



Presumptive Disability for Infectious Diseases Related to Military Service in Southwest Asia (1990-present): Criteria, Eligibility, and Risks

FACT SHEET 64-021-0312

Purpose: This U.S. Army Public Health Command factsheet provides information regarding nine infectious diseases for which eligible veterans may receive Department of Veterans Affairs (VA) [health care benefits](#) and [disability compensation](#). These diseases include: [Brucellosis](#), [Campylobacter jejuni infection](#), [Q fever \(Coxiella burnetii\)](#), [Malaria](#), [Mycobacterium tuberculosis](#), [Salmonella \(nontyphoid\) infection](#), [Shigella infection](#), [Visceral leishmaniasis](#), and [West Nile virus infection](#). **This fact sheet summarizes the criteria used to determine the diseases of concern and summarizes the presumed risk relative to actual risk based on reported disease in military personnel.**

Background: The VA, with the Institute of Medicine (IOM) of the National Academy of Sciences, partner to scientifically review evidence for possible connections between Gulf War Veterans' illnesses and exposure to environmental agents during military service. Based on the IOM Report, [Gulf War and Health: Volume 5 Infectious Disease](#), the Secretary of VA has established a presumption of service connection for nine infectious diseases related to military service in [Southwest Asia theater of operations](#) starting with the first Gulf War on August 2, 1990 through Operation Enduring Freedom (OEF), and Operation Iraqi Freedom (OIF) (2003-2010), and Operation New Dawn (2010 and continuing). The VA's [final regulation](#) took effect September 29, 2010.

Criteria Linking Nine Infectious Diseases to Service in the Gulf War, OEF, and/or OIF

There are roughly 90 infectious diseases endemic to southwest and south-central Asia that can potentially cause long-term health risks to exposed Service members. Scientific evidence was reviewed to determine the strength of relationship between the infection and long-term adverse health outcomes. The nine infectious diseases met the following inclusion criteria:

1. Was the infection or disease diagnosed in U.S. troops in appropriate temporal relationship to deployment to the Gulf War, OEF, or OIF, given the natural history of the disease?
2. Is the risk of contracting the disease during deployment in southwest or south-central Asia equal to or greater than the risk of contracting it in the United States?
3. Does the disease have a known or suspected long-term adverse health outcome?
4. Would there be a delay between the infection or the end of the acute illness and the onset of the long-term adverse health outcome?

Eligibility Requirements for VA Services

To qualify for presumptive healthcare and/or disability compensation from the VA, the disease must be the cause of current disability (at least 10%) present within a year of military separation, except for tuberculosis and visceral leishmaniasis, for which there is no time constraint.

Presumed Risk

The National Center for Medical Intelligence (NCMI) judges deployment in Iraq and Afghanistan as an intermediate risk for infectious diseases, with an overall disease risk that may adversely impact mission effectiveness unless force health protection measures are implemented. The table below outlines specific risks by location, level, time points, severity, and potential attack rates by disease.

Disease	Risk Location	Risk Level*	Typical Risk Period	Typical Severity**	Potential Attack Rates per Month in the Absence of Countermeasures (e.g., Consumption of Local Food/Water)
Bacterial Diarrhea (includes Shigella, Salmonella, & Campylobacter)	Iraq & Afghanistan	High	Year-round	Mild	Potentially over 50%
Brucellosis	Iraq & Afghanistan	Intermediate	Year-round	Severe	Rare cases (less than 0.1%)
Leishmaniasis	Iraq	Intermediate	Seasonal (Apr - Nov)	Severe	Rare cases (less than 0.1%)
	Afghanistan	Intermediate	Seasonal (Mar-Nov)	Severe	Disease assessed as present - rare cases possible
Malaria	Afghanistan	High	Seasonal (Mar-Nov)	Moderate	A small number (less than 1%) (risk varies by location). Under conditions particularly conducive to vector breeding, rates could temporarily exceed 1 % per month in some locations.
Q fever	Iraq	Intermediate	Year-round	Moderate	Rare cases (less than 0.1%)
	Afghanistan	Intermediate	Year-round	Moderate	Disease assessed as present - rare cases possible
Tuberculosis	Iraq & Afghanistan	Intermediate	Year-round	Mild	Potential elevation in positive TB test results
West Nile Virus	Iraq	Low	Seasonal (Apr - Nov)	Moderate	Disease assessed as present - rare cases possible
	Afghanistan	Low	Seasonal (Mar-Nov)	Moderate	Disease assessed as present - rare cases possible

*Risk Level

High: Potentially high impact on operations because disease affects large percentage of personnel or causes severe illness.

Intermediate: Intermediate impact on operations because disease affects smaller number of personnel or causes mild symptoms.

Low: Minimal impact on operations due to low likelihood of cases.

**Typical Severity:

Mild: Less than 72 hours sick in quarters or limited duty, no hospitalization.

Moderate: 1-7 days of inpatient or supporting care required, followed by return to duty.

Severe: Hospitalization or convalescence over 7 days, typically evacuated.

Very Severe: Intensive or tertiary care required, significant morbidity or mortality, or delayed mortality.

https://www.intelink.gov/ncmi/product/idra_db.php?co=AFG; https://www.intelink.gov/ncmi/product/idra_db.php?co=IRQ

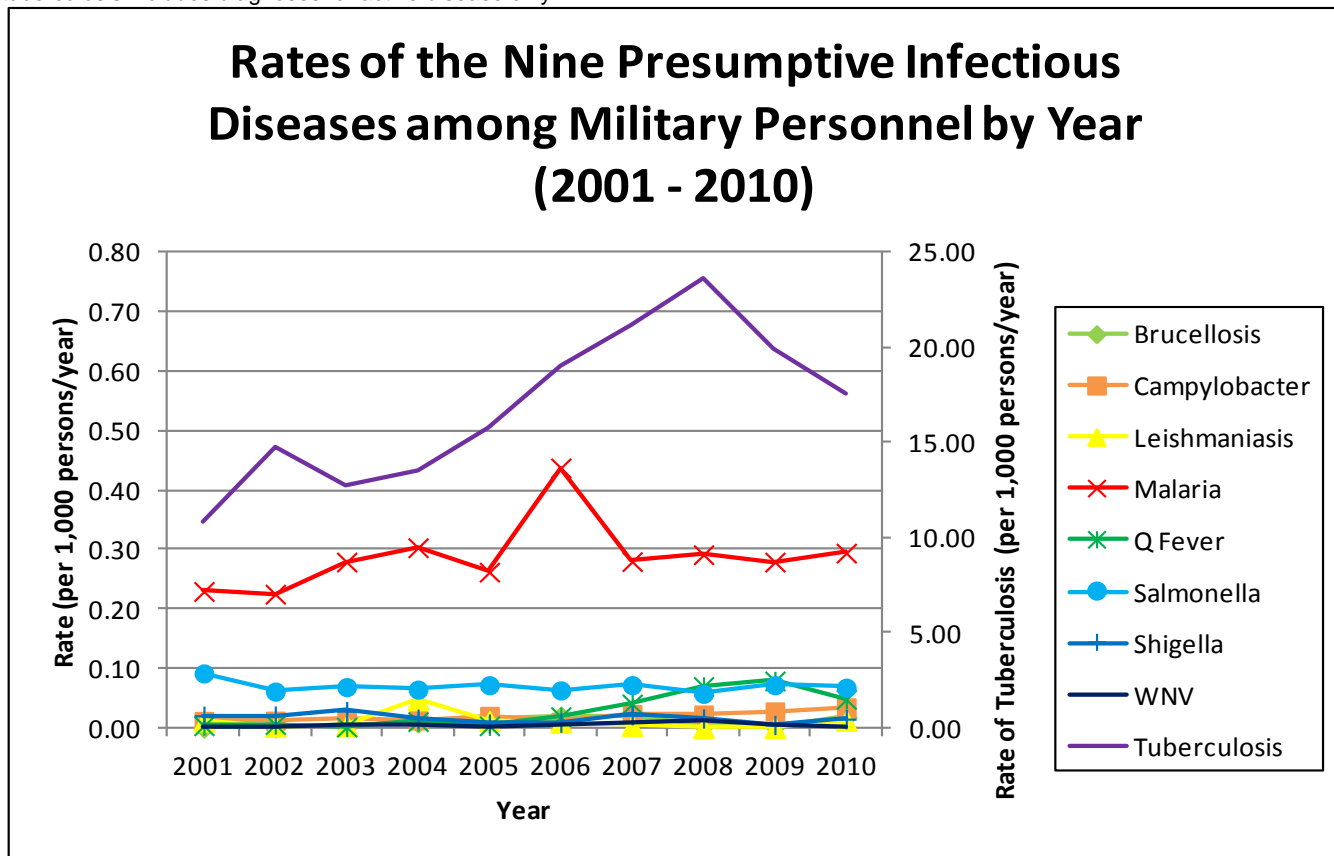
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Actual Risk

The Defense Medical Epidemiology Database (DMED) contains up-to-date and historical data on diseases and medical events relevant to personnel characteristics and deployment experiences for all active duty service members. Queries were performed in order to determine the burden of the nine infectious diseases possibly related to Gulf War, OEF, and/or OIF service. The medical encounter rates in the chart below include diagnoses given during both hospitalizations and ambulatory visits. NOTE: Rate of tuberculosis includes diagnoses for active disease only.



In October 2010, the U.S. Army adopted the Disease Reporting System-internet (DRSi) as the official reportable medical events program. Facilitated by the use of this new program, Army preventive medicine personnel now have the ability to access the system and report events from Afghanistan and Iraq. The table at right displays in-theater case counts reported between October 2010 and June 2011.

	Iraq	Afghanistan
Leishmaniasis	3	3
Malaria	3	32
Q Fever	3	2
Salmonella	1	1
Shigella	2	4

Additional Information from the Veterans Administration

This fact sheet is based on information provided by the VA located at: http://www.publichealth.va.gov/exposures/gulfwar/infectious_diseases.asp

Service members and veterans who previously received a diagnosis for any of the infectious diseases presumed to have a connection with service in the Gulf War, OEF, and/or OIF and are not currently receiving compensation OR those who may have any of these diseases that could qualify for compensation can contact the VA directly for further assistance:

By Telephone

- Toll-free Helpline: 1-800-749-8387 or 1-800-829-4833 (TDD – for hearing impaired)
- Health Care and Gulf War Registry Health Exam: 1-877-222-8387
- Compensation and Other Benefits: 1-800-827-1000

In Person

- Health Care and Gulf War Registry Health Exam: Go to your nearest VA health care facility.
- Compensation Benefits and Other Benefits: Go to your nearest VA benefits office.

Also see the USAPHC factsheet:

“Presumptive Disability for Infectious Diseases Related to Military Service in Southwest Asia (1990-present): Potential Long Term Health Outcomes”

If you have other questions - please feel free to contact the
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