Introduction
Francisella tularensis is a gram-negative pathogen primarily of animals and occasionally of humans. The disease it causes is now recognized as tularemia in most parts of the world, but it has been called rabbit fever, deer-fly fever, and market men’s disease in the United States; wild hare disease (yato-iyco) and Ohara’s disease in Japan; and water-rat trappers’ disease in Russia. Tularemia continues to be responsible for significant morbidity and mortality, despite the availability of numerous antibiotics active against the organism.

The first cases of tularemia in Kosovo are reported in the southwestern part of Kosovo, in the region of Gjakova in April 2000 in the village of Brovina - 22 patients who were infected through contaminated well water. In the meantime disease spread is in villages of Skivi, Korenica, Batusha and later throughout Kosovo.

Analysis of epidemiological, clinical, and treatment of tularemia in Kosovo.

Results
All the cases were from endemic regions during 2000/2001 epidemic (Drenas, Skenderaj, Klinë, Mitrovica). These cities are known as part of Drenica Region, characterized with severe socioepidemiologic conditions. All the cases were from rural areas.

From 4 treated cases, 3 are supplied with water only from wells. Only one case is supplied from two sources: form well and from city water supply. From 8 patients analyzed, females have dominated. 6 were females and 2 were males. Mean age was X= 21.25 years. 5 patients or 62.5% were patient under 16 years old and only 3 or 37.5% were adults.

Clinical manifestations
All cases had: lymphadenopathy, temperature, neck pain, 7 cases had neck lymphadenopathy, 1 case had axillary and 1 case had supraclavicular lymphadenopathy.

Laboratory analysis
ESR (Erythrocyte sedimentation rate) was increased in 6 patients. All patients hemogram was in normal values: WBC (White blood count) from all analyzed patient 7 of them had normal values a one case had high leukocytosis. In all the cases transaminasis were in normal value range. Agglutination test in all cases was positive.

Diagnosis
Test for Tularemia was positive in all cases. Titer in 6 cases was 1:320. In two cases titer was 1:160. One case was positive in tularemia from histopathology examination of extirpated lymph node. In 4 patient or 50% of cases is done neck sonography.

Treatment
Treatment is done with antibiotics: Gentamycin, streptomycin, Doxyycin, Erythromycin, Cotrimoxazole. Incision and derange is done in two patient.

Discussion
Tularemia remains one of epidemic diseases in Kosovo. Since 1999/2000 there were constantly new cases of tularemia with an epidemic in 2000 and a fairly high number of cases in 2010. In all analyzed cases dominated glandular form. This form is presented in 3-20% of cases. Research on water supply systems in our cases discovered that: 8 cases or 100% supply from water systems in our cases discovered that: 8 cases or 100% supply from water supply system and from well. This shows that water is the main source of infection.

In Kosovo continues to dominate the glandular form of tularemia. There is still a problem in clinical diagnosis because doctors do not think in tularemia at first. Treatment of tularemia should be harmonized although gentamycin reaction in treatment is good. Problem presents ambulatory ordering of antibiotics because in two cases treatment with gentamycin had been repeated or replaced with streptomycin. Cooperation between the infectious disease clinic and other institutions should be enhanced in order of early detection of tularemia.

Revisions
8. Tularemia - Kosovo (02). 6 Feb 2002; Archive Number 2002006.3498.

References
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