

Q fever Case Investigation Form

National Questionnaire v0.2 May 2019

NOTIFICATION:

Date notified:/...../..... **NCIMS ID:**

Interviewer name: PHU:

CASE DETAILS:

First name: Last name:

Sex: Female Male Date of birth:/...../..... Age (years):

Address:

State/Territory: Postcode:

Telephone: Mobile:

Email:

Parent/carer:

Indigenous status: Aboriginal Torres Strait Islander

Aboriginal & Torres Strait Islander

Non-Indigenous Unknown

Country of birth: Primary language:

Occupation(s) in month prior to illness:

Primary activities/duties at work (list all):

Company/employer: Name:

Address:

Contact person:

Phone:

Company/employer: Name:

Address:

Contact person:

Phone:

CLINICAL DETAILS:

Treating doctor: Name: Practice name:

Address:

Phone:

Date of onset of symptoms:/...../..... Date of first consultation:/...../.....

Fever Headache Eye pain

Sweats Weight loss Cough Any heart problems

Chills/rigors Abdominal pain Loss of appetite Sore throat Shortness of breath

Fatigue/lethargy Nausea Jaundice Chest pain

Joint/muscle pain Diarrhoea Abnormal LTFs Pneumonia

Other symptoms:

Yes No If yes, hospital name:

Hospitalised: Unk Days in hospital:

CLINICAL DETAILS:

Underlying conditions: Immunosuppressed Valvular heart disease Other: _____

Pregnancy (case or case's partner): Yes No Unk If yes, gestational age (weeks): _____

Complications: Yes No Unk If yes, specify: _____

Outcome: Died Still ill Recovered If died, date of death:/...../.....

Duration of illness (days): _____ Time off work (days): _____

Family member with similar illness: Yes No Unk If yes, list name, relationship, onset date: _____

LABORATORY CRITERIA:

Tests completed:	Specimen collection date:	Results: (for each serology test completed, list method (e.g. EIA/CFT/IFA), target antibodies & titres, if available)
<input type="checkbox"/> PCR/NAT/...../.....	<input type="checkbox"/> <i>C. burnetii</i> detected <input type="checkbox"/> Not detected
<input type="checkbox"/> Serology 1 (acute sample)/...../.....	
<input type="checkbox"/> Serology 2 (convalescent sample)/...../.....	
<input type="checkbox"/> Serology 3 (repeat, if needed)/...../.....	
<input type="checkbox"/> Culture*/...../.....	<input type="checkbox"/> <i>C. burnetii</i> isolated <input type="checkbox"/> Negative

**Culture is not considered a routine diagnostic test, and is strongly discouraged except where appropriate facilities and training exist.*

History of past Q Fever infection? Yes No Unk
 ... If yes, describe (incl. any lab results): _____

VACCINATION HISTORY:

Previous screening: Yes No Unk If yes, date:/...../..... Result: _____

Previous vaccination: Yes No Unk If yes, date:/...../.....

If not vaccinated, reason: Did not know about vaccine/Q fever Previous infection/skin test reactive Cost/too expensive Too young Chose not to No local providers Other, specify: _____

(tick all that apply)

EXPOSURE HISTORY: All questions in this section relate to the month prior to illness onset

Exposure period:

Date:/...../..... to Date:/...../.....
 (Onset of symptoms - 1 month) (Date of onset of symptoms)

Animal exposures:

If yes for any, give details: (e.g. activities, animals involved, locations, use of personal protect equipment)

Y N

Direct contact with animals:

U

Cattle Sheep Domestic goats Feral goats

... if yes, tick all type(s) that apply:

Domestic pigs

Feral pigs Kangaroos Small marsupials (e.g. bandicoots)

Cats Dogs Other, specify: _____

Direct contact with animal tissues or fluids (e.g. blood, bone, viscera, skin/hides, urine):

Y N

U

Slaughtering, skinning or meat processing:

Y N

U

... if yes, was this in an abattoir:

Y N

U

Assisted or observed an animal birth:

Y N

U

... if yes, direct contact with birthing materials (e.g. placenta, fluids) or newborns:

Y N

U

Y N

Hunting or shooting:

U

Shearing, wool processing or wool classing:

Y N

U

Contact with pelts or hides (incl. tanning):

Y N

U

Contact with straw or animal bedding:

Y N

U

Contact with animal manure/animal fertiliser:

Y N

U

Attended a saleyard or animal show:

Y N

U

Y N

Observing veterinary practices:

U

Directly undertaking veterinary practices:

Y N

U

Consumed unpasteurised milk or milk products:

Y N

U

Environmental exposures:

If yes, give details for each exposure:

(e.g. activities, location, any animals present, etc.)

Travel within state, interstate or overseas:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Lives on a farm/station or rural property:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Visited a farm/station or rural property:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Visited a facility that processes animal products (e.g. abattoir, factory, etc.):	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Exposure to dust from paddocks/animal yards:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Lives/works near an abattoir/animal grazing area/saleyards:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Exposure to trucks transporting livestock:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Direct contact with clothes worn by someone who works with animals (e.g. laundered):	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Direct contact with ticks: ... if yes, bitten by ticks:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....
Gardening in areas with, or mowing over, wildlife (e.g. kangaroos) faeces:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	.....

NOTIFICATION DECISIONS:

Place acquired:	<input type="checkbox"/> Within Australia, specify State/Territory: _____	<input type="checkbox"/> Overseas, specify country: _____	<input type="checkbox"/> Unknown
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Source of infection:

Case classification:	<input type="checkbox"/> Confirmed acute Q fever
	<input type="checkbox"/> Probable acute Q fever
	<input type="checkbox"/> Chronic Q fever
	<input type="checkbox"/> Unlikely Q fever
	<input type="checkbox"/> Lab results pending

ADDITIONAL COMMENTS: