



*Protecting, Maintaining and Improving the Health of All Minnesotans*

July 12, 2018

Dear Health Care Provider,

The Minnesota Department of Health (MDH) is adding melioidosis (*Burkholderia pseudomallei*) and glanders (*Burkholderia mallei*) to the list of diseases requiring statewide reporting. This will begin on July 13, 2018. MDH will be conducting this surveillance pursuant to Minnesota Rules 4605.7000 to 4605.7900. Specifically, Minnesota Rules, 4605.7080, permits the Commissioner of Health to require reporting of newly recognized or emerging diseases and syndromes suspected to be of infectious origin or previously controlled or eradicated infectious disease if certain criteria are met. Documentation on the approved melioidosis and glanders reporting is available here:

<http://www.health.state.mn.us/divs/idepc/dtopics/reportable/glanders.html> and  
<http://www.health.state.mn.us/divs/idepc/dtopics/reportable/melioidosis.html>.

Melioidosis and glanders are caused by the bacteria *Burkholderia pseudomallei* and *Burkholderia mallei* (respectively) and are endemic in many parts of the world, although not in the United States at this time. There have been, however, three cases of melioidosis identified in Minnesota since 2006, all occurring in people that had recently traveled to endemic countries. Melioidosis is considered an emerging infection, and because of the ease of international travel, it is possible that Minnesota will see an increasing number of cases. There have been no cases of glanders identified in Minnesota or the United States since the 1940s. Additionally, *Burkholderia pseudomallei* and *Burkholderia mallei* are both considered overlap tier 1 select agents, which means that the Centers for Disease Control and Prevention (CDC) and the United States Department of Agriculture (USDA) consider them a potential severe risk to human and animal health. *B. pseudomallei* and *B. mallei* require enhanced biosafety measures in the laboratory and pose a threat for laboratory-acquired infections if not handled appropriately. Furthermore, these diseases are category B bioterrorism diseases, the second highest priority category. Both bacteria are moderately easy to disseminate, result in moderate morbidity rates and low mortality rates, and require specific enhancements of diagnostic capacity and enhanced disease surveillance. For these reasons, MDH is requiring that all cases of melioidosis and glanders in Minnesota be reported in order to determine whether there is a potential for a greater public health concern.

A suspected or confirmed case of melioidosis is defined as any evidence of infection including isolation of *Burkholderia pseudomallei* from any body site, or detection by any other direct or indirect method. A suspected or confirmed case of glanders is defined as any evidence of infection, including isolation of *Burkholderia mallei* from any body site, or detection by any other direct or indirect method. Statewide surveillance for melioidosis and glanders will include the submission of laboratory isolates to the MDH Public Health Laboratory (PHL) for confirmation, and the submission of demographic and clinical case report information.

We appreciate your continued collaboration on infectious disease surveillance. Due to the low incidence of melioidosis and glanders in Minnesota, we expect the burden of this reporting on your facility to be minimal. Through this effort, we will all be working to improve the health of Minnesotans. If you have any questions about this letter, please contact Tory Whitten at 651-201-5414 or [Tory.Whitten@state.mn.us](mailto:Tory.Whitten@state.mn.us).

Sincerely,

[Signed by Commissioner of Health, Jan K. Malcom]

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