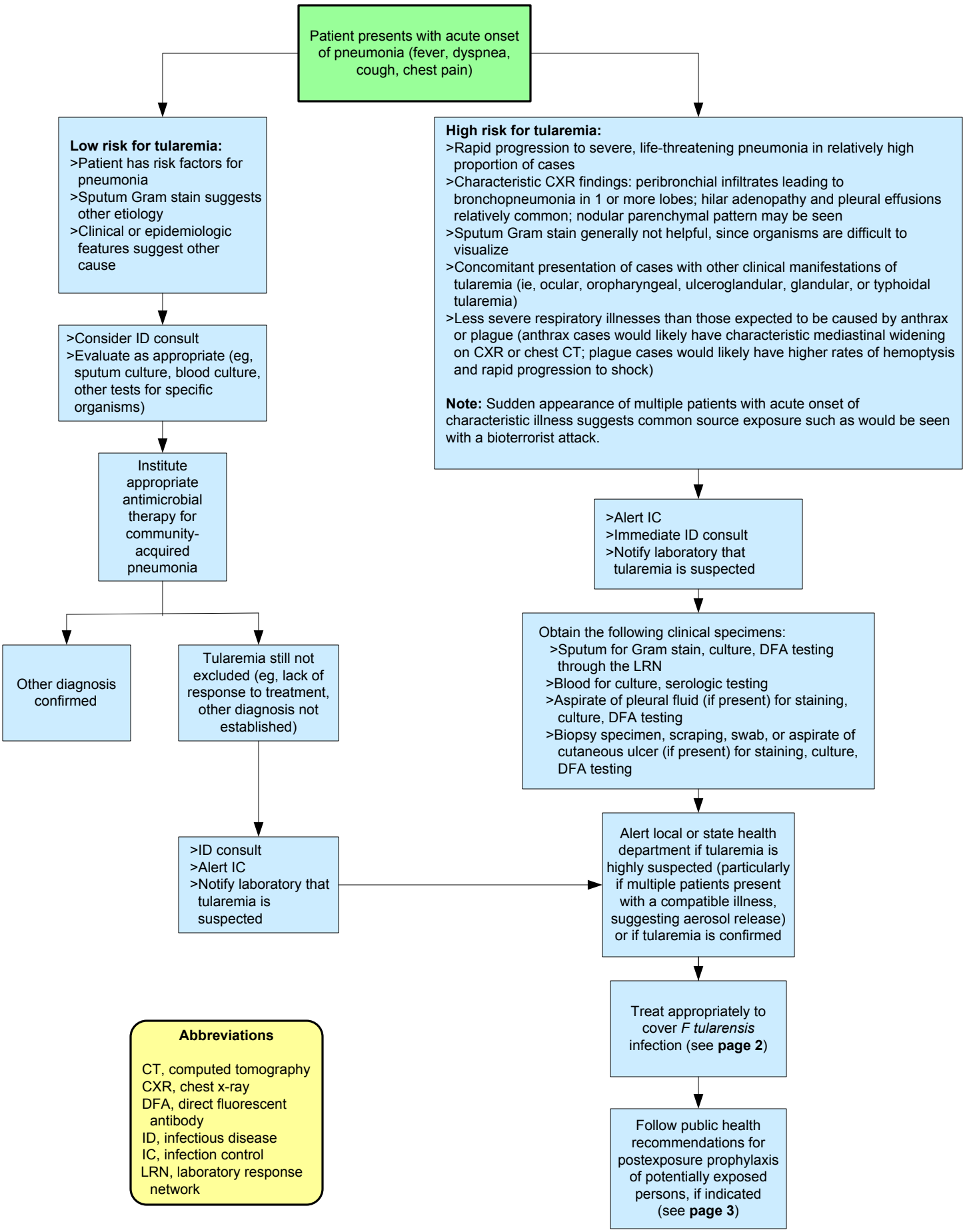
Clinical Pathway: Pneumonic Tularemia



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Recommendations for Treatment of Tularemia During a Bioterrorism Event	
Choices by Patient Category	***Therapy Recommendations*†***
Adults: Preferred choices	Streptomycin, 1 gm IM twice daily for 10 days‡§** ***or*** Gentamicin, 5 mg/km IM or IV once daily for 10 days‡**
Adults: Alternative choices	Doxycycline, 100 mg IV twice daily for 14-21 days‡ ***or*** Chloramphenicol, 15 mg/kg IV 4 times daily for 14-21 days†† ***or*** Ciprofloxacin, 400 mg IV twice daily for 10 days‡
Children: Preferred choices	Streptomycin, 15 mg/kg IM twice daily (maximum daily dose, 2 gm) for 10 days** ***or*** Gentamicin, 2.5 mg/kg IM or IV 3 times daily for 10 days**
Children: Alternative choices	Doxycycline ≥45 kg: give adult dosage for 14-21 days <45 kg: give 2.2 mg/kg IV twice daily for 14-21 days ***or*** Ciprofloxacin, 15 mg/kg IV twice daily for 10 days (maximum daily dose, 1 gm) ***or*** Chloramphenicol, 15 mg/kg IV 4 times daily for 14-21 days (maximum daily dose, 4 gm)††

Abbreviations: IM, intramuscularly; IV, intravenously.

*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 the table above on postexposure prophylaxis should be followed for treatment.
†These treatment recommendations reflect those of the Working Group on Civilian Biodefense and may not necessarily be approved by the Food and Drug Administration.
‡Acceptable for pregnant women.
§Streptomycin is not as acceptable as gentamicin for use in pregnant women because irreversible deafness in children exposed in utero has been reported with streptomycin use.
**Aminoglycosides must be adjusted according to renal function.
††Concentration should be maintained between 5 and 20 µg/mL; concentrations >25 µg/mL can cause reversible bone marrow suppression.

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.

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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.

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.