**Table 3. Further Description of Major and Minor Duke Criteria**

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| **Major Criteria** |
| **A. Supportive laboratory evidence** Typical microorganism for infective endocarditis from two separate blood cultures: viridans streptococci, *S.aureus, S. bovis*, HACEK group (*Haemophilusspp. Actinobacillus actinomycetemcomitans, Cardiobacterium hominis, Eikenella spp., and Kingella kingae*) **or** community-acquired enterococci, in the absence of a primary focus |
| Persistently positive blood culture, defined as recovery of a microorganism consistent with infective endocarditis from blood cultures drawn more than 12 hours apart **or** Persistently positive blood culture, defined as recovery of a microorganism consistent with infective endocarditis from all of three or a majority of four or more separate blood cultures, with first and last drawn at least 1 hour apart |
| Single positive blood culture for *Coxiella burnetii* or phase I antibody titer greater than 1:800 |
| **B. Evidence of endocardial involvement** Echocardiogram supportive of infective endocarditis **1. Type of study**TEE recommended as first test in the following patients: a) prosthetic valve endocarditis; **or** b) those with at least "possible" endocarditis by clinical criteria; **or** c) those with suspected complicated endocarditis, such as paravalvular abscess. TTE recommended as first test in all other patients. **2.Definition of positive findings**Oscillating intracardiac mass, on valve or supporting structures, or in the path of regurgitant jets, or on implanted material, in the absence of an alternative anatomic explanation **or** myocardial abscess **or** new partial dehiscence of prosthetic valve |
| **C. New valvular regurgitation (increase or change in pre-existing murmur not sufficient)** |
| **Minor Criteria** |
| Predisposing heart condition or intravenous drug use |
| Fever ≥ 38.0°C (100.4°F) |
| Vascular phenomena: major arterial emboli, septic pulmonary infarcts, mycotic aneurysm, intracranial hemorrhage, conjunctival hemorrhage, Janeway lesions |
| Immunologic phenomena: glomerulonephritis, Osler's nodes, Roth spots, rheumatoid factor |
| Positive blood culture not meeting major criterion, as noted previously (excluding single positive cultures for coagulase-negative staphylococci and organisms that do not cause endocarditis), or serologic evidence of active infection with organism consistent with infective endocarditis |