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.

Viral Meningitis

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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment health assessment and pathology by the medical officer, dated 20 January 2010;
- A regimental aid post record (needle-stick injury) by the medical officer, Afghanistan, dated 2 July 2010;
- A regimental aid post record and swab result by the medical officer, Afghanistan, dated 29 July 2010;
- A regimental aid post record by the medical officer, Afghanistan, dated 9 August 2010;
- A casualty evacuation record by the combat medic, dated 18 August 2010;
- A role 3 hospital admission by the CT and cerebrospinal fluid report, Physician, dated 20 August 2010;
- Specialist letters by the clinical immunologist and infectious diseases physician, dated 12 November 2010;
- A hospital admission (cerebrospinal fluid and MRI report) by the neurologist, dated 15 June 2012;
- A repatriation Medical Authority: no Statement of Principles determined for viral meningitis; causes drawn from the sound medical-scientific evidence.

Your service

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

14 January 2004 and 27 February 2014

Viral Meningitis

You have stated that your condition was caused by:

- *being in close contact with a person who has an enteroviral infection within the 14 days before the clinical onset of viral meningitis*
- *living or sleeping in crowded accommodation for at least 7 days within the 30 days before the clinical onset of viral meningitis*
- *swimming in, wading through or ingesting water contaminated with human faeces or sewage within the 14 days before the clinical onset of viral meningitis*
- *being bitten by sandflies or mosquitoes in a region where an arthropod-borne virus that causes meningitis is endemic within the 21 days before the clinical onset of viral meningitis*
- *being exposed to the excreta or nesting material of rodents within the 21 days before the clinical onset of viral meningitis*
- *having a primary genital infection with herpes simplex virus type 2 within the 4 weeks before the clinical onset of viral meningitis*
- *having primary infection with human immunodeficiency virus within the 8 weeks before the clinical onset of viral meningitis*
- *being in close contact with a person who has mumps within the 25 days before the clinical onset of viral meningitis*
- *taking a drug which suppresses the immune system, including prednisolone at a dose of at least 20 milligrams per day, for at least 2 weeks before the clinical onset of viral meningitis*
- *having hypogammaglobulinaemia or common variable immunodeficiency at the time of the clinical onset of viral meningitis*

Diagnosis: Viral Meningitis

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a role 3 hospital admission by the CT and cerebrospinal fluid report, Physician, dated 20 August 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 an enteroviral infection within the 14 days before the clinical onset of viral meningitis*

- *living or sleeping in crowded accommodation for at least 7 days within the 30 days before the clinical onset of viral meningitis*
- *swimming in, wading through or ingesting water contaminated with human faeces or sewage within the 14 days before the clinical onset of viral meningitis*
- *being bitten by sandflies or mosquitoes in a region where an arthropod-borne virus that causes meningitis is endemic within the 21 days before the clinical onset of viral meningitis*
- *being exposed to the excreta or nesting material of rodents within the 21 days before the clinical onset of viral meningitis*
- *having a primary genital infection with herpes simplex virus type 2 within the 4 weeks before the clinical onset of viral meningitis*
- *having primary infection with human immunodeficiency virus within the 8 weeks before the clinical onset of viral meningitis*
- *being in close contact with a person who has mumps within the 25 days before the clinical onset of viral meningitis*
- *taking a drug which suppresses the immune system, including prednisolone at a dose of at least 20 milligrams per day, for at least 2 weeks before the clinical onset of viral meningitis*
- *having hypogammaglobulinaemia or common variable immunodeficiency at the time of the clinical onset of viral meningitis*

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 sudden severe headache, fever, neck stiffness, photophobia, nausea and vomiting, with malaise and myalgia on 18 August 2010.

The diagnosis was confirmed on lumbar puncture on 20 August 2010, which showed a lymphocytic pleocytosis of 420 white cells per microlitre, a mildly raised protein, a normal CSF to serum glucose ratio, a negative Gram stain and culture, and positive PCR for enterovirus and herpes simplex virus type 2. This, with the clinical picture of fever, headache, neck stiffness and photophobia and a normal conscious state, establishes viral meningitis and excludes bacterial meningitis and encephalitis.

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

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 August 2010.

Viral Meningitis (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 9 April 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 9 April 2025;
- A pre-deployment health assessment and pathology by the medical officer, dated 20 January 2010;
- A regimental aid post record (needle-stick injury) by the medical officer, Afghanistan, dated 2 July 2010;
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- A regimental aid post record by the medical officer, Afghanistan, dated 9 August 2010;
- A casualty evacuation record by the combat medic, dated 18 August 2010;
- A role 3 hospital admission by the CT and cerebrospinal fluid report, Physician, dated 20 August 2010;
- Specialist letters by the clinical immunologist and infectious diseases physician, dated 12 November 2010;
- A hospital admission (cerebrospinal fluid and MRI report) by the neurologist, dated 15 June 2012;
- A repatriation Medical Authority: no Statement of Principles determined for viral meningitis; causes drawn from the sound medical-scientific evidence.

Your service

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

14 January 2004 and 27 February 2014

Viral Meningitis (Worsening)

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

- *having a recurrence of genital herpes simplex virus type 2 infection within the 14 days before the clinical worsening of viral meningitis*

- *having infection with human immunodeficiency virus at the time of the clinical worsening of viral meningitis*
- *having hypogammaglobulinaemia or common variable immunodeficiency at the time of the clinical worsening of viral meningitis*
- *inability to obtain appropriate clinical management for viral meningitis*

Diagnosis: Viral Meningitis (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 9 April 2025, and is supported by a role 3 hospital admission by the CT and cerebrospinal fluid report, Physician, dated 20 August 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:

Balance of Probabilities (reasonable satisfaction) - 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 recurrence of genital herpes simplex virus type 2 infection within the 14 days before the clinical worsening of viral meningitis*
- *having infection with human immunodeficiency virus at the time of the clinical worsening of viral meningitis*
- *having hypogammaglobulinaemia or common variable immunodeficiency at the time of the clinical worsening of viral meningitis*
- *inability to obtain appropriate clinical management for viral meningitis*

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 sudden severe headache, fever, neck stiffness, photophobia, nausea and vomiting, with malaise and myalgia on 18 August 2010.

The diagnosis was confirmed on lumbar puncture on 20 August 2010, which showed a lymphocytic pleocytosis of 420 white cells per microlitre, a mildly raised protein, a normal CSF to serum glucose ratio, a negative Gram stain and culture, and positive PCR for enterovirus and herpes simplex virus type 2. This, with the clinical picture of fever, headache, neck stiffness and photophobia and a normal conscious state, establishes viral meningitis and excludes bacterial meningitis and encephalitis.

After the condition arose, it was worsened during your service. You had a recurrence of genital herpes simplex virus type 2 ulceration, confirmed by PCR on a swab on 6 June 2012, 8 days

before the recurrent meningitis on 14 June 2012 and within the 14 days from 31 May 2012 to 14 June 2012. HIV infection acquired on warlike service in 2010 was present at the worsening, with a CD4 count of 260 cells/microlitre on 15 June 2012 after antiretroviral therapy was interrupted for six weeks in April and May 2012 by a supply error. Common variable immunodeficiency was present at the worsening, and the trough IgG had fallen to 3.9 g/L on 15 June 2012 because monthly intravenous immunoglobulin had lapsed for three months. At onset on 18 August 2010 you were at a remote patrol base.

This has then led to further investigations and the diagnosis of your condition of *Viral Meningitis (Worsening)*. I have accepted your condition of *Viral Meningitis (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 peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 14 June 2012.

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