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 - Cryptosporidium Enteritis

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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 6 March 2006;
- A camp medical record by the medical officer, Solomon Islands, dated 20 May 2006;
- A patrol report by the patrol commander, dated 31 May 2006;
- A medical treatment record by the camp medic, dated 3 June 2006;
- A stool microscopy and antigen report by Role 2 laboratory, dated 9 June 2006;
- An admission record (pathology and ultrasound report) by Role 2 facility, dated 18 July 2006;
- A gastroenterology consultation by the gastroenterologist, dated 12 October 2006;
- An endoscopy and histopathology report by the gastroenterologist, dated 21 November 2006.

Your service

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

21 January 2000 and 9 March 2013

Gastrointestinal - Cryptosporidium Enteritis

You have stated that your condition was caused by:

- *drinking untreated surface water within the 14 days before the clinical onset of cryptosporidiosis*
- *swallowing water during immersion in a river, lake, pool or other recreational or natural water within the 14 days before the clinical onset of cryptosporidiosis*
- *having direct contact with livestock, particularly young calves, or their faeces within the 14 days before the clinical onset of cryptosporidiosis*
- *having close contact with a person with cryptosporidiosis or infectious diarrhoea within the 14 days before the clinical onset of cryptosporidiosis*
- *having close contact with young children with diarrhoea within the 14 days before the clinical onset of cryptosporidiosis*
- *consuming raw fruit or vegetables washed in untreated water within the 14 days before the clinical onset of cryptosporidiosis*
- *living in crowded communal accommodation with shared toilet facilities for at least the 14 days before the clinical onset of cryptosporidiosis*
- *living or working in a setting with inadequate sanitation and hand-washing facilities for at least the 14 days before the clinical onset of cryptosporidiosis*
- *taking an immunosuppressive drug, including a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone per day or equivalent, at the time of the clinical onset of cryptosporidiosis*
- *living or serving in a tropical region with a high prevalence of enteric parasitic infection for at least the 14 days before the clinical onset of cryptosporidiosis*

Diagnosis: Cryptosporidium Enteritis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by a stool microscopy and antigen report by Role 2 laboratory, dated 9 June 2006.

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:

- *drinking untreated surface water within the 14 days before the clinical onset of cryptosporidiosis*
- *swallowing water during immersion in a river, lake, pool or other recreational or natural water within the 14 days before the clinical onset of cryptosporidiosis*

- *having direct contact with livestock, particularly young calves, or their faeces within the 14 days before the clinical onset of cryptosporidiosis*
- *having close contact with a person with cryptosporidiosis or infectious diarrhoea within the 14 days before the clinical onset of cryptosporidiosis*
- *having close contact with young children with diarrhoea within the 14 days before the clinical onset of cryptosporidiosis*
- *consuming raw fruit or vegetables washed in untreated water within the 14 days before the clinical onset of cryptosporidiosis*
- *living in crowded communal accommodation with shared toilet facilities for at least the 14 days before the clinical onset of cryptosporidiosis*
- *living or working in a setting with inadequate sanitation and hand-washing facilities for at least the 14 days before the clinical onset of cryptosporidiosis*
- *taking an immunosuppressive drug, including a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone per day or equivalent, at the time of the clinical onset of cryptosporidiosis*
- *living or serving in a tropical region with a high prevalence of enteric parasitic infection for at least the 14 days before the clinical onset of cryptosporidiosis*

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 profuse watery diarrhoea, crampy abdominal pain, nausea, loss of appetite and low-grade fever on 3 June 2006.

The diagnosis was confirmed on 9 June 2006 when modified Ziehl-Neelsen staining of a stool sample showed Cryptosporidium oocysts and a Cryptosporidium antigen test was positive, in a veteran with the typical illness of profuse watery diarrhoea, cramps and low-grade fever beginning six days after drinking untreated stream water and handling a newborn calf. Stool remained positive on 18 July 2006, confirming persistent infection.

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

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 3 June 2006.

Gastrointestinal - Cryptosporidium Enteritis (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 22 July 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 July 2025;
- A pre-deployment medical examination by the medical officer, Garrison health centre, dated 6 March 2006;
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- A gastroenterology consultation by the gastroenterologist, dated 12 October 2006;
- An endoscopy and histopathology report by the gastroenterologist, dated 21 November 2006.

Your service

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

21 January 2000 and 9 March 2013

Gastrointestinal - Cryptosporidium Enteritis (Worsening)

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

- *being re-exposed to the source of Cryptosporidium infection after the clinical onset and before the clinical worsening of cryptosporidiosis*
- *taking an immunosuppressive drug, including a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone per day or equivalent, at the time of the clinical worsening of cryptosporidiosis*
- *becoming dehydrated through physical exertion in hot conditions without adequate fluid and electrolyte replacement during the illness, within the 7 days before the clinical*

worsening of cryptosporidiosis
- *inability to obtain appropriate clinical management for cryptosporidiosis*

Diagnosis: Cryptosporidium Enteritis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 July 2025, and is supported by a stool microscopy and antigen report by Role 2 laboratory, dated 9 June 2006.

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 the source of Cryptosporidium infection after the clinical onset and before the clinical worsening of cryptosporidiosis*
- *taking an immunosuppressive drug, including a systemic corticosteroid at a dose of at least 20 milligrams of prednisolone per day or equivalent, at the time of the clinical worsening of cryptosporidiosis*
- *becoming dehydrated through physical exertion in hot conditions without adequate fluid and electrolyte replacement during the illness, within the 7 days before the clinical worsening of cryptosporidiosis*
- *inability to obtain appropriate clinical management for cryptosporidiosis*

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 profuse watery diarrhoea, crampy abdominal pain, nausea, loss of appetite and low-grade fever on 3 June 2006.

The diagnosis was confirmed on 9 June 2006 when modified Ziehl-Neelsen staining of a stool sample showed Cryptosporidium oocysts and a Cryptosporidium antigen test was positive, in a veteran with the typical illness of profuse watery diarrhoea, cramps and low-grade fever beginning six days after drinking untreated stream water and handling a newborn calf. Stool remained positive on 18 July 2006, confirming persistent infection.

After the condition arose, it was worsened during your service. Between onset and the worsening on 18 July 2006 you continued patrolling in the same river systems and, when resupply was delayed in early July, again drank untreated stream water. Prednisolone 25 mg daily was restarted on 1 July 2006 for a relapse of the service-related contact dermatitis and was being taken at the worsening on 18 July 2006. Between 11 and 18 July 2006 you patrolled in heat of up to 34

degrees carrying 30 kilograms while passing six to eight watery stools a day. The specific treatment, nitazoxanide, was not available in the Solomon Islands, you were kept on patrol duties for six weeks because of manning commitments, and your prednisolone was restarted without regard to the active infection.

This has then led to further investigations and the diagnosis of your condition of *Cryptosporidium Enteritis (Worsening)*. I have accepted your condition of *Cryptosporidium Enteritis (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 18 July 2006.

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