RATE MY VSO // VISUAL FIELD GUIDE

HEPATITIS C

VA CLAIM GUIDE

Confirm active infection history, map the exposure facts, and document lasting liver effects.

STATIC REFERENCE

LIVER // DC 7354

Confirm active infection history, map the exposure facts, and document lasting liver effects.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

HEPATITIS C IS RATED USING THE CHRONIC LIVER DISEASE CRITERIA

DC 7354 directs VA to DC 7345. The rating picture includes required medication, fatigue, malaise, appetite loss, weight effects, enlarged liver, itching, joint pain, and liver complications.

TESTING
Document antibody testing plus RNA testing that confirms current or past active infection.

TREATMENT
Show antiviral treatment, response, cure status, medication, and remaining symptoms.

SEQUELAE
Identify fibrosis, cirrhosis, malignancy, or other residuals without rating the same symptom twice.

02 SERVICE-CONNECTION PATHS

DIRECT	A medically supported link between hepatitis C and the veteran's specific in-service blood-exposure facts.
SECONDARY	A service-connected condition or treatment caused or aggravated liver disease or a documented residual.
NO GENERAL PRESUMPTION	Hepatitis C is not automatically service connected. The risk-factor timeline and medical reasoning matter.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Often no symptoms
- Tiredness
- Nausea, abdominal pain, or vomiting
- Loss of appetite
- Dark urine or clay-colored stool
- Joint pain, fever, or jaundice

04 BUILD THE RECORD

1. **LAB CONFIRMATION**
   Antibody result, RNA result, viral load, and treatment-response testing.
2. **RISK-FACTOR TIMELINE**
   Blood exposure, transfusion, procedures, jet injector, tattoos, and events before and after service.
3. **LIVER STATUS**
   Liver enzymes, imaging, fibrosis assessment, biopsy, and specialist findings.
4. **TREATMENT**
   Antiviral regimen, dates, adherence, response, cure, and adverse effects.
5. **CURRENT RESIDUALS**
   Fatigue, weight effects, itching, joint pain, hepatomegaly, or other documented impact.
6. **MEDICAL NEXUS**
   An opinion that weighs the veteran's actual timeline and competing risk factors.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — NO PERSUASIVE NEXUS
The medical evidence did not connect infection to the veteran's service facts.

B — RISK FACTORS INCOMPLETE
The opinion did not compare in-service and non-service exposure history.

C — EXPOSURE ASSUMED
A possible route was listed without proof it occurred or was medically persuasive.

D — RESIDUALS UNCLEAR
Past infection or cure status was not separated from current liver impairment.

06 SECONDARY RELATIONSHIPS APPEARING IN BOARD APPEALS

These are claim patterns, not proof that one condition medically causes another.

THIS CONDITION CLAIMED AS SECONDARY TO

Depressive disorders // Diabetes // Chronic liver disease

OTHER CONDITIONS CLAIMED SECONDARY TO THIS

Cirrhosis // Diabetes // Chronic liver disease // Depressive disorders // Liver malignancy

07 DO THIS, NOT THAT

DO

- Build a complete exposure timeline.
- Include antibody and RNA results.
- Separate cured infection from current residuals.

DO NOT

- Assume one risk factor proves nexus.
- Use stigma or speculation as evidence.
- Double-count the same liver symptom.

Medical symptoms: CDC hepatitis C guidance. Rating rules: current 38 CFR 4.114. Board-pattern panels: RateMyVSO data snapshot dated Aug. 10, 2026, descriptive only and not a claim prediction. Educational only, not legal or medical advice.