepatitis
☐ ☐ ☐ Pneumonia (CXR confirmed: ☐ Yes ☐ No)
☐ ☐ ☐ Culture-negative endocarditis
☐ ☐ ☐ Suspected infection of a vascular aneurysm
☐ ☐ ☐ Suspected infection of a vascular prosthesis
☐ ☐ ☐ Chronic hepatitis
☐ ☐ ☐ Chronic osteomyelitis
☐ ☐ ☐ Chronic osteoarthritis
☐ ☐ ☐ Chronic pneumonitis
☐ ☐ ☐ Absence of other known etiology
☐ ☐ ☐ Diagnosed as Q fever (specify: ☐ Acute ☐ Chronic)

Clinical Findings (continued)

Y N U
☐ ☐ ☐ Malaise
☐ ☐ ☐ Myalgia
☐ ☐ ☐ Rash
☐ ☐ ☐ Splenomegaly
☐ ☐ ☐ Cough
☐ ☐ ☐ Hepatomegaly

Clinical Risk Factors

Y N U
☐ ☐ ☐ Immunocompromised
☐ ☐ ☐ Valvular heart disease or vascular graft

Hospitalization

Y N U
☐ ☐ ☐ Patient hospitalized for this illness
If yes, hospital name: _____
Admit date: ___/ ___/_____ Discharge date: _/_/_____

Death

Y N U
☐ ☐ ☐ Patient died due to this illness If yes, date of death: / / _____

VACCINATION HISTORY

Y N U
☐ ☐ ☐ Previously received Q fever vaccine
If yes, date: _/_/_____

TREATMENT

Y N U
☐ ☐ ☐ Patient received antibiotic therapy for this infection
If yes, type: _____ Duration: _____

LABORATORY *(Please submit copies of <u>all</u> labs, including metabolic panels associated with this illness to DIDE)*

Y N U
☐ ☐ ☐ Elevated liver enzymes
☐ ☐ ☐ Fourfold change in IgG-specific antibody titer to *C. burnetii* phase II antigen by IFA between paired serum specimens
☐ ☐ ☐ Detection of *C. burnetii* DNA in a clinical specimen via amplification of a specific target by PCR assay
☐ ☐ ☐ Demonstration of *C. burnetii* antigen in a clinical specimen by immunohistochemical (IHC) methods
☐ ☐ ☐ Isolation of *C. burnetii* from a clinical specimen by culture
☐ ☐ ☐ Single IFA IgG titer of ≥1:128 to phase II antigen
☐ ☐ ☐ Serologic evidence of elevated IgG or IgM antibody reactive with *C. burnetii* antigen by ELISA, dot-ELISA, or latex agglutination
☐ ☐ ☐ Serological evidence of IgG antibody to *C. burnetii* phase I antigen ≥ 1:800 by IFA
☐ ☐ ☐ *C. burnetii* phase I titer > *C. burnetii* phase II titer
☐ ☐ ☐ Antibody titer to *C. burnetii* phase I IgG antigen ≥1:128 and < 1:800 by IFA

INFECTION TIMELINE

Instructions: Enter onset date in grey box. Count backward to determine probable exposure period

	Exposure period		Onset date
	-30 (Max Incubation)	***-3 (Min Incubation)***	
Calendar dates:	___/___/ ____	___/___/ ____	___/___/ ____

EPIDEMIOLOGIC EXPOSURES (based on the above exposure period, unless otherwise noted)

Y N U

☐ ☐ ☐ History of travel during exposure period up to **one year** (if yes, complete travel history below):

Destination (City, County, State and Country)	Arrival Date	Departure Date	Reason for Travel

☐ ☐ ☐ Possible occupational exposure (indicate occupation at date of illness onset below):
☐Wool or felt plant ☐Tannery or rendering plant ☐Dairy ☐Animal research ☐Veterinarian
☐Laboratory worker ☐Slaughterhouse worker ☐Rancher ☐Medical research
☐Lives with a person who works in any of the specified occupations ☐Other occupation:_____

☐ ☐ ☐ Contact with animals in **2 months** prior to illness onset
If yes, specify: ☐Cattle ☐Sheep ☐Goats ☐Pigeons ☐Cats ☐Rabbits ☐Other:_____

☐ ☐ ☐ Contact with birthing animals
If yes, specify: Animal:_____ Date: __/__/____ Location: _____

☐ ☐ ☐ Consumption of unpasteurized milk
If yes, specify: Animal:_____Date: __/__/_____ Location: _____

☐ ☐ ☐ Family members ill with similar illness in past **year**

☐ ☐ ☐ Organ or tissue transplant recipient
If yes, date:_/_/_____

☐ ☐ ☐ Blood transfusion or blood products recipient
If yes, date:_/_/_____

Where did exposure most likely occur? **County:**_____**State:**_____**Country:** _____

PUBLIC HEALTH ISSUES

Y N U

☐ ☐ ☐ Case donated blood products, organs or tissue in the 30 days prior to symptom onset
Date:_/_/_____
Agency/location:_____
Type of donation:_____

☐ ☐ ☐ Case is pregnant (Due date: _ /_ /____)

☐ ☐ ☐ Case knows someone who had shared exposure and is currently having similar symptoms

☐ ☐ ☐ Epi link to another confirmed case of same condition

☐ ☐ ☐ Case is part of an outbreak

☐ ☐ ☐ Other:

PUBLIC HEALTH ACTIONS

Y N U

☐ ☐ ☐ Notify blood or tissue bank or other facility where organs donated

☐ ☐ ☐ Notify patient obstetrician

☐ ☐ ☐ Disease education and prevention information provided to patient and/or family/guardian

☐ ☐ ☐ Outreach provided to employer to reduce employee risk

☐ ☐ ☐ Facilitate laboratory testing of other symptomatic persons who have a shared exposure

☐ ☐ ☐ Patient is lost to follow-up

☐ ☐ ☐ Other:

WVEDSS

Y N U

☐ ☐ ☐ Entered into WVEDSS (**Entry date**: __ / __ /_____) **Case Status:** ☐ Confirmed ☐ Probable ☐ Suspect ☐ Not a case ☐ Unknown

NOTES