



Brucellosis Case Investigation

NBS Patient ID: _____

PLEASE PRINT LEGIBLY

Patient Information

Last Name: _____ First Name: _____
Date of Birth: ____/____/____ Age: ____ Sex: [] Male [] Female [] Unknown
Street Address: _____ City, State, Zip: _____
Patient Phone: _____ County of Residence: _____
Race: [] Asian [] American Indian/Alaskan Native
[] Black or African American [] Native Hawaiian/Pacific Islander
[] White [] Unknown [] Other: _____
Ethnicity: [] Hispanic [] Not Hispanic [] Unknown

Clinical Information

Physician: _____ Address: _____
City, State, Zip: _____ Phone: _____ Fax: _____
Was the patient hospitalized for this illness? [] Yes [] No [] Unknown
If yes, provide name and location of hospital: _____
Dates of hospitalization: Admission ____/____/____ Discharge ____/____/____
Date of illness onset: ____/____/____
Was the patient pregnant during illness? [] Yes [] No [] Unknown [] N/A
If yes, provide week of pregnancy: _____ Outcome of pregnancy? _____
Is the patient deceased? [] Yes [] No [] Unknown
If yes, provide date of death: _____ (submit documentation if due to brucellosis)

Clinical Evidence

Fever [] Yes [] No [] Unknown Endocarditis [] Yes [] No [] Unknown
Night sweats [] Yes [] No [] Unknown Orchitis [] Yes [] No [] Unknown
Arthralgia [] Yes [] No [] Unknown Epididymitis [] Yes [] No [] Unknown
Headache [] Yes [] No [] Unknown Hepatomegaly [] Yes [] No [] Unknown
Fatigue [] Yes [] No [] Unknown Splenomegaly [] Yes [] No [] Unknown
Anorexia [] Yes [] No [] Unknown Arthritis [] Yes [] No [] Unknown
Myalgia [] Yes [] No [] Unknown Meningitis [] Yes [] No [] Unknown
Weight loss [] Yes [] No [] Unknown Spondylitis [] Yes [] No [] Unknown
Other pertinent clinical history: _____

Laboratory Findings

Table with 4 columns: Serologic Tests, Date Collected, Titer/Value, Interpretation. Rows include Agglutination Test (Acute), Agglutination Test (Convalescent), Other, Other Tests, Species IDed, Date Collected, Source, Interpretation, PCR, Culture.

If culture-positive, did any possible laboratory exposures occur? [] Yes [] No [] Unknown
If yes, use the Brucellosis Laboratory Exposure Questionnaire to assess risk and make recommendations for testing and PEP

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Risk Factors

In the **6 months** prior to illness onset, did the patient:

Travel outside of their state of residence? Yes No Unknown

If yes, where: _____ Dates: _____

Have contact with animals? Yes No Unknown

If yes, describe the animal and type of contact: _____

Consume unpasteurized dairy products or undercooked meat? Yes No Unknown

If yes:

What was the product? _____ Date consumed: ____/____/____

Where was the product was acquired? _____

Have contacts (household, etc.) that experienced similar symptoms recently? Yes No Unknown

If yes, provide details: _____

Have an occupational exposure to *Brucella* (i.e. clinical specimen, vaccine)? Yes No Unknown

If yes:

What was the exposure source? Isolate Vaccine Clinical Specimen Unknown

Where did the exposure occur? Clinical Setting Farm Laboratory Unknown

Was post-exposure prophylaxis administered? Yes No Unknown

In the **30 days** prior to illness onset, did the patient:

Donate blood products, organs or tissues? Yes No Unknown

If yes, provide location, dates and type of donation: _____

Treatment

Did the patient receive antibiotic treatment? Yes No Unknown

If yes, select all that apply:

Doxycycline Streptomycin

Rifampin Unknown

Other (specify): _____

Combined duration of antibiotics for this illness: <1 month 1-3 months >3 months unknown

Did the patient respond to treatment? Yes No Unknown

Comments or Other Pertinent Epidemiological Data (Use separate page if necessary)

Case Classification (For Public Health Use Only)

- Confirmed:** A clinically compatible illness with:
 - Culture and identification of *Brucella* spp. from clinical specimens **OR**
 - Fourfold or greater rise in *Brucella* agglutination titer between acute- and convalescent-phase serum specimens obtained greater than or equal to 2 weeks apart and studied at the same laboratory
- Probable:** A clinically compatible illness with:
 - Epidemiologic link to a confirmed human or animal brucellosis case, **OR**
 - Brucella* total antibody titer \geq 160 by standard tube agglutination test (SAT) or by *Brucella* microagglutination test (BMAT) in one or more serum specimens obtained after onset of symptoms **OR**
 - Detection of *Brucella* DNA in a clinical specimen by PCR assay
- Not A Case**

Date First Reported: ____/____/____ Investigation: Started ____/____/____ Completed ____/____/____

Reporting Facility: _____

Name of Investigator: _____ (Please print clearly)

Agency: _____ (Please do not abbreviate)

Phone: _____ E-Mail: _____