Overview

Useful For
Evaluating patients with suspected brucellosis

Method Name
Agglutination

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required

Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.5 mL

Forms
If not ordering electronically, complete, print, and send a Microbiology Test Request (T244) with the specimen.

Specimen Minimum Volume
0.25 mL

Reject Due To

<table>
<thead>
<tr>
<th></th>
<th>Mild OK; Gross reject</th>
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<tbody>
<tr>
<td>Hemolysis</td>
<td></td>
</tr>
<tr>
<td>Lipemia</td>
<td>Mild OK; Gross reject</td>
</tr>
<tr>
<td>Icterus</td>
<td>Mild OK; Gross OK</td>
</tr>
<tr>
<td>Other</td>
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Specimen Stability Information

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
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<tbody>
<tr>
<td>Serum</td>
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</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>14 days</td>
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Clinical and Interpretive
**Clinical Information**

*Brucella* species are facultative intracellular, gram-negative staining bacilli capable of producing the disease “brucellosis” in humans. Human disease likely is acquired by contact with animals infected with the organism (*B. abortus*, *B. suis*, *B. melitensis*, and occasionally *B. canis*) either by direct contact or by ingestion of meat or milk. The signs and symptoms associated with brucellosis may include fever, night sweats, chills, weakness, malaise, headache, and anorexia. The physical examination may reveal lymphadenopathy and hepatosplenomegaly. A definitive diagnosis of brucellosis is made by recovering the organism from bone marrow, blood, fluid (including urine), or tissue specimens.

In cases of suspected brucellosis, serology may assist in the diagnosis and play a supplementary role to routine culture. Antibodies to *Brucella* species may not become detectable until 1 to 2 weeks following the onset of symptoms, so serum specimens drawn during acute disease may be negative by serology in patients with brucellosis. If serology is performed, the CDC currently recommends that specimens testing positive or equivocal for IgG or IgM by a screening EIA be confirmed by a *Brucella*-specific agglutination method.(1)

**Reference Values**

<1:80

**Interpretation**

The CDC recommends that specimens testing positive or equivocal for IgG or IgM by a screening EIA be confirmed by a *Brucella*-specific agglutination method.(1)

Negative to a titer of 1:40 or higher can be seen in the normal, healthy population. A titer of 1:80 or greater is often considered clinically significant(2); however, a 4-fold or greater increase in titer between acute and convalescent phase sera is required to diagnose acute infection.

The CDC/Council of State and Territorial Epidemiologists case definition for human brucellosis states that the laboratory criteria for diagnosis includes 1) Isolation of *Brucella* species from a clinical specimen, 2) Four-fold or greater rise in *Brucella* agglutination titer between acute- and convalescent-phase serum specimens drawn more than 2 weeks apart and studied at the same laboratory, or 3) Demonstration by immunofluorescence of *Brucella* species in a clinical specimen.

Positive results by a screening EIA that are not confirmed by *Brucella*-specific agglutination may represent false-positive screening results. If clinically indicated, a new specimen should be tested after 7 to 14 days.

**Cautions**

The tube agglutination assay was designed using antigen derived from *Brucella abortus*, and may not be positive in patients infected with other *Brucella* species (eg, *B. canis*).

Positive results by *Brucella* serology are not diagnostic of acute infection, as antibodies may persist for months to years following exposure. To diagnose acute infection, detection of *Brucella* species in culture is the recommended approach (see BRUCB / *Brucella* Culture, Blood).

*Brucella abortus* strain RB51 is used for vaccination of animals in the United States. There are currently no serologic tests to detect an antibody response to strain RB51 in humans. Per CDC guidelines, routine clinical serology tests for *Brucella* do not detect an antibody response to strain RB51. Note that other strains besides RB51 may be used for vaccinating animals outside of the United States.(3)

**Supportive Data**

Prospective serum specimens (n =114) positive for IgG or IgM antibodies, or both, by an FDA-approved screening EIA (Euroimmun, Lubeck, Germany) were tested for *Brucella* antibodies using tube agglutination (TAT) reagents.
supplied by the National Veterinary Services (NVS) Laboratory (Ames, IA). The results were compared to those obtained by an outside reference laboratory which uses reagents supplied by Remel. Overall percent agreement was 89.5% (102/114).

In addition to prospective sera, a panel of characterized serum specimens (n =14) were tested. Overall agreement was 100% with the expected results.

Sera known to be positive for antibodies to *Borrelia burgdorferi* (n =5), *Chlamydia* species (n =1), *Coxiella burnetii* (n =2), *Rickettsia* species (n =1), or Epstein-Barr virus (n =11) were tested by the *Brucella* Ames TAT and all 20 specimens were found to be negative (<1:80). In addition, a serum specimen containing rheumatoid factor (n =1) was tested and found to be negative.

**Clinical Reference**


**Performance**

**Method Description**

Serially diluted serum is added to an antigen prepared from *Brucella abortus* strain 1119-3. Agglutination or flocculation is assessed after incubation at 37 degrees C for 48 hours. (Package insert: Animal and Plant Health Inspection Service National Veterinary Services Laboratories, Kirsh D: US Dept of Health, Education, and Welfare, Ames, IA, 1973)

**PDF Report**

No

**Day(s) and Time(s) Test Performed**

Monday, Wednesday, Friday; 10 a.m.

**Analytic Time**

2 days

**Maximum Laboratory Time**

5 days

**Specimen Retention Time**

14 days

**Performing Laboratory Location**

Rochester

**Fees and Codes**
Fees

- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification

This test uses a standard method. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

86622

LOINC® Information

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<td>Brucella Ab, Agglutination, S</td>
<td>19053-8</td>
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