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

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 18 February 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 18 February 2025;
- A medical record (gastro-oesophageal reflux) by the ship's medical officer, dated 12 January 2012;
- A ship's medical record (hand laceration) by the ship's medical officer, dated 21 April 2012;
- A ship's outbreak log and water quality report by the ship's medical officer, dated 4 May 2012;
- A ship's medical record (acute gastroenteritis) by the ship's medical officer, dated 6 May 2012;
- A ship's medical record (collapse and pathology) by the ship's medical officer, dated 8 May 2012;
- An admission and microbiology reports by Role 3 facility, Middle East, dated 9 May 2012;
- A gastroenterology consultation by the gastroenterologist, dated 22 November 2012.

Your service

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

18 January 2010 and 15 July 2018

Abdomen - Gastroenteritis

You have stated that your condition was caused by:

- *being in close personal contact, including sharing sleeping, eating or bathroom facilities, with a person who has acute infectious gastroenteritis within the 72 hours before the clinical onset of gastroenteritis*
- *consuming food or drink prepared or handled by a person who has acute infectious gastroenteritis within the 72 hours before the clinical onset of gastroenteritis*
- *cleaning or handling vomitus, faeces or surfaces contaminated by a person with acute infectious gastroenteritis, without adequate personal protective equipment, within the 72 hours before the clinical onset of gastroenteritis*
- *drinking water from a source contaminated by an enteric pathogen, including water from a failed or inadequately treated supply, within the 72 hours before the clinical onset of gastroenteritis*
- *taking a proton pump inhibitor for at least the 4 weeks before the clinical onset of gastroenteritis*
- *taking a broad-spectrum antibiotic within the 4 weeks before the clinical onset of gastroenteritis*
- *being without access to adequate hand-washing facilities, including through restriction of water use, for at least the 3 days before the clinical onset of gastroenteritis*
- *being exposed to an outbreak of acute infectious gastroenteritis in a closed community, including a ship, barracks or camp, within the 72 hours before the clinical onset of gastroenteritis*
- *continuing physically demanding duties without adequate rest or rehydration within the 48 hours after the clinical onset of gastroenteritis*

Diagnosis: Gastroenteritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 February 2025, and is supported by a ship's medical record (acute gastroenteritis) by the ship's medical officer, dated 6 May 2012.

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 in close personal contact, including sharing sleeping, eating or bathroom facilities, with a person who has acute infectious gastroenteritis within the 72 hours before the clinical onset of gastroenteritis*
- *consuming food or drink prepared or handled by a person who has acute infectious gastroenteritis within the 72 hours before the clinical onset of gastroenteritis*

- *cleaning or handling vomitus, faeces or surfaces contaminated by a person with acute infectious gastroenteritis, without adequate personal protective equipment, within the 72 hours before the clinical onset of gastroenteritis*
- *drinking water from a source contaminated by an enteric pathogen, including water from a failed or inadequately treated supply, within the 72 hours before the clinical onset of gastroenteritis*
- *taking a proton pump inhibitor for at least the 4 weeks before the clinical onset of gastroenteritis*
- *taking a broad-spectrum antibiotic within the 4 weeks before the clinical onset of gastroenteritis*
- *being without access to adequate hand-washing facilities, including through restriction of water use, for at least the 3 days before the clinical onset of gastroenteritis*
- *being exposed to an outbreak of acute infectious gastroenteritis in a closed community, including a ship, barracks or camp, within the 72 hours before the clinical onset of gastroenteritis*
- *continuing physically demanding duties without adequate rest or rehydration within the 48 hours after the clinical onset of gastroenteritis*

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 nausea, repeated vomiting, cramping abdominal pain, profuse watery diarrhoea, low-grade fever, headache and muscle aches on 6 May 2012.

The diagnosis was made clinically by the ship's medical officer on 6 May 2012 on the abrupt onset of vomiting, watery diarrhoea, abdominal cramps and low-grade fever during a recognised outbreak, and confirmed by stool PCR positive for norovirus genogroup II, with negative bacterial culture, reported at the role 3 facility on 9 May 2012.

This has then led to further investigations and the diagnosis of your condition of *Gastroenteritis*. I have accepted your condition of *Gastroenteritis*.

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 6 May 2012.

Abdomen - Gastroenteritis (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 18 February 2025;
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- A gastroenterology consultation by the gastroenterologist, dated 22 November 2012.

Your service

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

18 January 2010 and 15 July 2018

Abdomen - Gastroenteritis (Worsening)

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

- *being exposed to heat, including working in ambient temperatures of at least 35 degrees Celsius, with resulting dehydration, at the time of the clinical worsening of gastroenteritis*
- *taking a nonsteroidal anti-inflammatory drug at the time of the clinical worsening of gastroenteritis*
- *inability to obtain appropriate clinical management for gastroenteritis*

Diagnosis: Gastroenteritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 18 February 2025, and is supported by a ship's medical record (acute gastroenteritis) by the ship's medical officer, dated 6 May 2012.

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 exposed to heat, including working in ambient temperatures of at least 35 degrees Celsius, with resulting dehydration, at the time of the clinical worsening of gastroenteritis*
- *taking a nonsteroidal anti-inflammatory drug at the time of the clinical worsening of gastroenteritis*
- *inability to obtain appropriate clinical management for gastroenteritis*

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 nausea, repeated vomiting, cramping abdominal pain, profuse watery diarrhoea, low-grade fever, headache and muscle aches on 6 May 2012.

The diagnosis was made clinically by the ship's medical officer on 6 May 2012 on the abrupt onset of vomiting, watery diarrhoea, abdominal cramps and low-grade fever during a recognised outbreak, and confirmed by stool PCR positive for norovirus genogroup II, with negative bacterial culture, reported at the role 3 facility on 9 May 2012.

After the condition arose, it was worsened during your service. On 07 and 8 May 2012 you stood upper deck lookout and boat watches in shade temperatures of 42 to 45 degrees Celsius in the Gulf of Oman. You were taking ibuprofen 400 mg three times a day, issued by the medical officer for the infected hand laceration from 21 April 2012, and continued it through your illness. The ship had one medical officer and one medic for 61 ill sailors, intravenous fluid stocks ran low, and the ship could not leave its patrol area for two days.

This has then led to further investigations and the diagnosis of your condition of *Gastroenteritis (Worsening)*. I have accepted your condition of *Gastroenteritis (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 8 May 2012.

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