

TULAREMIA

ALL SUSPECT CASES OF TULAREMIA MUST BE REPORTED IMMEDIATELY TO THE PUBLIC HEALTH DEPARTMENT COMMUNICABLE DISEASE CONTROL

Epidemiology:

- Highly infectious after aerosolization
- Infectious dose can be as low as 10-15 organisms
- Person-to-person transmission does not occur

Clinical:

- Incubation period is 3-6 days (ranges 1-21 days)
- Aerosolization would most likely result in typhoidal tularemia, with pneumonic involvement
- Typhoidal tularemia is a nonspecific illness, with fever, headache, malaise and non-productive cough (mortality rates can be as high as 30-60%)
- Diagnosis requires high index of suspicion given nonspecific presentation

Laboratory Diagnosis:

- Bacterial cultures should be handled in a Biosafety Level 3 facility; isolation of organism can otherwise put laboratory workers at risk
- Organism is difficult to culture and grows poorly on standard media; cysteine-enriched media is required
- Serology is most commonly used for diagnosis

Patient Isolation:

- Standard precautions. Respiratory isolation not required.

Treatment:

- Streptomycin (7.5 mg/kg IM q 12 hours x 10-14 days) or gentamicin (3-5 mg/kg/day IV or IM qd in 3 divided doses x 10-14 days) are the preferred antibiotics
- Tetracyclines are alternative choices, although they are bacteriostatic and associated with higher relapse rates and must be continued for at least 14 days

Prophylaxis:

- Antibiotic prophylaxis is most effective if begun within 24 hours after exposure to aerosol
- Tetracyclines are recommended for 14 days