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.

Gastrointestinal - Bacterial 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 29 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 May 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 22 May 2012;
- A ship's medical record by the ship's medic, dated 12 October 2012;
- A ship's food safety and potable water log by the supply officer and marine engineering officer, dated 2 November 2012;
- A ship's medical record and outbreak report by the ship's medic, dated 6 November 2012;
- Hospital admission (culture results and ultrasound report) by the treating physician and radiologist, dated 13 November 2012;
- A task group medical review by the medical officer, dated 4 December 2012;
- A knee ultrasound report by the radiologist, dated 4 March 2013;
- A gastroenterology consultation by the gastroenterologist, dated 19 March 2013;
- A rheumatology consultation by the rheumatologist, dated 19 March 2013.

Your service

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

3 March 2009 and 15 August 2018

Gastrointestinal - Bacterial Gastroenteritis

You have stated that your condition was caused by:

- *consuming raw or undercooked eggs or poultry within the 3 days before the clinical onset of bacterial gastroenteritis*
- *consuming food that has been stored or held at unsafe temperatures within the 3 days before the clinical onset of bacterial gastroenteritis*
- *consuming food prepared or handled by a person with infectious gastroenteritis within the 3 days before the clinical onset of bacterial gastroenteritis*
- *handling raw poultry, raw eggs or raw meat in the course of food preparation within the 3 days before the clinical onset of bacterial gastroenteritis*
- *drinking water from an inadequately treated or contaminated source within the 3 days before the clinical onset of bacterial gastroenteritis*
- *having close contact with a person with bacterial gastroenteritis within the 3 days before the clinical onset of bacterial gastroenteritis*
- *living in crowded communal accommodation with shared toilet and bathroom facilities for at least the 7 days before the clinical onset of bacterial gastroenteritis*
- *taking a proton pump inhibitor or other gastric acid-suppressing drug at the time of the clinical onset of bacterial gastroenteritis*
- *taking a systemic antibiotic within the 30 days before the clinical onset of bacterial gastroenteritis*
- *living or serving in a region with a high prevalence of bacterial enteric infection for at least the 14 days before the clinical onset of bacterial gastroenteritis*
- *eating raw salad vegetables or fruit washed in contaminated water within the 3 days before the clinical onset of bacterial gastroenteritis*
- *touching toilet, bathroom or other shared surfaces contaminated by persons with bacterial gastroenteritis within the 3 days before the clinical onset of bacterial gastroenteritis*

Diagnosis: Bacterial Gastroenteritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 May 2025, and is supported by a knee ultrasound report by the radiologist, dated 4 March 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:

- *consuming raw or undercooked eggs or poultry within the 3 days before the clinical onset of bacterial gastroenteritis*
- *consuming food that has been stored or held at unsafe temperatures within the 3 days before the clinical onset of bacterial gastroenteritis*
- *consuming food prepared or handled by a person with infectious gastroenteritis within the 3 days before the clinical onset of bacterial gastroenteritis*
- *handling raw poultry, raw eggs or raw meat in the course of food preparation within the 3 days before the clinical onset of bacterial gastroenteritis*
- *drinking water from an inadequately treated or contaminated source within the 3 days before the clinical onset of bacterial gastroenteritis*
- *having close contact with a person with bacterial gastroenteritis within the 3 days before the clinical onset of bacterial gastroenteritis*
- *living in crowded communal accommodation with shared toilet and bathroom facilities for at least the 7 days before the clinical onset of bacterial gastroenteritis*
- *taking a proton pump inhibitor or other gastric acid-suppressing drug at the time of the clinical onset of bacterial gastroenteritis*
- *taking a systemic antibiotic within the 30 days before the clinical onset of bacterial gastroenteritis*
- *living or serving in a region with a high prevalence of bacterial enteric infection for at least the 14 days before the clinical onset of bacterial gastroenteritis*
- *eating raw salad vegetables or fruit washed in contaminated water within the 3 days before the clinical onset of bacterial gastroenteritis*
- *touching toilet, bathroom or other shared surfaces contaminated by persons with bacterial gastroenteritis within the 3 days before the clinical onset of bacterial 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 fever, abdominal cramps, vomiting and frequent watery diarrhoea on 6 November 2012.

The diagnosis was confirmed when stool and blood cultures collected on 13 November 2012 at the hospital ashore grew Salmonella enterica serovar Enteritidis, reported on 15 November 2012, in a veteran with the typical illness of fever, cramps, vomiting and profuse diarrhoea that began on 6 November 2012 during a documented shipboard outbreak of 26 cases. The same serovar was cultured from other outbreak cases and from egg products in the ship's stores.

This has then led to further investigations and the diagnosis of your condition of *Bacterial Gastroenteritis*. I have accepted your condition of *Bacterial 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 November 2012.

Gastrointestinal - Bacterial 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 29 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 29 May 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 22 May 2012;
- A ship's medical record by the ship's medic, dated 12 October 2012;
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- A gastroenterology consultation by the gastroenterologist, dated 19 March 2013;
- A rheumatology consultation by the rheumatologist, dated 19 March 2013.

Your service

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

3 March 2009 and 15 August 2018

Gastrointestinal - Bacterial Gastroenteritis (Worsening)

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

- *taking an antimotility drug during invasive bacterial gastroenteritis within the 7 days before the clinical worsening of bacterial gastroenteritis*
- *becoming dehydrated through work in hot conditions without adequate fluid and electrolyte replacement during the illness, within the 7 days before the clinical worsening of bacterial gastroenteritis*

- *continuing to consume food from the contaminated source after the clinical onset and before the clinical worsening of bacterial gastroenteritis*
- *inability to obtain appropriate clinical management for bacterial gastroenteritis*

Diagnosis: Bacterial Gastroenteritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 29 May 2025, and is supported by a knee ultrasound report by the radiologist, dated 4 March 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:

- *taking an antimotility drug during invasive bacterial gastroenteritis within the 7 days before the clinical worsening of bacterial gastroenteritis*
- *becoming dehydrated through work in hot conditions without adequate fluid and electrolyte replacement during the illness, within the 7 days before the clinical worsening of bacterial gastroenteritis*
- *continuing to consume food from the contaminated source after the clinical onset and before the clinical worsening of bacterial gastroenteritis*
- *inability to obtain appropriate clinical management for bacterial 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 fever, abdominal cramps, vomiting and frequent watery diarrhoea on 6 November 2012.

The diagnosis was confirmed when stool and blood cultures collected on 13 November 2012 at the hospital ashore grew Salmonella enterica serovar Enteritidis, reported on 15 November 2012, in a veteran with the typical illness of fever, cramps, vomiting and profuse diarrhoea that began on 6 November 2012 during a documented shipboard outbreak of 26 cases. The same serovar was cultured from other outbreak cases and from egg products in the ship's stores.

After the condition arose, it was worsened during your service. You were given loperamide 4 mg, then 2 mg after each loose stool, from 06 to 13 November 2012, despite fever. From 9 November 2012, because 26 sailors were sick, you were returned to six-hour watches in machinery spaces at 48 degrees while still passing frequent loose stools. The source of the outbreak was not

identified until the ship's stores were tested ashore after 13 November 2012. At sea on operations you had access only to the ship's medic.

This has then led to further investigations and the diagnosis of your condition of *Bacterial Gastroenteritis (Worsening)*. I have accepted your condition of *Bacterial 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 13 November 2012.

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