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PUBLIC WARNED TO GUARD AGAINST TULAREMIA

Tularemia, a serious and often fatal disease known also as "rabbit fever" or "deer-fly fever," has spread so widely that Paul G. Redington, chief of the Biological Survey of the United States Department of Agriculture, has issued a warning to all field men of the department to be on guard against it. The department is making public this warning for the benefit of sportsmen, lumbermen, cattle and sheep tenders, farmers, and others of the general public who may come in contact with the disease. Mr. Redington's warning has been endorsed by the United States Public Health Service.

"Tularemia," Mr. Redington explains, "is a plague-like disease of rodents transmissible to man. Of 500 human cases reported in the United States, 20 have terminated in death."

Cases of tularemia have been discovered in all States except Washington, Wisconsin, New York, Delaware, and the New England States. It has been established definitely that the disease is caused by an orgenism, Bacterium tularense. In nature the disease affects jack rabbits, snowshoe rabbits, and cottontail rabbits. This provides a reservoir for infection of both wild animals and human beings. No cases have yet been recognized in commercial rabbitries, and care should be exercised to avoid the introduction of tularemia into such places. There is no danger of contracting the disease from eating rabbit meat if it is thoroughly cooked, even though the animal may have been infected.

In the Western States the disease is carried from animal to animal and from animal to man by the bites of infected deer flies and ticks. Ticks also act as carriers in the Southern States. Men also become infected by handling rabbit carcasses, as in dressing them for the table or cutting them up to use as food for animals or bait in fishing or trapping. In the East, such direct contact is the common means of infection.

For protection against tularemia the best known precaution is the use of rubber gloves when handling or dressing rabbits, or when skinning other animals

that may be infected with the disease. In the open it is wise to exercise care in avoiding the bites of deer flies, ticks, or other possible carriers. Wearing rubber gloves is not an absolute protection, for skilled laboratory workers who are scrupulously careful because they are aware of the dangers, often contract infection. Rubber gloves should be worn in handling fresh skins. Dried skins are not likely to carry infection. One attack of tularemia confers immunity to man, hence those who have recovered from the disease should be employed wherever possible in occupations where there is risk of infection. No protective vaccine has been developed as yet.

In addition to the wild rabbits most affected by tularemia, and man who may contract the disease, scientists have discovered cases of tularemia in California ground squirrels, Columbia ground squirrels, Utah ground squirrels, desert ground squirrels, pine squirrels, yellow-bellied chipmunks, pocket gophers, woodchucks, opossums, cats, porcupines, house mice, deer mice, meadow mice, wood rats, and coyotes, and susceptibility is being investigated in other animals. All possible carriers of the disease should be handled with care.

Mr. Redington also warns of the danger of liberating wild rabbits trapped in one locality for the restocking of hunting areas. When restocking seems desirable a quarantine should be maintained and no rabbits should be liberated for about ten days, to give the disease time to develop in the imported rabbits, which it will do usually in five or six days if they are infected. Otherwise the diseased rabbits are likely to cause a rabbit epizootic, reduce the game available for hunting, and create a center of infection from which human beings may contract the disease.

In man tularemia is likely to manifest itself first by pain, tenderness, and a swelling of the lymph glands draining the region where the infection occurs, as those of the elbow or armpit when infection has occurred on the finger. These symptoms are likely to develop within two to five days after infection. An inflamed and painful ulcer may soon appear where the insect bite occurred, although in some cases this does not happen. The development of the disease is likely to be accompanied by sudden onsets of headache, aching pains, chills, prostration, general weakness, and fever.

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