

Q Fever Case Report

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

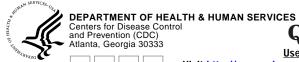


Form Approved OMB 0920-0009

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

Patient's			TIENT/PHY					
name:				Date submitted:	(5-6) / (7-8) / (9-1	(mm/dd/y	yyy)	
Address:				Physician's name:	(5-6) (7-8) (9-1	12)	Phone no.:	
(number, street)				NETSS ID No.: (if re	anorted)			
City:				TALISS ID IAO (II IC		ase ID (13-18)	Site (19-2	1) State (22-23)
			– DEN	MOGRAPHICS -		400 12 (10 10)	0.10 (10 -	·/ Giato (== ==)
1. State of 2. County		3. Zip code:	4. [Date of birth:	5. Sex: (68)	6. Race: (69)		7. Hispanic
residence: reside	nce:			(mm/dd/yyyy)	1 ☐ Male	1 White	4 ☐ Asia	ethnicity:
					2 Female	2 Black		cific Islander 2 No
(24-25)	(26	3-50)	(51-59) (60-	//	- 9 ☐ Not specified	3 ☐ America Alaskan	n Indian 9 Not	specified 9 Unk
8. Occupation at date o	· · · · · · · · · · · · · · · · · · ·	· ·	(51 55)	0.7 (02 00) (0.0.7)	· ·		ct with animals	
1 wool or felt plant		animal research (76)	10 live in	household with pers				check all that apply)
		slaughterhouse worker (77)		ationally related to al		1 Cattle		
		=	,	,		2 Sheep	(83) 4 Pigeo	ns (85) 6 Rabbits (87)
3 dairy (73) 4 veterinarian (74)		laboratory worker (78)	88 La other ((please specify) (81)		8 Other (olease specify) (88	3)
		rancher (79)				,	1 37	
5 medical research							1.0.01	
10. Any exposure to bir		11. Exposure to unpasteu		12. Any travel ii	n last year? (91-92)			er family member with illar illness in last year?
1 ☐ Yes 2 ☐ No 9	Unk (**)	1 Yes 2 No 9 □	Unk	If yes, State	County			(93)
If yes, which		If yes, which						Yes 2 ☐ No 9 ☐ Unk
animal		animal		Foreign Country CAL FINDINGS -				
14. Date of Onset of Syr	mptoms: 15. Cliu	nical Signs and syndrom	es (check all	that apply)	_			
	Evid	ence of clinically compatible illnes	s is necessary. S	See CSTE/CDC Q Fever case	definition, and case cated	gorization summar <u>i</u>	es below.	
	1	fever (>100.5)(102) 4_	malaise (10	5) 7 headache (108	ı) 10∐ pneum	nonia (111) 88	Other (please s	specify) (114)
(94-95) / (96-97) / (98-	101) — 2	myalgia (103) 5	rash (106)	8 Splenomegaly	/ (109) 11 🗌 hepatit	tis (112)		
(mm/dd/yyyy)	3	retrobulbar pain (104)6	cough (107)	9 hepatomegaly	y (110) 12 ☐ endoca	arditis (113)		
	Acute Q f	ever: Acute fever and one or more t fever: Newly recognized, culture- neurysms or vascular prostheses,	of the following:	Rigors (febrile shivering),	severe retrobulbar headac	che, acute hepatitis	, pneumonia, or elevat	ed liver enzyme levels.
	vascular a	neurysms or vascular prostheses,	or chronic hepatit	tis in the absence of other k	known etiology.	attiles of compromi	seu illilliulle systems,	suspected infections of
16. Any pre-existing me				17. Was patient h			die from compl	
1 immunocompromis	ed (115) 3∟ valvul	ar heart disease or vascula	ar graft (117)		nis illness? (119)	of this illne	ess?(120) (If yes,	
·	_				Na a Hali	. Vaa -	Nia a Hale	
2 pregnancy (116) 8	Other		(118)	1 ☐ Yes 2 ☐		1 Yes 2	□ No 9 □ Unk	(121-22) (123-24) (125-28)
2 pregnancy (116) 8			– LABC	DRATORY DATA -				(121-22) (123-24) (125-28)
·			– LABC	DRATORY DATA - City:	-	State	: Zip:	(121-22) (123-24) (125-28)
2 pregnancy (116) 8 19. Laboratory Name:	Ph	ase I Antigen	- LABO	Phase II	Antigen	State:	: Zip : eck only if specif	(121-22) (123-24) (125-28) fic assay was performed.
2 pregnancy (116) 8		ase I Antigen _(yyyy) Serology 2 _{(mm/dd}	- LABO	DRATORY DATA - City:	-	State:	: Zip: eck only if specif Other Diagnostic	(121-22) (123-24) (125-28)
2 pregnancy (116) 8 19. Laboratory Name: 20. Serology (Check only if specific	Ph Serology 1 (mm/dd/	(yyyy) Serology 2 (mm/dd	- LABO	Phase II plogy 1 (mm/dd/yyyy)	Antigen Serology 2 (mm/dd	State:	: Zip : eck only if specif	(121-22) (123-24) (125-28) fic assay was performed. c Tests?* e collection date.)
2 pregnancy (116) 8 19. Laboratory Name: 20. Serology	Ph Serology 1 (mm/dd/	Yyyyy) Serology 2 (mm/dd (141-42) (143-44) (145	- LABC	Phase II ology 1 (mm/dd/yyyy) 4) (155-56) (157-60)	Antigen Serology 2 (mm/dd	State: * Ch 22. (Use	: Zip: eck only if specif Other Diagnostic #20, S1 to indicate	ric assay was performed. c Tests?* e collection date.) Positive?
2 pregnancy (116) 8 19. Laboratory Name: 20. Serology (Check only if specific	Ph Serology 1 (mm/dd/ (129-30) (131-32) (133- Titer or OD* Pos	Yyyyy) Serology 2 (mm/dd 36) (141-42) (143-44) (145 itive? Titer or OD* Pos	- LABC 1/yyyy) Sero (153-5- ittive? Titer	Phase II clogy 1 (mm/dd/yyyy) 4) (155-56) (157-60) or OD* Positive?	Antigen Serology 2 (mm/dd (165-66) (167-68) (169 Titer or OD* Pos	State: * Ch	zzip: eck only if specif Other Diagnostie #20, S1 to indicate	iic assay was performed. C Tests?* e collection date.) Positive? 1 Yes 2 No (178)
2 pregnancy (116) 8 19. Laboratory Name: 20. Serology (Check only if specific	Ph Serology 1 (mm/dd/ (129-30) (131-32) (133- Titer or OD* Pos	Serology 2 (mm/dd 36) (141-42) (143-44) (145 36) Titer or OD* Pos 28 1 Y	— LABC //yyyy) Serce	Phase II clogy 1 (mm/dd/yyyy) 4) (155-56) (157-60) or OD* Positive? 1 Yes	Antigen Serology 2 (mm/dd (165-66) (167-68) (169 70 70 70 70 70 70 70 7	* Ch 22. (Use sittive? /es	eck only if specif Other Diagnostie #20, S1 to indicate	(121-22) (123-24) (125-28) fic assay was performed. c Tests?* e collection date.) Positive? 1 Yes 2 No (178) 1 Yes 2 No (179)
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2 pregnancy (116) 8 19. Laboratory Name: 20. Serology (Check only if specific assay was performed) IFA - IgG IFA - IgM Other	Ph Serology 1 (mm/dd/ (129-30) (131-32) (133- Titer or OD* Pos 1 Y 0 2 N 1 Y 0 1 Y 1	Serology 2 (mm/dd 36)	- LABC	Phase II plogy 1 (mm/dd/yyyy) 4) (155-56) (157-60) or OD* Positive? 1 Yes 2 No (161) 1 Yes 1 Yes	Antigen Serology 2 (mm/dd (165-66) (167-68)	* Ch 22. (Use * Ch 27-72) Fisitive? (es No (173) (es No (174) (es	eck only if specifications if specifications if specifications if specifications in the specification is considered by the specification in the specification is considered by the specificatio	(121-22) (123-24) (125-28) fic assay was performed. c Tests?* e collection date.) Positive? 1 Yes 2 No (178) 1 Yes 2 No (179)
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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).



Q Fever Case Report



Form Approved OMB 0920-0009

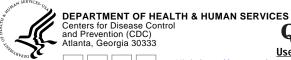
Use for: Acute Q Fever and Chronic Q Fever
Visit http://www.cdc.gov and use "Search" for complete Case Definition or to visit the

4) O Fever disease web site for a fillable/downloadable PDF version of this Case Report.

		– PATIENT	/PHYSICIAN INFORM	MATION –	Keport.	
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Address	y.		name:		no.	
			NETSS ID No.: (if re	onartad)		
City: High transfer			NEISS ID NO.: (II I	Case ID (13-18) Sit	te (19-21) State (22-23)
THE TENENT IN THE PERSON	. N. 149 M. 23 27 25 26 27 1. L	THEORIES A CONTACTION OF	DEMOGRAPHICS -	Case ID (13-10)	State (22-23)
1. State of 2. Count		3. Zip code:	4. Date of birth:	5. Sex: (68) 6. Race	e: (69)	7. Hispanic
residence: reside	ence:		(mm/dd/yyyy)	1 ☐ Male 1 ☐ V	White 4	Asian ethnicity:
				Z I cinale		Pacific Islander
(24-25)	(26-50)	(51-59)	(60-61) (62-63) (64-67)	- 9 □ Not 3 □ A	American Indian ₉ [Alaskan Native	Not specified 9 Unk
` '	of onset of illness (Check	, ,	(0.00)		contact with ani	· —
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3 dairy (73)			other (please specify) (81)	2 🗆 9	Sheep (83) 4	Pigeons (85) 6 Rabbits (87)
4 veterinarian (74)	9☐ ranch	•	other (please specify) (61)	8 🗆 (Other (please spec	cify) (88)
5 medical research		iei (19)				
10. Any exposure to bir	· /	posure to unpasteurized n	nilk2 12 Any traval i	n last year? (91-92)	11	3. Other family member with
1 Yes 2 No		Yes 2 No 9 Unk	(90) 12. Ally travers	11 last year: (91-92)	•	similar illness in last year?
If yes, which		es, which	If yes, State	County		(93)
animal		nal	Foreign Countr	у		1 ☐ Yes 2 ☐ No 9 ☐ Unk
		- (CLINICAL FINDINGS			
14. Date of Onset of Sy	mptoms: 15. Clinical	Signs and syndromes (che	eck all that apply)			
		f clinically compatible illness is necesiver (>100.5) (102) 4 mala				lease specify) (114)
(94-95) / (96-97) / (98		yalgia (103) $5 \square$ rash		y (109) 11 hepatitis (112)	·/ oo⊡ otrici (p	icase specify (114)
(96-97) (96 (mm/dd/yyyy)	· · · · · · · · · · · · · · · · · · ·	trobulbar pain (104) 6 Coug		•	42)	
	Acute Q fever: A	Acute fever and one or more of the fo	llowing: Rigors (febrile shivering).	severe retrobulbar headache, acute	hepatitis, pneumonia, o	or elevated liver enzyme levels.
	Chronic Q fever:	Acute fever and one or more of the fo Newly recognized, culture-negative ms or vascular prostheses, or chronic	endocarditis - particularly in patier	nts with previous valvulopathies or c	compromised immune s	ystems, suspected infections of
16. Any pre-existing m	edical conditions? (chec	k all that apply)	17. Was patient	hospitalized 18. Did r	atient die from o	complications
16. Any pre-existing m 1 ☐ immunocompromis		k all that apply) art disease or vascular graft	` '	nis illness? (119) of th	oatient die from (is illness?(120) (l	f yes, date) (mm/dd/yyyy)
	sed (115) 3 valvular he	art disease or vascular graft	because of tl	nis illness? (119) of th	patient die from 0 is illness? (120) (les $2 \square N0$ 9	f yes, date) (mm/dd/yyyy)
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for routine diagnostic testing. Interprét 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.

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).



Q Fever Case Report



Form Approved OMB 0920-0009

Use for: Acute Q Fever and Chronic Q Fever
Visit http://www.cdc.gov 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.

Patient's Physician's Ph
Nets
To State of residence: State of residence: 3. Zip code: 4. Date of birth: 1 Male 1 Mille 4 Asian Mille 4 Asian 1 Mille
State of residence:
1. State of residence: County of residence: County of residence: County of residence: County of residence: County of residence: County of residence: County of residence: County of residence: County of residence: County of residence: County of residence: County of Residence
1. State of residence: Secondary of residence County of residence County of residence County County
residence:
Secupation at date of onset of illness (Check all that apply) Comparison of felt plant (??) Salign p
8. Occupation at date of onset of illness (Check all that apply) 1 wool or felt plant (71) 6 animal research (76) 1 o live in household with person occupationally related to above? (80) 2 Sheep (83) 4 open onset (81) 3 adiaskan Native open onset (81) 5 open onset (81)
8. Occupation at date of onset of illness (Check all that apply) 1 wool or felt plant (?¹) 6 animal research (?6) 10 live in household with person occupationally related to above? (80) 2 tannery or rendering plant (?²) 8 laboratory worker (?6) 8 other (please specify) (81) 3 dairy (?3) 8 laboratory worker (?6) 8 other (please specify) (81) 4 veterinarian (?4) 9 rancher (?9) 1 Cattle (82) 3 Goats (84) 5 Cats (86) 2 Sheep (83) 4 Pigeons (85) 6 Rabbits (87) 8 Other (please specify) (81) 1 Yes 2 No 9 Unk 1 Yes 2 No
8. Occupation at date of onset of illness (Check all that apply) 1 wool or felt plant (??) 6 animal research (?®) 10 live in household with person occupationally related to above? (®) 1 2 months prior to onset? (check all that apply) 1 Cattle (@2) 3 Goals (®4) 5 Cats (®8) 2 Sheep (®3) 4 Pigeons (®5) 6 Rabbits (®7) 4 Veterinarian (?4) 9 rancher (?8) 8 other (please specify) (®1) 1 Yes 2 No 9 Unk (§9) 1 Yes 2 No 9 Yes 2 No 9 Unk (§9) 1 Yes 2 No 9 Yes 2 No 9
1 wool or felt plant (71) 6 animal research (76) 1 0 live in household with person occupationally related to above? (80) 1 Cattle (82) 3 Goats (84) 5 Cats (86) 2 Sheep (83) 4 Pigeons (85) 6 Rabbits (87) 8 laboratory worker (78) 8 laboratory worker (79) 8 laboratory worker (78) 8 laboratory worke
2 tannery or rendering plant (72) 7 slaughterhouse worker (77) 8 aboratory worker (78) 8 aboratory w
2 Sheep (63) 4 Pigeons (65) 6 Rabbits (67)
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4 veterinarian (74)
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11. Exposure to birthing animals?
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If yes, which animal
If yes, which animal
animal
14. Date of Onset of Symptoms: 15. Clinical Signs and syndromes (check all that apply) Evidence of clinically compatible illness is necessary. See CSTE/CDC Q Fever case definition, and case categorization summaries below. 1
Evidence of clinically compatible illness is necessary. See CSTECDC 0 Fever case definition, and case categorization summaries below. 1
1 fever (>100.5)(102) 4 malaise (105) 7 headache (108) 10 pneumonia (111) 88 Other (please specify) (114) 2 myalgia (103) 5 rash (106) 8 splenomegaly (109) 11 hepatitis (112) 3 retrobulbar pain (104)6 cough (107) 9 hepatomegaly (110) 12 endocarditis (113) Acute 0 fever: Acute fever and one or more of the following: Rigors (febrile shivering), severe retrobulbar headache, acute hepatitis, pneumonia, or elevated liver enzyme levels. Chronic 0 fever: Newly recognized, culture-negative endocarditis - particularly in patients with previous valvulopathies or compromised immune systems, suspected infections of vascular aneurysms or vascular prostheses, or chronic hepatitis in the absence of other known etiology. 16. Any pre-existing medical conditions? (check all that apply) 1 immunocompromised (115) 3 valvular heart disease or vascular graft (117) 2 pregnancy (116) 8 Other
2 myalgia (103) 5 rash (106) 8 splenomegaly (109) 11 hepatitis (112) 3 retrobulbar pain (104)6 cough (107) 9 hepatomegaly (110) 12 endocarditis (113) Acute 0 fever: Acute fever and one or more of the following: Rigors (febrile shivering), severe retrobulbar headache, acute hepatitis, pneumonia, or elevated liver enzyme levels. Chronic 0 fever: Newly recognized, culture-negative endocarditis - particularly in patients with previous valvulopathies or compromised immune systems, suspected infections of vascular aneurysms or vascular prostheses, or chronic hepatitis in the absence of other known etiology. 16. Any pre-existing medical conditions? (check all that apply) 1 immunocompromised (115) 3 valvular heart disease or vascular graft (117) 2 pregnancy (116) 8 Other 17. Was patient hospitalized because of this illness? (119) 1 Yes 2 No 9 Unk
3 retrobulbar pain (104) 6 cough (107) 9 hepatomegaly (110) 12 endocarditis (113) Acute Q fever: Acute fever and one or more of the following: Rigors (febrile shivering), severe retrobulbar headache, acute hepatitis, pneumonia, or elevated liver enzyme levels. Chronic Q fever: Newly recognized, culture-negative endocarditis - particularly in patients with previous valvulopathies or compromised immune systems, suspected infections of vascular aneurysms or vascular aneurysms or vascular prostheses, or chronic hepatitis in the absence of other known etiology. 16. Any pre-existing medical conditions? (check all that apply) 1 immunocompromised (115) 3 valvular heart disease or vascular graft (117) 2 pregnancy (116) 8 Other 17. Was patient hospitalized because of this illness? (119) 1 Yes 2 No 9 Unk
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Acute Q fever: Acute fever and one or more of the following: Rigors (febrile shivering), severe retrobulbar headache, acute hepatitis, pneumonia, or elevated liver enzyme levels. Chronic Q fever: Newly recognized, culture-negative endocarditis - particularly in patients with previous valvulopathies or compromised immune systems, suspected infections of vascular aneuryms or vascular prostheses, or chronic hepatitis in the absence of other known etilology. 16. Any pre-existing medical conditions? (check all that apply) 1 immunocompromised (115) 3 valvular heart disease or vascular graft (117) 2 pregnancy (116) 8 Other
16. Any pre-existing medical conditions? (check all that apply) 1 immunocompromised (115) 3 valvular heart disease or vascular graft (117) 2 pregnancy (116) 8 Other - LABORATORY DATA - 19. Laboratory Name: - City: - Phase I Antigen 17. Was patient hospitalized because of this illness? (119) (118)
16. Any pre-existing medical conditions? (check all that apply) 1 immunocompromised (115) 3 valvular heart disease or vascular graft (117) 2 pregnancy (116) 8 Other - LABORATORY DATA - 19. Laboratory Name: - City: - Phase I Antigen 17. Was patient hospitalized because of this illness? (119) (118)
Immunocompromised (115) 3 Valvular heart disease or vascular graft (117) 2 pregnancy (116) 8 Other O
2 pregnancy (116) 8 Other
19. Laboratory Name:
19. Laboratory Name: City: State: Zip: 20
20 Phase I Antigen Phase II Antigen * Check only if specific assay was performed.
70 Filase i Antiqui Filase ii Antiqui
Serology Serology 1 (mm/dd/vvvv) Serology 2 (mm/dd/vvvv) Serology 1 (mm/dd/vvvv) Serology 2 (mm/dd/vvvv) 1 22. Uther Diagnostic Tests?"
Scrology 2 (Illinadayyyy) Scrology 2 (Illinadayyyy) (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)
1 Yes 1 Yes 1 Yes 1 Yes 1 Immunostain 1 Yes 2 No (179)
IFA - IgG
IFA - IgM 1 Yes 1 Yes 1 Yes Sample(s) tested:
IFA - IgiVi
Other 1 Yes 1 Yes 1 Yes 1 Yes
*IFA "Titer" or Other test: if CF, "Titer", if ELISA (EIA), Optical Density "OD" value.
21. Was there a fourfold change in antibody titer between the two serum specimens? 1 Yes 2 No (177)
21. Was there a fourfold change in antibody titer between the two serum specimens? 1 Yes 2 No (177) - FINAL DIAGNOSIS -
- FINAL DIAGNOSIS -
- FINAL DIAGNOSIS - 23. Classify case <u>based on</u> the CSTE/CDC case definition (see 15 above and criteria below): State Health Department Official who reviewed this report:
- FINAL DIAGNOSIS - 23. Classify case <u>based on</u> the CSTE/CDC case definition (see 15 above and criteria below): State Health Department Official who reviewed this report: 1 Confirmed acute Q Fever 2 Probable acute Q Fever Name:
- FINAL DIAGNOSIS – 23. Classify case <u>based on</u> the CSTE/CDC case definition (see 15 above and criteria below): State Health Department Official who reviewed this report: 1 Confirmed acute Q Fever 2 Probable acute Q Fever 3 Confirmed chronic Q Fever 4 Probable chronic Q Fever (181)
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23. Classify case based on the CSTE/CDC case definition (see 15 above and criteria below): 1 Confirmed acute Q Fever 2 Probable acute Q Fever 3 Confirmed chronic Q Fever 4 Probable chronic Q Fever (181) See CSTE/CDC Q Fever Case Definition effective 1/1/2008 for details of the following categories:
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23. Classify case <u>based on</u> the CSTE/CDC case definition (see 15 above and criteria below): 1
23. Classify case based on the CSTE/CDC case definition (see 15 above and criteria below): 1 Confirmed acute Q Fever 2 Probable acute Q Fever Name: 3 Confirmed chronic Q Fever 4 Probable chronic Q Fever (181) See CSTE/CDC Q Fever Case Definition effective 1/1/2008 for details of the following categories: Confirmed acute Q Fever: A laboratory confirmed case that either meets clinical case criteria or is epidemiologically 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]). 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]).
23. Classify case <u>based on</u> the CSTE/CDC case definition (see 15 above and criteria below): State Health Department Official who reviewed this report: 1 Confirmed acute Q Fever 2 Probable acute Q Fever Name: 3 Confirmed chronic Q Fever 4 Probable chronic Q Fever (181) See CSTE/CDC Q Fever Case Definition effective 1/1/2008 for details of the following categories: Confirmed acute Q Fever: A laboratory confirmed case that either meets clinical case criteria or is epidemiologically 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.

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