

## **Q** Fever Case Report



Centers for Disease Control and Prevention Fax: (404) 639-2778

Form Approved OMB 0920-0009

Patient's					4			
	- PATIENT/	PHYSICIAN INFORM						
name:	_ Date submitted: _ Physician's							
Address:	name:no.:							
(number, street)  City:		NETSS ID No.: (if re	NETSS ID No.: (if reported)					
		DEMOCRABILICS	Case ID	(13-18)	Site (19-21) State (22-23)			
1. State of 2. County of	3. Zip code:	DEMOGRAPHICS – 4. Date of birth:	5. Sex: (68) 6. Ra	<b>ce:</b> (69)	7. Hispanic			
residence: residence:	•	(mm/dd/yyyy)	1 ☐ Male 1 ☐	White	4 Asian ethnicity:			
		, ,		2 Female 2 Black 5 Pacific Islander 2 Na				
(24-25) (26-50)	(51-59)	(60-61) (62-63) (64-67)	9 Not specified 3					
8. Occupation at date of onset of illness (Chec	c all that apply)		9. An	y contact with a	nimals within			
		ve in household with pers	ion	-	onset? (check all that apply)  Goats (84) 5 Cats (86)			
2 tannery or rendering plant (72) 7 slaug	THEITIOUSE WOLKEI (77)	ccupationally related to a	2010. (00)		Pigeons (85) 6 Rabbits (87)			
3 dairy (73) 8 laboratory worker (78) 88 other (please specify) (81) 4 veterinarian (74) 9 rancher (79)  8 laboratory worker (78) 88 other (please specify) (81)  8 Other (please specify) (88)					<u> </u>			
5 medical research (75)								
	posure to unpasteurized m	ilk? 12 Any travel i	n last year? (91-92)		13. Other family member with			
(89)	Yes 2 No 9 Unk	(90)			similar illness in last year?			
	es, which	If yes, State	County		1  Yes 2 No 9 Unk			
, ,	mal	Foreign Country	<i>!</i>		1 res 2 livo 9 liulik			
		LINICAL FINDINGS	-					
I	al Signs and syndromes (c							
	ver (>100.5)(102) 4 malai		10 $\square$ pneumonia (1 1109) 11 $\square$ hepatitis (112)		(please specify) (114)			
(94-95) (96-97) (98-101)	yalgia (103) 5  □ rash ( trobulbar pain (104)6  □ cough		•					
16. Any pre-existing medical conditions? (chec 1 ☐ immunocompromised (115) 3 ☐ valvular he		17. Was patient h	nis illness? (119) of t	patient die fron his illness?(120)	n complications (If yes, date) (mm/dd/yyyy)			
	art disease or vascular grant		No 9□Unk 1□	Yes 2 No 9	∍□ Unk / /			
		ABORATORY DATA -			(121-22) (123-24) (125-28)			
19. Name of	<u></u>							
laboratory:					p:			
20. Sandaru 1	I Antigen		Antigen	* Check only	if specific assay was performed.			
Serology Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)					
T (Check only if Specific T	, ,			Diagnostic 1	Tests ?* Positive?			
(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)	PCR	10313			
Titer or OD* Positive?	Titer or OD* Positive?	Titer or OD* Positive?	(165-66) (167-68) (169-72)  Titer or OD* Positive?	PCR	1 Yes 2 No (178)			
Titer or OD* Positive?  IFA - IaG 1□ Yes	Titer or OD* Positive?  1 ☐ Yes	Titer or OD* Positive?	Titer or OD* Positive?  1☐ Yes	PCR	1 Yes 2 No (178)			
Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (149)	Titer or OD* Positive?  1 Yes 2 No (161)	Titer or OD* Positive?  1	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?   IFA - IgG	1 Yes	Titer or OD*   Positive?	1 Yes  1 Yes  1 Yes	PCR Immunos	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?    IFA - IgG	1 Yes 1 Yes 2 No (149) 1 Yes 2 No (150)	$\begin{tabular}{lll} \hline \textbf{Titer or OD}^* & \textbf{Positive?} \\ & & & 1 & Yes \\ & & & 2 & No~(161) \\ \hline & & & & 1 & Yes \\ & & & & 2 & No~(162) \\ \hline \end{tabular}$	1 Yes 1 Yes 2 No (173) 1 Yes 2 No (174)	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?    IFA - IgG	1 Yes 1 Yes 2 No (149) 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes	Titer or OD*   Positive?	1 Yes 1 Yes 2 No (173) 1 Yes 2 No (174) 1 Yes	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?    IFA - IgG	Titer or OD* Positive?  1 Yes 2 No (149)  1 Yes 2 No (150)  1 Yes 2 No (151)	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (174)	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?    IFA - IgG	1 Yes 1 Yes 2 No (149) 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes 1 Yes	Titer or OD*   Positive?	1 Yes 1 Yes 2 No (173) 1 Yes 2 No (174) 1 Yes	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?   IFA - IgG	Titer or OD* Positive?  1 Yes 2 No (149)  1 Yes 2 No (150)  1 Yes 2 No (151)  1 Yes 2 No (151)  1 Yes 2 No (152)  est: ELISA (EIA) Optical Density "	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?   IFA - IgG	Titer or OD* Positive?  1 Yes 2 No (149)  1 Yes 2 No (150)  1 Yes 2 No (151)  1 Yes 2 No (151)  1 Yes 2 No (152)  est: ELISA (EIA) Optical Density "	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?   IFA - IgG	Titer or OD*   Positive?	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunos Culture	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)			
Titer or OD* Positive?   IFA - IgG	Titer or OD*   Positive?	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunos Culture Sample(s) t	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)  rested:			
IFA - IgG  IFA - IgM  IFA - IgM  Complement  Fixation  Other  test:  IFA or CF "Titer" or Other  21. Was there a fourfold change in antibody	Titer or OD*   Positive?	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunos Culture Sample(s) t	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)  rested:			
Titer or OD* Positive?  IFA - IgG  IFA - IgM  IFA - IgM  Complement  Fixation  Other  1 Yes	Titer or OD* Positive?  1 Yes 2 No (149) 1 Yes 2 No (150) 1 Yes 2 No (151) 1 Yes 2 No (152) est: ELISA (EIA) Optical Density "titer between the two serus (see criteria below):  BLE (181) boratory confirmed with 1) a fou	Titer or OD*	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunos Culture Sample(s) t	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)  rested:			
IFA - IgG  IFA - IgM  IFA - IgM  Complement  Fixation  Other  test:  "IFA or CF "Titer" or Other  21. Was there a fourfold change in antibody  23. Classify case based on the CDC case definition  1 CONFIRMED  2 PROBA	Titer or OD* Positive?  1 Yes 2 No (149)  1 Yes 2 No (150)  1 Yes 2 No (151)  1 Yes 2 No (152)  est: ELISA (EIA) Optical Density "titer between the two serum (see criteria below):  BLE (181)  boratory confirmed with 1) a fou antibody test, or 2) a positive	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunos Culture Sample(s) t	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)  rested:			

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-24); Atlanta, GA 30333; ATTN: PRA (0920-0009).



## **Q** Fever Case Report



Centers for Disease Control and Prevention Fax: (404) 639-2778

Form Approved

CDC# L		(1-4)	_ PATIENT	/PHV	SICIAN INFORM	IATION -				OMB 0920-0009
		The state of the s		17.2	Data cubmittadi		,			
					Physician's (5-6) / (7-8) / (9-12) — (mm/dd/yyyy) Phone					
NA WALLY			(\$100 f. 2 (\$200 (\$2) \$2 (\$2) \$2 \$2 (\$2) \$2 (\$2 (\$2) \$2 (\$2) \$2 \$40 (\$1 (\$2) \$2) \$3 \$40 (\$1 (\$2) \$2) \$40 (\$2 (\$2) \$2	\$11	name:			n	0.:	
					NETSS ID No.: (if re		Case ID (13	3-18)	Site (19-21	State (22-23)
1. State of residence:	2. County		3. Zip code:		ate of birth:	5. Sex: (68)	6. Race			7. Hispanic ethnicity:
residence.	residei	ice.			(mm/dd/yyyy)	1 ☐ Male 2 ☐ Female	1		4 Asia	ific Islandor 1 Yes (70)
(24-25)		(26-50)		(60-6	i1) (62-63) (64-67)	9 Not specified	_	merican Indian askan Native	9 Not	specified 2 No 9 Unk
8. Occupation	n at date of	onset of illness (Check	all that apply)			-	9. Any c	ontact with a	nimals \	within
1 wool o				ive in h	household with pers	50N		-	onset? ( $\overline{\Box}$ Goats	check all that apply) (84) 5 Cats (86)
2 tannery or rendering plant (72) 7 slaughterhouse worker (77) occupationally related to above? (80)  3 dairy (73)  8 laboratory worker (78)  8 8 other (please specify) (81)  1 Cattle (82) 3 Goats (84)  5 Cats (86)  2 Sheep (83) 4 Pigeons (85) 6 Rabbits (81)										
4 veterinarian (74) 9 rancher (79) 8 library (75) 8						)				
5 medica			-							
1		(89)	posure to unpasteurized n	11k? (90)	12. Any travel i	n last year? (91-92	2)		13. Othe	er family member with ilar illness in last year?
1	2□No 9 ch		Yes $2 \square$ No $9 \square$ Unk s, which		If yes, State	County _			. 🗆 🕽	yes 2□No 9□Unk
, ,			nal		_	y			1∟\	Yes 2∟ No 9∟ Unk
14. Date of O	mant of Com	antonio de Clinica			CAL FINDINGS	_				
14. Date of O	nset or syn	·	I Signs and syndromes (over (>100.5)(102) $4 \square$ mala			3) 10 <b>pn</b> eu	<b>monia</b> (111)	88 Other	(please s	specify) (114)
794-957 /	96-97) /(98-		· · ·		8 ☐ splenomegaly				4	
	nm/dd/yyyy)	3 ☐ ref	robulbar pain (104)6 Coug	<b>h</b> (107)	9 hepatomegal	y (110) 12 endo	carditis (11	3)		
	16. Any pre-existing medical conditions? (check all that apply)  17. Was patient hospitalized because of this illness? (129)  18. Did patient die from complications of this illness? (129) (lf yes, date) (mm/dd/yyyy)									
1	1   Immunocompromised (115)   3   Valvular neart disease or vascular graft (117)						, ( 333)			
2 - program	2   pregnancy (116) 8   Other (118)   1   Yes 2   No 9   Unk   1   Yes 2   No 9   Unk   (121-22) (123-24) (125-28)   - LABORATORY DATA -									
19. Name of laborator	y:						St	ate: Zi	p:	
20.		Phase	Antigen		Phase II	Antigen			if specifi	ic assay was performed.
Serolo		Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Serol	logy 1 (mm/dd/yyyy)	Serology 2 (mm/c	dd/yyyy)	22. Other Diagnostic	Tests ?*	Positive?
(Check only if assay was pe	rformed)	(129-30) (131-32) (133-36)	(141-42) (143-44) (145-48)		) (155-56) (157-60)	(165-66) (167-68) (1	I .	PCR		1 Yes 2 No (178)
		Titer or OD* Positive?	Titer or OD* Positive?	Liter	or OD* Positive?		ositive? Yes	Immunos	tain	1 Yes 2 No (179)
IFA - IgG		2 No (137)	2 No (149)		2 No (161)		No (173)	Culture		1 Yes 2 No (180)
IFA - IgM		1□ Yes	1□ Yes		1☐ Yes		Yes	Sample(s) t	ested:	
		2 No (138)	2 No (150)		2 No (162)		No (174) Yes			
Complemen Fixation	ıt	1 Yes 2 No (139)	1 Yes 2 No (151)		1 Yes 2 No (163)		No (175)			
Other test:		1 Yes 2 No (140)	1 Yes 2 No (152)		1 Yes 2 No (164)		Yes No (176)			
1031.			est: ELISA (EIA) Optical Density	'0D" va			(176)			
21. Was the	ere a fourf	old change in antibody	titer between the two ser	um sp	ecimens? 1 Yes	2 No (177)				
				FINA	L DIAGNOSIS –					
		n the CDC case definition			State Hea	alth Department (	Official w	ho reviewed 1	this repo	ort:
_	CONFIRI	<del>-</del>		ırfold ok	<sub>hange in</sub> Name:					
antibody titer to Coxiella burnetii antigen by IFA or CF antibody test, or 2) a positive PCR assay, or										
	3) culture of <i>C. burnetii</i> from a clinical specimen, or 4) positive immunostaining of <i>C. burnetii</i> in tissue.  Title:  Probable Q Fever: A clinically compatible case with single supportive IqG or IqM titer as defined by testing lab.					/				
Probable u reve	er: A Cliffically	compatible case with single si	ipportive igo or igivi titer as define	ed by tes	sting lab.					

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Patient's							
	- TATIENT/	PHYSICIAN INFORM					
name:		_ Date submitted: _ Physician's					
Address:		name:no.:					
(number, street)  City:		NETSS ID No.: (if re	NETSS ID No.: (if reported)				
		DEMOCRABUICS	Case ID	(13-18) Si	te (19-21) State (22-23)		
1. State of 2. County of	3. Zip code:	DEMOGRAPHICS – 4. Date of birth:	5. Sex: (68) 6. Rad	Ce: (69)	7. Hispanic		
residence: residence:	•	(mm/dd/yyyy)	1 ☐ Male 1 ☐	White 4	Asian ethnicity:		
		, ,	2  Female				
(24-25) (26-50)	(51-59)	(60-61) (62-63) (64-67)	9 Not specified 3				
8. Occupation at date of onset of illness (Chec	c all that apply)		9. Any	y contact with an	imals within		
		ve in household with pers	ion	•	set? (check all that apply)  Goats (84) 5 Cats (86)		
2 tannery or rendering plant (72) 7 slaug	THEITIOUSE WOLKER (17)	ccupationally related to a	20101 (00)		Pigeons (85) 6 Rabbits (87)		
3 dairy (73) 8 laboratory worker (78) 88 other (please specify) (81) 4 veterinarian (74) 9 rancher (79)  8 laboratory worker (78) 88 other (please specify) (81)  8 Other (please specify) (88)					•		
5 medical research (75)							
	posure to unpasteurized m	ilk? 12 Any travel i	n last year? (91-92)	1	3. Other family member with		
(89)	Yes 2 No 9 Unk	(90)		'	similar illness in last year?		
	es, which	If yes, State	County		1 Yes 2 No 9 Unk		
, ,	nal	Foreign Country	<i></i>		1 res 2 lino 9 link		
		LINICAL FINDINGS -	-				
I	al Signs and syndromes (cl						
	ver (>100.5)(102) 4 malai		1 0 $\square$ pneumonia (1 $I_{(109)}$ 1 1 $\square$ hepatitis (112)		lease specify) (114)		
(94-95) (96-97) (98-101)	yalgia (103) 5 ☐ rash ( trobulbar pain (104)6 ☐ cough		•				
16. Any pre-existing medical conditions? (chec 1 ☐ immunocompromised (115) 3 ☐ valvular he		17. Was patient h	nis illness? (119) of t	patient die from ( his illness?(120) (			
	(		No 9 Unk 1	Yes 2 No 9	Unk / /		
		ABORATORY DATA -			(121-22) (123-24) (125-28)		
19. Name of	- 5						
laboratory:							
20. Sandaru 1	I Antigen		Antigen	* Check only if	specific assay was performed.		
Serology Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Serology 1 (mm/dd/yyyy)	Serology 2 (mm/dd/yyyy)	Diagnostic Te			
(Check only if specific assay was performed) (133-36)	1 1	, ,		Diagnostic ic	sts ?* Positive?		
	(141-42) (143-44) (145-48)	(153-54) (155-56) (157-60)	(165-66) (167-68) (169-72)		313 .		
Titer or OD* Positive?	Titer or OD* Positive?	Titer or OD* Positive?	7 (165-66) (167-68) (169-72) Titer or OD* Positive?	PCR Immunosta	1 Yes 2 No (178)		
Titer or OD* Positive?  IFA - IaG 1□ Yes	Titer or OD* Positive?	Titer or OD* Positive?  1  Yes	Titer or OD* Positive?  1☐ Yes	PCR	1 Yes 2 No (178)		
Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (149)	Titer or OD* Positive?  1 Yes 2 No (161)	Titer or OD* Positive?  1 Yes 2 No (173)	PCR Immunosta Culture	in 1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)		
Titer or OD* Positive?   IFA - IgG	1 Yes	Titer or OD*   Positive?	Titer or OD* Positive?  1	PCR Immunosta	in 1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)		
Titer or OD* Positive?    IFA - IgG	1 Yes 1 Yes 2 No (149) 1 Yes 2 No (150)	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)	PCR Immunosta Culture	in 1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)		
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Titer or OD* Positive?   IFA - IgG	Titer or OD*   Positive?	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (175)	PCR Immunosta Culture	in 1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180)		
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Titer or OD* Positive?   IFA - IgG	Titer or OD*   Positive?	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (175)  1 Yes 2 No (176)	PCR Immunosta Culture  Sample(s) tes	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180) Sted:		
IFA - IgG  IFA - IgM  IFA - IgM  Complement  Fixation  Other  test:  IFA or CF "Titer" or Other  21. Was there a fourfold change in antibody	Titer or OD*   Positive?	Titer or OD*	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (175)  2 No (177)	PCR Immunosta Culture  Sample(s) tes	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180) Sted:		
Titer or OD* Positive?  IFA - IgG  IFA - IgM  IFA - IgM  Complement  Fixation  Other  1 Yes	Titer or OD* Positive?  1 Yes 2 No (149)  1 Yes 2 No (150)  1 Yes 2 No (151)  1 Yes 2 No (152)  est: ELISA (EIA) Optical Density "(titer between the two serum (see criteria below):  BLE (181)  boratory confirmed with 1) a fou	Titer or OD*	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (175)  2 No (177)	PCR Immunosta Culture  Sample(s) tes	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180) Sted:		
IFA - IgG  IFA - IgM  IFA - IgM  Complement  Fixation  Other  test:  "IFA or CF "Titer" or Other  21. Was there a fourfold change in antibody  23. Classify case based on the CDC case definition  1 CONFIRMED  2 PROBA	Titer or OD* Positive?  1 Yes 2 No (149)  1 Yes 2 No (150)  1 Yes 2 No (151)  1 Yes 2 No (152)  est: ELISA (EIA) Optical Density "(152)  titer between the two serum (see criteria below):  BLE (181)  boratory confirmed with 1) a fou antibody test, or 2) a positive	Titer or OD*   Positive?	Titer or OD* Positive?  1 Yes 2 No (173)  1 Yes 2 No (174)  1 Yes 2 No (175)  1 Yes 2 No (175)  2 No (177)	PCR Immunosta Culture Sample(s) tes	1 Yes 2 No (178) 1 Yes 2 No (179) 1 Yes 2 No (180) Sted:		