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When: Wednesday 7th September 2022



7pm start (AEST)





## Why attend?

The epidemiology of the zoonotic infection Coxiella burnetii that causes Q fever is changing<sup>3</sup>.

Primary care plays an active role in identifying acute (e.g. fever) and chronic manifestations (e.g. endocarditis) of this nationally notifiable disease<sup>2</sup>. Traditionally, Q fever risk has predominantly been attributed to occupational exposure through working alongside infected animals, mainly sheep, cattle and goats<sup>4</sup>.

Attend this event to learn more about the groups most at risk within Australia and why it's important to diagnose early to help minimise long-term complications in your patients.

## **Event proceedings**

Time	Agenda:
7:00pm	Changing epidemiology and current landscapes of Q fever in Australia.  Dr Penny Hutchinson, Public Health Physician and Epidemiologist, QLD Health
7:45pm	Clinical manifestations of chronic Q fever, including endocarditis.  Dr Robert Horvath, Infectious Diseases Physician and Clinical Microbiologist, The Prince Charles Hospital
8:30pm	Meeting close



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References: 1. Parker, N.R., J.H. Barralet, and A.M. Bell, Q fever. Lancet, 2006. 367(9511): p. 679-88. 2. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook, Australian Government Department of Health. 2021 [cited 2022 July 22]; Available from: https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/q-fever. 3. Karki S, et al. Risk factors and the burden of acute Q fever in older adults in New South Wales: a prospective study. Med J Aust. 2015; 203(11):438 4. Sloan-Gardner T.S., et al. Trends and risk factors for human Q fever in Australia, 1991–2014. Epidemiol Infect 2017;145(4):787–95.

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