

Managing potential laboratory exposures to *Francisella tularensis*:

Francisella tularensis is highly infectious when grown in culture, and laboratory-acquired infections have been documented. The isolation of *F. tularensis* from clinical specimens, especially if unanticipated, can generate concern among laboratory workers about possible exposure.

Management options for potentially exposed workers include a “fever watch” or antimicrobial prophylaxis. During a fever watch, the worker monitors their temperature with instructions to seek immediate treatment for tularemia if they develop a fever (usually defined as a single oral temperature of >101°F or 38.5°C). There are no set criteria for determining who should be managed by fever watch and who would benefit from immediate prophylaxis. Factors to consider when making this decision include:

- Nature of the exposure: Workers who report sniffing a culture plate or conducting procedures that generate aerosols are likely at greater risk than those who simply worked with the organism on the bench.
- Incubation period: The typical incubation period for tularemia is 3-7 days (range 1-14 days). Much of this period may have passed by the time the organism is positively identified, in which case the remaining risk of infection is low.
- Level of concern. Some laboratory workers may be very anxious regarding their risk of infection, while others may be more concerned about taking medications unnecessarily.

Doxycycline (100 mg orally BID X 14 days) is generally recommended for prophylaxis in adults. Ciprofloxacin (500 mg orally BID) is not FDA-approved for prophylaxis of tularemia but has demonstrated efficacy in various studies, and may be an alternative for patients unable to take doxycycline.