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.

Non - Specific Viral Rash

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 periodic health examination by the medical officer, dated 14 August 2013;
- A pre-deployment screening and vaccination record by the medical officer, dated 28 October 2013;
- A deployed health record by the medical officer, Middle East, dated 2 November 2013;
- An outbreak report (role 1 facility) by the middle east, dated 5 November 2013;
- A deployed health record by the medical officer, Middle East, dated 15 November 2013;
- A role 3 hospital admission and discharge summary by the physician, dated 18 November 2013;
- An infectious diseases consultation and serology reports by the infectious diseases physician, dated 25 November 2013;
- A deployed health record by the medical officer, Middle East, dated 20 February 2014.

Your service

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

30 April 2011 and 15 July 2021

Non - Specific Viral Rash

You have stated that your condition was caused by:

- *having close contact with a person with a febrile viral illness or viral exanthem within the 21 days before the clinical onset of a viral exanthem*
- *living in crowded shared accommodation, with at least 4 persons sleeping in the same room or tent, for at least 7 days within the 21 days before the clinical onset of a viral exanthem*
- *receiving a live attenuated viral vaccine, including measles-mumps-rubella or varicella vaccine, within the 21 days before the clinical onset of a viral exanthem*
- *being bitten by sandflies, mosquitoes or other arthropods in a region where arthropod-borne viral infections are endemic within the 14 days before the clinical onset of a viral exanthem*
- *arriving in a geographical region where the person has not previously lived, with exposure to viral pathogens to which the person is not immune, within the 21 days before the clinical onset of a viral exanthem*
- *taking a systemic corticosteroid within the 4 weeks before the clinical onset of a viral exanthem*
- *undertaking sustained strenuous physical work with sleep deprivation, averaging less than 5 hours of sleep per day, for at least the 7 days before the clinical onset of a viral exanthem*

Diagnosis: Specific Viral Rash

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 14 May 2025, and is supported by an infectious diseases consultation and serology reports by the infectious diseases physician, dated 25 November 2013.

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:

- *having close contact with a person with a febrile viral illness or viral exanthem within the 21 days before the clinical onset of a viral exanthem*
- *living in crowded shared accommodation, with at least 4 persons sleeping in the same room or tent, for at least 7 days within the 21 days before the clinical onset of a viral exanthem*
- *receiving a live attenuated viral vaccine, including measles-mumps-rubella or varicella vaccine, within the 21 days before the clinical onset of a viral exanthem*
- *being bitten by sandflies, mosquitoes or other arthropods in a region where arthropod-borne viral infections are endemic within the 14 days before the clinical onset of a viral exanthem*
- *arriving in a geographical region where the person has not previously lived, with exposure to viral pathogens to which the person is not immune, within the 21 days before the clinical*

onset of a viral exanthem

- *taking a systemic corticosteroid within the 4 weeks before the clinical onset of a viral exanthem*
- *undertaking sustained strenuous physical work with sleep deprivation, averaging less than 5 hours of sleep per day, for at least the 7 days before the clinical onset of a viral exanthem*

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 fever, malaise, sore throat, red eyes and a pink blotchy rash that began on the trunk and spread to the arms and legs, with tender neck glands on 15 November 2013.

The diagnosis was made by an infectious diseases physician on 25 November 2013 on the clinical picture of fever, malaise, sore throat, conjunctival injection, tender cervical lymphadenopathy and a blanching maculopapular rash beginning on the trunk, in the setting of an outbreak of febrile rash illness, together with negative measles IgM and PCR, rubella, parvovirus B19, Epstein-Barr virus, cytomegalovirus, HIV, dengue and sandfly fever serology and a negative throat culture. These findings establish a viral exanthem without a specific identified cause.

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

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 November 2013.

Non - Specific Viral Rash (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 periodic health examination by the medical officer, dated 14 August 2013;
- A pre-deployment screening and vaccination record by the medical officer, dated 28 October 2013;
- A deployed health record by the medical officer, Middle East, dated 2 November 2013;
- An outbreak report (role 1 facility) by the middle east, dated 5 November 2013;
- A deployed health record by the medical officer, Middle East, dated 15 November 2013;
- A role 3 hospital admission and discharge summary by the physician, dated 18 November 2013;
- An infectious diseases consultation and serology reports by the infectious diseases physician, dated 25 November 2013;
- A deployed health record by the medical officer, Middle East, dated 20 February 2014.

Your service

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

30 April 2011 and 15 July 2021

Non - Specific Viral Rash (Worsening)

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

- *taking an aminopenicillin, including amoxicillin or ampicillin, during the course of a viral exanthem, before the clinical worsening of a viral exanthem*
- *working in a hot environment with heavy sweating under occlusive clothing during the course of a viral exanthem, before the clinical worsening of a viral exanthem*
- *undertaking sustained strenuous physical work without rest during the course of a viral exanthem, before the clinical worsening of a viral exanthem*
- *inability to obtain appropriate clinical management for a viral exanthem*

Diagnosis: Specific Viral Rash (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 infectious diseases consultation and serology reports by the infectious diseases physician, dated 25 November 2013.

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:

- *taking an aminopenicillin, including amoxicillin or ampicillin, during the course of a viral exanthem, before the clinical worsening of a viral exanthem*
- *working in a hot environment with heavy sweating under occlusive clothing during the course of a viral exanthem, before the clinical worsening of a viral exanthem*
- *undertaking sustained strenuous physical work without rest during the course of a viral exanthem, before the clinical worsening of a viral exanthem*
- *inability to obtain appropriate clinical management for a viral exanthem*

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 fever, malaise, sore throat, red eyes and a pink blotchy rash that began on the trunk and spread to the arms and legs, with tender neck glands on 15 November 2013.

The diagnosis was made by an infectious diseases physician on 25 November 2013 on the clinical picture of fever, malaise, sore throat, conjunctival injection, tender cervical lymphadenopathy and a blanching maculopapular rash beginning on the trunk, in the setting of an outbreak of febrile rash illness, together with negative measles IgM and PCR, rubella, parvovirus B19, Epstein-Barr virus, cytomegalovirus, HIV, dengue and sandfly fever serology and a negative throat culture. These findings establish a viral exanthem without a specific identified cause.

After the condition arose, it was worsened during your service. On 16 November 2013, two days after onset, the medical officer in theatre prescribed amoxicillin 500 mg three times daily for a sore throat because no rapid streptococcal test was available. On 15, 16 and 17 November 2013, after onset and before the worsening, you worked flight line shifts in temperatures of 33 degrees in coveralls and a load vest, sweating heavily, as recorded on admission. Because of staffing shortages on the flight line you were not placed on rest after diagnosis and continued 12-hour shifts loading aircraft from 15 to 18 November 2013, on warlike service, before the worsening

on 18 November 2013. In theatre no rapid streptococcal or viral testing was available, so amoxicillin was given empirically for a viral illness; samples had to be sent to Australia, with results taking ten days; and you could not be rested from flight line duties.

This has then led to further investigations and the diagnosis of your condition of *Specific Viral Rash (Worsening)*. I have accepted your condition of *Specific Viral Rash (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 18 November 2013.

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