California Department of Public Health
Surveillance and Statistics Section
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CASE REPORT

❒ Q FEVER

Patient name–last	first	middle initial	Date of birth	Age	Sex

Address–number, street	City	State	County	ZIP code

RACE (check one)
❒ African-American/Black ❒ White ❒ Native American ❒ Asian/Pacific Islander ❒ Other _____

If Asian/Pacific Islander, please check one: ❒ Asian Indian ❒ Cambodian ❒ Chinese ❒ Filipino ❒ Guamanian ❒ Hawaiian ❒ Japanese ❒ Korean ❒ Laotian ❒ Samoan ❒ Vietnamese ❒ Other _____

ETHNICITY (check one)
❒ Hispanic/Latino ❒ Non-Hispanic/Non-Latino

PRESENT ILLNESS

Date of onset	Onset was ❒ Sudden ❒ Insidious	Date of diagnosis	Brief clinical description

Specific therapy (specify product(s))

Dates
First dose _____ Last dose _____

Has this case been previously diagnosed? ❒ Yes ❒ No	Date first diagnosed	Patient's address at date first diagnosed (city, county)	Outcome of case ❒ Recovered ❒ Died—Date _____

Q FEVER Chest x-ray ❒ Yes ❒ No	Date taken	Results

DIAGNOSTIC TESTS

Type of Test	Date Collected	Results	Name and Address of Laboratory
Blood culture (specify strain)	(1)		
	(2)		
Serology (specify test, e.g.,IFA, ELISA, CF, Agglutination, and titre)	(1)		
	(2)		
	(1)		
	(2)		
Complement fixation (specify titre)	(1)		
	(2)		
Other (e.g., skin test, animal inoculation)			

Occupation (give exact job) and kind of business or industry at date of onset

Job address (number street)	City	State	ZIP code

If changed within six months of onset, indicate previous occupation

PERSONAL CONTACTS

Number of persons in household: _____

	Yes	No	If Yes, Date	Name	Relationship to the Patient
Similar illness in household?	❒	❒			
Similar illness in neighborhood?	❒	❒			

Milk and Other Dairy Products

Type of milk supply: ❒ Cow ❒ Goat

❒ Homogenized ❒ Pasteurized ❒ Not used
❒ Canned ❒ Unpasturized (raw)
❒ Milk products (e.g., unpasturized cheese) (specify below):
_____
_____
_____

Check source:
❒ Dairy ❒ Own cow ❒ Own goat
❒ Creamery ❒ Store
❒ Other: _____
Specify name: _____
_____
_____

Occasional milk supply (specify, within one month of illness):
_____
_____
_____
_____
_____
_____

PROBABLE SOURCE OF INFECTION

Contact with animals within six months prior to date of onset? ☐ Yes ☐ No ☐ Unknown

Check species of animal, status of animal at time of contact, and type of contact.

SPECIES OF ANIMAL	ANIMAL STATUS			TYPE OF CONTACT				
	Pregnant	Newborn	Unknown	Handling	Skinning	Dissecting	Bite	Other, specify
1. ☐ Cattle	☐	☐	☐	☐	☐	☐	☐	☐
2. ☐ Pigs	☐	☐	☐	☐	☐	☐	☐	☐
3. ☐ Goats	☐	☐	☐	☐	☐	☐	☐	☐
4. ☐ Sheep	☐	☐	☐	☐	☐	☐	☐	☐
5. ☐ Domestic rabbit or rodent Specify:	☐	☐	☐	☐	☐	☐	☐	☐
6. ☐ Other domestic animal Specify:	☐	☐	☐	☐	☐	☐	☐	☐
7. ☐ Wild rabbit (e.g., cottontail Specify:	☐	☐	☐	☐	☐	☐	☐	☐
8. ☐ Wild rodent (e.g., squirrel) Specify:	☐	☐	☐	☐	☐	☐	☐	☐
9. ☐ Other wild animal Specify:	☐	☐	☐	☐	☐	☐	☐	☐

If any of the above is checked, please indicate numbers 1–9, describe exposure date, and location:

Other Exposure:

☐ Bite of blood-sucking insect (specify and describe): _____

☐ Laboratory exposure (specify and describe): _____

☐ Drinking untreated water (specify and describe): _____

☐ Consumption of undercooked meat (specify and describe): _____

☐ Other exposures or injuries (specify and describe): _____

Patient's activities during ten days prior to onset:

Has patient been exposed to brucella vaccine or to recently vaccinated animals? ☐ Yes ☐ No ☐ Unknown If yes, specify vaccine type: _____

REMARKS

Investigator name	Agency	Date	Telephone number
			( )

BRUCELLOSIS CASE DEFINITION

CDC/MMWR, May 2, 1997, Volume 46, Number RR-10, "Case Definition for Infectious Conditions Under Public Health Surveillance," Part I, Case Definitions for National Notifiable Infectious Diseases.

Clinical Description

An illness characterized by acute or insidious onset of fever, night sweats, undue fatigue, anorexia, weight loss, headache, and arthralgia.

Laboratory Criteria for Diagnosis

- Isolation of *Brucella* from a clinical specimen, or
- Fourfold or greater rise in *Brucella* agglutination titre between acute- and convalescent-phase serum specimens obtained ≥2 weeks apart and studied at the same laboratory, or
- Demonstration by immunofluorescence of *Brucella* sp. in a clinical specimen

Case Classification

Probable: a clinically compatible case that is epidemiologically linked to a confirmed case or that has supportive serology (i.e., *Brucella* agglutination titre of ≥160 in one or more serum specimens obtained after onset of symptoms)

Confirmed: a clinically compatible case that is laboratory confirmed

TULAREMIA CASE DEFINITION (Revised 9/96)

CDC/MMWR, May 2, 1997, Volume 46, Number RR-10, "Case Definition for Infectious Conditions Under Public Health Surveillance," Part II, Case Definitions for Non-Notifiable Infectious Diseases.

Clinical Description

An illness characterized by several distinct forms, including the following:

- Ulceroglandular (cutaneous ulcer with regional lymphadenopathy)
- Glandular (regional lymphadenopathy with no ulcer)
- Oculoglandular (conjunctivitis with preauricular lymphadenopathy)
- Oropharyngeal (stomatitis or pharyngitis or tonsillitis and cervical lymphadenopathy)
- Intestinal (intestinal pain, vomiting, and diarrhea)
- Pneumonic (primary pleuropulmonary disease)
- Typhoidal (febrile illness without early localizing signs and symptoms)

Clinical diagnosis is supported by evidence or history of a tick or deerfly bite, exposure to tissues of a mammalian host of *Francisella tularensis*, or exposure to potentially contaminated water.

Laboratory Criteria for Diagnosis

Presumptive

- Elevated serum antibody titre(s) to *F. tularensis* antigen (without documented fourfold or greater change) in a patient with no history of tularemia vaccination or
- Detection of *F. tularensis* in a clinical specimen by fluorescent assay

Confirmatory

- Isolation of *F. tularensis* in a clinical specimen or
- Fourfold or greater change in serum antibody titre to *F. tularensis* antigen

Case Classification

Probable: a clinically compatible case with laboratory results indicative of presumptive infection

Confirmed: a clinically compatible case with confirmatory laboratory results