

TULAREMIA



**ALL SUSPECTED CASES OF TULAREMIA MUST BE REPORTED IMMEDIATELY TO
NAPA COUNTY PUBLIC HEALTH COMMUNICABLE DISEASE UNIT**

Contact Information:

During Business Hours: (707) 299 -1499

After Business Hours (Napa County Answering Service): (707) 265 -3131

Epidemiology:

- Highly infectious after aerosolization
- Infectious dose can be as low as 10-50 aerosolized organisms
- Person to person transmission does not occur

Clinical:

- Incubation period is 3-6 days (range 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% if untreated)
- 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 Gentamycin (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