

Section C. Infectious Diseases, Immune Disorders, and Nutritional Deficiencies

Overview

In this Section This section contains the following topics:

| Topic | Topic Name | See Page |
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| 14 | Tropical Diseases | 4-C-2 |
| 15 | Rheumatic Fever | 4-C-5 |

14. Tropical Diseases

Introduction This topic contains information about tropical diseases, including

- specific tropical diseases
- obtaining information about tropical diseases
- incubation periods of tropical diseases, and
- considering service connection for tropical diseases not of record.

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14. Tropical Diseases, Continued

a. Specific Tropical Diseases

The following tropical diseases, among others, may require attention in view of their incidence in areas of foreign service:

- bacterial infections, including
 - bacillary dysentery
 - cholera
 - Hansen’s disease (leprosy)
 - Oroya fever
 - pinta
 - plague
 - relapsing fever, and
 - yaws
- viral infections, including yellow fever
- roundworm parasitic infections, including
 - dracontiasis
 - filariasis (Bancroft’s type)
 - hookworm infection
 - loiasis, and
 - onchocerciasis, and
- other parasitic infections, including
 - amebiasis
 - blackwater fever
 - leishmaniasis
 - malaria, and
 - schistosomiasis.

Notes:

- Rate amebiasis and schistosomiasis under the digestive system.
- Rate pinta, verruga peruana (a late residual of Oroya fever), onchocerciasis, oriental sore, and espundia (old world cutaneous and American mucocutaneous leishmaniasis) under diseases of the skin.

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14. Tropical Diseases, Continued

b. Obtaining Information about Tropical Diseases

An understanding of the locality, incubation period, and residuals of tropical diseases may be obtained from standard treatises.

Reference: For more information on tropical diseases, see *The Merck Manual of Diagnosis and Therapy*.

c. Incubation Periods of Tropical Diseases

The table below contains the incubation periods of some tropical diseases.

| Tropical Disease | Incubation Period |
|--|----------------------|
| dracontiasis (Guinea worm disease) | 14 months |
| filariasis, Bancroft's type | up to 8 to 12 months |
| kala-azar (visceral leishmaniasis) | up to one year |
| Hansen's disease (leprosy) | five years or more |
| loiasis, calabar swelling | three years |
| oriental sore, old world cutaneous leishmaniasis | up to 18 months |

d. Considering Service Connection for Tropical Diseases Not of Record

When considering service connection for tropical diseases *not* of record during service always

- consider tropical residence other than that during military service, and
- consult standard texts for disease factors, such as
 - locality of confinement
 - early symptoms
 - course of the disease, and
 - periods of incubation.

15. Rheumatic Fever

Introduction This topic contains information about rheumatic fever, including

- the definition of rheumatic fever
 - complications of rheumatic fever
 - the prognosis of rheumatic fever, and
 - considering the effects of rheumatic heart disease.
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a. Definition: Rheumatic Fever *Rheumatic fever* is an acute, subacute, or chronic systemic disease that, for unknown reasons, is self-limiting or may lead to slowly progressive valve deformity of the heart.

b. Complications of Rheumatic Fever Complications of rheumatic fever include

- cardiac arrhythmias
- pericarditis
- rheumatic pneumonitis
- pulmonary embolism
- pulmonary infarction
- valve deformity, and
- in extreme cases, congestive heart failure.

c. Prognosis of Rheumatic Fever The prognosis is good in cases of rheumatic fever.

If the age of onset is postadolescence, residual heart damage

- occurs in less than 20 percent of the cases, and
- is generally less severe than if the onset is during childhood.

Note: Mitral valve insufficiency is the most common residual.

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15. Rheumatic Fever, Continued

**d. Considering
the Effects of
Rheumatic
Heart Disease**

For more information on the effects of rheumatic heart disease, see M21-1MR, Part III, Subpart iv, 4.E.20.g.
