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.

Skin - Acne Rosacea

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 23 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 19 January 2010;
- A role 1 medical record by the medical officer, Afghanistan, dated 22 March 2010;
- A unit incident report and medical record by the medical officer, Afghanistan, dated 4 June 2010;
- A role 1 medical record by the medical officer, Afghanistan, dated 28 June 2010;
- An urea breath test report by the pathology, dated 21 July 2010;
- A dermatology consultation and skin surface biopsy by the dermatologist, dated 15 November 2010;
- A periodic health examination by the medical officer, Garrison health centre, dated 12 September 2013;
- A deployed medical record by the medical officer, Iraq, dated 18 August 2016;
- A dermatology review by the dermatologist, dated 7 February 2017;
- An ophthalmology consultation by the ophthalmologist, dated 7 February 2017;
- A dermatology and military medicine literature on the causes and triggers of rosacea.

Your service

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

3 June 2000 and 28 February 2019

Skin - Acne Rosacea

You have stated that your condition was caused by:

- *having sunlight exposure to the unprotected skin of the face for a cumulative total of at least 2,000 hours within the 10 years before the clinical onset of rosacea*
- *working in a hot environment, with an ambient temperature of at least 35 degrees Celsius, for an average of at least 4 hours per day for at least the 4 weeks before the clinical onset of rosacea*
- *wearing an occlusive face covering, mask or respirator over the affected facial skin for an average of at least 4 hours per day for at least the 4 weeks before the clinical onset of rosacea*
- *applying a topical corticosteroid to the affected facial skin for a cumulative period of at least 4 weeks within the 6 months before the clinical onset of rosacea*
- *having infestation of the facial skin with Demodex mites at a density of at least 5 mites per square centimetre at the time of the clinical onset of rosacea*
- *experiencing a category 1A or 1B stressor, or severe psychological stress, within the 3 months before the clinical onset of rosacea*
- *consuming an average of at least 20 grams of alcohol per day for at least the 1 year before the clinical onset of rosacea*
- *having Helicobacter pylori infection at the time of the clinical onset of rosacea*
- *being exposed to wind, dust or blast to the unprotected skin of the face on most working days for at least the 3 months before the clinical onset of rosacea*

Diagnosis: Acne Rosacea

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by a dermatology consultation and skin surface biopsy by the dermatologist, dated 15 November 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:

- *having sunlight exposure to the unprotected skin of the face for a cumulative total of at least 2,000 hours within the 10 years before the clinical onset of rosacea*
- *working in a hot environment, with an ambient temperature of at least 35 degrees Celsius, for an average of at least 4 hours per day for at least the 4 weeks before the clinical onset*

of rosacea

- *wearing an occlusive face covering, mask or respirator over the affected facial skin for an average of at least 4 hours per day for at least the 4 weeks before the clinical onset of rosacea*
- *applying a topical corticosteroid to the affected facial skin for a cumulative period of at least 4 weeks within the 6 months before the clinical onset of rosacea*
- *having infestation of the facial skin with Demodex mites at a density of at least 5 mites per square centimetre at the time of the clinical onset of rosacea*
- *experiencing a category 1A or 1B stressor, or severe psychological stress, within the 3 months before the clinical onset of rosacea*
- *consuming an average of at least 20 grams of alcohol per day for at least the 1 year before the clinical onset of rosacea*
- *having Helicobacter pylori infection at the time of the clinical onset of rosacea*
- *being exposed to wind, dust or blast to the unprotected skin of the face on most working days for at least the 3 months before the clinical onset of rosacea*

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 frequent flushing, persistent redness of the cheeks, nose, forehead and chin, burning and stinging of the facial skin, and crops of red papules and pustules, worse with heat, sun, exertion, alcohol and stress on 28 June 2010.

The diagnosis was confirmed by a dermatologist on 15 November 2010 on the clinical findings of fixed central facial erythema, telangiectasia of the cheeks and nose, inflammatory papules and pustules, flushing and burning, with no comedones and sparing of the skin around the eyes. These meet the accepted diagnostic criteria for rosacea, with a phenotype of persistent centrofacial erythema and papules and pustules. A standardised skin surface biopsy showed a raised Demodex density, supporting the diagnosis.

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

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 26 June 2010.

Skin - Acne Rosacea (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 23 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 23 April 2025;
- A periodic health examination by the medical officer, Garrison health centre, dated 19 January 2010;
- A role 1 medical record by the medical officer, Afghanistan, dated 22 March 2010;
- A unit incident report and medical record by the medical officer, Afghanistan, dated 4 June 2010;
- A role 1 medical record by the medical officer, Afghanistan, dated 28 June 2010;
- An urea breath test report by the pathology, dated 21 July 2010;
- A dermatology consultation and skin surface biopsy by the dermatologist, dated 15 November 2010;
- A periodic health examination by the medical officer, Garrison health centre, dated 12 September 2013;
- A deployed medical record by the medical officer, Iraq, dated 18 August 2016;
- A dermatology review by the dermatologist, dated 7 February 2017;
- An ophthalmology consultation by the ophthalmologist, dated 7 February 2017;
- A dermatology and military medicine literature on the causes and triggers of rosacea.

Your service

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

3 June 2000 and 28 February 2019

Skin - Acne Rosacea (Worsening)

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

- *having sunlight exposure to the unprotected skin of the face for an average of at least 2 hours per day on most days in the 4 weeks before the clinical worsening of rosacea*

- *working in a hot environment, with an ambient temperature of at least 35 degrees Celsius, for an average of at least 4 hours per day for at least the 4 weeks before the clinical worsening of rosacea*
- *wearing an occlusive face covering, mask or respirator over the affected facial skin for an average of at least 4 hours per day for at least the 4 weeks before the clinical worsening of rosacea*
- *applying a topical corticosteroid to the affected facial skin within the 3 months before the clinical worsening of rosacea*
- *inability to obtain appropriate clinical management for rosacea*

Diagnosis: Acne Rosacea (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 23 April 2025, and is supported by a dermatology consultation and skin surface biopsy by the dermatologist, dated 15 November 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:

- *having sunlight exposure to the unprotected skin of the face for an average of at least 2 hours per day on most days in the 4 weeks before the clinical worsening of rosacea*
- *working in a hot environment, with an ambient temperature of at least 35 degrees Celsius, for an average of at least 4 hours per day for at least the 4 weeks before the clinical worsening of rosacea*
- *wearing an occlusive face covering, mask or respirator over the affected facial skin for an average of at least 4 hours per day for at least the 4 weeks before the clinical worsening of rosacea*
- *applying a topical corticosteroid to the affected facial skin within the 3 months before the clinical worsening of rosacea*
- *inability to obtain appropriate clinical management for rosacea*

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 frequent flushing, persistent redness of the cheeks, nose, forehead and chin, burning and stinging of the facial skin, and crops of red papules and pustules, worse with heat, sun, exertion, alcohol and stress on 28 June 2010.

The diagnosis was confirmed by a dermatologist on 15 November 2010 on the clinical findings of fixed central facial erythema, telangiectasia of the cheeks and nose, inflammatory papules and pustules, flushing and burning, with no comedones and sparing of the skin around the eyes. These meet the accepted diagnostic criteria for rosacea, with a phenotype of persistent centrofacial erythema and papules and pustules. A standardised skin surface biopsy showed a raised Demodex density, supporting the diagnosis.

After the condition arose, it was worsened during your service. From late July to 18 August 2016, the 4 weeks before the worsening, you were on force protection duties in Iraq in direct sun for 4 to 6 hours a day, with only partial shade. Throughout the 4 weeks before the worsening the daytime temperature in Iraq exceeded 45 degrees, and you worked 8 to 12 hour shifts outdoors in body armour. You wore a face covering and dust mask for most of each shift for dust protection throughout the 4 weeks before the worsening on warlike service in Iraq. In June and July 2016, within the 3 months before the worsening, a medic in Iraq gave you hydrocortisone 1 per cent cream for facial redness, which you applied to the cheeks and nose daily for about six weeks. In Iraq in 2016 no dermatologist or ophthalmologist was available, your rosacea was treated with a corticosteroid cream that aggravates it, and you could not be removed from outdoor duties in heat.

This has then led to further investigations and the diagnosis of your condition of *Acne Rosacea (Worsening)*. I have accepted your condition of *Acne Rosacea (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 August 2016.

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