

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.

