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# Management of an asymptomatic patient with reactivated Q fever in pregnancy: a case report

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## Background

- Q fever (*Coxiella burnetii*) is rare<sup>1</sup> and highly transmissible
- No guidelines for management in pregnancy
- Concerns for various obstetric complications<sup>2,3</sup>

## Patient Information

- 32yo F, G1P0 sheep rancher presenting at 38w4d for planned IOL
- Positive test for Q fever at 13w during 1<sup>st</sup> trimester
- Prescribed TMP-SMX since positive test
- Asymptomatic at positive test, found to have positive IgM serology later in pregnancy, suspicious for Q fever reactivation

## Case Presentation

### Prior to admission

- Hospital Infection Control at UCSF, SF DPH, and CDC consulted
- Prenatal multidisciplinary meeting
- TMP/SMX (Bactrim) 800-160mg BID until delivery

### Labor analgesia

- Nitrous oxide not provided
- Given decreasing titers at IOL, anesthesiologists proceeded with epidural placement
- Dural puncture not attempted due to potential for CNS seeding<sup>4</sup>

### C-section

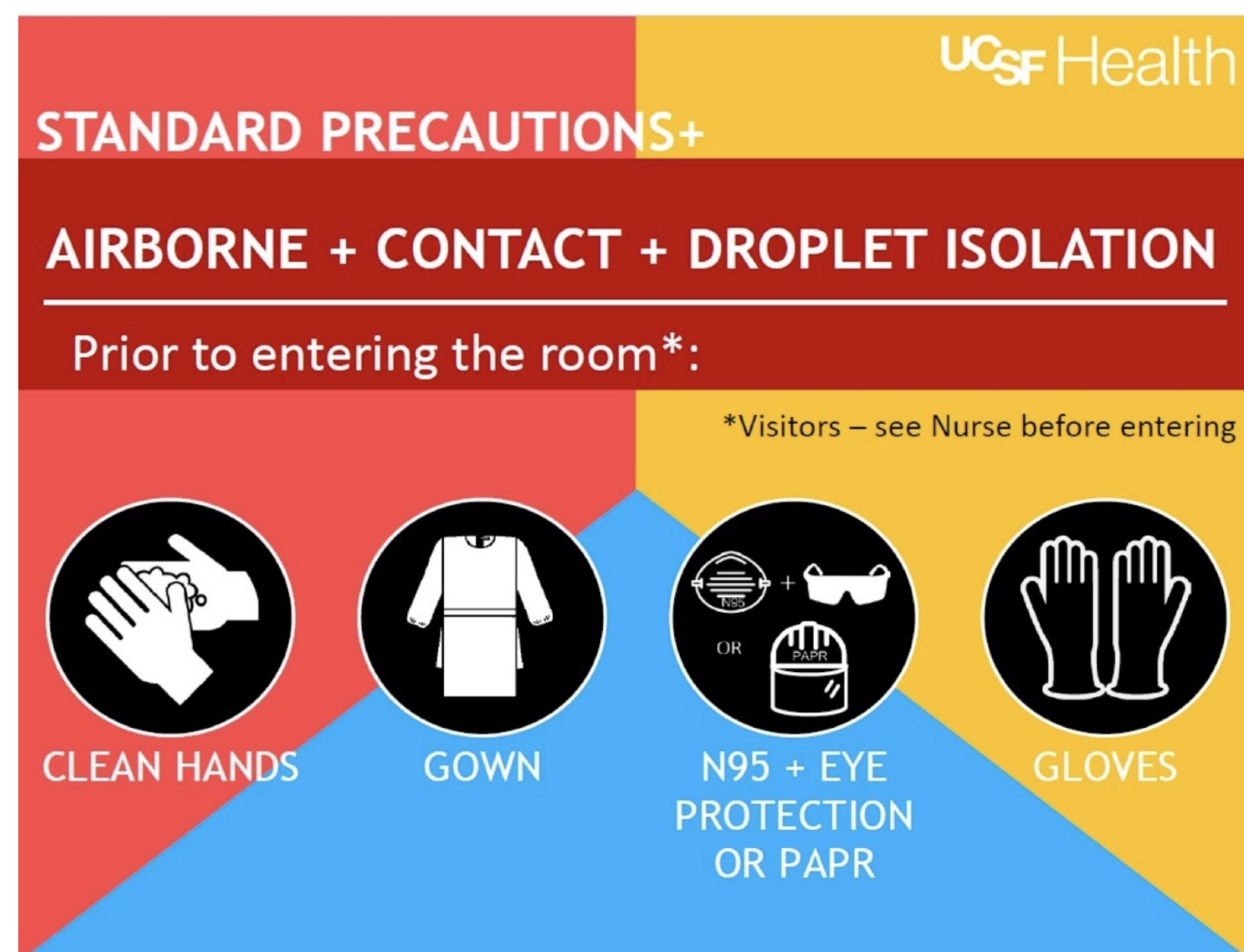
- Second stage arrest and category 2 tracings with pushing
- Airborne PPE and full droplet precautions
- C-section proceeded uneventfully

### Postpartum course

- Q fever serologies every 4 weeks x1 year postpartum
- Found to have increasing IgM and IgG titers post-delivery
- Continued on TMP/SMX to prevent progression of disease and need for full treatment of chronic *Coxiella*

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## Infection Control



- Equipment: Equipment disposed
- Cleaning: OxyCide wipes. Hydrogen peroxide wipes not effective against spores
- Patient and support persons: Post-birth shower, partner counseled to monitor for fevers 6 weeks post-delivery

## Discussion

- Placental and fetal transmission previously described in case reports
- Antibiotic prophylaxis appropriate even in asymptomatic patients
- Neuraxial analgesia not contraindicated
- Multidisciplinary effort for care coordination and transmission precautions
- CDC for best-practices
- Provider precautions
- Serological follow-up postpartum

## References

- 1 CDC. 2021 Aug; <https://www.cdc.gov/qfever/stats/index.html>
- 2 Ann N Y Acad Sci. 2009 May; 1166:79-89
- 3 Z Geburtshilfe Neonatol. 2002 Sep-Oct;206(5):193-8
- 4 Clin Microbiol Rev. 2017 Jan;30(1):115-190