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.

Left Axillary - Tinea Corporis

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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- A regimental aid post record by the medical officer, East Timor, dated 14 February 2000;
- A hospital discharge summary by the coalition hospital, Iraq, dated 23 October 2006;
- A venous duplex ultrasound report by the radiologist, dated 6 November 2006;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 21 June 2010;
- An outpatient health record and mycology report by the medical officer, Role 1 health facility, Afghanistan, dated 5 July 2010;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 20 August 2010;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 June 2015;
- A renal medicine consultation by the renal physician, dated 12 March 2018;
- A vascular consultation and duplex ultrasound reports by the vascular surgeon, dated 14 August 2018;
- An outpatient health record by the medical officer, Role 2 facility, Middle East, dated 20 February 2019;
- An outpatient health record by the medical officer, Role 2 facility, Middle East, dated 18 March 2019;
- A dermatology consultation and histopathology report by the dermatologist, dated 29 April 2019.

Your service

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

11 January 1998 and 30 June 2021

Left Axillary - Tinea Corporis

You have stated that your condition was caused by:

- *having unprotected physical contact with: a person infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: an animal infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: objects or surfaces contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: using communal showering or bathing facilities, swimming pool facilities or locker rooms; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: soil contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening*

Diagnosis: Tinea Corporis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by an outpatient health record and mycology report by the medical officer, Role 1 health facility, Afghanistan, dated 5 July 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 Tinea (Reasonable Hypothesis) (No. 55 of 2024)

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

I am satisfied that you have met the following factor:

- *having unprotected physical contact with: a person infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: an animal infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: objects or surfaces contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*

- *having unprotected physical contact with: using communal showering or bathing facilities, swimming pool facilities or locker rooms; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: soil contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening*

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 an itchy, ring-shaped, scaly rash in the left axilla that stung with sweat and was rubbed by your body armour and webbing straps on 5 July 2010.

The diagnosis was confirmed on 5 July 2010 by potassium hydroxide microscopy of skin scrapings from the left axilla, which showed septate hyphae, and by culture, which grew the dermatophyte Trichophyton interdigitale. The clinical appearance of an annular plaque with a scaly advancing edge and central clearing was typical. This meets the Statement of Principles definition of tinea as a fungal infection of the skin caused by a dermatophyte of the genus Trichophyton, and tinea corporis is expressly included.

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

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 wartime service.

I have therefore accepted that this condition is related to your service with effect from 2 July 2010.

Left Axillary - Tinea Corporis (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 6 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 6 May 2025;
- A regimental aid post record by the medical officer, East Timor, dated 14 February 2000;
- A hospital discharge summary by the coalition hospital, Iraq, dated 23 October 2006;
- A venous duplex ultrasound report by the radiologist, dated 6 November 2006;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 21 June 2010;
- An outpatient health record and mycology report by the medical officer, Role 1 health facility, Afghanistan, dated 5 July 2010;
- An outpatient health record by the medical officer, Role 1 health facility, Afghanistan, dated 20 August 2010;
- An outpatient health record by the medical officer, Garrison health centre, dated 15 June 2015;
- A renal medicine consultation by the renal physician, dated 12 March 2018;
- A vascular consultation and duplex ultrasound reports by the vascular surgeon, dated 14 August 2018;
- An outpatient health record by the medical officer, Role 2 facility, Middle East, dated 20 February 2019;
- An outpatient health record by the medical officer, Role 2 facility, Middle East, dated 18 March 2019;
- A dermatology consultation and histopathology report by the dermatologist, dated 29 April 2019.

Your service

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

11 January 1998 and 30 June 2021

Left Axillary - Tinea Corporis (Worsening)

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

- *having unprotected physical contact with: a person infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: an animal infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: objects or surfaces contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: using communal showering or bathing facilities, swimming pool facilities or locker rooms; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: soil contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having skin maceration at the affected site between 2 days and 3 weeks before the clinical worsening*
- *having diabetes mellitus at the time of clinical worsening*
- *having a substantially lowered immune function at the time of clinical worsening due to: (a) human immunodeficiency virus (HIV) infection; (b) glucocorticoids other than inhaled glucocorticoids; (c) solid organ transplant (excluding corneal transplant), stem cell or bone marrow transplantation*
- *having topical glucocorticoid applied at the site of the tinea at the time of clinical worsening*
- *having chronic renal failure at the time of clinical worsening of tinea unguium, as indicated by any of the following; (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking risankizumab and guselkumab at the time of clinical worsening*
- *having peripheral artery disease of the lower limb at the time of clinical worsening of tinea affecting the foot*
- *having chronic venous insufficiency of the lower limb at the time of clinical worsening of tinea unguium of the toes*
- *having varicose veins of the lower limb at the time of clinical worsening of tinea unguium of the toes*
- *having shaved the skin at the affected site within 3 weeks of clinical worsening*
- *inability to obtain appropriate clinical management for tinea before clinical worsening*

Diagnosis: Tinea Corporis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 6 May 2025, and is supported by an outpatient health record and mycology report by the medical officer, Role 1 health facility, Afghanistan, dated 5 July 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 Tinea (Reasonable Hypothesis) (No. 55 of 2024)

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

I am satisfied that you have met the following factor:

- *having unprotected physical contact with: a person infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: an animal infected with tinea; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: objects or surfaces contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: using communal showering or bathing facilities, swimming pool facilities or locker rooms; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: soil contaminated with dermatophytes; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having unprotected physical contact with: a site of tinea on the same body; between 2 days and 3 weeks before the clinical onset or clinical worsening*
- *having skin maceration at the affected site between 2 days and 3 weeks before the clinical worsening*
- *having diabetes mellitus at the time of clinical worsening*
- *having a substantially lowered immune function at the time of clinical worsening due to: (a) human immunodeficiency virus (HIV) infection; (b) glucocorticoids other than inhaled glucocorticoids; (c) solid organ transplant (excluding corneal transplant), stem cell or bone marrow transplantation*
- *having topical glucocorticoid applied at the site of the tinea at the time of clinical worsening*
- *having chronic renal failure at the time of clinical worsening of tinea unguium, as indicated by any of the following; (a) a glomerular filtration rate of less than 15 mL/min/1.73 m2 for a period of at least 3 months; or (b) undergoing chronic dialysis for renal failure*
- *taking risankizumab and guselkumab at the time of clinical worsening*
- *having peripheral artery disease of the lower limb at the time of clinical worsening of tinea affecting the foot*
- *having chronic venous insufficiency of the lower limb at the time of clinical worsening of tinea unguium of the toes*

- *having varicose veins of the lower limb at the time of clinical worsening of tinea unguium of the toes*
- *having shaved the skin at the affected site within 3 weeks of clinical worsening*
- *inability to obtain appropriate clinical management for tinea before clinical worsening*

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 an itchy, ring-shaped, scaly rash in the left axilla that stung with sweat and was rubbed by your body armour and webbing straps on 5 July 2010.

The diagnosis was confirmed on 5 July 2010 by potassium hydroxide microscopy of skin scrapings from the left axilla, which showed septate hyphae, and by culture, which grew the dermatophyte Trichophyton interdigitale. The clinical appearance of an annular plaque with a scaly advancing edge and central clearing was typical. This meets the Statement of Principles definition of tinea as a fungal infection of the skin caused by a dermatophyte of the genus Trichophyton, and tinea corporis is expressly included.

After the condition arose, it was worsened during your service. During warlike service in Afghanistan, between 11 and 30 June 2010, you grappled skin to skin in unarmed combat training with a soldier under treatment for tinea corporis, between 2 days and 3 weeks before onset on 2 July 2010. During warlike service in Afghanistan you handled the base dog, which had dermatophyte infection of its coat, every day from 11 to 30 June 2010, between 2 days and 3 weeks before onset. During warlike service in Afghanistan you wore body armour and webbing reissued on 12 June 2010 from a soldier treated for tinea, next to your skin on long patrols, between 2 days and 3 weeks before onset. During warlike service in Afghanistan you used the base's communal showers and gym change area daily throughout June 2010, between 2 days and 3 weeks before onset. On overnight patrols during warlike service in Afghanistan between 14 and 28 June 2010 you dug and slept on soil in livestock compounds with your arms exposed, between 2 days and 3 weeks before onset. Your tinea pedis and tinea unguium of the left foot began during warlike service in East Timor in February 2000 and were active in June 2010, when you scratched the foot and shared a towel between the feet and axillae while on warlike service in Afghanistan, between 2 days and 3 weeks before onset. During warlike service in the Middle East, from 25 February to 16 March 2019, 12-hour shifts in body armour in about 40 degree heat left the left axillary skin sodden and macerated, recorded on 6 March 2019, between 2 days and 3 weeks before the worsening on 18 March 2019. Type 2 diabetes followed weight gain on quetiapine prescribed for posttraumatic stress disorder arising from warlike service in Afghanistan. Oral prednisolone 50 mg then 25 mg daily from 20 February 2019, for asthma caused by burn pit smoke in Iraq and exacerbated by a dust storm on warlike service in the Middle East, substantially lowered your immune function at the worsening on 18 March 2019. Betamethasone dipropionate 0.05 per cent cream was prescribed to the left axilla by a medical officer in the Middle East from 4 March 2019 and was being applied at the worsening on 18 March 2019. Your renal failure followed exertional heat stroke with rhabdomyolysis on warlike service in Iraq on 23 October 2006. Guselkumab, last given on 4 February 2019, and

risankizumab, first given on 25 February 2019 at the role 2 facility on warlike service, were both acting at the worsening on 18 March 2019. Left leg peripheral artery disease, with an ankle-brachial index of 0.68, was present when the left foot tinea worsened in March 2019. Post-thrombotic chronic venous insufficiency of the left leg followed the deep vein thrombosis that developed after aeromedical evacuation from warlike service in Iraq in November 2006, and was present when the left toenail tinea worsened in March 2019. Post-thrombotic varicose veins of the left leg, confirmed on duplex on 14 August 2018, were present when the left toenail tinea worsened in March 2019 on warlike service in the Middle East. On 2 March 2019, during warlike service in the Middle East, you shaved both axillae with a disposable razor to manage sweat and hygiene in the heat, 16 days before the worsening on 18 March 2019. On warlike service in Afghanistan in 2010 the base had no antifungal treatment for six weeks after onset.

This has then led to further investigations and the diagnosis of your condition of *Tinea Corporis (Worsening)*. I have accepted your condition of *Tinea Corporis (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 wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 18 March 2019.

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