

SUMMARY

Disease	Tularemia
Agent	<i>Francisella tularensis</i>
Indications of Terrorist Release versus Natural Incidence	In a bioterrorism attack, <i>F. tularensis</i> would likely be released as an aerosol and inhaled; due to the low incidence of this disease in the U.S., an outbreak of pneumonic or typhoidal tularemia should bring suspicion of an attack; natural cases in the U.S. are virtually all rural and/or involve animal contact
Possible Means of Exposure	Inhalation, ingestion, through abraded skin and mucous membranes, insect bites, animal contact
Incubation	1-21 days (average is 3-5 days)
Primary Symptoms	Flulike symptoms such as high fever, chills, headache, malaise, and fatigue; respiratory symptoms include dry cough, no or minimal sputum production, substernal tightness, and pleuritic chest pain
Diagnostic Tools of Choice	Direct fluorescent antibody stain, PCR, and antigen detection
Treatment	Antibiotics (streptomycin or gentamycin) as early as possible
Post-Exposure Prophylaxis	Doxycycline or ciprofloxacin
Vaccine	Previously available for laboratory personnel; currently under review by FDA