## TULARAEMIA

#### LEARNING OBJESTIVES

- Introduction
- Synonyms
- Taxonomy
- Hosts
- Epidemiology
- Clinical Manifestations
- Diagnosis
- Prevention and control
- Treatment



- Plague like bacterial disease
- Disease of rodents, hares, rabbits and man
- Causative agent –
  Francisella tularensis
  - Francisella holartica
- A1a, A1b and A2 are different virulence for man
- Primary vector ticks and deer flies
- The centre for Disease Control and Prevention regarded F.tularensis as a viable biological walfare agent

### SYNONYMS

- Rabbit fever
- Deer fly fever
- Pahvant valley plague
- ohara's fever

#### ETIOLOGY

Francisella tularensis Bacterium

> Chromasome DNA

> > **Cytoplasm**

Cell Wall

Plasma Membrane

Ribosomes

Intracellular bacteria

Francisella tularensis tularensis (type A) – Rabbit, Hares and Pikas in North America

 Francisella tularensis palaearctica (type B) – Aquatic rodents in North America

#### HOSTS



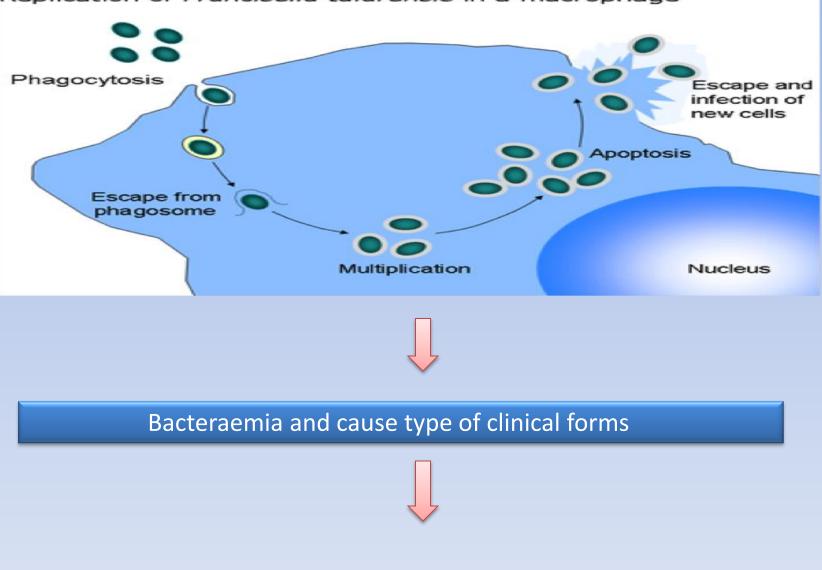
#### Animals –

- Intra cellular pathogen
- Produce fulminant acute infection in the susceptible animals
- Chronic granulomatous infection in moderately susceptible species

#### Humans –

- Through infected rodents, rabbits and hares
- Through insect bite

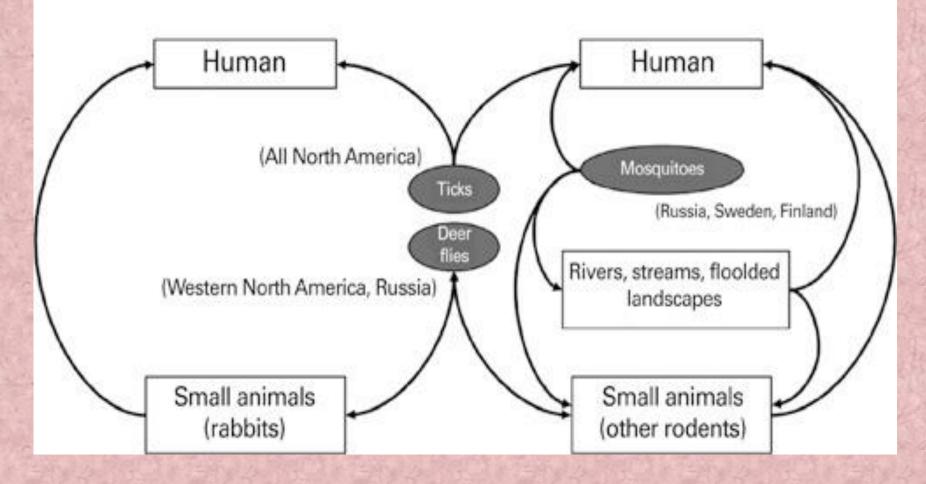




Death but fatality rate about 1%

#### PATHOGENIC CYCLES

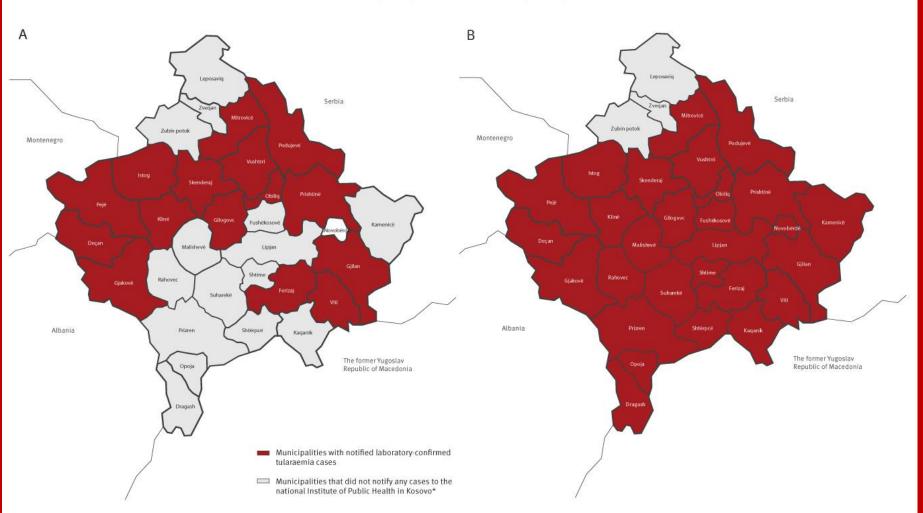
Type A tularemia: terrestrial cycle Type B tularemia: aquatic cycle



#### **EPIDEMIOLOGY :-**

#### FIGURE 3

Distribution of confirmed tularaemia cases, Kosovo\*, Panel A: 1999-2000 (n=247), Panel B: 1999-2010 (n=1,221)



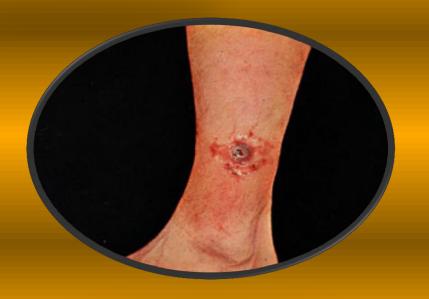
The three municipalities marked in grey in Panel B were not participating in the surveillance system.

\* This designation is without prejudice to positions on status, and is in line with United Nations Security Council Resolution 1244/99 and the International Court of Justice Opinion on the Kosovo declaration of independence.

#### **CLINICAL MANIFESTATION**

- 1) Ulcero glandular
- 2) Glandular
- 3) Oropharyngeal
- 4) Pneumonic
- 5) Oculoglandular
- 6) Typhoidal





#### CLINICAL FORM OF TULARAEMIA TO TRANSMISSION

CLINICAL FORMS	TRANSMISSION ROUTE
1. Ulceroglandular or Glandular	Vector borne or by touching infected animals
2.Oculoglandular	Touching the eye with contaminated fingers or by infected dust
3.Oropharyngeal	Ingestion of contaminated food and water
4. Typhoid	Ingestion of contaminated food and water
5. Respiratory	Inhalation of contaminated dust and laboratory materials

#### **Passing Tularemia**



## TULARAEMIA SKIN & GLANDULAR

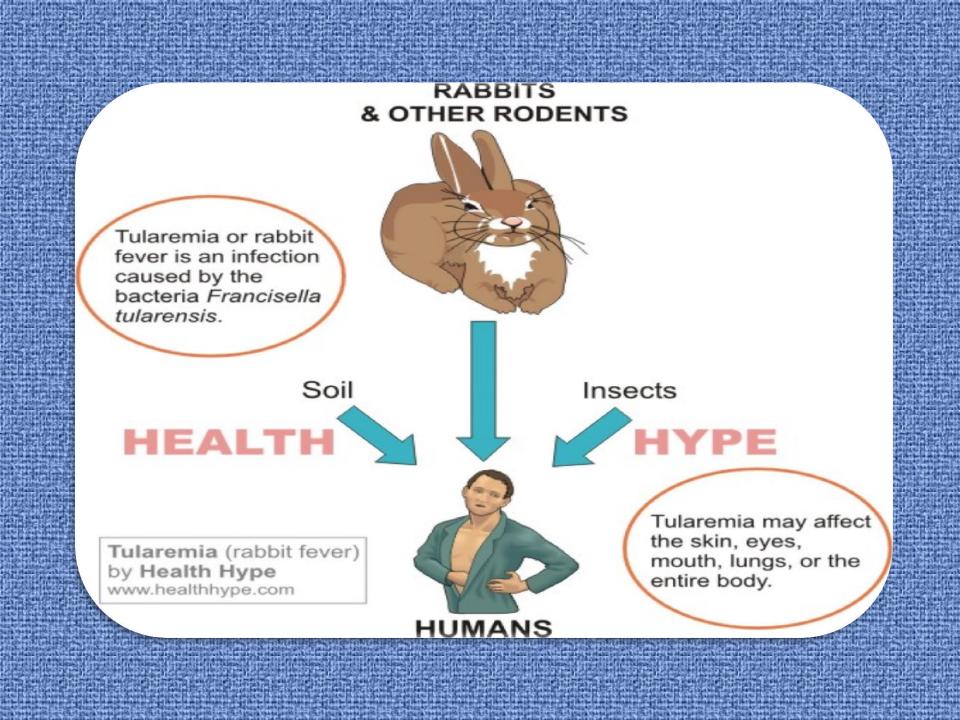




Hadana Paulaine (Mile-monte)







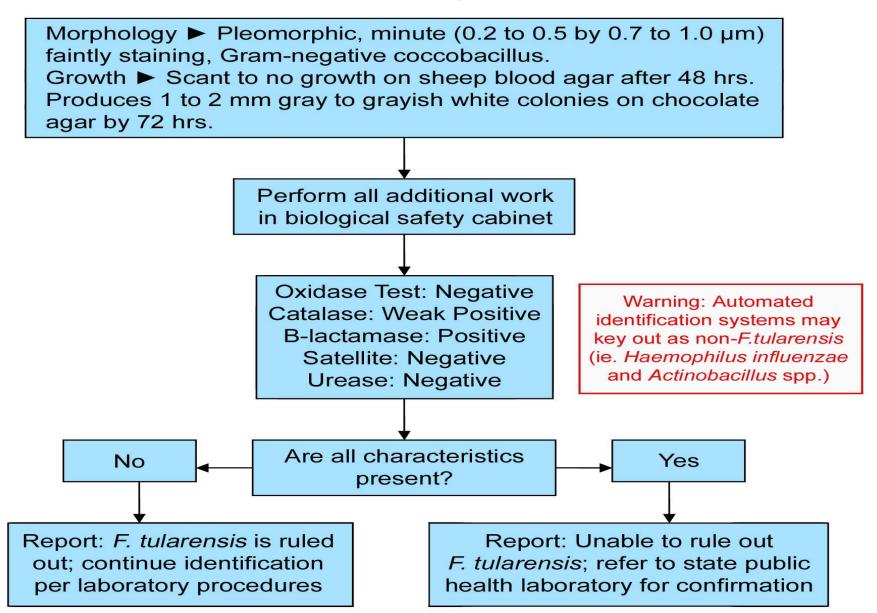
#### DIAGNOSIS

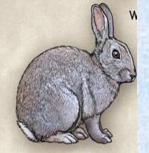
- 1. Direct fluorescent antibody staining, using a FITC-labelled rabbit antibody
- 2. Slide agglutination
- 3. Immuno histochemical staining
- 4. Variety of PCR methods



- Culture on Cysteine supplemented agar and require special media BCYE (BUFFERD CHARCOAL AND YEAST EXTRACT)
- 6. Serological test Micro agglutination OR Tube agglutination
- 7. ELISA test incombination with Western blot technique

#### *Francisella tularensis* Sentinel Laboratory Flowchart





Rabbit



#### **PREVENTION AND CONTROL**

Family cat

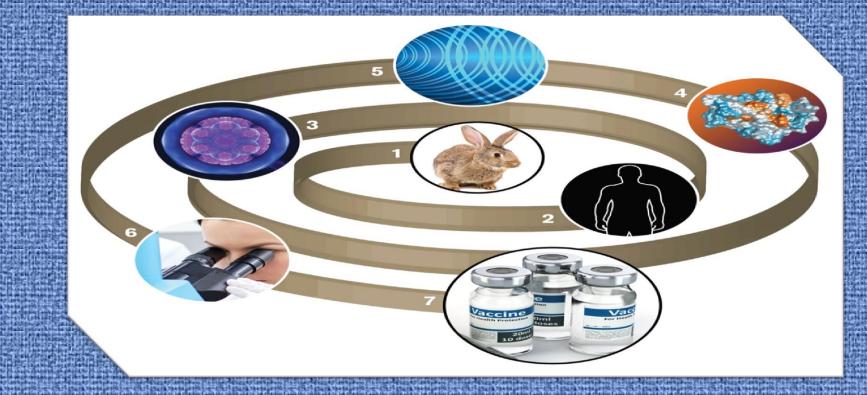
- Reduce contact with potentially infected animal species
- Control on ticks and mosquito
- Education and awareness programme
- Use of rubber gloves and eye protection when handling potentially infected wild animals
- Vaccination in selected high risk groups like endemic area due to 2<sup>nd</sup> world war
- Vaccination programme for laboratory workers



#### VACCINATION

- ✤ An attenuated, live vaccine is available
- Live vaccine for inhalation

#### Live attenuated stains of holartica biotype



# THANK YOU.....