TEXAS Department of State Health Services

Brucellosis Case Investigation

NBS Patient ID: _____

PLEASE PRINT LEGIBLY

Patient Information

Last Name: _____ First Name_____

Date of Birth: _____/_____/_____ 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

Physician/Provider Information

Physician:_____ Address_____

City, State, Zip:_____ Phone:_____ Fax:_____

Clinical Information and Treatment

Was the patient hospitalized for this illness? ☐ Yes ☐ No ☐ Unknown

If yes, provide name of hospital:_____

Dates of hospitalization: Admission ____/____/_____ Discharge ____/____/_____

Is the patient deceased? ☐ Yes ☐ No ☐ Unknown

If yes, provide date of death:_____ *(submit documentation if due to brucellosis)*

Was the patient pregnant during illness? ☐ Yes ☐ No ☐ Unknown ☐ N/A

If yes, provide week of pregnancy:_____ Outcome of pregnancy? _____

Was the patient treated for this illness? ☐ Yes ☐ No ☐ Unknown

Antibiotics used for this illness (check all that apply): ☐ none ☐ doxycycline ☐ streptomycin ☐ rifampin
☐ unknown ☐ other (specify): _____

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

Date of Illness Onset: ____/____/_____

Signs and Symptoms

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 (please describe):

NBS Patient ID:_____ Patient Name: _____

Exposures/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 _____
Was the animal(s) diagnosed with brucellosis? ☐ Yes *(please provide documentation)* ☐ No ☐ Unknown

Consume unpasteurized dairy products or undercooked meat? ☐ Yes ☐ No ☐ Unknown
If yes, what was the product?_____ Date consumed: ____/____/_____
If yes, where was the product was acquired?_____

Have any 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
Where did exposure occur? _____ Date ____/____/_____
Did the patient receive post-exposure prophylaxis (PEP) for this exposure? ☐ Yes ☐ No ☐ Unknown

Laboratory Findings

Serology	**Date Collected**	**Titer/Value**	**Interpretation**
Agglutination Test (Acute)			☐ Positive ☐ Negative ☐ Not Done
Agglutination Test (Convalescent)			☐ Positive ☐ Negative ☐ Not Done
Other:			☐ Positive ☐ Negative ☐ Not Done
Organism Identification	**Date Collected**	**Source**	**Interpretation**
PCR*			☐ Positive ☐ Negative ☐ Not Done
Culture*			☐ Positive ☐ Negative ☐ Not Done

*Species Identified: *If cultured/isolated at a local laboratory:*

Did any possible laboratory exposures occur? ☐ Yes ☐ No ☐ Unknown

Comments or Other Pertinent Epidemiological Data:

Date First Reported: ____/____/_____ Investigation: Started ____/____/_____ Completed ____/____/_____
Reporting Facility:_____
Name of Investigator:_____ *(Please print clearly)*
Agency:_____ *(Please do not abbreviate)*
Phone:_____ E-Mail:_____

Case Classification

☐ **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 ≥ 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**