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 - Giardiasis

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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 February 2009;
- A patrol report and outpatient health record by the afghanistan, dated 26 August 2010;
- An outpatient health record by the medical officer, Afghanistan, dated 30 August 2010;
- An outpatient health record by the medical officer, Role 1 facility, Afghanistan, dated 16 September 2010;
- A stool antigen result by Role 2 facility laboratory, Afghanistan, dated 18 September 2010;
- An outpatient health record by the medical officer, Afghanistan, dated 25 November 2010;
- A gastroscopy (duodenal biopsy and immunoglobulin results) by the gastroenterologist, dated 10 February 2011;
- A stool PCR result by the pathology laboratory, dated 20 April 2011;
- A dietetic assessment by the dietitian, dated 12 July 2011.

Your service

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

3 February 2003 and 14 April 2016

Gastrointestinal - Giardiasis

You have stated that your condition was caused by:

- *drinking untreated or inadequately treated water from a well, river, lake, stream or other surface source in an area where Giardia is endemic, within the 25 days before the clinical onset of giardiasis*
- *consuming food, drink or ice prepared or washed with contaminated water, or uncooked produce, in an area where Giardia is endemic, within the 25 days before the clinical onset of giardiasis*
- *swimming in, wading through or being immersed in surface water and swallowing water, in an area where Giardia is endemic, within the 25 days before the clinical onset of giardiasis*
- *living in crowded accommodation with shared ablution and toilet facilities and inadequate sanitation, during an outbreak of giardiasis or diarrhoeal illness, for at least 1 week within the 25 days before the clinical onset of giardiasis*
- *having occupational contact with human faecal material, including the cleaning, emptying or burning out of latrines, within the 25 days before the clinical onset of giardiasis*
- *having close contact with dogs, livestock or other animals, or their faeces, in an area where Giardia is endemic, within the 25 days before the clinical onset of giardiasis*
- *taking a proton pump inhibitor or having reduced gastric acid secretion at the time of exposure to Giardia before the clinical onset of giardiasis*
- *having selective immunoglobulin A deficiency, hypogammaglobulinaemia or another immune deficiency at the time of exposure to Giardia before the clinical onset of giardiasis*

Diagnosis: Giardiasis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a stool antigen result by Role 2 facility laboratory, Afghanistan, dated 18 September 2010.

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 or inadequately treated water from a well, river, lake, stream or other surface source in an area where Giardia is endemic, within the 25 days before the clinical onset of giardiasis*
- *consuming food, drink or ice prepared or washed with contaminated water, or uncooked produce, in an area where Giardia is endemic, within the 25 days before the clinical onset*

of giardiasis

- *swimming in, wading through or being immersed in surface water and swallowing water, in an area where Giardia is endemic, within the 25 days before the clinical onset of giardiasis*
- *living in crowded accommodation with shared ablution and toilet facilities and inadequate sanitation, during an outbreak of giardiasis or diarrhoeal illness, for at least 1 week within the 25 days before the clinical onset of giardiasis*
- *having occupational contact with human faecal material, including the cleaning, emptying or burning out of latrines, within the 25 days before the clinical onset of giardiasis*
- *having close contact with dogs, livestock or other animals, or their faeces, in an area where Giardia is endemic, within the 25 days before the clinical onset of giardiasis*
- *taking a proton pump inhibitor or having reduced gastric acid secretion at the time of exposure to Giardia before the clinical onset of giardiasis*
- *having selective immunoglobulin A deficiency, hypogammaglobulinaemia or another immune deficiency at the time of exposure to Giardia before the clinical onset of giardiasis*

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 foul-smelling watery diarrhoea, abdominal cramps, bloating, flatulence, sulphurous belching and nausea on 16 September 2010.

The diagnosis was confirmed by a positive Giardia duodenalis stool antigen test at the role 2 facility on 18 September 2010, repeated on 25 November 2010, and by duodenal biopsy on 10 February 2011, which showed Giardia trophozoites with partial villous blunting, supported by a positive stool PCR.

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

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 14 September 2010.

Gastrointestinal - Giardiasis (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 October 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 October 2025;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 February 2009;
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- A gastroscopy (duodenal biopsy and immunoglobulin results) by the gastroenterologist, dated 10 February 2011;
- A stool PCR result by the pathology laboratory, dated 20 April 2011;
- A dietetic assessment by the dietitian, dated 12 July 2011.

Your service

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

3 February 2003 and 14 April 2016

Gastrointestinal - Giardiasis (Worsening)

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

- *being re-exposed to Giardia through contaminated water, food or faecal-oral contact within the 25 days before the clinical worsening of giardiasis*
- *receiving an incomplete or ineffective course of antiparasitic treatment for giardiasis before the clinical worsening of giardiasis*
- *taking a proton pump inhibitor at the time of the clinical worsening of giardiasis*

- *having selective immunoglobulin A deficiency, hypogammaglobulinaemia or another immune deficiency at the time of the clinical worsening of giardiasis*
- *inability to obtain appropriate clinical management for giardiasis*

Diagnosis: Giardiasis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by a stool antigen result by Role 2 facility laboratory, Afghanistan, dated 18 September 2010.

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 Giardia through contaminated water, food or faecal-oral contact within the 25 days before the clinical worsening of giardiasis*
- *receiving an incomplete or ineffective course of antiparasitic treatment for giardiasis before the clinical worsening of giardiasis*
- *taking a proton pump inhibitor at the time of the clinical worsening of giardiasis*
- *having selective immunoglobulin A deficiency, hypogammaglobulinaemia or another immune deficiency at the time of the clinical worsening of giardiasis*
- *inability to obtain appropriate clinical management for giardiasis*

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 foul-smelling watery diarrhoea, abdominal cramps, bloating, flatulence, sulphurous belching and nausea on 16 September 2010.

The diagnosis was confirmed by a positive Giardia duodenalis stool antigen test at the role 2 facility on 18 September 2010, repeated on 25 November 2010, and by duodenal biopsy on 10 February 2011, which showed Giardia trophozoites with partial villous blunting, supported by a positive stool PCR.

After the condition arose, it was worsened during your service. From 31 October to 25 November 2010 you continued to work in the patrol base kitchen in Afghanistan, where produce and equipment were washed in well water, and to clean latrines, during continuing cases of diarrhoea among personnel. On 18 September 2010 you received only three days of metronidazole because tinidazole, the preferred single-dose treatment, was unavailable in theatre, and no test of cure could be performed. Esomeprazole 40 mg daily continued throughout the

deployment and was being taken at the time of the worsening on 25 November 2010. Your selective IgA deficiency, confirmed on 10 February 2011, was present at the worsening on 25 November 2010 and impaired clearance of the infection. On warlike service in Afghanistan you could not obtain tinidazole, a stool test of cure or gastroenterology review, and you could not be removed from the contaminated water supply at the patrol base.

This has then led to further investigations and the diagnosis of your condition of *Giardiasis (Worsening)*. I have accepted your condition of *Giardiasis (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 25 November 2010.

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