TABLE 3 Antimicrobial Treatment of Various Manifestations of *C. burnetii* Infection]

Condition	Treatment[1]	Reference
Acute Q fever Pneumonia	1. Doxycycline 100 mg b.i.d. p.o. for 10 days 2. Ciprofloxacin 500 mg b.i.d. p.o. for 10 days	54
Chronic Q fever Endocarditis	1. Doxycycline 100 mg b.i.d. p.o. plus hydroxychloroquine 200 mg t.i.d to achieve a chloroquine level of 1 mg/L 2. Ciprofloxacin 750 mg b.i.d. p.o. plus rifampin 300 mg o.d. p.o. [2] 3. Doxycycline 100 mg b.i.d. p.o. plus rifampin 300 mg o.d. p.o.[2] 4. Doxycycline 100 mg b.i.d. p.o. plus a quinolone b	41 Author's recommendations, 24 41
Q fever in pregnancy	1. Erythromycin 500 mg q. 6 h p.o. plus rifampin 300 mg o.d. p.o. for the duration of the pregnancy. After delivery, ciprofloxacin 500 mg b.i.d p.o. plus rifampin 300 mg o.d. p.o. for 6 months	Author's recommendation
Q fever hepatitis	Can occur as an acute or chronic form; treatment is as outlined for acute Q fever; chronic Q fever hepatitis - insufficient data to make any firm recommendations about duration of treatment; would use combination therapy as listed for endocarditis. Prednisone 0.5 mg/kg can be used in those who fail to defervesce.	7

[1] 1, first choice; 2, choice, etc.
[2] All regimens to treat chronic Q fever must be given until IgA antiphase I antibody titer is $\leq$ 1:200, this usually requires at least 2 years.