# 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.*

## URTI - Acute Coryza

### 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 22 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 May 2025;
- An outpatient health record and skin prick testing by the medical officer, Army health centre, dated 14 March 2007;
- A pre-deployment medical examination by the medical officer, dated 2 October 2009;
- A deployed psychology record by the psychologist, dated 8 January 2010;
- A deployed health record and virology report by the medical officer, Role 2 treatment facility, dated 15 January 2010;
- A return to Australia medical screen and pathology report by the medical officer, dated 20 June 2010;
- An outpatient health record and immunology report by the medical officer, Garrison health centre, dated 22 July 2013;
- A deployed health record and chest X-ray by the medical officer and radiologist, dated 10 February 2016;
- An outpatient health record and pathology report by the medical officer, Garrison health centre, dated 20 September 2016.

### Your service

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

23 January 2004 and 12 August 2018

# URTI - Acute Coryza

You have stated that your condition was caused by:

- *being in close contact with a person who has a viral upper respiratory tract infection within the 5 days before the clinical onset of acute coryza*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room, tent or vehicle, for at least 3 days within the 7 days before the clinical onset of acute coryza*
- *experiencing severe psychological stress for at least one month before the clinical onset of acute coryza*
- *sleeping less than 6 hours a night on at least 7 nights within the 14 days before the clinical onset of acute coryza*
- *undertaking prolonged strenuous physical exertion within the 7 days before the clinical onset of acute coryza*
- *being exposed to cold ambient temperatures, with chilling of the body surface, within the 5 days before the clinical onset of acute coryza*
- *smoking at least one pack-year of cigarettes before the clinical onset of acute coryza, where smoking was continuing or had ceased within the three months before onset*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of acute coryza*
- *having allergic rhinitis at the time of the clinical onset of acute coryza*
- *having vitamin D deficiency, with a serum 25-hydroxyvitamin D level below 50 nmol/L, at the time of the clinical onset of acute coryza*
- *living or working without adequate hand-washing facilities for at least 3 days within the 7 days before the clinical onset of acute coryza*

**Diagnosis:** Acute Coryza

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 May 2025, and is supported by a deployed health record and virology report by the medical officer, Role 2 treatment facility, dated 15 January 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 who has a viral upper respiratory tract infection within the 5 days before the clinical onset of acute coryza*
- *living or working in crowded communal accommodation, with at least 4 people sharing a room, tent or vehicle, for at least 3 days within the 7 days before the clinical onset of acute coryza*
- *experiencing severe psychological stress for at least one month before the clinical onset of acute coryza*
- *sleeping less than 6 hours a night on at least 7 nights within the 14 days before the clinical onset of acute coryza*
- *undertaking prolonged strenuous physical exertion within the 7 days before the clinical onset of acute coryza*
- *being exposed to cold ambient temperatures, with chilling of the body surface, within the 5 days before the clinical onset of acute coryza*
- *smoking at least one pack-year of cigarettes before the clinical onset of acute coryza, where smoking was continuing or had ceased within the three months before onset*
- *inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of acute coryza*
- *having allergic rhinitis at the time of the clinical onset of acute coryza*
- *having vitamin D deficiency, with a serum 25-hydroxyvitamin D level below 50 nmol/L, at the time of the clinical onset of acute coryza*
- *living or working without adequate hand-washing facilities for at least 3 days within the 7 days before the clinical onset of acute coryza*

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 sneezing, profuse watery rhinorrhoea, nasal congestion, sore throat, malaise, headache and a low-grade fever, with a dry cough on the third day on 15 January 2010.

The diagnosis was made by the Medical Officer at a role 2 treatment facility in Afghanistan on 15 January 2010 from the acute onset of sneezing, watery rhinorrhoea, nasal congestion, sore throat, malaise and low-grade fever, with a red, swollen nasal mucosa and a mildly injected pharynx without exudate, and was confirmed by a nasal swab positive for rhinovirus on PCR. This is the accepted clinical definition of acute coryza.

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

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 January 2010.

# URTI - Acute Coryza (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 22 May 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 22 May 2025;
- An outpatient health record and skin prick testing by the medical officer, Army health centre, dated 14 March 2007;
- A pre-deployment medical examination by the medical officer, dated 2 October 2009;
- A deployed psychology record by the psychologist, dated 8 January 2010;
- A deployed health record and virology report by the medical officer, Role 2 treatment facility, dated 15 January 2010;
- A return to Australia medical screen and pathology report by the medical officer, dated 20 June 2010;
- An outpatient health record and immunology report by the medical officer, Garrison health centre, dated 22 July 2013;
- A deployed health record and chest X-ray by the medical officer and radiologist, dated 10 February 2016;
- An outpatient health record and pathology report by the medical officer, Garrison health centre, dated 20 September 2016.

## Your service

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

23 January 2004 and 12 August 2018

## URTI - Acute Coryza (Worsening)

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

- *being in close contact with persons who have a viral upper respiratory tract infection, in crowded communal accommodation or workplaces, within the 5 days before the clinical worsening of acute coryza*

- *experiencing severe psychological stress for at least one month before the clinical worsening of acute coryza*
- *sleeping less than 6 hours a night on at least 7 nights within the 14 days before the clinical worsening of acute coryza*
- *being exposed to cold ambient temperatures, with chilling of the body surface, within the 5 days before the clinical worsening of acute coryza*
- *smoking at least one pack-year of cigarettes before the clinical worsening of acute coryza, where smoking was continuing or had ceased within the three months before the worsening*
- *inability to obtain appropriate clinical management for acute coryza*

**Diagnosis:** Acute Coryza (Worsening)

**Basis of diagnosis:** The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 22 May 2025, and is supported by a deployed health record and virology report by the medical officer, Role 2 treatment facility, dated 15 January 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 persons who have a viral upper respiratory tract infection, in crowded communal accommodation or workplaces, within the 5 days before the clinical worsening of acute coryza*
- *experiencing severe psychological stress for at least one month before the clinical worsening of acute coryza*
- *sleeping less than 6 hours a night on at least 7 nights within the 14 days before the clinical worsening of acute coryza*
- *being exposed to cold ambient temperatures, with chilling of the body surface, within the 5 days before the clinical worsening of acute coryza*
- *smoking at least one pack-year of cigarettes before the clinical worsening of acute coryza, where smoking was continuing or had ceased within the three months before the worsening*
- *inability to obtain appropriate clinical management for acute coryza*

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 sneezing, profuse watery rhinorrhoea, nasal congestion, sore throat, malaise, headache and a low-grade fever, with a dry cough on the third day on 15 January 2010.

The diagnosis was made by the Medical Officer at a role 2 treatment facility in Afghanistan on 15 January 2010 from the acute onset of sneezing, watery rhinorrhoea, nasal congestion, sore throat, malaise and low-grade fever, with a red, swollen nasal mucosa and a mildly injected pharynx without exudate, and was confirmed by a nasal swab positive for rhinovirus on PCR. This is the accepted clinical definition of acute coryza.

After the condition arose, it was worsened during your service. From 01 to 5 February 2016, on warlike service in Iraq, you taught first aid courses to about 30 trainees in a small, poorly ventilated classroom where several had colds, and you lived in a four-person room in a crowded accommodation block. From late December 2015 the base was subject to repeated rocket attacks, and on 14 January 2016 you treated a coalition soldier who died of your wounds. In the 14 days before the worsening, from 23 January to 6 February 2016, you worked a week of night duty in the base aid post followed immediately by day teaching, sleeping three to five hours a day, as recorded on 10 February 2016. From 02 to 5 February 2016 you provided night medical cover on an outdoor training range in rain, at temperatures near 1 degree, for about six hours each night, and returned chilled and wet. You continued smoking about 10 cigarettes a day after 2010 and 15 a day in Iraq, accumulating about seven and a half pack-years by February 2016, and was still smoking at the worsening. When the episode began on 6 February 2016 you were the only medical technician covering the training team and could not be relieved from duty, rested or isolated, and you were not reviewed by a Medical Officer until 10 February 2016, when the infection had spread to the middle ear and bronchi.

This has then led to further investigations and the diagnosis of your condition of *Acute Coryza (Worsening)*. I have accepted your condition of *Acute Coryza (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 6 February 2016.

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