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.

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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A pre-deployment periodic health examination by the medical officer, Garrison health centre, dated 14 March 2008;
- A regimental aid post record by the regimental medical officer, Afghanistan, dated 18 May 2009;
- A patrol base hygiene inspection by the environmental health technician, dated 8 July 2009;
- An outbreak report by the patrol base medic, dated 16 July 2009;
- A medical treatment record by the patrol base medic, dated 18 July 2009;
- An admission record and pathology by Role 2 hospital, Afghanistan, dated 21 July 2009;
- A renal ultrasound report by the radiologist, dated 22 July 2009;
- A discharge summary by Role 2 hospital, Afghanistan, dated 25 July 2009;
- A post-deployment health review by the medical officer, Garrison health centre, dated 12 November 2009;
- A colonoscopy report by the gastroenterologist, dated 3 February 2010.

Your service

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

14 February 2002 and 30 June 2016

Gastroenteritis

You have stated that your condition was caused by:

- *having close physical contact with a person who has infectious gastroenteritis within the 3 days before the clinical onset of gastroenteritis*
- *being directly exposed to the vomitus or faeces of a person with infectious gastroenteritis, including by cleaning up vomitus or faeces, within the 3 days before the clinical onset of gastroenteritis*
- *consuming food prepared or handled by a person with infectious gastroenteritis, or food contaminated with enteric pathogens, within the 3 days before the clinical onset of gastroenteritis*
- *drinking untreated or inadequately treated water within the 3 days before the clinical onset of gastroenteritis*
- *living in crowded communal accommodation with shared sleeping, eating and ablution facilities for at least the 7 days before the clinical onset of gastroenteritis*
- *living or working in a setting with inadequate sanitation and hand-washing facilities for at least the 7 days before the clinical onset of gastroenteritis*
- *having direct contact with surface water or soil contaminated with human or animal faeces within the 3 days before the clinical onset of gastroenteritis*
- *living or serving in a region with a high prevalence of enteric infection for at least the 14 days before the clinical onset of gastroenteritis*
- *touching shared surfaces or equipment contaminated by a person with infectious gastroenteritis within the 3 days before the clinical onset of gastroenteritis*
- *consuming locally prepared food from unregulated sources within the 3 days before the clinical onset of gastroenteritis*
- *sharing drinking vessels, eating utensils or food with a person with infectious gastroenteritis within the 3 days before the clinical onset of gastroenteritis*

Diagnosis: Gastroenteritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 17 June 2025, and is supported by an admission record and pathology by Role 2 hospital, Afghanistan, dated 21 July 2009.

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 close physical contact with a person who has infectious gastroenteritis within the 3 days before the clinical onset of gastroenteritis*
- *being directly exposed to the vomitus or faeces of a person with infectious gastroenteritis, including by cleaning up vomitus or faeces, within the 3 days before the clinical onset of gastroenteritis*
- *consuming food prepared or handled by a person with infectious gastroenteritis, or food contaminated with enteric pathogens, within the 3 days before the clinical onset of gastroenteritis*
- *drinking untreated or inadequately treated water within the 3 days before the clinical onset of gastroenteritis*
- *living in crowded communal accommodation with shared sleeping, eating and ablution facilities for at least the 7 days before the clinical onset of gastroenteritis*
- *living or working in a setting with inadequate sanitation and hand-washing facilities for at least the 7 days before the clinical onset of gastroenteritis*
- *having direct contact with surface water or soil contaminated with human or animal faeces within the 3 days before the clinical onset of gastroenteritis*
- *living or serving in a region with a high prevalence of enteric infection for at least the 14 days before the clinical onset of gastroenteritis*
- *touching shared surfaces or equipment contaminated by a person with infectious gastroenteritis within the 3 days before the clinical onset of gastroenteritis*
- *consuming locally prepared food from unregulated sources within the 3 days before the clinical onset of gastroenteritis*
- *sharing drinking vessels, eating utensils or food with a person with infectious gastroenteritis within the 3 days before 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, projectile vomiting, profuse watery diarrhoea, abdominal cramps, fever and myalgia on 18 July 2009.

The diagnosis was confirmed by a stool PCR, collected on 18 July 2009 and reported on 21 July 2009, which was positive for norovirus genogroup II, in a veteran with the typical acute illness of sudden vomiting, profuse watery diarrhoea, abdominal cramps and fever during a documented outbreak affecting 9 of 31 personnel. The complicating pre-renal acute kidney injury was confirmed by a creatinine of 214 micromol/L, which returned to normal with intravenous fluids, and a normal renal ultrasound.

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 18 July 2009.

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 17 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 17 June 2025;
- A pre-deployment periodic health examination by the medical officer, Garrison health centre, dated 14 March 2008;
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- A renal ultrasound report by the radiologist, dated 22 July 2009;
- A discharge summary by Role 2 hospital, Afghanistan, dated 25 July 2009;
- A post-deployment health review by the medical officer, Garrison health centre, dated 12 November 2009;
- A colonoscopy report by the gastroenterologist, dated 3 February 2010.

Your service

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

14 February 2002 and 30 June 2016

Gastroenteritis (Worsening)

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

- *being re-exposed to infectious gastroenteritis in an outbreak setting after the clinical onset and before the clinical worsening of gastroenteritis*
- *undertaking strenuous physical activity in hot conditions without adequate fluid and electrolyte replacement during the illness, within the 7 days before the clinical worsening of gastroenteritis*

- *taking a nonsteroidal anti-inflammatory drug while dehydrated from gastroenteritis at the time of the clinical worsening of gastroenteritis*
- *having heat illness 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 17 June 2025, and is supported by an admission record and pathology by Role 2 hospital, Afghanistan, dated 21 July 2009.

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 infectious gastroenteritis in an outbreak setting after the clinical onset and before the clinical worsening of gastroenteritis*
- *undertaking strenuous physical activity in hot conditions without adequate fluid and electrolyte replacement during the illness, within the 7 days before the clinical worsening of gastroenteritis*
- *taking a nonsteroidal anti-inflammatory drug while dehydrated from gastroenteritis at the time of the clinical worsening of gastroenteritis*
- *having heat illness 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, projectile vomiting, profuse watery diarrhoea, abdominal cramps, fever and myalgia on 18 July 2009.

The diagnosis was confirmed by a stool PCR, collected on 18 July 2009 and reported on 21 July 2009, which was positive for norovirus genogroup II, in a veteran with the typical acute illness of sudden vomiting, profuse watery diarrhoea, abdominal cramps and fever during a documented outbreak affecting 9 of 31 personnel. The complicating pre-renal acute kidney injury was confirmed by a creatinine of 214 micromol/L, which returned to normal with intravenous fluids, and a normal renal ultrasound.

After the condition arose, it was worsened during your service. After onset you remained in the patrol base isolation tent with four other active cases, and new cases continued to occur until

mid-August 2009. On 21 July 2009, still passing six loose stools a day, you were ordered on a 12-hour patrol carrying 40 kilograms in 46 degrees with a single 3-litre water resupply. You were taking ibuprofen 400 mg three times daily, prescribed on 18 May 2009 for a patellofemoral strain sustained on patrol, and took it throughout the illness until 21 July 2009. When evacuated on 21 July 2009 you had a core temperature of 39.1 degrees, confusion and hot dry skin. Because of manning shortages you were not rested or given intravenous fluids after onset, but was returned to patrol duty on 21 July 2009, three days into the illness.

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 21 July 2009.

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