INFECTIOUS DISEASES, IMMUNE DISORDERS AND NUTRITIONAL DEFICIENCIES

§ 4.88a Chronic fatigue syndrome.
(a) For VA purposes, the diagnosis of chronic fatigue syndrome requires:
1. new onset of debilitating fatigue severe enough to reduce daily activity to less than 50 percent of the usual level for at least six months; and
2. the exclusion, by history, physical examination, and laboratory tests, of all other clinical conditions that may produce similar symptoms; and
3. six or more of the following:
   i. acute onset of the condition,
   ii. low grade fever,
   iii. nonexudative pharyngitis,
   iv. palpable or tender cervical or axillary lymph nodes,
   v. generalized muscle aches or weakness,
   vi. fatigue lasting 24 hours or longer after exercise,
   vii. headaches (of a type, severity, or pattern that is different from headaches in the pre-morbid state),
   viii. migratory joint pains,
   ix. neuropsychologic symptoms,
   x. sleep disturbance.
(b) [Reserved]

§ 4.88b Schedule of ratings—infected diseases, immune disorders and nutritional deficiencies.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Cholera, Asiatic:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6300</td>
<td>As active disease, and for 3 months convalescence</td>
</tr>
<tr>
<td></td>
<td>Thereafter rate residuals such as renal necrosis under the appropriate system</td>
</tr>
<tr>
<td>6301</td>
<td>Visceral Leishmaniasis:</td>
</tr>
<tr>
<td></td>
<td>During treatment for active disease</td>
</tr>
<tr>
<td></td>
<td>NOTE: A 100 percent evaluation shall continue beyond the cessation of treatment for active disease. Six months after discontinuance of such treatment, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Rate residuals such as liver damage or lymphadenopathy under the appropriate system.</td>
</tr>
<tr>
<td>6302</td>
<td>Leprony (Hansen’s Disease):</td>
</tr>
<tr>
<td></td>
<td>As active disease</td>
</tr>
<tr>
<td></td>
<td>NOTE: A 100 percent evaluation shall continue beyond the date that an examining physician has determined that this has become inactive, six months after the date of inactivity, the appropriate disability rating shall be determined by mandatory VA examination. Any change in evaluation based upon that or any subsequent examination shall be subject to the provisions of § 3.105(e) of this chapter. Rate residuals such as skin lesions or peripheral neuropathy under the appropriate system.</td>
</tr>
<tr>
<td>6304</td>
<td>Malaria:</td>
</tr>
<tr>
<td></td>
<td>As active disease</td>
</tr>
<tr>
<td></td>
<td>NOTE: The diagnosis of malaria depends on the identification of the malarial parasites in blood smears. If the veteran served in an endemic area and presents signs and symptoms compatible with malaria, the diagnosis may be based on clinical grounds alone. Relapses must be confirmed by the presence of malarial parasites in blood smears. Thereafter rate residuals such as liver or spleen damage under the appropriate system</td>
</tr>
<tr>
<td>6305</td>
<td>Lymphatic Filariasis:</td>
</tr>
<tr>
<td></td>
<td>As active disease</td>
</tr>
<tr>
<td></td>
<td>Thereafter rate residuals such as epididymitis or lymphangitis under the appropriate system</td>
</tr>
<tr>
<td>6306</td>
<td>Bartonelloses:</td>
</tr>
<tr>
<td></td>
<td>As active disease, and for 3 months convalescence</td>
</tr>
<tr>
<td></td>
<td>Thereafter rate residuals such as skin lesions under the appropriate system</td>
</tr>
<tr>
<td>6307</td>
<td>Plague:</td>
</tr>
<tr>
<td></td>
<td>As active disease</td>
</tr>
<tr>
<td></td>
<td>Thereafter rate residuals such as lymphadenopathy under the appropriate system</td>
</tr>
<tr>
<td>6308</td>
<td>Relapsing Fever:</td>
</tr>
<tr>
<td></td>
<td>As active disease</td>
</tr>
</tbody>
</table>
Thereafter rate residuals such as liver or spleen damage or central nervous system involvement under the appropriate system.

6309  Rheumatic fever:
   As active disease ........................................................................................................................................ 100
   Thereafter rate residuals such as heart damage under the appropriate system

6310  Syphilis, and other treponemal infections:
   Rate the complications of nervous system, vascular system, eyes or ears. (See DC 7004, syphilitic heart disease, DC 8013, cerebrospinal syphilis, DC 8014, meningovascular syphilis, DC 8015, tabes dorsalis, and DC 9301, dementia associated with central nervous system syphilis)

6311  Tuberculosis, military:
   As active disease ........................................................................................................................................ 100
   Inactive: See §§4.88c and 4.89.

6313  Avitaminosis:
   Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia ........................................................................................................................................ 100
   With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor ................. 60
   With stomatitis, diarrhea, and symmetrical dermatitis ................................................................................. 40
   With stomatitis, or achlorhydria, or diarrhea .................................................................................................. 20
   Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability ................................................................. 10

6314  Beriberi:
   As active disease:
   With congestive heart failure, anasarca, or Wernicke-Korsakoff syndrome ........................................ 100
   With cardiomegaly, or, with peripheral neuropathy with footdrop or atrophy of thigh or calf muscles .... 60
   With peripheral neuropathy with absent knee or ankle jerks and loss of sensation, or, with symptoms such as weakness, fatigue, anorexia, dizziness, heaviness and stiffness of legs, headache or sleep disturbance ........................................................................................................................................ 30

Thereafter rate residuals under the appropriate body system.

6315  Pellagra:
   Marked mental changes, moist dermatitis, inability to retain adequate nourishment, exhaustion, and cachexia ........................................................................................................................................ 100
   With all of the symptoms listed below, plus mental symptoms and impaired bodily vigor ................. 60
   With stomatitis, diarrhea, and symmetrical dermatitis ................................................................................. 40
   With stomatitis, or achlorhydria, or diarrhea .................................................................................................. 20
   Confirmed diagnosis with nonspecific symptoms such as: decreased appetite, weight loss, abdominal discomfort, weakness, inability to concentrate and irritability ................................................................. 10

6316  Brucellosis:
   As active disease ........................................................................................................................................ 100
   Thereafter rate residuals such as liver or spleen damage or meningitis under the appropriate system

6317  Typhus, scrub:
   As active disease, and for 3 months convalescence ................................................................................... 100
   Thereafter rate residuals such as spleen damage or skin conditions under the appropriate system

6318  Melioidosis:
   As active disease ........................................................................................................................................ 100
   Thereafter rate residuals such as arthritis, lung lesions or meningitis under the appropriate system

6319  Lyme Disease:
   As active disease ........................................................................................................................................ 100
   Thereafter rate residuals such as arthritis under the appropriate system

6320  Parasitic diseases otherwise not specified:
   As active disease ........................................................................................................................................ 100
   Thereafter rate residuals such as spleen or liver damage under the appropriate system

6350  Lupus erythematosus, systemic (disseminated):
   Not to be combined with ratings under DC 7809 Acute, with frequent exacerbations, producing severe impairment of health ................................................................. 100
   Exacerbations lasting a week or more, 2 or 3 times per year .................................................................... 60
   Exacerbations once or twice a year or symptomatic during the past 2 years ........................................ 10

NOTE: Evaluate this condition either by combining the evaluations for residuals under the appropriate system, or by evaluating DC 6350, whichever method results in a higher evaluation.

6351  HIV-Related Illness:
   AIDS with recurrent opportunistic infections or with secondary diseases afflicting multiple body systems;
   HIV-related illness with debility and progressive weight loss, without remission, or few or brief remissions
   Refractory constitutional symptoms, diarrhea, and pathological weight loss, or, minimum rating following development of AIDS-related opportunistic infection or neoplasm ................................................................. 100
   Recurrent constitutional symptoms, intermittent diarrhea, and on approved medication(s), or; minimum rating with T4 cell count less than 200, or Hairy Cell Leukoplasia, or Oral Candidiasis ................................................................................................................................. 60
   Following development of definite medical symptoms, T4 cell count of 200 or more and less than 500, and on approved medication(s), or, with evidence of depression or memory loss with employment limitations ................................................................. 30
   Asymptomatic, following initial diagnosis of HIV infection, with or without lymphadenopathy or decreased T4 cell count ........................................................................................................................................ 10

0
NOTE (1): The term "approved medication(s)" includes medications prescribed as part of a research protocol at an accredited medical institution.

NOTE (2): Psychiatric or central nervous system manifestations, opportunistic infections, and neoplasms may be rated separately under appropriate codes if higher overall evaluation results, but not in combination with percentages otherwise assignable above.

6354 Chronic Fatigue Syndrome (CFS):

Debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, confusion), or a combination of other signs and symptoms:

- Which are nearly constant and so severe as to restrict routine daily activities almost completely and which may occasionally preclude self-care
  - Rating: 100

- Which are nearly constant and restrict routine daily activities to less than 50 percent of the pre-illness level, or, which wax and wane, resulting in periods of incapacitation of at least six weeks total duration per year
  - Rating: 60

- Which are nearly constant and restrict routine daily activities to 50 to 75 percent of the pre-illness level, or, which wax and wane, resulting in periods of incapacitation of at least four but less than six weeks total duration per year
  - Rating: 40

- Which are nearly constant and restrict routine daily activities to 50 to 75 percent of the pre-illness level, or, which wax and wane, resulting in periods of incapacitation of at least two but less than four weeks total duration per year
  - Rating: 20

- Which wax and wane but result in periods of incapacitation of at least one but less than two weeks total duration per year, or, symptoms controlled by continuous medication
  - Rating: 10

NOTE: For the purpose of evaluating this disability, the condition will be considered incapacitating only while it requires bed rest and treatment by a physician.

§ 4.88c Ratings for inactive nonpulmonary tuberculosis initially entitled after August 19, 1968.

For 1 year after date of inactivity, following active tuberculosis

Rating: 100

Thereafter: Rate residuals under the specific body system or systems affected.

Following the total rating for the 1 year period after date of inactivity, the scheduler evaluation for residuals of nonpulmonary tuberculosis, i.e., arthrosis, surgical removal of a part, etc., will be assigned under the appropriate diagnostic code for the residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the hip joint with residual arthrosis would be coded 5001–5250. Where there are existing residuals of pulmonary and nonpulmonary conditions, the evaluations for residual separate functional impairment may be combined.

Where there are existing pulmonary and nonpulmonary conditions, the total rating for the 1 year, after attainment of inactivity, may not be applied to both conditions during the same period. However, the total rating during the 1-year period for the pulmonary or for the nonpulmonary condition will be utilized, combined with evaluation for residuals of the condition not covered by the 1-year total evaluation, so as to allow any additional benefit provided during such period.

§ 4.89 Ratings for inactive nonpulmonary tuberculosis in effect on August 19, 1968.

Public Law 90–493 repealed section 356 of title 38, United States Code which provided graduated ratings for inactive tuberculosis. The repealed section, however, still applies to the case of any veteran who on August 19, 1968, was receiving or entitled to receive compensation for tuberculosis. The use of the protective provisions of Pub. L. 90–493 should be mentioned in the discussion portion of all ratings in which these provisions are applied. For use in rating cases in which the protective provisions of Pub. L. 90–493 apply, the former evaluations are retained in this section.

For 2 years after date of inactivity, following active tuberculosis, which was clinically identified during service or subsequently

Rating: 100

Thereafter, for 4 years, or in any event, to 6 years after date of inactivity

Rating: 50
Thereafter, for 5 years, or to 11 years after date of inactivity ........................................ 30
Thereafter, in the absence of a schedular compensable permanent residual ........................................ 0
Following the total rating for the 2-year period after date of inactivity, the schedular evaluation for residuals of nonpulmonary tuberculosis, i.e., ankylosis, surgical removal of a part, etc., if in excess of 50 percent or 30 percent will be assigned under the appropriate diagnostic code for the specific residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the hip joint with residual ankylosis would be coded 5001–5250.

The graduated ratings for nonpulmonary tuberculosis will not be combined with residuals of nonpulmonary tuberculosis unless the graduated rating and the rating for residual disability cover separate functional losses, e.g., graduated ratings for tuberculosis of the kidney and residuals of tuberculosis of the spine. Where there are existing pulmonary and nonpulmonary conditions, the graduated evaluation for the pulmonary, or for the nonpulmonary, condition will be utilized, combined with evaluations for residuals of the condition not covered by the graduated evaluation utilized, so as to provide the higher evaluation over such period.

The ending dates of all graduated ratings of nonpulmonary tuberculosis will be controlled by the date of attainment of inactivity.

These ratings are applicable only to veterans with nonpulmonary tuberculosis active on or after October 10, 1949.

§ 4.96 Special provisions regarding evaluation of respiratory conditions.

(a) Rating coexisting respiratory conditions. Ratings under diagnostic codes 6600 through 6817 and 6822 through 6847 will not be combined with each other. Where there is lung or pleural involvement, ratings under diagnostic codes 6819 and 6820 will not be combined with each other or with diagnostic codes 6600 through 6817 or 6822 through 6847. A single rating will be assigned under the diagnostic code which reflects the predominant disability with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation. However, in cases protected by the provisions of Pub. L. 90–493, the graduated ratings of 50 and 30 percent for inactive tuberculosis will not be elevated.

(b) Rating “protected” tuberculosis cases. Public Law 90–493 repealed section 356 of title 38, United States Code which had provided graduated ratings for inactive tuberculosis. The repealed section, however, still applies to the case of any veteran who on August 19, 1968, was receiving or entitled to receive compensation for tuberculosis. The use of the protective provisions of Pub. L. 90–493 should be mentioned in the discussion portion of all ratings in which these provisions are applied. For application in rating cases in which the protective provisions of Pub. L. 90–493 apply the former evaluations pertaining to pulmonary tuberculosis are retained in §4.97.

(c) Special monthly compensation. When evaluating any claim involving complete organic aphonía, refer to §3.350 of this chapter to determine whether the veteran may be entitled to special monthly compensation. Footnotes in the schedule indicate conditions which potentially establish entitlement to special monthly compensation; however, there are other conditions in this section which under certain circumstances also establish entitlement to special monthly compensation.

(d) Special provisions for the application of evaluation criteria for diagnostic codes 6600, 6603, 6604, 6825–6833, and 6840–6845. (1) Pulmonary function tests (PFT’s) are required to evaluate these conditions except:

(i) When the results of a maximum exercise capacity test are of record and are 20 ml/kg/min or less. If a maximum exercise capacity test is not of record, evaluate based on alternative criteria.

(ii) When pulmonary hypertension (documented by an echocardiogram or cardiac catheterization), cor pulmonale, or right ventricular hypertrophy has been diagnosed.

(iii) When there have been one or more episodes of acute respiratory failure.

(iv) When outpatient oxygen therapy is required.