RATE MY VSO // VISUAL FIELD GUIDE

# INFECTIOUS, IMMUNE, AND NUTRITIONAL

## VA RATING GUIDE

Separate infection, immune disease, and nutritional deficiency, then document the diagnosis, active phase, treatment, and lasting


**ACTIVE DISEASE // EXACT DIAGNOSIS // RESIDUALS**

Separate infection, immune disease, and nutritional deficiency, then document the diagnosis, active phase, treatment, and lasting residuals.

01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

### THREE DISEASE FAMILIES, NOT ONE FORMULA

Many listed infections use the general infectious-disease formula, while chronic fatigue syndrome, immune disorders, and nutritional deficiencies use diagnosis-specific criteria. The evidence may turn on laboratory confirmation, active treatment, incapacitating episodes, deficiency findings, or residual damage to another body system.

**ACTIVITY**
Establish active infection, recovery, recurrence, chronic disease, treatment, or post-infectious status.

**CONFIRMATION**
Use the culture, serology, pathology, laboratory, or clinical criteria appropriate to the diagnosis.

**RESIDUALS**
Identify lasting lung, liver, kidney, neurologic, skin, musculoskeletal, or nutritional effects separately.

## 02 SERVICE-CONNECTION PATHS

| | |
|---|---|
| **DIRECT** | A diagnosed infection, immune disorder, or nutritional deficiency began in service or is medically linked to an in-service event. |
| **NAMED PRESUMPTION** | A listed disease and qualifying service meet the exact Gulf War, infectious-disease, or other current presumption requirements. |
| **SECONDARY OR TREATMENT** | A service-connected gastrointestinal, cancer, immune, surgical, medication, or treatment condition caused or aggravated a distinct disability. |

## 03 SYMPTOMS

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

- Fever, chills, fatigue, or weakness
- Joint or muscle pain and swelling
- Rash, mouth sores, or hair change
- Weight loss, poor appetite, or dizziness
- Frequent infection or slow healing
- Diagnosis-specific organ or neurologic effects

## 04 BUILD THE RECORD

1. **EXACT DIAGNOSIS**
   Identify the infection, immune disease, deficiency, chronic fatigue syndrome, or other condition and its medical criteria.
2. **LABORATORY CONFIRMATION**
   Cultures, serology, pathology, nutrient levels, inflammatory markers, immune tests, and repeat findings when needed.
3. **ACTIVITY TIMELINE**
   Onset, recurrence, active disease, treatment, response, remission, and any physician-prescribed rest periods.
4. **NUTRITION RECORD**
   Weight trend, dietary intake, malabsorption, gastrointestinal history, supplementation, and treatment response.
5. **RESIDUAL EXAMINATIONS**
   Lung, liver, kidney, nerve, muscle, joint, skin, eye, cardiac, or other affected-system findings.
6. **SERVICE ROUTE**
   Exposure or infection facts, exact presumption criteria, continuity, or a reasoned direct or secondary nexus.

## 05 WHY CLAIMS BREAK DOWN

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

**A — SYMPTOMS WITHOUT DIAGNOSIS**
Fatigue, fever, pain, rash, or weight change was shown without resolving the underlying condition.

**B — CONFIRMATION MISSING**
The infection, immune process, or deficiency lacked the laboratory or clinical evidence expected for that diagnosis.

**C — PRESUMPTION TOO BROAD**
A general deployment or exposure history was treated as if every disease were presumptive.

**D — RESIDUALS NOT SEPARATED**
The active disease ended, but lasting organ or functional disabilities were not diagnosed and claimed under their proper codes.

## 06 DISEASE CAUSES AND RESIDUALS TO EVALUATE

Broad symptoms overlap. The exact diagnosis, medical direction, and any distinct residual must be established.

**CONDITIONS OR EVENTS THAT MAY DRIVE THE DISORDER**

Qualifying infection or exposure // gastrointestinal malabsorption // immune disease // cancer or treatment // surgery // medication effects

**DISTINCT RESIDUALS TO EVALUATE**

Lung, liver, or kidney damage // nerve or muscle effects // skin or eye disease // fatigue and functional loss // nutritional deficiency // recurrent infection

## 07 DO THIS, NOT THAT

**DO**

- Name the exact disease family and diagnosis.
- Preserve labs and the activity timeline.
- Claim diagnosed residuals separately.

**DO NOT**

- Use fatigue as the complete diagnosis.
- Assume every deployment creates a presumption.
- Stop documenting when the infection resolves.

RateMyVSO.net
RESEARCH-BACKED VA CLAIM EDUCATION

Medical and symptom source: CDC immune-disease guidance, NIH/MedlinePlus nutrition guidance, and VA infectious-diseases DBQ. Rating rules: 38 CFR 4.88a, 4.88b, and disease-specific codes and presumptions. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.

IMMUNE + INFECTION FIELD GUIDE