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|  | Treatment | Dose | Alternatives | Notes |
| Uncomplicated brucellosis | Doxycycline PLUS  gentamicin | 100mg po bid x 6 weeks  5mg/kg IM qd x 5-14 days | Doxycycline 100mg po bid PLUS rifampin 600mg po qd x 6 weeks | Includes patients without spondylitis, endocarditis, neuro disease |
| Relapse | As above, can add TMP-SMX as third agent | As above plus TMP-SMX 1 DS tab BID x 6 weeks |  |  |
| Spondylitis | Doxycycline PLUS  gentamicin | 100mg po bid x 12 weeks  5mg/kg IM qd x 14-21 days | Doxycycline 100mg po bid PLUS rifampin 600mg po qd x 12 weeks  Ciprofloxacin 500mg po bid: PLUS rifampin 600mg po qd x 12 weeks | Surgery may be needed if abscess is present or the spine is unstable. |
| Endocarditis | Doxycycline PLUS rifampin PLUS TMP-SMX | 100mg po bid  600mg po qd  1DS tab po bid x 2-6 months |  | Optimal duration is unknown, err on side of longer treatment.  Many patients require surgery as well if heart failure or valve destruction. |
| Neurobrucellosis | Doxycycline PLUS rifampin | 100mg po bid  600mg po qd x 6 months | Some experts recommend adding ceftriaxone 2g IV/IM bid or TMP-SMX 1DS po qd as third agent. | Optimal duration is unknown; some experts recommend following CSF for normalization.  Mixed data for adding corticosteroids, not routinely recommended. |
| Post exposure prophylaxis | Doxycycline PLUS rifampin | 100mg po bid  600mg po qd x 3 weeks |  |  |
| Pregnant women | Rifampin with or without  TMP-SMX | 900mg po qd  1 DS tab po bid |  | Durations as noted above  Consult Infectious Diseases for complex cases.  Avoid TMP-SMX in week prior to delivery as associated with kernicterus in neonate. |