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.

Genital Warts

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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 2 February 2010;
- A ship's medical record (partner's treatment documented in contact tracing) by the ship's medical officer, dated 26 May 2010;
- An HIV serology and specialist assessment by the sexual health physician, dated 19 October 2010;
- An outpatient health record by the medical officer, Naval base health centre, dated 12 November 2010;
- A colposcopy and histopathology report by the gynaecologist, dated 6 January 2011;
- A sexual health consultation and pathology by the sexual health physician, dated 21 August 2012;
- An operation report by the gynaecological surgeon, dated 17 October 2012.

Your service

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

11 July 2007 and 30 April 2019

Genital Warts

You have stated that your condition was caused by:

- *having direct physical contact with another person's cutaneous warts, within the 12 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 12 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 12 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 12 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 12 months before the clinical onset of warts*
- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 12 months before the clinical onset of warts*
- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

Diagnosis: Genital Warts

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by an outpatient health record by the medical officer, Naval base health centre, dated 12 November 2010.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Warts (Balance of Probabilities) (No. 8 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *having direct physical contact with another person's cutaneous warts, within the 12 months before the clinical onset of warts*
- *for warts affecting the cervix uteri only, having penetrative sexual intercourse with a person with genital warts within the 12 months before the clinical onset of warts*
- *for warts affecting the anogenital region only, having contact with the anogenital warts of another person within the 12 months before the clinical onset of warts*
- *for warts affecting the oral cavity or the larynx only, having oral sex with a person with anogenital warts within the 12 months before the clinical onset of warts*
- *for plantar warts only, using communal showering or bathing facilities within the 12 months before the clinical onset of warts*
- *for warts on the hands only, using shared gloves or shared utensils on more days than not for 3 months in the preparation of meat, poultry or fish for consumption, within the 12 months before the clinical onset of warts*

- *being in an immunocompromised state as specified at the time of the clinical onset of warts*

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 multiple soft, painless lumps on the vulva and around the anus, a small lump on the roof of your mouth, painful lumps on the right heel when walking and rough lumps on your right fingers on 12 November 2010.

The diagnosis was made clinically by the medical officer on 12 November 2010 and confirmed by sexual health and gynaecology specialists: multiple soft exophytic papules on the vulva and perianal skin typical of condylomata acuminata, a papillomatous lesion on the hard palate, plantar warts on the right heel with interrupted skin lines and thrombosed capillaries, and common warts on the right fingers. HPV typing of a vulval wart showed HPV 6.

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

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 8 November 2010.

Genital Warts (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 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 14 May 2025;
- A pre-deployment medical examination by the medical officer, Naval base health centre, dated 2 February 2010;
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- A colposcopy and histopathology report by the gynaecologist, dated 6 January 2011;
- A sexual health consultation and pathology by the sexual health physician, dated 21 August 2012;
- An operation report by the gynaecological surgeon, dated 17 October 2012.

Your service

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

11 July 2007 and 30 April 2019

Genital Warts (Worsening)

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

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

Diagnosis: Genital Warts (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by an outpatient health record by the medical officer, Naval base health centre, dated 12 November 2010.

I am satisfied this is the appropriate diagnosis.
In determining your claim for this condition, I have applied the SOP:

Statement of Principles concerning Warts (Balance of Probabilities) (No. 8 of 2023)

which sets out the factors that can connect the condition with service.

I am satisfied that you have met the following factor:

- *being in an immunocompromised state as specified at the time of the clinical worsening of warts*
- *inability to obtain appropriate clinical management for warts*

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 multiple soft, painless lumps on the vulva and around the anus, a small lump on the roof of your mouth, painful lumps on the right heel when walking and rough lumps on your right fingers on 12 November 2010.

The diagnosis was made clinically by the medical officer on 12 November 2010 and confirmed by sexual health and gynaecology specialists: multiple soft exophytic papules on the vulva and perianal skin typical of condylomata acuminata, a papillomatous lesion on the hard palate, plantar warts on the right heel with interrupted skin lines and thrombosed capillaries, and common warts on the right fingers. HPV typing of a vulval wart showed HPV 6.

After the condition arose, it was worsened during your service. At the worsening on 21 August 2012 your HIV infection was uncontrolled after nine weeks without antiretroviral therapy at sea, with a CD4 count of 170 cells per microlitre and a viral load of 85,000 copies per millilitre. While at sea from April to August 2012 your antiretroviral supply ran out for nine weeks because a resupply failed, and no treatment for your warts was available on board.

This has then led to further investigations and the diagnosis of your condition of *Genital Warts (Worsening)*. I have accepted your condition of *Genital Warts (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the SOP is met and that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 21 August 2012.

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