

TABLE 152e-2 INFECTIOUS DISEASES ASSOCIATED WITH DELAYED CLINICAL MANIFESTATIONS THAT MAY PRESENT WITH ACUTE, CHRONIC, OR RELAPSING COURSES IN VETERANS RETURNING FROM RECENT FOREIGN WARS

Disease	Pathogen	Global Epidemiology	Mode of Transmission	Clinical Incubation Period	Symptoms/Signs	Diagnosis	Treatment	Prevention	Chapter
Acute Clinical Course									
Malaria	<i>Plasmodium falciparum</i> , <i>P. malariae</i> , <i>P. vivax</i> <i>P. ovale</i>	Asia, Africa, South and Central America As above; limited in Africa; foci in Asia	Vector (mosquito)	7–339 days; rare reports of <i>P. falciparum</i> 2 years and <i>P. vivax</i> 5 years after exposure	Fever (possibly cyclical, every 48 or 72 h), rigors, headache, night sweats, weakness, altered mental status	Serial Giemsa-stained blood smears demonstrating intraerythrocytic parasites; rapid antigen capture assay	Chloroquine (if acquired in chloroquine-sensitive area); mefloquine or atovaquone + proguanil or quinine + doxycycline; primaquine for <i>P. vivax</i>	Bed nets, insect repellents, vector control, chemoprophylaxis	248
Hepatitis A	Hepatitis A virus (HAV)	Worldwide: highest prevalence in developing world	Fecal-oral	15–50 days	Fever, malaise, anorexia, nausea, abdominal pain, jaundice, elevated aminotransferases	Serology: anti-HAV IgM	Supportive; no specific treatment	Food and water hygiene; passive immunization with pooled immunoglobulin; active immunization with killed vaccine	360
Hepatitis B	Hepatitis B virus (HBV)	Worldwide; highest prevalence in developing world	Percutaneous or sexual exposure to infected body fluids	45–180 days	Malaise ± fever, anorexia, nausea, vomiting, abdominal pain, jaundice, elevated aminotransferases	Serology: HBV surface antigen positive, IgM anti-HBV core antibody	Supportive; no specific therapy for acute disease	Personal protective measures; screening of blood supply; use of sterile needles; immunization with recombinant vaccine	360
Hepatitis E	Hepatitis E virus (HEV)	Asia, north and west Africa, Mexico	Fecal-oral	15–64 days	Fever, malaise, anorexia, nausea, abdominal pain, jaundice, elevated aminotransferases	Serology: anti-HEV IgM	Supportive; no specific therapy for acute disease	Food and water hygiene	360
Rabies	Rhabdovirus (member of genus <i>Lyssavirus</i>)	Worldwide: in developing world, domestic and feral animals; in developed world, wild animals	Exposure to saliva of infected animals; rarely, airborne transmission in bat roosting caves	9 days to >1 year (rare)	Heralded by headache, fever, apprehension, paresthesias near site of exposure; progression to paresis, muscle spasm, dysphagia, hydrophobia, delirium, seizures	Direct fluorescent antibody staining of brain tissue (animal or human) or skin on back of neck; RT-PCR on CSF, saliva, tissue	Supportive; no specific therapy for acute disease	Before exposure: active vaccination. After exposure: treatment to prevent active disease (wound care; passive immunization with human rabies immune globulin infiltrated into site of exposure; active immunization with vaccine)	232
Leptospirosis	<i>Leptospira interrogans</i> serovars	Worldwide	Contact of skin or mucous membranes with fresh-water or soil contaminated with urine of infected animals	10–21 days	Fever, headache, myalgia, conjunctival suffusion, possibly in association with jaundice, meningitis, mental status changes, hemolysis, hepatitis, myocarditis, and pneumonia. Illness may be biphasic and become chronic.	Serology: IgM antibodies; organism isolation in culture from blood, urine, or CSF during acute phase of illness	Oral doxycycline for mild disease; parenteral ceftriaxone or penicillin for severe disease	Personal protective measures when exposure cannot be avoided; doxycycline prophylaxis in high-risk exposures	208