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 Thoracic Dermatome - Shingles (Herpes Zoster)

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 enlistment medical examination and immunisation record by the medical officer, Recruit health centre, dated 4 February 1998;
- An outpatient health record by the medical officer, East Timor, dated 22 January 2000;
- A trauma admission by the CT brain and operation report, Role 3 hospital, Afghanistan, dated 19 June 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 14 September 2011;
- Respiratory function tests and specialist consultation by the respiratory physician, dated 14 September 2011;
- A rheumatology consultation by the rheumatologist, dated 5 March 2021;
- An outpatient health record and COVID-19 PCR by the medical officer, South Sudan, dated 20 December 2023;
- An outpatient health record and X-ray left ribs by the medical officer, South Sudan, dated 10 January 2024;
- A rib fracture review by the medical officer, South Sudan, dated 31 January 2024;
- An outpatient health record and VZV PCR with genotyping by the medical officer and pathologist, dated 20 February 2024;
- A specialist review by the infectious diseases physician, dated 10 May 2024.

Your service

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

2 February 1998 and 17 March 2025

Left Thoracic Dermatome - Shingles (Herpes Zoster)

You have stated that your condition was caused by:

- *having chickenpox before the clinical onset of shingles or postherpetic neuralgia*
- *for vaccine strain shingles only, having live attenuated varicella vaccine before the clinical onset of shingles or postherpetic neuralgia*
- *being prevented from accessing appropriate varicella-zoster vaccination in accordance with contemporary medical standards of the time, between 1 and 5 years before the clinical onset of shingles or postherpetic neuralgia*
- *being in an immunocompromised state as specified at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having trauma, including surgery, involving: the dermatome affected by shingles or postherpetic neuralgia; within the 8 weeks before the clinical onset of shingles or postherpetic neuralgia*
- *having trauma, including surgery, involving: the nerve supply to the dermatome affected by shingles or postherpetic neuralgia; within the 8 weeks before the clinical onset of shingles or postherpetic neuralgia*
- *having diabetes mellitus at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having an autoimmune disease from the specified list of autoimmune diseases at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having a depressive disorder at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having a chronic medical condition from the specified list of chronic medical conditions before the clinical onset of shingles or postherpetic neuralgia*
- *having a moderate to severe traumatic brain injury before the clinical onset of shingles or postherpetic neuralgia*
- *having a splenectomy before the clinical onset of shingles or postherpetic neuralgia*
- *having an active symptomatic infection resulting in SARS-CoV-2 within the 6 months before the clinical onset of shingles or postherpetic neuralgia*

Diagnosis: Shingles (Herpes Zoster)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by an outpatient health record and VZV PCR

with genotyping by the medical officer and pathologist, dated 20 February 2024.

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

Statement of Principles concerning Shingles and Postherpetic Neuralgia (Reasonable Hypothesis) (No. 27 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 chickenpox before the clinical onset of shingles or postherpetic neuralgia*
- *for vaccine strain shingles only, having live attenuated varicella vaccine before the clinical onset of shingles or postherpetic neuralgia*
- *being prevented from accessing appropriate varicella-zoster vaccination in accordance with contemporary medical standards of the time, between 1 and 5 years before the clinical onset of shingles or postherpetic neuralgia*
- *being in an immunocompromised state as specified at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having trauma, including surgery, involving: the dermatome affected by shingles or postherpetic neuralgia; within the 8 weeks before the clinical onset of shingles or postherpetic neuralgia*
- *having trauma, including surgery, involving: the nerve supply to the dermatome affected by shingles or postherpetic neuralgia; within the 8 weeks before the clinical onset of shingles or postherpetic neuralgia*
- *having diabetes mellitus at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having an autoimmune disease from the specified list of autoimmune diseases at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having a depressive disorder at the time of the clinical onset of shingles or postherpetic neuralgia*
- *having a chronic medical condition from the specified list of chronic medical conditions before the clinical onset of shingles or postherpetic neuralgia*
- *having a moderate to severe traumatic brain injury before the clinical onset of shingles or postherpetic neuralgia*
- *having a splenectomy before the clinical onset of shingles or postherpetic neuralgia*
- *having an active symptomatic infection resulting in SARS-CoV-2 within the 6 months before the clinical onset of shingles or postherpetic neuralgia*

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 burning, stabbing pain around the left side of the

chest at the level of the lower shoulder blade, followed by a band of painful blisters from the spine to the front of the chest, with fever and malaise on 20 February 2024.

The diagnosis was confirmed on 20 February 2024 by the characteristic prodromal burning pain followed by grouped vesicles on a red base confined to the left T6 dermatome, and by PCR of vesicle fluid detecting varicella-zoster virus, genotyped as the vaccine (Oka) strain. This meets the Statement of Principles definition of shingles, and the vaccine-strain result confirms vaccine-strain shingles.

This has then led to further investigations and the diagnosis of your condition of *Shingles (Herpes Zoster)*. I have accepted your condition of *Shingles (Herpes Zoster)*.

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 18 February 2024.

Left Thoracic Dermatome - Shingles (Herpes Zoster) (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 enlistment medical examination and immunisation record by the medical officer, Recruit health centre, dated 4 February 1998;
- An outpatient health record by the medical officer, East Timor, dated 22 January 2000;
- A trauma admission by the CT brain and operation report, Role 3 hospital, Afghanistan, dated 19 June 2010;
- A psychiatric assessment by the consultant psychiatrist, dated 14 September 2011;
- Respiratory function tests and specialist consultation by the respiratory physician, dated 14 September 2011;
- A rheumatology consultation by the rheumatologist, dated 5 March 2021;
- An outpatient health record and COVID-19 PCR by the medical officer, South Sudan, dated 20 December 2023;
- An outpatient health record and X-ray left ribs by the medical officer, South Sudan, dated 10 January 2024;
- A rib fracture review by the medical officer, South Sudan, dated 31 January 2024;
- An outpatient health record and VZV PCR with genotyping by the medical officer and pathologist, dated 20 February 2024;
- A specialist review by the infectious diseases physician, dated 10 May 2024.

Your service

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

2 February 1998 and 17 March 2025

Left Thoracic Dermatome - Shingles (Herpes Zoster) (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 shingles or postherpetic neuralgia*
- *having diabetes mellitus at the time of the clinical worsening of shingles or postherpetic neuralgia*
- *inability to obtain appropriate clinical management for shingles and postherpetic neuralgia*

Diagnosis: Shingles (Herpes Zoster) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 October 2025, and is supported by an outpatient health record and VZV PCR with genotyping by the medical officer and pathologist, dated 20 February 2024.

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

Statement of Principles concerning Shingles and Postherpetic Neuralgia (Reasonable Hypothesis) (No. 27 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 shingles or postherpetic neuralgia*
- *having diabetes mellitus at the time of the clinical worsening of shingles or postherpetic neuralgia*
- *inability to obtain appropriate clinical management for shingles and postherpetic neuralgia*

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 burning, stabbing pain around the left side of the chest at the level of the lower shoulder blade, followed by a band of painful blisters from the spine to the front of the chest, with fever and malaise on 20 February 2024.

The diagnosis was confirmed on 20 February 2024 by the characteristic prodromal burning pain followed by grouped vesicles on a red base confined to the left T6 dermatome, and by PCR of vesicle fluid detecting varicella-zoster virus, genotyped as the vaccine (Oka) strain. This meets the Statement of Principles definition of shingles, and the vaccine-strain result confirms vaccine-strain shingles.

After the condition arose, it was worsened during your service. Methotrexate and prednisolone were continued on non-warlike service in South Sudan and were being taken at the worsening documented on 10 May 2024. Diabetes mellitus was present and poorly controlled at the worsening, with an HbA1c of 8.6 per cent on 10 May 2024, while you were still deployed in South Sudan. On non-warlike service in South Sudan valaciclovir was not available at your team

site and was not started until five days after the rash, outside the 72-hour window, and specialist pain management was not available until your return.

This has then led to further investigations and the diagnosis of your condition of *Shingles (Herpes Zoster) (Worsening)*. I have accepted your condition of *Shingles (Herpes Zoster) (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 10 May 2024.

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.