Q fever Case Investigation Form
National Questionnaire v0.2 May 2019

NOTIFICATION:
Date notified: .../.../....
Interviewer name:
NCIMS ID: ..................................................
PHU: ..........................................................

CASE DETAILS:
First name: .............................................. Last name: ..............................................
Sex: ☐ Female ☐ Male Date of birth: .../.../.... Age (years): ........
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:
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 ☐ Sweats ☐ Chills/rigors ☐ Fatigue/lethargy ☐ Joint/muscle pain
☐ Abdominal pain ☐ Nausea ☐ Vomiting ☐ Diarrhoea ☐ Malaise
☐ Headache ☐ Weight loss ☐ Loss of appetite ☐ Jaundice ☐ Abnormal LTFs
☐ Cough ☐ Sore throat ☐ Shortness of breath ☐ Chest pain ☐ Pneumonia
☐ Eye pain ☐ Any heart problems
Other symptoms: ..............................................
Hospitalised: ☐ Yes ☐ No If yes, hospital name: ..........................................................
Days in hospital: ..............................................
**CLINICAL DETAILS:**

<table>
<thead>
<tr>
<th>Underlying conditions:</th>
<th>☐ Immunosuppressed ☐ Valvular heart ☐ Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy (case or case’s partner):</td>
<td>☐ Yes ☐ No ☐ Unk If yes, gestational age (weeks):</td>
</tr>
<tr>
<td>Complications:</td>
<td>☐ Yes ☐ No ☐ Unk If yes, specify:</td>
</tr>
<tr>
<td>Outcome:</td>
<td>☐ Died ☐ Recovered If died, date of death:</td>
</tr>
<tr>
<td>Duration of illness (days):</td>
<td>Time off work (days):</td>
</tr>
<tr>
<td>Family member with similar illness:</td>
<td>☐ Yes ☐ No ☐ Unk If yes, list name, relationship, onset date:</td>
</tr>
</tbody>
</table>

**LABORATORY CRITERIA:**

<table>
<thead>
<tr>
<th>Tests completed:</th>
<th>Specimen collection date:</th>
<th>Results: (for each serology test completed, list method (e.g. EIA/CFT/IFA), target antibodies &amp; titres, if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ PCR/NAT</td>
<td>......./....../......</td>
<td>☐ C. burnetii detected ☐ Not detected</td>
</tr>
<tr>
<td>☐ Serology 1 (acute sample)</td>
<td>......./....../......</td>
<td></td>
</tr>
<tr>
<td>☐ Serology 2 (convalescent sample)</td>
<td>......./....../......</td>
<td></td>
</tr>
<tr>
<td>☐ Serology 3 (repeat, if needed)</td>
<td>......./....../......</td>
<td></td>
</tr>
<tr>
<td>☐ Culture*</td>
<td>......./....../......</td>
<td>☐ C. burnetii isolated ☐ Negative</td>
</tr>
</tbody>
</table>

*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:**

<table>
<thead>
<tr>
<th>Previous screening:</th>
<th>☐ Yes ☐ No ☐ Unk date:</th>
<th>If yes, ....../....../...... Resul</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous vaccination:</td>
<td>☐ Yes ☐ No ☐ Unk date:</td>
<td>....../....../....../......</td>
</tr>
<tr>
<td>If not vaccinated, (tick all that apply)</td>
<td>☐ 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:</td>
<td>_________________________________________________________________</td>
</tr>
</tbody>
</table>
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 protection equipment)

- Direct contact with animals:  
  ☐ Y  ☐ N  
  ☐ 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

- Hunting or shooting:  
  ☐ Y  ☐ N  
  ☐ 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

- Observing veterinary practices:  
  ☐ Y  ☐ N  
  ☐ U

- Directly undertaking veterinary practices:  
  ☐ Y  ☐ N  
  ☐ U

- Consumed unpasteurised milk or milk products:  
  ☐ Y  ☐ N  
  ☐ U
NCIMS ID: __________________

### Environmental exposures:

<table>
<thead>
<tr>
<th>If yes, give details for each exposure: (e.g. activities, location, any animals present, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel within state, interstate or overseas:</td>
</tr>
<tr>
<td>Lives on a farm/station or rural property:</td>
</tr>
<tr>
<td>Visited a farm/station or rural property:</td>
</tr>
<tr>
<td>Visited a facility that processes animal products (e.g. abattoir, factory, etc.):</td>
</tr>
<tr>
<td>Exposure to dust from paddocks/animal yards:</td>
</tr>
<tr>
<td>Lives/works near an abattoir/animal grazing area/saleyards:</td>
</tr>
<tr>
<td>Exposure to trucks transporting livestock:</td>
</tr>
<tr>
<td>Direct contact with clothes worn by someone who works with animals (e.g. laundered):</td>
</tr>
<tr>
<td>Direct contact with ticks:</td>
</tr>
<tr>
<td>... if yes, bitten by ticks:</td>
</tr>
<tr>
<td>Gardening in areas with, or mowing over, wildlife (e.g. kangaroos) faeces:</td>
</tr>
</tbody>
</table>

### NOTIFICATION DECISIONS:

| Place acquired: | ☐ Within Australia, ☐ Overseas, ☐ Unknown |
| --- | --- | --- |
| specify State/Territory: | specify country: |
| Source of infection: | |
| Case classification: | ☐ Confirmed acute Q fever |
| ☐ Probable acute Q fever |
| ☐ Chronic Q fever |
| ☐ Unlikely Q fever | ☐ Lab results pending |