

# Statement of Principles

concerning

## **MELIOIDOSIS**

**ICD CODE: 025**

Veterans' Entitlements Act 1986  
subsection 196B(2)

1. Being of the view that there is sound medical-scientific evidence that indicates that **melioidosis** and **death from melioidosis** can be related to operational service rendered by veterans, peacekeeping service rendered by members of Peacekeeping Forces and hazardous service rendered by members of the Forces, the Repatriation Medical Authority determines, under subsection 196B(2) of the *Veterans' Entitlements Act 1986* (the Act), that the factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **melioidosis** or **death from melioidosis** with the circumstances of that service, are:
  - (a) being in an area described in the Schedule before the clinical onset of melioidosis; or
  - (b) having occupational contact with animals infected with melioidosis before the clinical onset of melioidosis; or
  - (c) being in an immuno-compromised state immediately before the clinical worsening of melioidosis; or
  - (d) suffering from diabetes mellitus immediately before the clinical worsening of melioidosis; or

- (e) inability to obtain appropriate clinical management for melioidosis.
- 2. Subject to clause 3 (below) at least one of the factors set out in paragraphs **1(a) to 1(e)** must be related to any service rendered by a person.
- 3. The factors set out in paragraphs **1(c) to 1(e)** apply only where:
  - (a) the person's **melioidosis** was contracted before a period, or part of a period, of service to which the factor is related; and
  - (b) the relationship suggested between the **melioidosis** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act.
- 4. For the purposes of this Statement of Principles:

**“an area described in the Schedule”** means an area described in the Schedule attached to this instrument, such area being an area in which the *Pseudomonas pseudomallei* is reported to be endemic;

**“diabetes mellitus”** means an endocrine disease characterised by:

- (a) a fasting venous plasma glucose concentration of equal to or greater than 7.8 millimoles per litre on at least two separate occasions; or
- (b) a venous plasma glucose concentration equal to or greater than 11.1 millimoles per litre both within two hours and at two hours after ingestion of 75 grams of glucose;

attracting ICD code 250;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

**“immuno-compromised state”** means a state where the immune response has been attenuated by administration of immunosuppressive drugs, or by irradiation, certain types of infection, malnutrition, or a malignant disease process;

“**melioidosis**” means an acute, subacute or chronic infection caused by the bacterium *Pseudomonas pseudomallei*, attracting ICD code 025.

## Schedule

### Areas of reported *Pseudomonas pseudomallei* endemicity

Australia (Queensland north of the Tropic of Capricorn, Northern Territory and Torres Strait Islands only)

Brunei

Burma

Cambodia

China

Hong Kong

Indonesia

Korea

Laos

Malaysia

Papua New Guinea

Singapore

Thailand

The Philippines

Vietnam

Dated this **Twenty-eighth** day of  
**September** 1995

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRMAN