Occurrence of a single case suggests that other persons may be at risk. The drug of choice for treatment is gentamicin or streptomycin. There is limited evidence for using convalescent sera. Since special media (and precautions) are required to culture the organism, diagnosis is best made by serologic testing of acute and convalescent sera. Freezing will not kill the bacteria, although cooking does. Skinning wild animals - these might have been prevented by use of protective gloves. Aerosolization has resulted in illness among laboratory workers. Person-to-person transmission has not been described. Transmission results from exposure to an infected animal, the bite of an infected arthropod (tick or deer fly), ingestion of contaminated food or water, or inhalation of dust from contaminated soil, hay, or grain. The bacterium is highly infectious; contaminated food or water, or inhalation of dust from contaminated soil, hay, or grain. The bacterium is highly infectious; transmission is presumed to occur by ingestion of contaminated food or water. In Alaska, F. tularensis commonly infects hares, rabbits, muskrats, and voles. It has also been found in foxes, bears, beavers, and squirrels. Transmission results from exposure to an infected animal, the bite of an infected arthropod (tick or deer fly). In Alaska, Tularemia occurs sporadically in Alaska. During 1972 to June 1997, 22 cases were reported to the Section of Epidemiology. Many of the cases were 20-40 years of age (n=10; range 19-54 years) and most were male (n=16). Interior Alaska accounted for the greatest number of cases (n=12), followed by the Anchorage/Matanuska-Susitna region (n=7), the Northwest (n=2), and the Southeast (n=1).

Discussion: Tularemia occurs sporadically in Alaska. During 1972 to June 1997, 22 cases were reported to the Section of Epidemiology. Many of the cases were 20-40 years of age (n=10; range 19-54 years) and most were male (n=16). Interior Alaska accounted for the greatest number of cases (n=12), followed by the Anchorage/Matanuska-Susitna region (n=7), the Northwest (n=2), and the Southeast (n=1).

Tularemia has variable manifestations depending upon the portal of entry and virulence of the infecting strain of F. tularensis. The five basic presentations are:

1. **Glandular** - Characterized by a painful maculopapular skin lesion at the point of entry with ulceration and slow healing. This is followed by acutely enlarged and tender lymph nodes proximal to the lesion. It is the commonest form of tularemia.

2. **Glandular** - No skin lesions are seen but there are enlarged and painful lymph nodes that may drain.

3. **Oropharyngeal** - This form causes a severe exudative pharyngitis, sometimes with ulceration. It is caused by ingestion of the etiologic agent in food or water and can also result in vomiting, abdominal pain, and diarrhea.

4. **Typhoidal** - Presents with fever, pneumonia, septicemia, and hepatosplenomegaly. This is the most severe form (and the form presented above) with a fatality rate, if untreated, of up to 60%.

5. **Oculoglandular** - Presents as severe conjunctivitis with lymph node involvement. This is the rarest form of tularemia.

F. tularensis commonly infects hares, rabbits, muskrats, and voles. It has also been found in foxes, bears, beavers, and squirrels. Transmission results from exposure to an infected animal, the bite of an infected arthropod (tick or deer fly), ingestion of contaminated food or water, or inhalation of dust from contaminated soil, hay, or grain. The bacterium is highly infectious; aerosolization has resulted in illness among laboratory workers. Person-to-person transmission has not been described. In Alaska, several cases have been associated with skinning wild animals - these might have been prevented by use of protective gloves. Freezing will not kill the bacteria, although cooking does.

Since special media (and precautions) are required to culture the organism, diagnosis is best made by serologic testing of acute and convalescent sera. The drug of choice for treatment is gentamicin or streptomycin. There is limited evidence for using ciprofloxacin or possibly other drugs. It is important to report suspected cases to the Section of Epidemiology since the occurrence of a single case suggests that other persons may be at risk.