

## ! Melioidosis (*Burkholderia pseudomallei*)

Merlin reporting code = 02500  
Case report form (CRF): N/A  
**NO CRF REQUIRED**

### Clinical description

Clinical presentation of the disease varies on a case-by-case basis. The following characteristics are typical of melioidosis.

- An acute or chronic localized infection which may or may not include symptoms of fever and muscle aches. Such infection often results in ulcer, nodule, or skin abscess.
- An acute pulmonary infection with symptoms of high fever, headache, chest pain, anorexia, and general muscle soreness.
- A bloodstream infection with symptoms of fever, headache, respiratory distress, abdominal discomfort, joint pain, muscle tenderness, or disorientation.
- A disseminated infection with symptoms of fever, weight loss, stomach or chest pain, muscle or joint pain, and/or headache or seizure. Abscesses in the liver, lung, spleen, and prostate are often observed in patients diagnosed with disseminated infections; less frequently, brain abscesses may be seen.

### Laboratory criteria for case classification

#### Confirmatory:

Isolation of *Burkholderia pseudomallei* from blood, urine, sputum, pus, throat swabs, or swabs from organ abscesses or skin lesions.

#### Presumptive:

- Evidence of a fourfold or greater rise in *B. pseudomallei* antibody titer by IHA between acute- and convalescent-phase serum specimens obtained greater than or equal to 2 weeks apart
- OR
- Evidence of *B. pseudomallei* DNA (for example, by LRN-validated polymerase chain reaction) in a clinical specimen collected from a normally sterile site (blood) or lesion of other affected tissue (abscesses, wound).

### Case classification

#### Confirmed:

A person with confirmatory laboratory evidence, with or without clinical evidence.

#### Probable:

A person with presumptive laboratory evidence that meets the clinical description and has one of the following epidemiologic findings:

- History of travel to a melioidosis-endemic region

OR

- Known exposure to *B. pseudomallei* as a result of intentional release or occupational risk (lab exposure).

### Comments

 **Specimens or isolates from all cases must be sent to the Bureau of Public Health Laboratories. This condition has been identified as a potential bioterrorism agent by the CDC.**

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