

Q Fever

Disease Case Classification	
Confirmed Case	<p>Clinical illness¹ with laboratory confirmation of infection:</p> <ul style="list-style-type: none"> ▪ Fourfold or greater change in antibody titre to <i>C. burnetii</i> phase II or phase I antigen in paired serum specimens ideally taken 3-6 weeks apart ▪ Isolation of <i>C. burnetii</i> from a clinical specimen by culture ▪ Demonstration of <i>C. burnetii</i> in a clinical specimen by detection of antigen or nucleic acid ▪ Demonstration of <i>C. burnetii</i> in tissues by immunostaining or electron microscopy
Probable Case	<p>Clinical illness¹ with a single supportive Immunoglobulin G (IgG) or Immunoglobulin M (IgM) titre OR Clinical illness¹ in a person who is epidemiologically linked to a confirmed case</p>
National Surveillance	Confirmed Cases
Provincial Surveillance	Confirmed Cases
Type of Surveillance	Case-by-Case
Comments	
Date of Development	June 2003

¹ Acute infection: A febrile illness usually accompanied by rigors, myalgia, malaise, and retrobulbar headache. Severe disease can include acute hepatitis, pneumonia, and meningoencephalitis. Asymptomatic infections may also occur.

Chronic infection: Potentially fatal endocarditis may evolve months to years after acute infection, particularly in persons with underlying valvular disease. A chronic fatigue-like syndrome has been reported in some Q fever patients.