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.

Lower Respiratory Tract - Infection / Pneumonia

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 8 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 May 2025;
- An enlistment medical examination by the medical officer, Recruiting centre, dated 22 July 1998;
- A respiratory medicine consultation and spirometry by the respiratory physician, dated 14 March 2006;
- An alcohol and drug assessment by the defence counsellor and medical officer, dated 3 November 2008;
- An outpatient health record by the medical officer, Naval health centre, dated 20 August 2009;
- A pre-deployment medical examination by the medical officer, Naval health centre, dated 7 January 2010;
- A ship's sick bay record and telemedicine consultation by the medic and medical officer, dated 8 April 2010;
- A ship's sick bay record and evacuation request by the medic and medical officer, dated 14 April 2010;
- An admission record (chest X-ray and microbiology reports) by Role 3 hospital, dated 19 April 2010;
- A CT chest report by the radiologist, dated 20 April 2010;
- An operation report by the thoracic surgeon, dated 22 April 2010;
- A respiratory medicine follow-up and spirometry by the respiratory physician, dated 30 June 2010;
- A CT chest report by the radiologist, dated 14 September 2012.

Your service

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

22 July 1998 and 15 March 2016

Lower Respiratory Tract - Infection / Pneumonia

You have stated that your condition was caused by:

- *being in close contact with a person with influenza or another viral or bacterial respiratory tract infection, or living in crowded communal accommodation during an outbreak of respiratory tract infection, within the 14 days before the clinical onset of pneumonia*
- *having influenza or another viral respiratory tract infection within the 14 days before the clinical onset of pneumonia*
- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical onset of pneumonia*
- *having alcohol use disorder at the time of the clinical onset of pneumonia*
- *having asthma or chronic obstructive pulmonary disease at the time of the clinical onset of pneumonia*
- *being treated with a systemic corticosteroid or another immunosuppressive drug at the time of the clinical onset of pneumonia*
- *inhaling airborne dusts, smoke, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical onset of pneumonia*
- *inhaling water, vomitus or oropharyngeal contents (aspiration) within the 7 days before the clinical onset of pneumonia*
- *undertaking prolonged strenuous physical exertion with sleep restricted to less than 4 hours in each 24 hours for at least 3 consecutive days within the 7 days before the clinical onset of pneumonia*
- *taking a proton pump inhibitor for at least the 30 days before the clinical onset of pneumonia*

Diagnosis: Infection / Pneumonia

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 May 2025, and is supported by an admission record (chest X-ray and microbiology reports) by Role 3 hospital, dated 19 April 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 in close contact with a person with influenza or another viral or bacterial respiratory tract infection, or living in crowded communal accommodation during an outbreak of respiratory tract infection, within the 14 days before the clinical onset of pneumonia*
- *having influenza or another viral respiratory tract infection within the 14 days before the clinical onset of pneumonia*
- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical onset of pneumonia*
- *having alcohol use disorder at the time of the clinical onset of pneumonia*
- *having asthma or chronic obstructive pulmonary disease at the time of the clinical onset of pneumonia*
- *being treated with a systemic corticosteroid or another immunosuppressive drug at the time of the clinical onset of pneumonia*
- *inhaling airborne dusts, smoke, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical onset of pneumonia*
- *inhaling water, vomitus or oropharyngeal contents (aspiration) within the 7 days before the clinical onset of pneumonia*
- *undertaking prolonged strenuous physical exertion with sleep restricted to less than 4 hours in each 24 hours for at least 3 consecutive days within the 7 days before the clinical onset of pneumonia*
- *taking a proton pump inhibitor for at least the 30 days before the clinical onset of pneumonia*

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 high fever with rigors, a cough productive of rust-coloured sputum, sharp right-sided chest pain on breathing, breathlessness and marked fatigue, following a week of influenza on 14 April 2010.

The diagnosis was confirmed after evacuation on 19 April 2010 by chest X-ray showing right lower lobe consolidation with an effusion, by CT on 20 April 2010 showing a loculated collection with the split pleura sign, and by growth of Streptococcus pneumoniae from blood cultures and from purulent pleural fluid with a pH of 6.9. These findings establish pneumococcal pneumonia complicated by empyema.

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

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 April 2010.

Lower Respiratory Tract - Infection / Pneumonia (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 8 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 8 May 2025;
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- An operation report by the thoracic surgeon, dated 22 April 2010;
- A respiratory medicine follow-up and spirometry by the respiratory physician, dated 30 June 2010;
- A CT chest report by the radiologist, dated 14 September 2012.

Your service

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

22 July 1998 and 15 March 2016

Lower Respiratory Tract - Infection / Pneumonia (Worsening)

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

- *being a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical worsening of pneumonia*
- *being treated with a systemic corticosteroid or another immunosuppressive drug at the time of the clinical worsening of pneumonia*
- *inhaling airborne dusts, smoke, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical worsening of pneumonia*
- *inability to obtain appropriate clinical management for pneumonia*

Diagnosis: Infection / Pneumonia (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 8 May 2025, and is supported by an admission record (chest X-ray and microbiology reports) by Role 3 hospital, dated 19 April 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 a current smoker of at least 10 cigarettes per day for at least the 1 year before the clinical worsening of pneumonia*
- *being treated with a systemic corticosteroid or another immunosuppressive drug at the time of the clinical worsening of pneumonia*
- *inhaling airborne dusts, smoke, fuel vapour, engine exhaust or other respiratory irritants within the 7 days before the clinical worsening of pneumonia*
- *inability to obtain appropriate clinical management for pneumonia*

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 high fever with rigors, a cough productive of rust-coloured sputum, sharp right-sided chest pain on breathing, breathlessness and marked fatigue, following a week of influenza on 14 April 2010.

The diagnosis was confirmed after evacuation on 19 April 2010 by chest X-ray showing right lower lobe consolidation with an effusion, by CT on 20 April 2010 showing a loculated collection with the split pleura sign, and by growth of Streptococcus pneumoniae from blood cultures and from purulent pleural fluid with a pH of 6.9. These findings establish pneumococcal pneumonia complicated by empyema.

After the condition arose, it was worsened during your service. You smoked at least 20 cigarettes a day throughout the year before the worsening, from 18 April 2009 to 18 April 2010, and continued to smoke on the upper deck between 14 and 18 April 2010 despite fever and cough. Prednisolone 40 milligrams daily, started on 8 April 2010, was continued until you were evacuated on 19 April 2010 because the wheeze persisted. Because the engineering department was short of staff during the influenza outbreak, you were kept on watch in the machinery spaces on 15 and 16 April 2010, after the pneumonia began, and was exposed to diesel exhaust and fuel vapour from the defective generator. From 14 April to 19 April 2010 the frigate was at sea on counter-piracy tasking more than 400 nautical miles from a hospital, with no doctor embarked, no chest X-ray and only oral antibiotics.

This has then led to further investigations and the diagnosis of your condition of *Infection / Pneumonia (Worsening)*. I have accepted your condition of *Infection / Pneumonia (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 19 April 2010.

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