

TULAREMIA EMERGENCY INFORMATION: TRANSMISSION, PREVENTION, & INFECTION CONTROL

WHAT IS TULAREMIA?	<ul style="list-style-type: none"> • Caused by the bacterium <i>Francisella tularensis</i> and is highly infectious • Occurs naturally in U.S. and is widespread in animals (especially rodents, rabbits, and hares) • Symptoms include sudden fever, chills, headaches, diarrhea, muscle aches, joint pain, dry cough, progressive weakness • Depending on exposure route, symptoms can also include ulcers on the skin or mouth, swollen and painful lymph glands, swollen and painful eyes, and a sore throat • <i>F. tularensis</i> can be aerosolized; if an infectious aerosol is inhaled, people would generally experience severe respiratory illness, including life-threatening pneumonia and systemic infection 	
TRANSMISSION & INCUBATION	<ul style="list-style-type: none"> • Person to person transmission does NOT occur • People typically become infected through the bite of infected insects (most commonly, ticks and deerflies), by handling infected sick or dead animals, by eating or drinking contaminated food or water, or by inhaling airborne bacteria • Incubation is 3-5 days but may be as long as 14 days • Deceased individuals who have not been treated, or treated less than 48 hours, should be considered contagious. Avoid autopsy procedures that generate aerosols 	
HOW LONG CAN BOTULISM BACTERIA EXIST IN THE ENVIRONMENT?	<ul style="list-style-type: none"> • <i>Francisella tularensis</i> can remain alive for periods in a cold, moist environment • Information is not available about survivability of an intentionally released aerosol form of <i>F. tularensis</i>, but a short half-life due to desiccation, solar radiation, oxidation, and other environmental factors and a very limited risk from secondary dispersal is assumed 	
DECONTAMINATION	<ul style="list-style-type: none"> • Yes, if recent aerosol exposure is suspected • Patient/Companion remove clothes and place in red Biohazard Bag 	
POST-EXPOSURE PROPHYLAXIS / IMMUNIZATION	<ul style="list-style-type: none"> • Doxycycline 100 mg or Ciprofloxacin 500mg orally twice daily for two weeks • Prophylaxis is not recommended for exposure to a patient. 	
PRECAUTIONS FOR STAFF WITHOUT PATIENT CONTACT	<ul style="list-style-type: none"> • No special precautions or prophylaxis are recommended for staff who have no contact with patients or materials and equipment associated with their care 	
PRECAUTIONS FOR STAFF WITH PATIENT CONTACT	PRE-DECONTAMINATION <ul style="list-style-type: none"> • N-95 or PAPRS • Goggles • Gloves • Long-sleeved gown • HCW leaves gown, gloves, & mask in red biohazard bag • Hand-washing or alcohol gel 	POST-DECONTAMINATION <ul style="list-style-type: none"> • Standard precautions
PATIENT PRECAUTIONS	<ul style="list-style-type: none"> • Private room, if possible but not required 	
ENVIRONMENTAL PRECAUTIONS	PRE-DECONTAMINATION <ul style="list-style-type: none"> • Clean room with hospital approved disinfectant • Terminal cleaning wearing long-sleeved gown, gloves, surgical mask & goggles or face shield; room door closed • Biohazard waste disposal for linens, disposable items, including cleaning supplies & solutions • Disinfect non-disposable items 	POST-DECONTAMINATION <ul style="list-style-type: none"> • Standard precautions for linen • Follow routine cleaning and disinfection of equipment • Follow routine housecleaning procedure with 0.5% hypochlorite or EPA approved disinfectants