



ANIMAL HEALTH ALERT

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Canine Brucellosis Cluster in Los Angeles County: Guidance for Veterinarians

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Key Points:

- A cluster of six dogs with confirmed canine brucellosis and one presumptive positive dog, all from the same litter, has been identified. The dogs are all rescue dogs imported from Mexico.
- Cases of canine brucellosis reported to Los Angeles County Veterinary Public Health have been increasing over the last five years, and Mexico is a frequently identified country of origin for infected dogs.
- Veterinarians should obtain a comprehensive history for any young dog presenting with clinical signs suggestive of canine brucellosis—particularly non-specific pain, lameness, joint pain, back pain, or diskospondylitis. Investigate the dog's geographic origin and acquisition history. In sexually intact or breeding dogs prioritize *Brucella canis* in the differential diagnosis if there is a history of reproductive failure.
- Veterinarians and veterinary staff are at an increased risk of occupational exposure to canine brucellosis and should use proper PPE when handling suspected or confirmed cases.
- There is no reliable cure for canine brucellosis. The infection is considered lifelong in dogs and can lead to a poor quality of life. Veterinarians should educate owners on the disease, including clinical and financial commitments, as well as potential human health risks associated with owning an infected dog.

Los Angeles County Veterinary Public Health (VPH) has identified a cluster of six confirmed cases of canine brucellosis and one presumptive positive case (a dam and six littermates, all of which were already neutered at the time of diagnosis). The dogs (shepherd mixes) were imported from Tijuana, Mexico by a rescue group in late December 2024/early January 2025 and were subsequently adopted out to six different households in two southern California counties. Clinical findings in this cluster included diskospondylitis, back pain without radiographic evidence of diskospondylitis, and some dogs with no apparent clinical signs.

The first dog began showing clinical signs in December 2025, approximately one year after importation. Clinical signs that were first noted by the dog's owners included back pain and non-specific pain that could not be localized. Radiographs confirmed diskospondylitis. Public Health traceback of the entire litter identified additional positive cases. Historically sporadic, canine brucellosis reports to VPH have increased over the last five years, with Mexico frequently identified as the country of origin for positive cases.

Background:

Canine brucellosis is a zoonotic infection caused by the bacterium *Brucella canis* (*B. canis*). Limited seroprevalence studies estimate a 1–8% seroprevalence in U.S. dogs (more common in southern states) compared to 20–30% in dogs from Mexico, Central America, and South America.¹ Dogs that are sexually intact, free roaming, stray, or part of breeding programs are more likely to have brucellosis.

There is no reliable cure for the disease in dogs. It is considered a lifelong infection, and clinical relapse is common even with long-term antibiotic therapy. The health consequences of the disease in dogs, clinical management requirements, and financial commitment for owners can result in a poor quality of life for infected dogs. Veterinary staff, laboratory workers, kennel staff, animal rescuers, and people working with stray or sexually intact dogs from countries where canine brucellosis is more common, are at increased risk of exposure and zoonotic transmission.

Clinical Signs in Dogs¹:

Reproductive:

- *B. canis* is the most common cause of reproductive problems in dogs.
 - Male dogs: Epididymitis, prostatitis, orchitis, testicular atrophy, and infertility
 - Female dogs: Late-term abortion, vaginal discharge
 - Congenital transmission can result in stillbirths, early neonatal death, or clinically normal-appearing puppies that are infected and may later develop clinical signs

Systemic or Localized:

- Uveitis, lameness, joint pain, lethargy, fever, inappetence, lymphadenopathy, and diskospondylitis
- More than 50% of cases reported to VPH had diskospondylitis
- Some infected dogs may remain asymptomatic

Transmission to Dogs and Humans¹:

Transmission occurs when infectious material comes into contact with mucous membranes or open wounds.

- **Highest risk material (highest concentration of *B. canis*):** Reproductive fluids and tissues including semen, vaginal discharge, aborted fetuses
- **Other sources:** Urine, feces, blood, saliva, milk
- **Fomites:** Contaminated veterinary equipment, clothes, shoes, bedding, and crates

Diagnostic Testing in Dogs:

- Dogs should be tested at least 12 weeks after their last potential exposure and be at least 6 months of age to reduce the likelihood of false negative results.
- **Point-of-care and in-house testing are not recommended.**
- Serologic screening tests: Rapid Slide Agglutination Test (RSAT) and/or Tube Agglutination (TAT). A combination of serologic screening tests improves diagnostic accuracy, as false negatives and false positives can occur.
- Dogs with positive serologic screening tests should undergo confirmation testing with Agar Gel Immunodiffusion (AGID) and blood culture or PCR. Because intermittent bacteremia occurs, blood culture may yield false negative results and repeat testing may be needed.
- Consult your commercial veterinary diagnostic laboratory regarding available tests. *B. canis* testing is also offered through multiple veterinary diagnostic laboratories associated with veterinary colleges.

Management of Infected Dogs:

There is no proven cure for infected dogs. Relapses and periodic bacterial shedding can occur even with long-term antibiotic therapy. **Infected dogs pose a lifelong health risk to people and other dogs.** Therefore, humane euthanasia is strongly recommended.

If humane euthanasia is not pursued:

- **Sterilization:** Infected dogs must be spayed/neutered.
- **Antibiotic treatment²:** There is no regimen or protocol that is reliably curative. Combination therapy protocols are recommended (e.g., tetracycline + fluoroquinolone, tetracycline + aminoglycoside, tetracycline + rifampin). Antibiotic monotherapy is generally not recommended.
- **Isolation:** The infected dog must be strictly isolated on the owner's property away from other dogs and people that are not immediate household members for the entirety of the dog's life.
- **Management of dog contacts:** Quarantine and screen any dog residing in the same household or who had intimate contact with the infected dog¹ (see diagnostic testing section above).
- **Client education, follow up, and monitoring:** Veterinarians should educate owners on the clinical aspects of the disease, quality of life concerns, financial commitment of long-term antibiotic treatment, monitoring through diagnostic tests, and the zoonotic risk to owners. Handouts for owners are available on our [Brucella Canis webpage](#).

Brucella canis Infection in Humans^{3,4,5}:

Human infection with *B. canis* is considered rare but likely underreported. Symptoms in people are non-specific and include fever, headache, fatigue, weight loss, and musculoskeletal pain. Severe disease and complications (e.g., meningitis, endocarditis) can occur.³ High risk groups for severe disease include children under the age of 5, pregnant women, individuals with comorbidities and/or who are immunocompromised, and those that are 65 years of age or older. Veterinarians and veterinary staff are at increased risk of occupational exposure and infection with brucellosis, and should use standard precautions.

Diagnosis is challenging due to the lack of approved serologic screening tests for exposed persons, so diagnosis relies on blood culture. Treatment involves prolonged antibiotic therapy and, in some cases, surgery. People who have had direct contact with or inhalation of *B. canis* contaminated material should receive prompt medical attention, as post-exposure prophylaxis with antibiotics may be indicated.

What Veterinarians Should Do:

- **Always document a thorough, lifetime travel history in any new dog patient or new illness in a dog.** Dogs infected with *B. canis* may have no clinical signs for prolonged periods, therefore it is important to inquire about all travel and origins, even if there has been no travel for a long time.
- **Maintain an index of suspicion for *B. canis*:** Consider *B. canis* for dogs (especially young dogs) presenting with suggestive clinical signs—particularly non-specific pain, lameness, joint pain, back pain, or diskospondylitis. Investigate the dog's origin and acquisition history. In sexually intact or breeding dogs prioritize *B. canis* in the differential diagnosis if there is a history of reproductive failure or international importation.
- **Test:** If *B. canis* is suspected, test dogs with the appropriate diagnostics (see Diagnostic Testing section above).
- **Use Personal Protective Equipment (PPE):** Provide veterinary clinic staff with proper PPE and train them on proper PPE use (disposable gloves, eye protection, N95 masks, disposable gowns) when working with dogs known or suspected of being infected with *B. canis*.

- **Infection Prevention and Control Measures:** Isolate dogs confirmed or suspected of having canine brucellosis from other dogs in the clinic. Immediately disinfect areas the dog was in, or equipment used on the dog¹. *B. canis* is readily killed by most disinfectants including bleach, quaternary ammonium disinfectants (e.g. Roccal™), phenolic compounds (e.g., Lysol™), 70% ethanol, glutaraldehyde, and formaldehyde. Allow 10 minutes of contact time.
- **Educate Clients:** Owners of dogs diagnosed with canine brucellosis should be educated on the disease, disease risk to other dogs and humans, and that the disease is considered lifelong with no reliable cure. Veterinarians should discuss treatment options, quality of life, and financial commitment for lifelong care and monitoring. Informational handouts can be obtained on our [Brucella Canis webpage](#). If your clinic works with international rescue groups, educate them about screening for the disease and not importing dogs with the disease.
- **Report Cases:** *B. canis* is legally reportable in LA County. Report using this [form](#).
- Contact VPH with any questions at 213-288-7060 or vet@ph.lacounty.gov.

References:

1. California Department of Public Health, “[Guidance for Managing Select Communicable Diseases.](#)” February 2023.
2. Davidson, A. P., & Sykes, J. E. (2023). Canine brucellosis (Chap. 71). In J. E. Sykes (Ed.), *Greene’s Infectious Diseases of the Dog and Cat* (5th ed., pp. 876–891). Elsevier.
3. Centers for Disease Control and Prevention, “[Clinical Overview of Brucellosis,](#)” last modified May 2, 2024.
4. Dentinger, C. M., et al. (2015). [Human Brucella canis Infection and Subsequent Laboratory Exposures Associated with a Puppy, New York City, 2012.](#) *Zoonoses and public health*, 62(5), 407–414.
5. Weese, J. S., & Weese, H. E. (2025). [Brucellosis in humans caused by Brucella canis: A scoping review.](#) *The Canadian Veterinary Journal*, 66(3), 327–334.

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