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.

Post - viral tracheitis

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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- An enlistment medical examination and spirometry by the medical officer, dated 14 January 2001;
- An outpatient health record by the medical officer, Naval base health centre, dated 20 September 2006;
- A treatment record by the ship's medical officer, Middle East Area of Operations, dated 10 April 2008;
- A treatment record and rapid antigen test by the ship's medical officer, dated 14 April 2008;
- A treatment record and chest X-ray by the ship's medical officer, dated 24 April 2008;
- A specialist consultation (spirometry and bronchoscopy report) by the respiratory physician, dated 16 September 2008;
- A treatment record and nasal swab report by the ship's medic, Middle East Area of Operations, dated 12 June 2013;
- A specialist consultation (methacholine challenge, bronchoscopy and CT chest report) by the respiratory physician and radiologist, dated 21 November 2013.

Your service

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

14 January 2001 and 3 June 2018

Post - viral tracheitis

You have stated that your condition was caused by:

- *having a viral respiratory tract infection, including influenza, within the 14 days before the clinical onset of tracheitis*
- *inhaling smoke from fires, or fumes or vapours from fuel, combustion products or a chemical agent, within the 30 days before the clinical onset of tracheitis*
- *living or working in crowded, enclosed accommodation, with at least 4 people sharing sleeping quarters, for at least 7 days within the 14 days before the clinical onset of tracheitis*
- *smoking at least one pack-year of cigarettes before the clinical onset of tracheitis, where smoking was continuing or had ceased within the three months before onset*
- *being exposed to second-hand smoke for at least 1 000 hours, where the last exposure occurred within the three months before the clinical onset of tracheitis*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical onset of tracheitis*

Diagnosis: viral tracheitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a treatment record and chest X-ray by the ship's medical officer, dated 24 April 2008.

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 a viral respiratory tract infection, including influenza, within the 14 days before the clinical onset of tracheitis*
- *inhaling smoke from fires, or fumes or vapours from fuel, combustion products or a chemical agent, within the 30 days before the clinical onset of tracheitis*
- *living or working in crowded, enclosed accommodation, with at least 4 people sharing sleeping quarters, for at least 7 days within the 14 days before the clinical onset of tracheitis*
- *smoking at least one pack-year of cigarettes before the clinical onset of tracheitis, where smoking was continuing or had ceased within the three months before onset*

- *being exposed to second-hand smoke for at least 1 000 hours, where the last exposure occurred within the three months before the clinical onset of tracheitis*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical onset of tracheitis*

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 a raw, burning retrosternal pain, worse on coughing, talking and deep breathing, and a harsh, paroxysmal, non-productive cough that woke you at night, beginning as the fever of influenza settled on 24 April 2008.

The diagnosis was made clinically by the ship's medical officer on 24 April 2008 from the characteristic retrosternal rawness and harsh paroxysmal cough that followed a laboratory-confirmed influenza A infection, with a clear chest, normal oxygen saturation and a normal chest X-ray excluding pneumonia. It was confirmed by a respiratory physician on 16 September 2008, when bronchoscopy showed erythema and oedema of the tracheal mucosa and excluded a foreign body, mass or bronchiectasis, and spirometry was normal.

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

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 18 April 2008.

Post - viral tracheitis (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 3 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 3 June 2025;
- An enlistment medical examination and spirometry by the medical officer, dated 14 January 2001;
- An outpatient health record by the medical officer, Naval base health centre, dated 20 September 2006;
- A treatment record by the ship's medical officer, Middle East Area of Operations, dated 10 April 2008;
- A treatment record and rapid antigen test by the ship's medical officer, dated 14 April 2008;
- A treatment record and chest X-ray by the ship's medical officer, dated 24 April 2008;
- A specialist consultation (spirometry and bronchoscopy report) by the respiratory physician, dated 16 September 2008;
- A treatment record and nasal swab report by the ship's medic, Middle East Area of Operations, dated 12 June 2013;
- A specialist consultation (methacholine challenge, bronchoscopy and CT chest report) by the respiratory physician and radiologist, dated 21 November 2013.

Your service

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

14 January 2001 and 3 June 2018

Post - viral tracheitis (Worsening)

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

- *having a further viral respiratory tract infection within the 14 days before the clinical worsening of tracheitis*
- *inhaling smoke from fires, or fumes or vapours from fuel, combustion products or a chemical agent, within the 30 days before the clinical worsening of tracheitis*

- *smoking at least one pack-year of cigarettes before the clinical worsening of tracheitis, where smoking was continuing or had ceased within the three months before the worsening*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical worsening of tracheitis*
- *inability to obtain appropriate clinical management for tracheitis*

Diagnosis: viral tracheitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 3 June 2025, and is supported by a treatment record and chest X-ray by the ship's medical officer, dated 24 April 2008.

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 a further viral respiratory tract infection within the 14 days before the clinical worsening of tracheitis*
- *inhaling smoke from fires, or fumes or vapours from fuel, combustion products or a chemical agent, within the 30 days before the clinical worsening of tracheitis*
- *smoking at least one pack-year of cigarettes before the clinical worsening of tracheitis, where smoking was continuing or had ceased within the three months before the worsening*
- *having gastro-oesophageal reflux disease, including laryngopharyngeal reflux, at the time of the clinical worsening of tracheitis*
- *inability to obtain appropriate clinical management for tracheitis*

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 a raw, burning retrosternal pain, worse on coughing, talking and deep breathing, and a harsh, paroxysmal, non-productive cough that woke you at night, beginning as the fever of influenza settled on 24 April 2008.

The diagnosis was made clinically by the ship's medical officer on 24 April 2008 from the characteristic retrosternal rawness and harsh paroxysmal cough that followed a laboratory-confirmed influenza A infection, with a clear chest, normal oxygen saturation and a normal chest X-ray excluding pneumonia. It was confirmed by a respiratory physician on 16 September 2008, when bronchoscopy showed erythema and oedema of the tracheal mucosa and excluded a foreign body, mass or bronchiectasis, and spirometry was normal.

After the condition arose, it was worsened during your service. On warlike service in the Middle East you developed a rhinovirus infection during a mess deck outbreak in early June 2013, confirmed on a nasal swab, and the tracheitis recurred severely on 12 June 2013, within 14 days. On 3 June 2013, nine days before the worsening, you were part of a boarding party that searched a vessel with an engine room fire and was exposed to dense diesel smoke for about 40 minutes without respiratory protection. Despite advice in 2008, you continued to smoke about 15 cigarettes a day through the stresses of shipboard and operational service until you stopped in 2015, so you were smoking at the worsening in June 2013, with more than ten pack-years accumulated. Your reflux was poorly controlled on deployment in 2013, with nightly heartburn recorded in May 2013 while you ran out of pantoprazole for two weeks. From 12 June 2013 to 8 July 2013 the frigate was on operational patrol without a medical officer embarked, the medic could not provide inhaled corticosteroid or a proton pump inhibitor resupply, and you could not be removed from engine room fumes or the crowded mess deck.

This has then led to further investigations and the diagnosis of your condition of *viral tracheitis (Worsening)*. I have accepted your condition of *viral tracheitis (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 12 June 2013.

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