Major Criteria

1. Positive blood culture

   Typical microorganism for infective endocarditis from two separate blood cultures

      Viridans streptococci, *Streptococcus gallolyticus*, HACEK group organisms, *Staphylococcus aureus*, *or*

      Community-acquired enterococci in the absence of a primary focus,

      or

   Persistently positive blood culture, defined as recovery of a microorganism consistent with infective endocarditis from:

      Blood cultures drawn >12 h apart; *or*

      All of 3 or a majority of ≥4 separate blood cultures, with first and last drawn at least 1 h apart

      or

   Single positive blood culture for *Coxiella burnetii* or phase I IgG antibody titer of >1:800

2. Evidence of endocardial involvement

   Positive echocardiogram[b]

      Oscillating intracardiac mass on valve or supporting structures or in the path of regurgitant jets or in implanted material, in the absence of an alternative anatomic explanation, *or*

      Abscess, *or*

      New partial dehiscence of prosthetic valve,

      or

   New valvular regurgitation (increase or change in preexisting murmur not sufficient)

Minor Criteria

1. Predisposition: predisposing heart conditions[c] or injection drug use
2. Fever ≥38.0°C (≥100.4°F)
3. Vascular phenomena: major arterial emboli, septic pulmonary infarcts, mycotic aneurysm, intracranial hemorrhage, conjunctival hemorrhages, Janeway lesions
4. Immunologic phenomena: glomerulonephritis, Osler's nodes, Roth's spots, rheumatoid factor
5. Microbiologic evidence: positive blood culture but not meeting major criterion, as noted previously,[d] *or* serologic evidence of active infection with an organism consistent with infective endocarditis