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Brucella  
spp.)  
2025 Case Definition  
Brucellosis (  
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spp.)  
2025 Case Definition  
NOTE:  
A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.  
CSTE Position Statement(s)  
24-ID-03  
Background  
Brucellosis is a zoonotic disease caused by certain bacteria in the  
Brucella  
genus categorized as brucellosis-causing Brucella species (BBS). Other species of  
Brucella  
, including the former  
Ochrobactrum  
genus, are considered non-brucellosis causing  
Brucella  
species (nBBS), as they have not been shown to cause brucellosis disease.  
1  
There are multiple BBS (listed with preferred animal host) known to infect humans, including but not limited to:  
B. abortus  
(cattle),  
B. melitensis  
(goats, sheep, camels),  
B. suis  
(pigs),  
B. canis  
(dogs), and  
B. neotomae  
(wood rats).  
Clinical Criteria  
Acute or insidious onset of fever,  
AND  
Two or more of the following signs and symptoms:  
Night sweats  
Arthralgia  
Headache  
Fatigue  
Anorexia  
Myalgia  
Weight loss  
Arthritis  
Spondylitis  
Meningitis, encephalitis, or other neurologic abnormalities  
Discitis or osteomyelitis  
Abscesses  
Focal organ involvement (including, but not limited to: endocarditis, orchitis/epididymitis, hepatomegaly, splenomegaly)  
Laboratory Criteria  
Confirmatory Laboratory Evidence:  
Category 1:  
Identification of a  
Brucella  
isolate as a brucellosis-causing  
Brucella  
species (BBS) by methods specific for BBS (i.e., PCR assay with documented specificity for BBS and/or biochemical tests and/or whole genome sequencing of  
Brucella  
isolate).  
Category 2:  
Evidence of fourfold or greater rise in  
Brucella  
antibody titer between acute and convalescent serum specimens obtained at least 2 weeks apart.\*  
Presumptive Laboratory Evidence:  
Brucella  
total antibody titer ≥1:160 by standard tube agglutination (SAT) or  
Brucella  
microagglutination test in one or more serum samples obtained after onset of symptoms.  
Supportive Laboratory Evidence:  
Detection of  
Brucella  
IgG antibodies by ELISA in a sample collected at least 2 weeks after onset of symptoms.  
Note: The categorical labels used here to stratify laboratory evidence are intended to support the standardization of case classifications for public health surveillance. The categorical labels should not be used to interpret the utility or validity of any laboratory test methodology.  
\*  
To ensure consistency with laboratory methodologies, it is recommended that paired sera testing for the purposes of confirmatory classification be conducted within the same laboratory.  
Epidemiologic Linkage  
Direct contact with body fluids or tissue from a confirmed human case of brucellosis,  
OR  
Veterinary occupational exposure to  
Brucella  
vaccine (i.e., needle stick, mucous membrane exposure),  
OR  
Laboratory exposure to brucellosis-causing  
Brucella  
species (BBS),  
OR  
Direct contact to an animal diagnosed with a  
Brucella  
infection (or their fluids), as determined by a state or federal animal health official, including potential aerosol exposure,  
OR  
Shared one of the following exposures with a confirmed human case of brucellosis:  
Consumption of dairy products from a common source that were unpasteurized or of unknown pasteurization, particularly from countries lacking domestic animal health programs,  
OR  
Consumption or handling of undercooked meat or carcass of an animal from a herd or of a species with a known or suspected history of  
Brucella  
,  
OR  
Slaughtering, dressing, butchering, or having other direct contact with animals or animal tissues possibly infected with  
Brucella.  
Criteria to Distinguish a New Case from an Existing Case  
Public health authorities should enumerate new cases of brucellosis in the following instances:  
A person should be enumerated as a case if not previously enumerated as a case,  
OR  
A person who was previously enumerated as a confirmed or probable case that meets confirmatory laboratory evidence category 1,  
AND  
has an event date at least twelve months after completion of adequate antimicrobial therapy,  
AND  
has new or ongoing risk factors for brucellosis exposure,  
OR  
A person who was previously enumerated as a confirmed or probable case that meets confirmatory laboratory evidence category 1  
AND  
determined to be infected with a different brucellosis-causing  
Brucella  
species (BBS) or strain than prior infection.  
A person should not be enumerated as a new case if previously enumerated as a case  
AND  
there is evidence the new report is due to one of the following: brucellosis relapse, chronic infection, or delayed convalescence.  
Case Classification  
Suspect  
Meets confirmatory laboratory evidence category 2,  
OR  
Meets presumptive laboratory evidence,  
OR  
Meets supportive laboratory evidence,  
OR  
Meets vital records criteria.  
Probable  
Meets clinical criteria  
AND  
presumptive laboratory evidence,  
OR  
Meets clinical criteria  
AND  
meets epidemiologic linkage criteria.  
Confirmed  
Meets confirmatory laboratory evidence category 1,  
OR  
Meets clinical criteria  
AND  
confirmatory laboratory evidence category 2.  
Other Criteria  
Vital Records Criteria  
Death certificate lists brucellosis as a cause of death or a significant condition contributing to death.  
References  
She, R., Anglewicz, C., Jerke, K., Relich, R., & Glazier, M. (2023).  
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and Ochrobactrum taxonomic updates for laboratories.  
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NNDSS receives and shares case data from state, local, and territorial health departments to help public health monitor, control, and prevent serious diseases.  
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