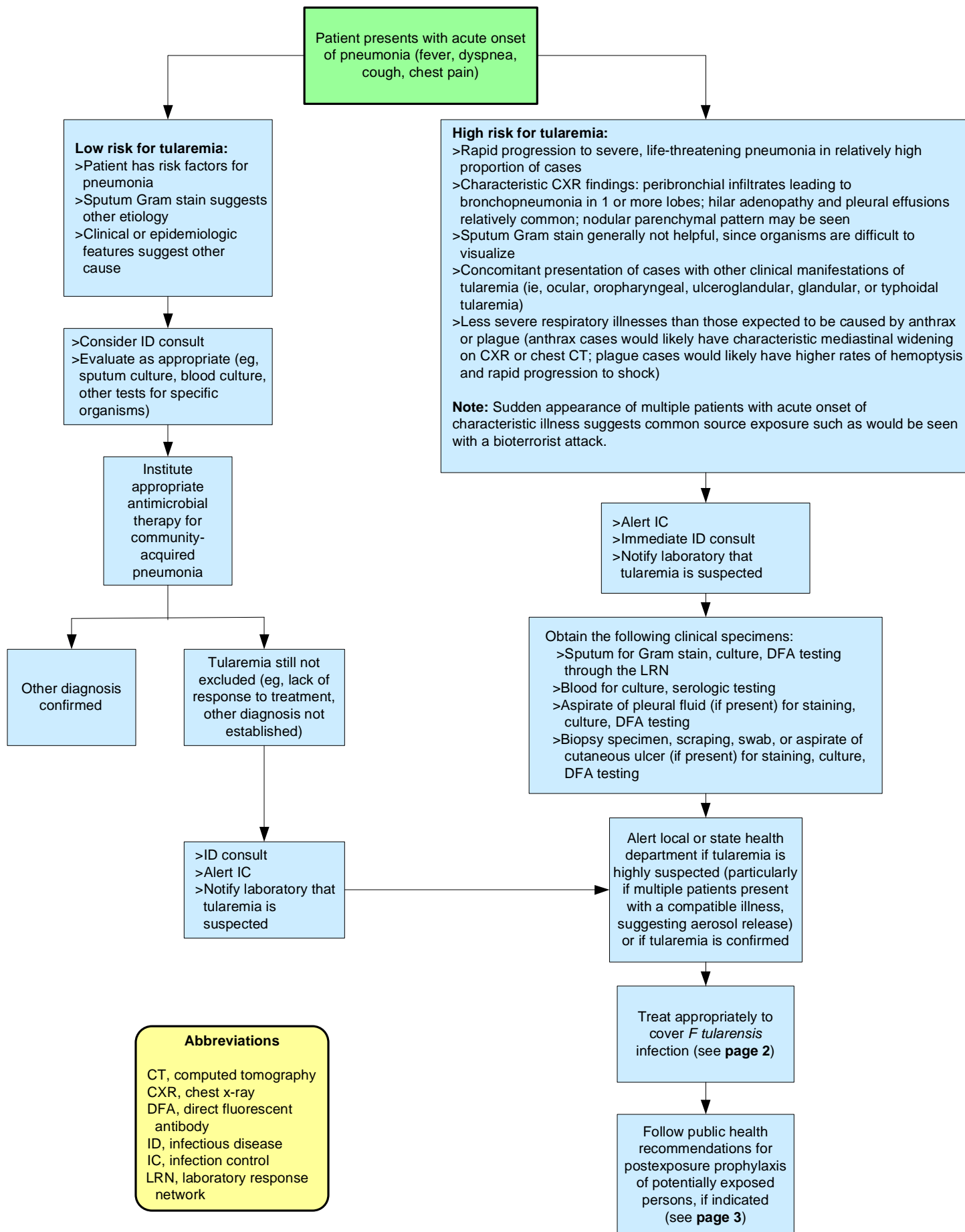


Clinical Pathway: Pneumonic Tularemia



Abbreviations

CT, computed tomography
 CXR, chest x-ray
 DFA, direct fluorescent antibody
 ID, infectious disease
 IC, infection control
 LRN, laboratory response network

Clinical Pathway: Pneumonic Tularemia

Recommendations for Antibiotic Postexposure Prophylaxis During an Outbreak of Tularemia Following a Bioterrorism Event*	
Patient Category	Therapy Recommendations†
Adults (including pregnant women)	Doxycycline, 100 mg PO twice daily for 14 days‡ or Ciprofloxacin, 500 mg PO twice daily for 14 days‡
Children	Doxycycline ≥45 kg: give adult dosage <45 kg: give 2.2 mg/kg PO twice daily for 14 days or Ciprofloxacin, 15 mg/kg PO twice daily for 14 days (maximum daily dose, 1 gm)
Abbreviation: PO, orally.	
*In the mass casualty setting where the medical care delivery system is not able to meet the demands for patient care, oral antibiotics may need to be substituted for intravenous antibiotics for treatment of patients with tularemia. In such a situation, the recommendations in this table should be followed for treatment as well as for prophylaxis.	
†Recommendations were reached by consensus of the Working Group on Civilian Biodefense and may not necessarily be approved by the Food and Drug Administration.	
‡Although fetal toxicity may occur with doxycycline use, the Working Group recommended doxycycline or ciprofloxacin for postexposure prophylaxis of pregnant women or for treatment of infection of pregnant women in the mass casualty setting.	
<i>Adapted from Dennis DT, Inglesby TV, Henderson DA, et al, for the Working Group on Civilian Biodefense. Tularemia as a biological weapon: medical and public health management. JAMA 2001;285:2763-73.</i>	