

Cryptosporidiosis	<i>Cryptosporidium</i> spp.	Worldwide	Fecal-oral	3–6 days	Symptoms as above; chronic watery diarrhea, with or without fever, abdominal pain, nausea in immunocompromised hosts	Fecal microscopy or intestinal biopsy; stool antigen assay	No specific anti-parasitic therapy for postinfectious syndromes	Food and water hygiene	254
Strongyloidiasis	<i>Strongyloides stercoralis</i>	Tropical and subtropical climates	Fecal-oral as initial route; persistent infection can result from autoinfection in human host	11–28 days	Abdominal pain, persistent diarrhea, urticaria; disseminated disease can cause wasting, pulmonary symptoms, eosinophilia (predilection for immunocompromised hosts)	Stool antigen detection assay; serology	Ivermectin; thiabendazole or albendazole as second-line alternatives	Personal protective measures, including wearing shoes in endemic areas (infective larvae penetrate intact skin)	257
Sandfly fever (convalescence)	Phleboviruses	Africa, Asia, South and Central America	Vector (<i>Phlebotomus</i> spp. sandfly)	Weeks to months for convalescent symptoms	Depression, fatigue, generalized weakness	Serology	No specific therapy	Personal protective measures; vector control	233
Relapsing fever	<i>Borrelia recurrentis</i> (louse-borne, epidemic), <i>Borrelia</i> spp. (tick-borne, endemic)	Worldwide	Vector (body louse; soft tick)	4–18 days initially, with relapses after 7- to 10-day intervals	Recurrent episodes of fever, rigors, diaphoresis, headache, myalgias, arthralgias, asthenia lasting 3–6 days and alternating with symptom-free periods	Spirochetes on stained peripheral-blood smear during febrile episodes	Tetracycline or erythromycin; antibiotic treatment may lead to Jarisch-Herxheimer reaction with fever, rigor, hypotension within 2 h of initiation	Personal protective measures; vector control	209
Brill-Zinsser disease	<i>Rickettsia prowazekii</i>	Worldwide	Vector (body louse)	Recrudescence years after primary episode of epidemic typhus	Mild febrile illness with systemic symptoms and macular eruption	Serology	Doxycycline or chloramphenicol	Vector control; personal protective measures; appropriate treatment of initial typhus episode	211
Chronic wound infection	<i>Acinetobacter</i> spp., other gram-negative organisms; <i>Staphylococcus aureus</i> , including MRSA; invasive molds (<i>Aspergillus</i> , <i>Fusarium</i> , <i>Mucor</i> , <i>Absidia</i> spp.); atypical mycobacteria (<i>M. chelonae</i> , <i>M. abscessus</i>) associated with draining sinuses	Worldwide	Inoculation via combat wounds and penetrating injury	Weeks to months; progression of acute infection	Chronic pain, swelling, ± serosanguineous or purulent drainage of infected site with or without constitutional symptoms/signs	Culture of tissue	Guided by results of cultures and in vitro antibiotic susceptibility testing; carbapenem ± amikacin as empirical therapy for multidrug-resistant <i>Acinetobacter</i> ; colistin if resistant	Adequate initial wound debridement and treatment of acute soft-tissue infection; removal of foreign bodies; strict adherence to infection control precautions to prevent nosocomial infection	Miscellaneous

(Continued)