Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Abdomen - Gastroenteritis / Traveller's Diarrhoea

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 March 2025;
- An outpatient health record (dyspepsia) by the medical officer, Garrison health centre, dated 26 April 2007;
- A pre-deployment medical by the medical officer, dated 2 July 2007;
- A patrol report by the solomon islands, dated 29 July 2007;
- A deployed health record by the medic, Solomon Islands, dated 2 August 2007;
- A deployed health record and stool PCR report by the medical officer, Solomon Islands, dated 6 August 2007;
- A deployed health record and stool microscopy report by the medical officer, Solomon Islands, dated 14 September 2007;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 12 December 2007;
- A gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 25 June 2008.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

8 March 2004 and 30 September 2013

Abdomen - Gastroenteritis / Traveller's Diarrhoea

You have stated that your condition was caused by:

- *arriving in a country or region with a high incidence of travellers' diarrhoea, from a country or region with a low incidence, within the 4 weeks before the clinical onset of travellers' diarrhoea*
- *consuming food prepared or sold by local vendors, or raw salad or fruit washed in untreated water, within the 72 hours before the clinical onset of travellers' diarrhoea*
- *drinking untreated water, or ice made from untreated water, within the 72 hours before the clinical onset of travellers' diarrhoea*
- *taking a histamine H2-receptor antagonist or a proton pump inhibitor for at least the 4 weeks before the clinical onset of travellers' diarrhoea*
- *being immersed in, or wading through, fresh water or floodwater contaminated by human or animal faeces within the 7 days before the clinical onset of travellers' diarrhoea*
- *being in close personal contact, including sharing sleeping, eating or bathroom facilities, with a person who has acute infectious diarrhoea within the 72 hours before the clinical onset of travellers' diarrhoea*
- *being without access to adequate hand-washing facilities for at least the 3 days before the clinical onset of travellers' diarrhoea*

Diagnosis: Gastroenteritis / Traveller's Diarrhoea

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 March 2025, and is supported by a deployed health record and stool PCR report by the medical officer, Solomon Islands, dated 6 August 2007.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *arriving in a country or region with a high incidence of travellers' diarrhoea, from a country or region with a low incidence, within the 4 weeks before the clinical onset of travellers' diarrhoea*
- *consuming food prepared or sold by local vendors, or raw salad or fruit washed in untreated water, within the 72 hours before the clinical onset of travellers' diarrhoea*
- *drinking untreated water, or ice made from untreated water, within the 72 hours before the clinical onset of travellers' diarrhoea*

- *taking a histamine H2-receptor antagonist or a proton pump inhibitor for at least the 4 weeks before the clinical onset of travellers' diarrhoea*
- *being immersed in, or wading through, fresh water or floodwater contaminated by human or animal faeces within the 7 days before the clinical onset of travellers' diarrhoea*
- *being in close personal contact, including sharing sleeping, eating or bathroom facilities, with a person who has acute infectious diarrhoea within the 72 hours before the clinical onset of travellers' diarrhoea*
- *being without access to adequate hand-washing facilities for at least the 3 days before the clinical onset of travellers' diarrhoea*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sudden profuse watery diarrhoea eight to ten times a day, abdominal cramps, nausea, urgency and low-grade fever, with fatigue and thirst in the tropical heat on 2 August 2007.

The diagnosis was made clinically on 2 August 2007 by the patrol medic and on 6 August 2007 by the medical officer on the sudden onset of profuse watery diarrhoea more than three times a day, with cramps, nausea and fever, 18 days after arrival in a high-risk region. It was confirmed by stool PCR positive for enterotoxigenic Escherichia coli heat-labile and heat-stable toxin genes.

This has then led to further investigations and the diagnosis of your condition of *Gastroenteritis / Traveller's Diarrhoea*. I have accepted your condition of *Gastroenteritis / Traveller's Diarrhoea*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 2 August 2007.

Abdomen - Gastroenteritis / Traveller's Diarrhoea (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 March 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 27 March 2025;
- An outpatient health record (dyspepsia) by the medical officer, Garrison health centre, dated 26 April 2007;
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- A deployed health record by the medic, Solomon Islands, dated 2 August 2007;
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- A deployed health record and stool microscopy report by the medical officer, Solomon Islands, dated 14 September 2007;
- An outpatient health record and pathology by the medical officer, Garrison health centre, dated 12 December 2007;
- A gastroenterology consultation and colonoscopy report by the gastroenterologist, dated 25 June 2008.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

8 March 2004 and 30 September 2013

Abdomen - Gastroenteritis / Traveller's Diarrhoea (Worsening)

You have stated that the worsening of your condition was caused by:

- *being re-exposed to food or water contaminated by an enteric pathogen within the 7 days before the clinical worsening of travellers' diarrhoea*

- *acquiring an additional enteric pathogen, including Blastocystis hominis, Giardia duodenalis or Entamoeba histolytica, at the time of the clinical worsening of travellers' diarrhoea*
- *being exposed to heat and humidity, with resulting dehydration, at the time of the clinical worsening of travellers' diarrhoea*
- *inability to obtain appropriate clinical management for travellers' diarrhoea*

Diagnosis: Gastroenteritis / Traveller's Diarrhoea (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 27 March 2025, and is supported by a deployed health record and stool PCR report by the medical officer, Solomon Islands, dated 6 August 2007.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *being re-exposed to food or water contaminated by an enteric pathogen within the 7 days before the clinical worsening of travellers' diarrhoea*
- *acquiring an additional enteric pathogen, including Blastocystis hominis, Giardia duodenalis or Entamoeba histolytica, at the time of the clinical worsening of travellers' diarrhoea*
- *being exposed to heat and humidity, with resulting dehydration, at the time of the clinical worsening of travellers' diarrhoea*
- *inability to obtain appropriate clinical management for travellers' diarrhoea*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with sudden profuse watery diarrhoea eight to ten times a day, abdominal cramps, nausea, urgency and low-grade fever, with fatigue and thirst in the tropical heat on 2 August 2007.

The diagnosis was made clinically on 2 August 2007 by the patrol medic and on 6 August 2007 by the medical officer on the sudden onset of profuse watery diarrhoea more than three times a day, with cramps, nausea and fever, 18 days after arrival in a high-risk region. It was confirmed by stool PCR positive for enterotoxigenic Escherichia coli heat-labile and heat-stable toxin genes.

After the condition arose, it was worsened during your service. Between 07 and 14 September 2007 you were again deployed to a remote village area, where the camp water supply was a stream treated only with tablets of uncertain potency and the section ate local produce. Stool microscopy at the worsening on 14 September 2007 showed large numbers of Blastocystis hominis, not present in the sample of 6 August 2007, with no other pathogen. Through early September 2007 you conducted foot patrols carrying about 30 kilograms in temperatures of 32 to 34 degrees and humidity above 80 per cent. At onset the patrol medic had oral rehydration salts but no azithromycin, which had not been resupplied, and you received no antibiotic until you returned to the main base on 6 August 2007.

This has then led to further investigations and the diagnosis of your condition of *Gastroenteritis / Traveller's Diarrhoea (Worsening)*. I have accepted your condition of *Gastroenteritis / Traveller's Diarrhoea (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 September 2007.

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