

**9.11 World Trade Center Health Program**

Petition for the Addition of a New WTC-Related Health Condition for Coverage under the World Trade Center (WTC) Health Program

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Institute for Occupational Safety and Health

General Instructions

Any interested party may petition the WTC Program Administrator to add a condition to the List of WTC-Related Health Conditions (List) in 42 C.F.R. Part 88 (see <http://www.cdc.gov/wtc/faq.html#hlthcond> for the complete list).

Please use this form to petition the Administrator to add a health condition (any recognized medical condition requiring treatment or medication) to the List. Please use a separate form for each health condition.

Use of this petition form is voluntary, but any petition must include all of the information identified below, as required by 42 C.F.R. Part 88. Petitions that do not provide the required information will not be considered by the WTC Program Administrator. Additional supporting materials may be submitted and are encouraged.

Please note, however, the petition and all supporting materials submitted to the WTC Health Program are part of the public record and may be subject to public disclosure. Personal information will be redacted prior to public disclosure.

Please TYPE or PRINT all information clearly on the form.

If you need more space to provide the required information, please attach additional pages to this form.

Mail this form to: World Trade Center Health Program
395 E. Street, S.W., Suite 9200
Washington, D.C. 20201
WTC@cdc.gov



A. Interested Party Information

A1. Do you represent an organization (are you submitting this petition on behalf of an organization)?

Yes (Go to A2) No (Go to A3)

A2. Organization Information:

Name of Organization: _____

A3. Name of Individual Petitioner or Organization Representative:

First Name: _____ Last Name: _____

Position, if representative of organization: _____

A4. Mailing Address:

Street: _____

City: _____ State: _____ Zip code: _____

A5. Telephone Number: _____

A6. Email Address: _____

B. Proposed WTC-Related Health Condition Information

B1. Health Condition Information

Name of health condition you wish to petition to add to the List of covered conditions: _____

Diagnosis: Bi-Lateral Neuropathy

If the name of the condition is not known, please provide a description of the condition or the name of the diagnosis provided by a physician or other healthcare provider.

G26.9: Polyneuropathy, unspecified



C. Basis for Proposing that the Condition Be Added to the List of WTC-Related Health Conditions

C1. Describe the reasons the WTC Program Administrator should consider the addition of this health condition. Explain how the health condition you are proposing relates to the exposures that may have occurred from the September 11, 2001, terrorist attacks. Your explanation must include a medical basis for the relationship/ association between the 9/11 exposure and the proposed health condition. The medical basis may be demonstrated by reference to a peer-reviewed, published, epidemiologic study about the health condition among 9/11 exposed populations or to clinical case reports of health conditions in WTC responders or survivors. First-hand accounts or anecdotal evidence may not be sufficient to establish medical basis. If you need more space, please attach additional pages to this form.

Information published by PubMed:

Peripheral neuropathy can result from numerous conditions including metabolic disorders, inflammatory disease, or exposure to environmental or biological toxins. We analyzed questionnaire data from 9239 Fire Department of the City of New York (FDNY) World Trade Center (WTC)-exposed firefighters and emergency medical service workers (EMS) to evaluate the association between work at the WTC site and subsequent peripheral neuropathy symptoms using the validated Diabetic Neuropathy Symptom (DNS) score. We grouped the population into an "Indicated" group with conditions known to be associated with paresthesia (N = 2059) and a "Non-Indicated" group without conditions known to be associated (N = 7180). The level of WTC exposure was categorized by time of arrival to the WTC. Overall, 25% of workers aged 40 and older reported peripheral neuropathy symptoms: 30.6% in the Indicated and 23.8% in the Non-Indicated groups, respectively. Multivariable logistic models performed on the Non-Indicated group, and on the Non-Indicated in comparison with non-WTC exposed National Health and Nutrition Examination Survey (NHANES), found that the highest level of WTC-exposure was significantly associated with DNS positive outcomes, after controlling for potential confounders. In conclusion, this study suggests that symptoms of peripheral neuropathy and paresthesias are common and are associated with WTC-exposure intensity.

Multiple horizontal lines for additional text input.



D. Signature of Petitioner

Sign your name below to indicate that you are petitioning the WTC Program Administrator to consider adding a health condition to the list of WTC-related health conditions identified in 42 C.F.R. Part 88.

Signature



Date:

8/21/25

Privacy Act Statement

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. § 552a), you are hereby notified of the following:

Title I of the James Zadroga 9/11 Health and Compensation Act of 2010 amended the Public Health Service Act (PHS Act) to establish the World Trade Center (WTC) Health Program. Sections 3311, 3312, and 3321 of Title XXXIII of the PHS Act require that the WTC Program Administrator develop regulations to implement portions of the WTC Health Program established within the Department of Health and Human Services (HHS). The WTC Health Program is administered by the Director of the National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC). The information provided with this form and supporting documentation will be used by the WTC Program Administrator to consider the disposition of a petitioned-for health condition. Disclosure of this information is voluntary.

Records containing information in identifiable form become part of an existing NIOSH system of records under the Privacy Act, 09-20-0147, "Occupational Health Epidemiological Studies and EEOICPA Program Records and WTC Health Program Records, HHS/CDC/NIOSH." These records are treated in a confidential manner, unless otherwise compelled by law.

Information submitted to WTC Health Program which may be considered "protected health information" pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191; 42 U.S.C. § 1320d) and the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules (45 C.F.R. pts. 160, 162, and 164) will be maintained in accordance with all applicable laws.

NIOSH may disclose information in identifiable form only insofar as such disclosure is permitted pursuant to the HIPAA Privacy Rule; this may include disclosure to the WTC Health Program Scientific/Technical Advisory Committee (STAC), which may be asked to consider the petition and issue a recommendation to the WTC Program Administrator. Information in identifiable form will be redacted from submitted petition forms and supporting documentation that become a part of the public record (e.g. in conjunction with STAC consideration or a rulemaking).

10/10/20

10/10/20

malaysia

malaysia

1. Introduction
 This report discusses the economic and social development of Malaysia since its independence in 1957. The country has achieved remarkable growth and stability, becoming a major power in Southeast Asia. This is due to a combination of factors, including a strong government, a diverse economy, and a focus on education and infrastructure.

2. Economic Development
 Malaysia's economy has grown rapidly since independence, driven by a mix of public and private enterprise. The government has played a key role in planning and development, particularly in the early years. The economy is now diversified, with a strong services sector and a growing manufacturing base. Key industries include electronics, oil and gas, and palm oil.

3. Social Development
 Malaysia has made significant progress in social development, particularly in the areas of education and healthcare. The government has invested heavily in these sectors, leading to high literacy rates and a long life expectancy. The country has also made progress in reducing poverty and improving the standard of living for its citizens.

4. Challenges and Opportunities
 Despite its success, Malaysia faces several challenges, including income inequality, corruption, and environmental degradation. However, the country also has many opportunities for further growth and development, particularly in the areas of technology, innovation, and sustainable development.

5. Conclusion
 Malaysia's economic and social development since independence has been remarkable. The country has achieved a high level of growth and stability, and is well-positioned to continue its development in the future.

Creation Date: [REDACTED]

Priority: Routine

Patient Information

Name [REDACTED]

Address [REDACTED]

Home Phone [REDACTED]

Email ID [REDACTED]

Primary Insurance

Name [REDACTED]

Phone [REDACTED]

Subscriber DOB [REDACTED]

Membership Number [REDACTED]

Group Number [REDACTED]

Subscriber Name [REDACTED]

Subscriber Address [REDACTED]

Subscriber Phone [REDACTED]

From Provider

Name [REDACTED]

Address [REDACTED]

Email [REDACTED]

Phone [REDACTED]

Facility Name [REDACTED]

Facility Address [REDACTED]

Facility Fax [REDACTED]

Specialty [REDACTED]

Provider NPI [REDACTED]

Facility Phone [REDACTED]

Visits Allowed [REDACTED]

To Provider

Name [REDACTED]

Address [REDACTED]

Phone [REDACTED]

Fax [REDACTED]

Specialty [REDACTED]

Provider NPI [REDACTED]

Other Referral Information

Referral is valid from [REDACTED] until [REDACTED]

Reasons 1. Unspecified mononeuropathy of bilateral lower limbs

Diagnosis • G57.93 - Unspecified mononeuropathy of bilateral lower limbs

Unit Type V (VISIT)

General Notes 1. [REDACTED]

Clinical Notes 1. [REDACTED]

Electronically signed by [REDACTED]

[REDACTED]

Progress Note

Progress Notes

Patient: [REDACTED]

Account Number: [REDACTED]

DOB: [REDACTED]

Phone: 000-000-0000

Address: [REDACTED]

Subjective:

Chief Complaints:

1. Bilateral numbness in the feet. 2. Cough. 3. HTN. 4. HLD. 5. Hypersomnia. 6. Male ED. 7. ACG abnormality. 8. Atrioventricular block, first degree. 9. Elevated liver enzymes.

HPI:

Constitutional:

A 55-year-old male presents with bilateral numbness in both lower extremities. Initial treatment was started with vitamin B12 supplementation despite no confirmed diagnosis of neuropathy at that time. It is now known that the patient had significant environmental exposure during the 9/11 incident, raising concern for potential toxin-related nerve inflammation. His symptoms are likely multifactorial and may involve a component of chronic inflammatory neuropathy. While there has been slight improvement, the numbness persists. Further neurological evaluation and long-term management will be considered to address the underlying etiology and symptom progression. Medication adherence remains good, and the patient reports no side effects.

ROS:

General/Constitutional:

Change in appetite denies. Chills denies. Fever denies.

Ophthalmologic:

Blurred vision denies. Discharge denies. Eye Pain denies.

ENT:

Decreased hearing denies. Sore throat denies. Swollen glands denies.

Endocrine:

Cold intolerance denies. Excessive thirst denies. Heat intolerance denies. Weight loss denies.

Respiratory:

Cough denies. Shortness of breath at rest denies. Shortness of breath with exertion denies. Wheezing denies.

Cardiovascular:

Chest pain at rest denies. Chest pain with exertion denies. Irregular heartbeat denies. Shortness of breath denies.

Gastrointestinal:

Abdominal pain denies. Diarrhea denies. Nausea denies. Vomiting denies.

Genitourinary:

Blood in urine denies. Difficulty urinating denies. Frequent urination denies.

Musculoskeletal:

Painful joints denies. Weakness denies.

Skin:

Dry skin denies. Itching denies. Rash denies.

Neurologic:

Patient denies difficulty speaking. Dizziness denies. Fainting denies. Headache denies.

Medical History:

Cluster Migraine, Hypertension, Cough, unspecified [REDACTED]

Medical History Verified.

Surgical History: Squamous cell carcinoma removal left shoulder [REDACTED] Surgical History Verified.

Hospitalization/Major Diagnostic Procedure: Hospitalization Verified.

Family History: No Family History documented. Family History Verified.

Social History:Tobacco Use:

Tobacco Use/Smoking

Are you a: *former smoker*How long has it been since you last smoked? *5-10 years*

Social History Verified.

Medications: Taking hydroCHLORothiazide 25 MG Tablet 1 tablet in the morning Orally Once a day , Taking Losartan Potassium 100 MG Tablet 1 tablet Orally Once a day , Taking Tadalafil 5 MG Tablet 1 tablet as needed Orally Once a day As needed, Notes to Pharmacist: PRN, Taking Verapamil HCl ER 120 MG Tablet Extended Release 1 tablet at bedtime Orally Once a day , Taking Diclofenac Potassium 50 MG Tablet 1 tablet with food or milk Orally Twice a day , Taking Pantoprazole Sodium 40 MG Tablet Delayed Release 1 tablet Orally Once a day , Medication List reviewed and reconciled with the patient

Allergies: N.K.D.A. Allergies Verified.

Objective:**Vitals:**

Pain scale: 0 1-10, Temp: 97.5 F, HR: 70 /min, BP: 145/80 mm Hg, Oxygen sat %: 99 %, Ht: 71 in, Wt: 259 lbs, BMI: 36.12 Index, Ht-cm: 180.34 cm, Wt-kg: 117.48 kg.

Examination:General Examination:

GENERAL APPEARANCE: male, alert, overweight, pleasant, in no acute distress.

EYES: pupils equal, round, reactive to light and accommodation, sclera non-icteric.

EARS: normal.

ORAL CAVITY: mucosa moist.

THROAT: clear.

NECK/THYROID: neck supple, full range of motion, no cervical lymphadenopathy.

SKIN: warm and dry, no suspicious lesions.

HEART: regular rate and rhythm, S1, S2 normal, no murmurs.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: soft, nontender, nondistended, bowel sounds present, normal.

MUSCULOSKELETAL: Full range of motion.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact , cognitive exam grossly normal, **alert and oriented.**

PODIATRIC: Normal.

PSYCH: Normal.

Assessment:**Assessment:**

1. Unspecified mononeuropathy of bilateral lower limbs - G57.93 (Primary)
2. Cough, unspecified - R05.9
3. Essential (primary) hypertension - I10
4. Mixed hyperlipidemia - E78.2
5. Hypersomnia, unspecified - G47.10
6. Male erectile dysfunction, unspecified - N52.9
7. Abnormal electrocardiogram [ECG] [EKG] - R94.31
8. Atrioventricular block, first degree - I44.0
9. Elevation of levels of liver transaminase levels - R74.01

Plan:**Treatment:****1. Unspecified mononeuropathy of bilateral lower limbs**

█ - The etiology of the patient's symptoms is multifactorial. Although there has not been significant improvement, B12 supplementation will be continued for now. Given the persistence of symptoms, the patient will be referred to both a podiatrist and a neurologist for further evaluation and management. In the meantime, we will continue with B12 in hopes of clinical improvement, but a definitive diagnosis is needed to guide targeted treatment.

Probably secondary to toxin exposure, will closely monitor.

Referral To: [REDACTED] Neurology
Reason: Unspecified mononeuropathy of bilateral lower limbs

Referral To: [REDACTED] Podiatry
Reason: Unspecified mononeuropathy of bilateral lower limbs

2. Cough, unspecified

[REDACTED] - Despite being monitored with a Biote device by his pulmonologist, the patient has now been diagnosed with sleep apnea and is scheduled to start CPAP therapy. It is presumed that the pulmonologist will also order pulmonary function testing (PFT) to evaluate the underlying etiology of his persistent cough. Further management will be guided based on those results.
Pending CT scan of the lungs to see if there are damage in the lungs.

3. Essential (primary) hypertension

[REDACTED] - 145/80 mm Hg, stable.

[REDACTED] - Will discontinue Lisinopril due to cough. 135/85 mm Hg, stable. Advised to start on Losartan 100 mg and will increase hydrochlorothiazide from 12.5 mg to 25 mg.

[REDACTED] - Advised to start on Hydrochlorothiazide 12.5 mg.

[REDACTED] - 128/80 mm Hg, stable.

[REDACTED] - 140/90 at office today

Lisinopril increased to 40mg, follow up in 3 weeks

Advised to lower the amount of salt intake diet.

Advised to monitor blood pressure daily at home, **BP log given.**

Will make any changes in the next office visit if BP persists elevated.

[REDACTED] - Patient is stable, advised to continue on current treatment plan.

[REDACTED] - Labs drawn today and Started on Lisinopril 10 mg q AM

.160/90 mm Hg BP Elevated in office.

Advised to lower the amount of salt intake diet.

Advised to monitor blood pressure daily at home, BP log given.

Will make any changes in the next office visit if BP persists elevated.

[REDACTED] -BP Elevated in office.

Advised to lower the amount of salt intake diet.

Advised to monitor blood pressure daily at home, BP log given.

Will make any changes in the next office visit if BP persists elevated.

Will consider Losartan treatment.

4. Mixed hyperlipidemia

[REDACTED] - Declined cholesterol medication.

[REDACTED] - Declined cholesterol medication.

5. Hypersomnia, unspecified

[REDACTED] - Defer as per Pulmonologist.

[REDACTED] - Will refer patient to [REDACTED] Pulmonologist for further evaluation and treatment.

6. Male erectile dysfunction, unspecified

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED] - Advised to start on Tadalafil 5 mg.

7. Abnormal electrocardiogram [ECG] [EKG]

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED]

[REDACTED] - I will obtain records from [REDACTED] and contact the cardiologist's office, as the patient has called multiple times to schedule a follow-up after the stress test but has not received a response. My goal is to ensure clarity regarding the results and confirm with [REDACTED] that the patient's heart is in good condition, allowing them to continue their activities safely.

8. Atrioventricular block, first degree

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED] - I will obtain records from [REDACTED] and contact the cardiologist's office, as the patient has called multiple times to schedule a follow-up after the stress test but has not received a response. My goal is to ensure clarity regarding the results and confirm with [REDACTED] that the patient's heart is in good condition, allowing them to continue their activities safely.

[REDACTED] - Pending stress test.

[REDACTED] - Pending visit to see Cardiologist soon.

[REDACTED] - Echo showing some abnormality in septum.

[REDACTED] - EKG shows AV block . ECHO ordered

[REDACTED] - Will complete 12 Lead EKG during next visit.

9. Elevation of levels of liver transaminase levels

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED] - According to the patient, he has been drinking more in the end of the year more than usual.

[REDACTED] - Stable; continue treatment and measures to prevent re-occurrence or worsening of the condition. We are continuing to monitor.

[REDACTED] - AST 33 and ALT 67

[REDACTED] - Liver enzymes elevated, reviewed last visit, repeated CMP today and will assess if Will make any changes in the next office visit if Labs persists elevated.

Therapeutic Injections:

B-12 (Cyanocobalamin) 1000MCG/ML : 1 mL (Route: Intramuscular) given by Yannieris Pena on right buttock

Billing Information:

Procedure Codes: .

B-12 (Cyanocobalamin) 1000MCG/ML.

Care Plan Details

[REDACTED]

Electronically signed by [REDACTED]

Sign off status: Completed

Provider: [REDACTED]