Infectious Diseases, Immune Disorders, and Nutritional Deficiencies (IWT)

Instructor Lesson Plan

Time Required: 1.5 Hours

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| Lesson Description | |
| The information below provides the instructor with an overview of the lesson and the materials that are required to effectively present this instruction. | |
| TMS # | 4523499 |
| Prerequisites | There are no prerequisites for this lesson. |
| target audience | The target audience for this course is entry level RVSR.  Although this lesson is targeted to teach the entry level, RVSR employee, it may be taught to other VA personnel as mandatory or refresher type training. |
| Time Required | 1.5 hours |
| Materials/ TRAINING AIDS | Lesson materials:   * Infectious diseases, immune disorders, and nutritional deficiencies PowerPoint Presentation * Infectious diseases, immune disorders, and nutritional deficiencies presumptive conditions Job Aid |
| Training Area/Tools | The following are required to ensure the trainees are able to meet the lesson objectives:   * Classroom or private area suitable for participatory discussions * Seating, writing materials, and writing surfaces for trainee note taking and participation * Handouts, which include a practical exercise * Large writing surface (easel pad, chalkboard, dry erase board, overhead projector, etc.) with appropriate writing materials * Computer with PowerPoint software to present the lesson material   Trainees require access to the following tools:   * VA TMS to complete the assessment |
| Pre-Planning | * Become familiar with all training materials by reading the Instructor Lesson Plan while simultaneously reviewing the corresponding PowerPoint slides. This will provide you the opportunity to see the connection between the Lesson Plan and the slides, which will allow for a more structured presentation during the training session. * Become familiar with the content of the trainee handouts and their association to the Lesson Plan. * Practice is the best guarantee of providing a quality presentation. At a minimum, do a complete walkthrough of the presentation to practice coordination between this Lesson Plan, the trainee handouts, and the PowerPoint slides and ensure your timing is on track with the length of the lesson. * Ensure that there are copies of all handouts before the training session. * When required, reserve the training room. * Arrange for equipment such as flip charts, an overhead projector, and any other equipment (as needed). * Talk to people in your office who are most familiar with this topic to collect experiences that you can include as examples in the lesson. * This lesson plan belongs to you. Feel free to highlight headings, key phrases, or other information to help the instruction flow smoothly. Feel free to add any notes or information that you need in the margins. |
| Training Day | * Arrive as early as possible to ensure access to the facility and computers. * Become familiar with the location of restrooms and other facilities that the trainees will require. * Test the computer and projector to ensure they are working properly. * Before class begins, open the PowerPoint presentation to the first slide. This will help to ensure the presentation is functioning properly. * Make sure that a whiteboard or flip chart and the associated markers are available. * The instructor completes a roll call attendance sheet or provides a sign-in sheet to the students. The attendance records are forwarded to the Regional Office Training Managers. |

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| Introduction to Infectious Diseases, Immune Disorders, and Nutritional Deficiencies | | |
| INSTRUCTOR INTRODUCTION | | Complete the following:   * Introduce yourself * Orient learners to the facilities * Ensure that all learners have the required handouts |
| time required | | 0.10 hours |
| Purpose of Lesson  Explain the following: | | This lesson is intended to introduce entry level RVSRs to conditions evaluated under the infectious disease, immune disorders, and nutritional deficiencies rating schedule. While these conditions are not routinely encountered, it is still important to be exposed to this “system.” This lesson is intended to present the most common infectious diseases and immune disorders that RVSRs will evaluate. |
| Lesson Objectives  Discuss the following:  Slide 2 | To accomplish the purpose of this lesson, the RVSR will be required to accomplish the following lesson objectives.  TheRVSRwill be able to:   * List common conditions that are evaluated under 38 CFR 4.88b * Differentiate between infectious diseases, immune disorders, and nutritional deficiencies * Recognize when an infectious disease is considered active or stabilized * Prepare a rating decision involving infectious disease | |
| Explain the following: | Each learning objective is covered in the associated topic. At the conclusion of the lesson, the learning objectives will be reviewed. | |
| Motivation | Throughout life, humans are exposed to a variety of organisms and substances that can cause numerous levels of symptomology associated with a disease process. Some of these organisms are only present in certain parts of the world. Since servicemembers are stationed or deployed to various locations throughout the world, their risk of exposure to these organisms is increased. Understanding the various types of infectious diseases, immune disorders, or nutritional deficiencies, associated with military service will help decision makers render accurate decisions. | |
| STAR Error code(s) | A2, C2, D1 | |
| References  Slides 3-4 | Explain where these references are located in the workplace.  All M21-1 references are found in the [Live Manual Website](https://vaww.compensation.pension.km.va.gov/).   * 38 CFR 3.105, Revision of decisions * 38 CFR 3.309, Diseases subject to presumptive service connection * 38 CFR 3.317, Compensation for certain disabilities occurring in Persian Gulf Veterans * 38 CFR 3.400, Effective dates, General * 38 CFR 3.951, Preservation of disability ratings * 38 CFR 4.88a, Chronic fatigue syndrome * 38 CFR 4.88b, Schedule of ratings-Infectious disease, immune disorders and nutritional deficiencies * M21-1, Part III, Subpart iv, 4.E, Infectious Diseases, Immune Disorders, and Nutritional Deficiencies * M21-1, Part III, Subpart iv, 5.C, Effective Dates * M21-1, Part III, Subpart iv, 8.C, Protected Ratings * M21-1, Part IV, Subpart ii, 1.E, Developing Claims Based on Service in Southwest Asia Under 38 CFR 3.317 * M21-1, Part IV, Subpart ii, 1.G, Claims Based on Former Prisoner of War (FPOW) Status * M21-1, Part IV, Subpart ii, 1.I, Developing Claims for Service Connection (SC) Based on Other Exposure Types * M21-1, Part IV, Subpart ii, 2.D, Service Connection (SC) for Qualifying Disabilities Associated with Service in Southwest Asia * M21-1, Part IV, Subpart ii, 2.E, Service Connection for Disabilities Incurred as a Prisoner of War (POW) * Medical EPSS | |

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| Topic 1: Infectious Diseases, Immune Disorders, and Nutritional Deficiencies Overview | |
| Introduction | This topic will allow the trainee to become familiar with the definition of infectious diseases, immune disorders, and nutritional deficiencies. This topic also highlights considerations a decision maker needs to think about when granting or denying these types of conditions. Lastly, the trainee will be introduced to a broad overview of evaluation criteria for conditions under 38 CFR 4.88b. |
| Time Required | 0.25 hours |
| Infectious Diseases  Slide 5 | **SLIDE:**   * Disease or disorder caused by organisms   + Spread from animals/insects to humans   + Can be acute or chronic * Treated with antivirals, antibiotics, treatment of symptoms, prophylactic treatment, etc. * Example: Malaria or Human Immunodeficiency Virus (HIV) * Consider presumptive service connection - tropical and Gulf War.   **DISCUSS:**  Infectious diseases are diseases are caused by organisms, such as viruses, bacteria, fungi, parasites, etc. and are spread primarily from animal or insects to humans, though some are capable of being spread human to human. Exposure to disease is not always indicative that a person will become infected.  Infectious diseases can be acute or chronic. Acute being the active disease process has resolved with with no residual disability. Chronic being where the active disease has resolved, but the disease could recur in the future or leave temporary or permanent residual disabilities.  Infectious diseases have an incubation period (time from exposure to manifestation of symptoms), active disease phase period (time between onset to stabilization), and potential residual disabilities affecting multiple body systems. These phases, symptoms of disease, and the potential for residual disability are dependent upon the type of infection.  Treatment for these conditions include antivirals, antibiotics, treatment for symptoms, prophylactic treatment (treatment prior to exposure (vaccines or medications)), etc.  Examples of infectious diseases include malaria and human immunodeficiency virus (HIV). Malaria is an infectious disease transmitted by infected mosquitos to humans.  HIV is an infectious disease that is transmitted by contact with certain contaminated bodily fluids. This condition has no cure and can manifest into systemic complications. We will go into more detail about HIV later in this lesson.  Many of these conditions are considered presumptive for tropical and Gulf War. It is imperative to check the regulation prior to denying a claim for infectious diseases. |
| Immune Disorders  Slide 6 | **SLIDE:**   * Disease or disorder occurs when the immune system’s is unable to defend the body from contaminants   + - Can be caused by organisms, use of medications, chronic conditions, etc. * Treated with medication, monitoring and treatment of symptoms, antiretrovirals, etc. * Example: Acquired Immunodeficiency Syndrome (AIDS) or systemic lupus erythematosus (SLE or lupus)   **DISCUSS:**  The immune system protects the body from infection, disease, foreign substances, or cells. Disorders occur when the immune system is unable to defend the body against the contaminants. It can also occur when the immune system is unable to distinguish between healthy tissue/cells or antigens, and it attacks or destroys the healthy tissue/cells.  Immune disorders can be caused by organisms, use of medications, chronic conditions, environmental exposures, etc. Some infectious diseases may trigger the onset of immune disorders.  Treatment of these conditions include medications, antiretrovirals, managing the environment, treatment of symptoms, etc.  Examples of immune disorders include Acquired Immunodeficiency Syndrome (AIDS) or systemic lupus erythematosus (SLE). Both of which we will go into detail about later. |
| Nutritional Deficiencies  Slide 7 | **SLIDE:**   * Deficiencies occur when the body is unable to obtain the necessary amount of a nutrient that is required for proper health.   + Can be caused by diet, surgical residuals, genetics, environment, diseases, etc. * Treated with nutritional supplements through food or medication * Examples: Beriberi or Pellagra * Consider presumptive service connection for Former Prisoners of War (FPOW).   **DISCUSS:**  Proper nutrition is the process of providing or obtaining food necessary for health and growth. Deficiencies occur when the body is unable to absorb or get from food, the necessary amount of a nutrient that is required for proper health. These deficiencies can be caused by diet, surgical residuals, genetics, environment, or diseases.  Treatment for nutritional deficiencies include supplementing the vitamin or minerals that are low, either through food or medication, or changing the environment (i.e. more sun exposure for Vitamin D).  Examples of these conditions include beriberi or pellagra. Beriberi is a disease caused by low vitamin B1 (thiamin) that can cause inflammation of the nerves or heart failure.  Pellagra is a disease caused by lack of nicotinic acid or tryptophan is often linked to a diet overdependent on corn, that can cause dermatitis, diarrhea, and mental disturbance.  Nutritional deficiency conditions are not commonly claimed, but it is important to know that they can be presumptive conditions for Former Prisoners of War (FPOW) or can be residual disabilities of other conditions (i.e. secondary to an eating disorder or hematologic condition). Since these conditions are rarely claimed, they will not be covered in this lesson. |
| Important Considerations  Slide 8 | **SLIDE:**   * Rating schedule was updated on August 11, 2019   + New diagnostic codes added   + Change in rating schedule cannot be used as grounds for reduction (38 CFR 3.951(a) * Consider presumptive service connection   + Chronic (38 CFR 3.309(a))   + Tropical (38 CFR 3.309(b))   + Former Prisoners of War (FPOW) (38 CFR 30309(c)))   + Gulf War (38 CFR 3.317) * Consider entitlement to ancillary benefits or special monthly compensation   **DISCUSS:**  The rating schedule for infectious diseases, immune disorders, or nutritional deficiencies, was updated on August 11, 2019. Remember, changes in the rating schedule cannot be used as grounds for reduction.  Many of these conditions are presumptive conditions on the basis of chronic, tropical, FPOW, or Gulf War. Be sure to check your references to determine if you can grant on a presumptive basis prior to denying one of these conditions.  As always, consider entitlement to ancillary benefits or special monthly compensation. |
| Evaluation Criteria for 38 CFR 4.88b  *Slide 9* | **SLIDE:**   * Review rating schedule for evaluation criteria for all conditions   + Consider note at top of rating schedule, and notes under diagnostic codes, as the most common residuals associated with the infection are listed here * General rating formula (GRF) added as part of rating schedule change that was effective on August 11, 2019   + Applies to several diagnostic codes within 38 CFR 4.88b     - 6300, 6304 – 6309, 6316 – 6320, 6329 – 6331, and 6333 – 6335       * Rate at 100 percent for active disease       * After active disease has resolved, rate at 0 percent. Rate any residual disability of infection under the appropriate body system. (refer to note under diagnostic code for most common residual disabilities)   **DISCUSS:**  A general rating formula (GRF) for infectious diseases was added to 38 CFR 4.88b. This GRF applies to many of the diagnostic codes in this rating schedule. The rating formula calls for a 100 percent to be assigned for active disease. After the active disease has resolved, consider a reduction under 38 CFR 3.105(e), rate at 0 percent and rate any residual disability of infection under the appropriate body system. Remember, the active disease phase varies upon the type of disease.  Conditions that are not to be evaluated under the GRF have their own evaluation criteria.  Be sure to review the rating schedule for current evaluation criteria. And with all conditions, be sure to review the notes under the diagnostic code for a list of common residual disabilities associated with the condition. This list is not an all-inclusive list, but it is a good place to start. |

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| Topic 2: 38 CFR 4.88b Highlights | |
| Introduction | This topic will introduce the trainee to four of the more common conditions they will be seeing in their career. This is not to say the other conditions will not be claimed, but these are the conditions they will see with more frequency. |
| Time Required | 0.55 hours |
| 38 CFR 4.88b Highlights  Slide 10 | **SLIDE:**   * + - * Lyme disease       * Lupus erythematosus, systemic (SLE or lupus)       * HIV-related illness (includes Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS))       * Chronic fatigue syndrome (CFS)   **DISCUSS:**  Let’s look at four of the more common conditions you will be seeing as an RVSR.   * Lyme disease * Lupus erythematosus, systemic (SLE) * HIV-related illness (Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS)) * Chronic fatigue syndrome (CFS) |
| Lyme disease (DC 6319)  Slide 11 | **SLIDE:**   * Infectious disease caused by bacterium, transmitted to humans through the bite of infected ticks   + Symptoms can arise days to months after tick bite   + Treated with antibiotics     - Can resolve if treated in the early stages     - More difficult to treat in latent stages   + Results in neurologic, joint, or cardiac abnormalities * Evaluate under the General Rating Formula   + Rate under the appropriate body system any residual disability of infection, which includes but is not limited to, arthritis, Bell’s palsy, radiculopathy, ocular, or cognitive dysfunction   **DISCUSS:**  Lyme disease is an infectious disease caused by bacterium, that is transmitted to humans through the bite of infected ticks. Symptoms, such as rash, fatigue, joint pain or swelling, headache, or fever, may arise days or months following the tick bite. The longer the tick is attached to the human, the greater the risk of the bacterium being transmitted. About 30,000 cases of Lyme disease are reported to the CDC by state health departments each year. However, reporting varies, and is it estimated about 300,000 may get Lyme disease each year in the U.S.  This condition is treated with antibiotics and can resolve if treated in the earlier stages of the disease and can be more difficult to treat in the later stages of disease.  This condition is to be evaluated as diagnostic code 6319, under the general rating formula. Residual disabilities for this condition include, but are not limited to, arthritis, Bell’s palsy, radiculopathy, ocular, or cognitive dysfunction. |
| Systemic lupus erythematosus (DC 6350)  Slide 12 | **SLIDE:**   * Chronic immune disorder that causes inflammation in connective tissue and potentially involving skin, joints, kidneys, lungs, central nervous system, etc. * Can be caused by environmental factors (viral infections, diet, stress, chemical exposure, and sunlight), genetics, drug exposure, etc. * Treatment objective is to induce remission   + Dependent on the type and severity of symptoms * Consider presumptive service connection as a chronic condition   **DISCUSS:**  Systemic lupus erythematosus, also known as lupus, is a chronic immune disorder that causes inflammation in connective tissue and potentially involving skin, joints, kidney, lungs, and central nervous system. This condition can be caused by environmental factors, such as viral infections, diet, stress, chemical exposure, and sunlight. It can also be caused by genetics or drug exposure.  Treatment for this condition is dependent on the type and severity of symptoms. This condition is not curable, so the objective of treatment is to induce remission.  This is a presumptive condition under chronic conditions (38 CFR 3.309(a)). |
| SLE (DC 6350), continued  Slide 13 | **SLIDE:**   * Evaluate based on frequency of exacerbations, or by combining evaluations for residuals under appropriate body system, whichever results in a higher evaluation  |  |  | | --- | --- | | **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. | |  * Review DBQ for physical findings, complications, conditions, or signs and/or symptoms of lupus   **DISCUSS:**  Lupus is to be evaluated based on the frequency of exacerbations, or by combining evaluations for residuals under the appropriate body system, whichever would result in a higher evaluation.  While the rating schedule has a diagnostic code for discoid lupus erythematosus (7809), these two diagnostic codes (7809 and 6350) are not to be combined. It would be appropriate to use 7809 in the event you are evaluating the condition based on combining residuals under the appropriate body system, rather than the frequency of exacerbations.    The DBQ for this condition is thorough in that it requires the examiner to provide information about exacerbations, as well as information about affected body systems. |
| HIV-related illness (DC 6351)  Slide 14 | **SLIDE:**   * Human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)   + An infection transmitted through certain bodily fluid contact, resulting in immune system compromise and subsequent development of severe infection, neoplasm, and systemic complication.   + HIV can progress to AIDS   + Treatable, but not curable   **DISCUSS:**  HIV-related illnesses include HIV, or human immunodeficiency virus, and AIDS, acquired immunodeficiency syndrome.  HIV is an infection that is transmitted through contact with contaminated bodily fluids, such as blood, semen, vaginal, or rectal secretions, and breast milk. HIV is not transmitted through contact with tears, sweat, or saliva.  HIV is commonly spread through unprotected sex or sharing needles or syringes with someone who has HIV; or less commonly from mother to child (in pregnancy, birth, or through breastmilk), or being stuck with a contaminated needle or sharp object (risk in healthcare).  There are three stages or phases of HIV:   * acute HIV infection – flu-like illness that usually occurs two to four weeks after infection. Viral load is high, and person is very contagious at this stage. * clinical latency (HIV inactivity or dormancy) – HIV is active but reproduces at low levels. Whether or not a person is taking medications, this stage can last years to decades. At the end of this phase, the viral load will go up, and the CD4 count will go down, symptoms may begin. * AIDS – the most severe phase of HIV infection. Immune system is severely damaged, resulting in opportunistic infections or illnesses.   While HIV and AIDS is not curable, it is treatable. Treatment is usually medication such as antiretroviral therapy (ART) or some other treatment regimen. Since there is no cure, a person may be a participant in a research protocol that includes treatment regimens and/or medications. |
| HIV-related illness (DC 6351) continued  *Slide 15-16* | SLIDE 15:   |  |  | | --- | --- | | **6351 HIV-related illness** | | | AIDS with recurrent opportunistic infections (see Note 3) or with secondary diseases afflicting multiple body systems; HIV-related illness with debility and progressive weight loss | 100 | | Refractory constitutional symptoms, diarrhea, and pathological weight loss; or minimum rating following development of AIDS-related opportunistic infection or neoplasm | 60 | | Recurrent constitutional symptoms, intermittent diarrhea, and use of approved medication(s); or minimum rating with T4 cell count less than 200 | 30 | | Following development of HIV-related constitutional symptoms; T4 cell count between 200 and 500; use of approved medication(s); or with evidence of depression or memory loss with employment limitations | 10 | | Asymptomatic, following initial diagnosis of HIV infection, with or without lymphadenopathy or decreased T4 cell count | 0 |   SLIDE 16:   |  | | --- | | **6351 HIV-related illness, continued** | | Note 1: In addition to standard therapies and regimens, the term “approved medication(s)” includes treatment regimens and medications prescribed as part of a research protocol at an accredited medical institution. | | Note 2: Diagnosed psychiatric illness, central nervous system manifestations, opportunistic infections, and neoplasms may be rated separately under the appropriate diagnostic codes if a higher overall evaluation results, provided the disability symptoms do not overlap with evaluations otherwise assignable above. | | Note 3: The following list of opportunistic infections are considered AIDS-defining conditions, that is, a diagnosis of AIDS follows if a person has HIV and one more of these infections, regardless of the CD4 count --- candidiasis of the bronchi, trachea, esophagus, or lungs; invasive cervical cancer; coccidioidomycosis; cryptococcosis; cryptosporidiosis; cytomegalovirus (particularly CMV retinitis); HIV-related encephalopathy; herpes simplex-chronic ulcers for greater than one month, or bronchitis, pneumonia, or esophagitis; histoplasmosis; isosporiasis (chronic intestinal); Kaposi’s sarcoma; lymphoma; *Mycobacterium avium* complex; tuberculosis; Pneumocystis jirovecii (*carinii*) pneumonia; pneumonia, recurrent; progressive multifocal leukoencephalopathy; *Salmonella* septicemia, recurrent; toxoplasmosis of the brain; and wasting syndrome due to HIV. |   **DISCUSS:**  Remember, the term HIV-related illness includes HIV or AIDS. This condition is to be evaluated under diagnostic code 6351, and can be assigned noncompensable evaluation, 10, 30, 60, or 100 percent evaluation.  Since HIV and AIDS are not curable, the diagnosis continues once a person is properly diagnosed, regardless of the improvements in the person’s condition. As such, routine future examinations should not typically be scheduled.  **INSTRUCTOR**: Review rating schedule with trainees, emphasizing the three notes for this diagnostic code. |
| Chronic fatigue syndrome (CFS) (DC 6354)  *Slide 17* | **SLIDE:**   * A disease characterized by profound fatigue, sleep abnormalities, pain, and other symptoms that are made worse by exertion, that have persisted for at least six months   + Symptoms cannot be explained by any underlying medical condition   + No cure or approved treatment     - Symptoms treated or managed to offer relief * Diagnosis needs to conform to diagnostic criteria found under [38 CFR 4.88a](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * Consider presumptive service connection for Persian Gulf War Veterans (38 CFR 3.317) * Evaluate based on restriction of routine daily activities when compared to pre-illness level, or periods of incapacitation as prescribed by physician   **DISCUSS:**  Chronic fatigue syndrome (CFS) is a disease that, for VA purposes, must meet certain diagnostic criteria that can be found under 38 CFR 4.88a. This disease is characterized by profound fatigue, sleep abnormalities, pain, and other symptoms that are made worse by exertion, and symptoms cannot be explained by any underlying medical condition.  To be diagnosed with CFS, these symptoms must have persisted for at least six months. While there is no cure or specific treatment for CFS, the symptoms are treated or managed to offer the person relief.  This is one of the more common conditions RVSRs will evaluate, as this is a presumptive condition for Veterans with service in the Southwest Asia Theater of Operations under 38 CFR 3.317.  **INSTRUCTOR**: Review diagnostic criteria under [38 CFR 4.88a](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5#sg38.1.4_187a.sg3) with trainees. Explan that the [DBQ](http://vbacoweb03.dva.va.gov/bl/21/DBQ/default.asp) includes the diagnostic criteria for the examiner and that it is the examiner’s responsibility to provide a proper diagnosis.  **FOR INSTRUCTOR** – diagnostic criteria from 38 CFR 4.88a:  (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. |
| CFS (DC 6354), continued  *Slide 18* | **SLIDE:**   |  |  | | --- | --- | | **6354 Chronic fatigue syndrome** | | | Debilitating fatigue, cognitive impairments (such as inability to concentrate, forgetfulness, or 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 | 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 | 60 | | Which are nearly constant and restrict routine daily activities from 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 | 40 | | Which are nearly constant and restrict routine daily activities by less than 25 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 | 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 | 10 | | Note: For the purpose of evaluating this disability, incapacitation exists only when a licensed physician prescribes bed rest and treatment. | |   **DISCUSS:**  The evaluation of CFS is based on restriction of routine daily activities when compared to pre-illness level, or periods of incapacitation as noted.  It is important to note that this definition is different than other definitions of incapacitating episodes described throughout the rating schedule in other body systems. The term “incapacitating episodes” is not interchangeable between diagnostic codes.    **INSTRUCTOR**: Review evaluation criteria and note for diagnostic code 6354. Also review information under, or remind trainees about, 38 CFR 3.317 regarding presumptive service connection. |

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| Topic 3: Review of Rating Materials | |
| Introduction | This topic will allow the trainee to become familiar with some of the references, materials, and programs utilized in evaluating infectious diseases, immune disorders, and nutritional deficiencies. |
| Time Required | 0.5 hours |
| Review of Rating Materials  Slide 19 | **SLIDE:**   * Rating schedule, [38 CFR 4.88b](https://www.ecfr.gov/cgi-bin/text-idx?SID=ad275643432556b9dda942343fb89296&mc=true&node=pt38.1.4&rgn=div5) * [Disability Benefits Questionnaires](http://vbacoweb03.dva.va.gov/bl/21/DBQ/default.asp) * Evaluation Builder in VBMS-R   + Demo input of infectious disease, immune disorder, or nutritional deficiency   **DISCUSS:**  Now that the PowerPoint slides have been completed, we will look at the rating schedule, the DBQ, and the evaluation builder within VBMS.  **INSTRUCTOR**: If not previously completed, review the rating schedule (38 CFR 4.88b), the disability benefits questionnaires (DBQs) associated with these conditions, and demonstrate the input of a condition that is an infectious disease, immune disorder, or nutritional deficiency. (See below scenarios if needed)  **VBMS-R EVALUATION BUILDER SCENARIOS:**  **SCENARIO 1:**  Veteran files a new claim for chronic fatigue syndrome. The evidence shows the Veteran meets the diagnostic criteria for CFS under 38 CFR 4.88a and a grant of service connection is warranted.  The DBQ shows:   * Continuous medication is required and symptoms are not controlled by medication * Veteran had debilitating fatigue reducing daily activity level to less than 50% of pre-illness level * Daily activity level is now reduced to less than 25 percent * The following symptoms are nearly constant – debilitating fatigue, sleep disturbance, muscle aches, fatigue lasting 24 hours or longer after exercise, headaches, and migratory joint pain. * No episodes of incapacitation   Correct evaluation – DC 6354, 20 percent.  **SCENARIO 2:**  Veteran files a new claim for residuals of Lyme disease. Veteran had active Lyme disease during service. Medical evidence eludes that the Veteran has mental health residuals caused by Lyme disease. A positive medical opinion is received and a grant of service connection is warranted.  The DBQ shows Lyme disease is inactive. The Veteran has a diagnosis of cognitive dysfunction. The mental DBQ shows the cognitive dysfunction as having mild symptoms which decrease work efficiency and mild memory loss. There are no other residuals.  Correct evaluations:   * DC 6319 – 0 percent * DC 9326 – 30 percent (DC 9326 is for major or mild neurocognitive disorder due to another medical condition) |

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| Lesson Review, Assessment, and Wrap-up | |
| Introduction  Discuss the following:  Slide 20 | The Infectious Diseases, Immune Disorders, and Nutritional Deficiencies lesson is complete.  Review each lesson objective and ask the trainees for any questions or comments. |
| Time Required | 0.10 hours |
| Lesson Objectives | You have completed the Infectious Diseases, Immune Disorders, and Nutritional Deficiencies lesson.  The trainee should be able to:   * List conditions that are evaluated under 38 CFR 4.88b * Differentiate between infectious diseases, immune disorders, and nutritional deficiencies * Recognize when an infectious disease is considered active or stabilized * Prepare a rating decision involving infectious disease |
| eCASE and Individual feedback assessment | Remind the trainees to complete the eCase and individual feedback assessment that is specific for infectious diseases, immune disorders, and nutritional deficiencies. |
| Assessment | Remind the trainees to complete the on-line assessment in TMS to receive credit for completion of the course.  The assessment will allow the participants to demonstrate their understanding of the information presented in this lesson. |