State of California—Health and Human Services Agency

California Department of Public Health
Center for Infectious Diseases
Division of Communicable Disease Control
Infectious Diseases Branch
Surveillance and Statistics Section
MS 7306, P.O. Box 997377
Sacramento, CA 95899-7377

Local ID Number _____

(*Please use the same ID Number on the preliminary and final reports to allow linkage to the same case.)*

Report Status (check one)

☐Preliminary ☐Final

BRUCELLOSIS CASE REPORT

PATIENT INFORMATION

Last Name	*First Name*	*Middle Name*	*Suffix*

Social Security Number (9 digits)	*DOB (mm/dd/yyyy)*	*Age*	☐*Years* ☐*Months* ☐*Days*

Address Number & Street - Residence	*Apartment/Unit Number*

City/Town	*State*	*Zip Code*

Census Tract	*County of Residence*	*Country of Residence*

Country of Birth	*If not U.S. Born - Date of Arrival in U.S. (mm/dd/yyyy)*

Home Telephone	*Cellular Phone/Pager*	*Work/School Telephone*

E-mail Address	*Other Electronic Contact Information*

Work/School Location	*Work/School Contact*

Gender
☐Male ☐Female ☐Other: _____

Pregnant? ☐Yes ☐No ☐Unk	*If Yes, Est. Delivery Date (mm/dd/yyyy)*

Medical Record Number	*Patient's Parent/Guardian Name*

Occupation Setting (see list on page 8)	*Other Describe/Specify*

Occupation (see list on page 8)	*Other Describe/Specify*

Primary Language
☐English
☐Spanish
☐Other:_____

Ethnicity (check one)
☐Hispanic/Latino
☐Non-Hispanic/Non-Latino
☐Unk

*Race**
(check all that apply, race descriptions on page 8)
☐African-American/Black
☐American Indian or Alaska Native
☐Asian *(check all that apply)*
- ☐Asian Indian ☐Japanese
- ☐Cambodian ☐Korean
- ☐Chinese ☐Laotian
- ☐Filipino ☐Thai
- ☐Hmong ☐Vietnamese
- ☐Other:_____

☐Pacific Islander *(check all that apply)*
- ☐Native Hawaiian ☐Samoan
- ☐Guamanian
- ☐Other:_____

☐White
☐Other:_____
☐Unk

*Comment: self-identity or self-reporting
The response to this item should be based on the patient's self-identity or self-reporting. Therefore, patients should be offered the option of selecting more than one racial designation.

CLINICAL INFORMATION

Physician Name - Last Name	*First Name*	*Telephone Number*

First three letters of patient's last name: | | | |

SIGNS AND SYMPTOMS

Symptomatic? ☐Yes ☐No ☐Unk	*Onset Date (mm/dd/yyyy)*	*Date First Sought Medical Care (mm/dd/yyyy)*

Signs and Symptoms	Yes	No	Unk	If Yes, Specify as Noted
Fever				*Highest temperature (specify °F/°C)*
Chills				
Headache				
Severe malaise				
Arthritis or arthralgia				*Joint(s)*
Weight loss				
Diarrhea				
Sweats				
Anemia				
Abdominal pain				
Abscess				*Location(s)*
Splenomegaly				
Leukopenia				
Hepatomegaly				
Loss of appetite				

Other signs / symptoms (specify)

PAST MEDICAL HISTORY

Prior Brucella diagnosis? ☐Yes ☐No ☐Unk	*If Yes, specify diagnosis date (mm/dd/yyyy)*
Immunocompromised? ☐Yes ☐No ☐Unk	*If Yes, specify condition*

Other (specify)

HOSPITALIZATION

Did patient visit emergency room for illness? ☐Yes ☐No ☐Unk	*Was patient hospitalized?* ☐Yes ☐No ☐Unk	*If Yes, how many total hospital nights?*

If there were any ER or hospital stays related to this illness, specify details below.

First three letters of patient's last name: | | | |

HOSPITALIZATION - DETAILS

Hospital Name 1	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis
Hospital Name 2	Street Address			Admit Date (mm/dd/yyyy)	
	City			Discharge / Transfer Date (mm/dd/yyyy)	
	State	Zip Code	Telephone Number	Medical Record Number	Discharge Diagnosis

TREATMENT / MANAGEMENT

Received treatment? ☐Yes ☐No ☐Unk	If Yes, specify the treatments below.

TREATMENT / MANAGEMENT DETAILS

Treatment Type 1 ☐Antibiotic ☐Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)
Treatment Type 2 ☐Antibiotic ☐Other	Treatment Name	Date Started (mm/dd/yyyy)	Date Ended (mm/dd/yyyy)

OUTCOME

Outcome? ☐Survived ☐Died ☐Unk	If Survived, Survived as of _____ (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)

LABORATORY INFORMATION

LABORATORY RESULTS SUMMARY

Specimen Type ☐Blood	Type of Test	Interpretation ☐Positive ☐Negative	Collection Date (mm/dd/yyyy)
	Brucella Species ☐*Brucella abortus* ☐*Brucella melitensis* ☐*Brucella* species other:_____ ☐*Brucella canis* ☐*Brucella suis* ☐*Brucella* species unknown		
	Laboratory Name		Telephone Number
Specimen Type ☐Clinical specimen (specify):_____	Type of Test ☐Culture ☐IFA ☐PCR ☐Other:_____	Interpretation ☐Positive ☐Negative ☐Equivocal	
	Brucella Species ☐*Brucella abortus* ☐*Brucella melitensis* ☐*Brucella* species other:_____ ☐*Brucella canis* ☐*Brucella suis* ☐*Brucella* species unknown		Collection Date (mm/dd/yyyy)
	Laboratory Name		Telephone Number
Specimen Type ☐Serum (acute)	Type of Test (Brucella IgM) ☐ELISA ☐IFA ☐Agglutination ☐CF ☐Other:_____	Interpretation ☐Positive ☐Negative ☐Equivocal	Collection Date (mm/dd/yyyy)
	Results ☐Titer ☐O.D	Laboratory Name	Telephone Number
Specimen Type ☐Serum (acute)	Type of Test (Brucella IgG) ☐ELISA ☐IFA ☐Agglutination ☐CF ☐Other:_____	Interpretation ☐Positive ☐Negative ☐Equivocal	Collection Date (mm/dd/yyyy)
	Results ☐Titer ☐O.D	Laboratory Name	Telephone Number

First three letters of patient's last name: | | | |

LABORATORY RESULTS SUMMARY (continued)

Specimen Type ☐Serum (convalescent)	*Type of Test (Brucella IgM)* ☐ELISA ☐IFA ☐Agglutination ☐CF ☐Other:_____	*Interpretation* ☐Positive ☐Negative ☐Equivocal	*Collection Date (mm/dd/yyyy)*
	Results ☐Titer ☐O.D.	*Laboratory Name*	*Telephone Number*
Specimen Type ☐Serum (convalescent)	*Type of Test (Brucella IgG)* ☐ELISA ☐IFA ☐Agglutination ☐CF ☐Other:_____	*Interpretation* ☐Positive ☐Negative ☐Equivocal	*Collection Date (mm/dd/yyyy)*
	Results ☐Titer ☐O.D.	*Laboratory Name*	*Telephone Number*

EPIDEMIOLOGIC INFORMATION

INCUBATION PERIOD IS THE 6 MONTHS PRIOR TO ILLNESS ONSET

EXPOSURES / RISK FACTORS - MILK, OTHER DAIRY PRODUCTS, AND MEAT

DID THE PATIENT EAT OR DRINK ANY OF THE FOLLOWING ITEMS DURING THE INCUBATION PERIOD?

Food Item	Yes	No	Unk	If Yes, Specify as Noted
Milk				*Milk Source* ☐Cow ☐Goat ☐Other:_____ ☐Unk
				Process Type ☐Pasteurized ☐Unpasteurized (raw) ☐Other:_____ ☐Unk
				Source ☐Dairy/ranch/farm ☐Retail store ☐Other:_____ ☐Unk
				Source Name | *Source Address*
Other dairy products				*Dairy Product Type* ☐Soft cheese ☐Queso fresco ☐Crema ☐Other:_____
				Daity Product Source ☐Cow ☐Goat ☐Other:_____ ☐Unk
				Process Type ☐Pasteurized ☐Unpasteurized (raw) ☐Other:_____ ☐Unk
				Source ☐Dairy/ranch/farm ☐Retail store ☐Street vendor ☐ Swap meet ☐Other:_____
				Source Location ☐California ☐U.S. State ☐Outside U.S. | *If outside California, specify location*
				Consumed in U.S. and produced outside of U.S.? ☐Yes ☐No ☐Unk | *Source Name* | *Source Address*
Meat				*Animal Species* | *Meat Product*
Other food / drink exposure (specify)				

First three letters of patient's last name: | | | |

EXPOSURES / RISK FACTORS - OCCUPATIONAL / OTHER CONTACT

WAS THE PATIENT EMPLOYED IN (OR SPEND SIGNIFICANT TIME IN) ANY OF THE FOLLOWING ACTIVITIES DURING THE INCUBATION PERIOD?

Activity	Yes	No	Unk	If Yes, Specify as Noted		
Animal farm or dairy				*Livestock Species* ☐Cow ☐Goat ☐Pig ☐Other:_____		*Location*
Microbiology laboratory				*Meat Product*	*Laboratory Name*	*Location*

DID THE PATIENT HAVE CONTACT WITH ANY OF THE FOLLOWING DURING THE INCUBATION PERIOD?

Type of Contact	Yes	No	Unk	If Yes, Specify as Noted		
Known brucellosis infected herd				*Livestock Species* ☐Cow ☐Goat ☐Pig ☐Other:_____		*Location*
Aborting animal or birthing products				*Livestock Species* ☐Cow ☐Goat ☐Pig ☐Other:_____		*Location*
Brucella vaccine or recently vaccinated animal				*Vaccine Name*	*Animal Species*	*Exposure Date (mm/dd/yyyy)*
Household member works at animal farm or dairy				*Livestock Species* ☐Cow ☐Goat ☐Pig ☐Other:_____		*Location*
Animal contact				*Animal Species*	*Nature of Contact*	

Other contact / exposure (specify)

TRAVEL HISTORY (INCUBATION PERIOD IS THE 6 MONTHS PRIOR TO ILLNESS ONSET)

Did patient arrive into California during the incubation period? ☐Yes ☐No ☐Unk	*If Yes, specify origin location (city, county, state, country)*	*Arrival Date (mm/dd/yyyy)*
Did patient travel outside of county of residence during the incubation period? ☐Yes ☐No ☐Unk	*If Yes, specify all locations and dates below.*	

TRAVEL HISTORY - DETAILS

Location (city, county, state, country)	Date Travel Started *(mm/dd/yyyy)*	Date Travel Ended *(mm/dd/yyyy)*

CONTACTS / OTHER ILL PERSONS

Any contacts with similar illness? ☐Yes ☐No ☐Unk	*If Yes, specify details below.*

ILL CONTACTS - DETAILS

Name 1	*Age*	*Gender*	*Telephone Number*	*Type of Contact / Relationship*	*Date of Contact (mm/dd/yyyy)*
	Street Address			*Exposure Event*	*Illness Onset Date (mm/dd/yyyy)*
	City	*State*	*Zip Code*	*Date First Reported to Public Health (mm/dd/yyyy)*	

(continued on page 6)

First three letters of patient's last name: | | | |

ILL CONTACTS - DETAILS (continued)

Name 2	Age	Gender	Telephone Number	Type of Contact / Relationship	Date of Contact (mm/dd/yyyy)
	Street Address			Exposure Event	Illness Onset Date (mm/dd/yyyy)
	City	State	Zip Code	Date First Reported to Public Health (mm/dd/yyyy)	

NOTES / REMARKS

REPORTING AGENCY

Investigator Name	Local Health Jurisdiction	Telephone Number	Date (mm/dd/yyyy)

First Reported By
☐Clinician ☐Laboratory ☐Other (specify):_____

EPIDEMIOLOGICAL LINKAGE

Epi-linked to known case? ☐Yes ☐No ☐Unk	Contact Name / Case Number

DISEASE CASE CLASSIFICATION

Case Classification (see case definition on page 7)
☐Confirmed ☐Probable ☐Suspect

Brucella Species
☐*B. abortus* ☐*B. melitensis* ☐*B. suis* ☐Other *Brucella* species:_____

OUTBREAK

Part of known outbreak? ☐Yes ☐No ☐Unk	If Yes, extent of outbreak ☐One CA jurisdiction ☐Multiple CA jurisdictions ☐Multistate ☐International ☐Unk ☐Other (specify):_____		
Mode of Transmission ☐Point source ☐Person-to-person ☐Unk ☐Other:_____	Vehicle of Outbreak	Pattern 1 ID number	Pattern 2 ID number

STATE USE ONLY

State Case Classification
☐Confirmed ☐Probable ☐Not a case ☐Need additional information

CASE DEFINITION

BRUCELLOSIS (2010)

CLINICAL DESCRIPTION

An illness characterized by acute or insidious onset of fever and one or more of the following: night sweats, arthralgia, headache, fatigue, anorexia, myalgia, weight loss, arthritis/spondylitis, meningitis, or focal organ involvement (endocarditis, orchitis/epididymitis, hepatomegaly, splenomegaly).

LABORATORY CRITERIA FOR DIAGNOSIS

- **Definitive**
  - Culture and identification of *Brucella* spp. from clinical specimens
  - Evidence of a fourfold or greater rise in *Brucella* antibody titer between acute- and convalescent-phase serum specimens obtained greater than or equal to 2 weeks apart
- **Presumptive**
  - *Brucella* total antibody titer of greater than or equal to 160 by standard tube agglutination test (SAT) or *Brucella* microagglutination test (BMAT) in one or more serum specimens obtained after onset of symptoms
  - Detection of *Brucella* DNA in a clinical specimen by PCR assay

CASE CLASSIFICATION

- **Probable**: A clinically compatible illness with at least one of the following:
  - Epidemiologically linked to a confirmed human or animal brucellosis case
  - Presumptive laboratory evidence, but without definitive laboratory evidence, of *Brucella* infection
- **Confirmed:** A clinically compatible illness with definitive laboratory evidence of *Brucella* infection

RACE DESCRIPTIONS

Race	Description
American Indian or Alaska Native	Patient has origins in **any** of the original peoples of North and South America (including Central America).
Asian	Patient has origins in **any** of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g., including Bangladesh, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Nepal, Pakistan, the Philippine Islands, Thailand, and Vietnam).
Black or African American	Patient has origins in **any** of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander	Patient has origins in **any** of the original peoples of Hawaii, Guam, American Samoa, or other Pacific Islands.
White	Patient has origins in **any** of the original peoples of Europe, the Middle East, or North Africa.

OCCUPATION SETTING

- Childcare/Preschool
- Correctional Facility
- Drug Treatment Center
- Food Service
- Health Care - Acute Care Facility
- Health Care - Long Term Care Facility
- Health Care - Other
- Homeless Shelter
- Laboratory
- Military Facility
- Other Residential Facility
- Place of Worship
- School
- Other

OCCUPATION

- Adult film actor/actress
- Agriculture - farmworker or laborer (crop, nursery, or greenhouse)
- Agriculture - field worker
- Agriculture - migratory/seasonal worker
- Agriculture - other/unknown
- Animal - animal control worker
- Animal - farm worker or laborer (farm or ranch animals)
- Animal - veterinarian or other animal health practitioner
- Animal - other/unknown
- Clerical, office, or sales worker
- Correctional facility - employee
- Correctional facility - inmate
- Craftsman, foreman, or operative
- Daycare or child care attendee
- Daycare or child care worker
- Dentist or other dental health worker
- Drug dealer
- Fire fighting or prevention worker
- Flight attendant
- Food service - cook or food preparation worker
- Food service - host or hostess
- Food service - server
- Food service - other/unknown
- Homemaker
- Laboratory technologist or technician
- Laborer - private household or unskilled worker
- Manager, official, or proprietor
- Manicurist or pedicurist
- Medical - emergency medical technician or paramedic
- Medical - health care worker
- Medical - medical assistant
- Medical - pharmacist
- Medical - physician assistant or nurse practitioner
- Medical - physician or surgeon
- Medical - nurse
- Medical - other/unknown
- Military
- Police officer
- Professional, technical, or related profession
- Retired
- Sex worker
- Stay at home parent/guardian
- Student - preschool or kindergarten
- Student - elementary or middle school
- Student - high school
- Student - college or university
- Student - other/unknown
- Teacher/employee - preschool or kindergarten
- Teacher/employee - elementary or middle school
- Teacher/employee - high school
- Teacher/instructor/employee - college or university
- Teacher/instructor/employee - other/unknown
- Unemployed - seeking employment
- Unemployed - not seeking employment
- Unemployed - other/unknown
- Volunteer
- Other
- Refused
- Unknown