Brucellosis

Clinical criteria for case classification
A pleomorphic illness generally characterized by acute or insidious onset of intermittent or persistent fever. Other symptoms may include night sweats, arthralgia, fatigue, anorexia, weight loss, headache, myalgia, endocarditis, orchitis, epididymitis, hepatomegaly, splenomegaly, abdominal pain, arthritis, meningitis and/or spondylitis. Pain in a single joint may be present in chronic infections; a single tissue abscess, and aneurysm in large blood vessels has also been reported.

Laboratory criteria for case classification
Confirmatory:
Either of the following:
- Isolation of Brucella sp. from a clinical specimen
- Or fourfold or greater rise in Brucella agglutination titer between acute- and convalescent-phase serum specimens obtained ≥2 weeks apart and studied at the same laboratory.

Presumptive:
Either of the following:
- Detection of Brucella DNA in a clinical specimen by polymerase chain reaction (PCR)
- Or Brucella total antibody titer ≥160 by standard tube agglutination test (SAT) or Brucella microagglutination test (BMAT) in one or more serum specimens obtained after onset of symptoms.

Epidemiological criteria for case classification
A person who is epidemiologically linked to a confirmed brucellosis case.

Case classification
Confirmed:
A clinically compatible illness in a person with confirmatory laboratory evidence.

Probable:
Either of the following:
- A clinically compatible illness in a person with epidemiologic criteria
- Or a clinically compatible illness in a person with presumptive laboratory evidence.

Criteria to distinguish a new case from previous reports
Not applicable.

Comments
Exposure risk factors include involvement with slaughtering, dressing, or butchering of potentially infected animals such as feral hogs, consumption of unpasteurized dairy products or undercooked meat from infected animals, and laboratory exposure to Brucella culture without using aerosol precautions. Follow-up should occur to identify any potential exposures among laboratory staff.

Any available isolates of the organism must be sent to the Bureau of Public Health Laboratories for confirmation and speciation. This condition has been identified as a potential bioterrorism agent by the CDC.