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.

Chlamydial Urethritis

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 14 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 April 2025;
- An entry medical examination by the navy recruiting medical officer, dated 15 January 2009;
- A sick bay consultation record by the ship's medical officer, dated 5 May 2013;
- A sick bay review record by the ship's medical officer, dated 12 May 2013;
- A sick bay consultation record by the ship's medical officer, dated 27 May 2013;
- A partner test result notification by the coalition medical facility, dated 28 May 2013;
- A pathology report by the chlamydia and gonorrhoea nucleic acid amplification test, dated 6 June 2013;
- A sick bay consultation record and pathology by the ship's medical officer, dated 12 June 2013;
- An ultrasound scrotum by the coalition hospital radiologist, dated 20 June 2013;
- A test of cure pathology by the medical officer, Naval health centre, dated 5 August 2013;
- A specialist report and ultrasound scrotum by the urologist and radiologist, dated 18 February 2014.

Your service

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

15 January 2009 and 3 March 2017

Chlamydial Urethritis

You have stated that your condition was caused by:

- *having unprotected sexual contact with a person infected with Chlamydia trachomatis within the 3 weeks before the clinical onset of chlamydial urethritis*
- *having sexual contact with a new or casual partner, or with more than one partner, within the 3 months before the clinical onset of chlamydial urethritis*
- *having sexual contact with a commercial sex worker within the 3 weeks before the clinical onset of chlamydial urethritis*
- *being aged under 25 years at the time of the clinical onset of chlamydial urethritis*
- *having had another sexually transmitted infection within the 12 months before the clinical onset of chlamydial urethritis*
- *being intoxicated with alcohol at the time of the sexual contact from which chlamydial urethritis was acquired*
- *having unprotected sexual contact in a region with a high prevalence of sexually transmitted infections, without access to barrier protection, within the 3 weeks before the clinical onset of chlamydial urethritis*
- *having gonococcal urethritis treated without concurrent anti-chlamydial therapy within the 3 weeks before the clinical onset of chlamydial urethritis*

Diagnosis: Chlamydial Urethritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 April 2025, and is supported by a pathology report by the chlamydia and gonorrhoea nucleic acid amplification test, dated 6 June 2013.

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:

- *having unprotected sexual contact with a person infected with Chlamydia trachomatis within the 3 weeks before the clinical onset of chlamydial urethritis*
- *having sexual contact with a new or casual partner, or with more than one partner, within the 3 months before the clinical onset of chlamydial urethritis*
- *having sexual contact with a commercial sex worker within the 3 weeks before the clinical onset of chlamydial urethritis*
- *being aged under 25 years at the time of the clinical onset of chlamydial urethritis*

- *having had another sexually transmitted infection within the 12 months before the clinical onset of chlamydial urethritis*
- *being intoxicated with alcohol at the time of the sexual contact from which chlamydial urethritis was acquired*
- *having unprotected sexual contact in a region with a high prevalence of sexually transmitted infections, without access to barrier protection, within the 3 weeks before the clinical onset of chlamydial urethritis*
- *having gonococcal urethritis treated without concurrent anti-chlamydial therapy within the 3 weeks before the clinical onset of chlamydial urethritis*

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 a clear to mucoid urethral discharge, dysuria, urethral itch and frequency on 27 May 2013.

The diagnosis was confirmed by nucleic acid amplification testing of a first-void urine sample collected on 27 May 2013 and resulted on 6 June 2013, which was positive for Chlamydia trachomatis and negative for Neisseria gonorrhoeae. The clinical picture of mucoid urethral discharge and dysuria three weeks after treated gonorrhoea, the confirmed chlamydial infection in your sexual partner, and a repeat positive test on 12 June 2013 support the diagnosis.

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

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 26 May 2013.

Chlamydial Urethritis (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 14 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 April 2025;
- An entry medical examination by the navy recruiting medical officer, dated 15 January 2009;
- A sick bay consultation record by the ship's medical officer, dated 5 May 2013;
- A sick bay review record by the ship's medical officer, dated 12 May 2013;
- A sick bay consultation record by the ship's medical officer, dated 27 May 2013;
- A partner test result notification by the coalition medical facility, dated 28 May 2013;
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- An ultrasound scrotum by the coalition hospital radiologist, dated 20 June 2013;
- A test of cure pathology by the medical officer, Naval health centre, dated 5 August 2013;
- A specialist report and ultrasound scrotum by the urologist and radiologist, dated 18 February 2014.

Your service

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

15 January 2009 and 3 March 2017

Chlamydial Urethritis (Worsening)

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

- *having an incomplete or interrupted course of appropriate antibiotic treatment before the clinical worsening of chlamydial urethritis*
- *having continued unprotected sexual contact with an untreated infected partner after the clinical onset and before the clinical worsening of chlamydial urethritis*

- *having co-infection with Mycoplasma genitalium at the time of the clinical worsening of chlamydial urethritis*
- *inability to obtain appropriate clinical management for chlamydial urethritis*

Diagnosis: Chlamydial Urethritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 April 2025, and is supported by a pathology report by the chlamydia and gonorrhoea nucleic acid amplification test, dated 6 June 2013.

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:

- *having an incomplete or interrupted course of appropriate antibiotic treatment before the clinical worsening of chlamydial urethritis*
- *having continued unprotected sexual contact with an untreated infected partner after the clinical onset and before the clinical worsening of chlamydial urethritis*
- *having co-infection with Mycoplasma genitalium at the time of the clinical worsening of chlamydial urethritis*
- *inability to obtain appropriate clinical management for chlamydial urethritis*

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 a clear to mucoid urethral discharge, dysuria, urethral itch and frequency on 27 May 2013.

The diagnosis was confirmed by nucleic acid amplification testing of a first-void urine sample collected on 27 May 2013 and resulted on 6 June 2013, which was positive for Chlamydia trachomatis and negative for Neisseria gonorrhoeae. The clinical picture of mucoid urethral discharge and dysuria three weeks after treated gonorrhoea, the confirmed chlamydial infection in your sexual partner, and a repeat positive test on 12 June 2013 support the diagnosis.

After the condition arose, it was worsened during your service. Your seven-day course of doxycycline, commenced on 27 May 2013, was stopped after three days on 30 May 2013 because the ship's supply was exhausted and resupply was delayed by the operational program. Your partner aboard, diagnosed with chlamydial cervicitis on 28 May 2013, could not be treated until doxycycline was resupplied, and the two continued their sexual relationship between 28 May and 12 June 2013 without condoms, which were unavailable aboard. The repeat urine test of

12 June 2013 was positive for both Chlamydia trachomatis and Mycoplasma genitalium. On warlike service you could not obtain azithromycin or doxycycline when your gonorrhoea was treated on 5 May 2013, could not complete the doxycycline course started on 27 May 2013, had no on-board testing and waited ten days for results, and your partner could not be treated.

This has then led to further investigations and the diagnosis of your condition of *Chlamydial Urethritis (Worsening)*. I have accepted your condition of *Chlamydial Urethritis (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 12 June 2013.

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