Determination

of

Statement of Principles
concerning

BRONCHIECTASIS

ICD CODE: 494

Veterans' Entitlements Act 1986

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act).

Kind of injury, disease or death

2. (a) This Statement of Principles is about **bronchiectasis** and **death from bronchiectasis**.

(b) For the purposes of this Statement of Principles, **"bronchiectasis"** means irreversible focal or generalised bronchial dilatation of medium sized airways, attracting ICD code 494, but does not include congenital bronchiectasis or genetic disorders associated with bronchiectasis such as cystic fibrosis or alpha-1-antitrypsin deficiency.

Basis for determining the factors

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **bronchiectasis and death from bronchiectasis** can be related to relevant service rendered by veterans or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, the factors set out in at least one of the paragraphs in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must exist before it can be said that, on the balance of probabilities, **bronchiectasis** or **death from bronchiectasis** is connected with the circumstances of a person's relevant service are:

(a) suffering from pneumonia before the clinical onset of bronchiectasis, where there is:

(i) continual or recurrent respiratory symptoms in the interval between that infection and the onset of bronchiectasis; and

(ii) no evidence contrary to the linking of that episode of pneumonia or bronchopneumonia to subsequent bronchiectasis, such as normal radiological investigations (for example, normal chest CAT scans) in the intervening period; or

(b) evidence of tuberculosis infection of the affected area of the lung before the clinical onset of bronchiectasis; or

(c) evidence of sarcoidosis of the affected area of the lung before the clinical onset of bronchiectasis; or

(d) suffering from a bronchial obstruction before the clinical onset of bronchiectasis, where the bronchiectasis is distal to that obstruction; or

(e) heavy exposure to toxic gases or fumes within the 90 days before the clinical onset of bronchiectasis; or

(f) aspiration of gastric contents, resulting in acute respiratory distress with evidence of pneumonia or pneumonitis within the 90 days before the clinical onset of bronchiectasis; or

(g) suffering from allergic bronchopulmonary aspergillosis at the time of the clinical onset of bronchiectasis; or

(h) undergoing a lung or heart-lung transplantation before the clinical onset of bronchiectasis in the transplanted lung; or

(j) suffering from pneumonia before the clinical worsening of bronchiectasis; or

(k) evidence of tuberculosis infection of the affected area of the lung before the clinical worsening of bronchiectasis; or

(m) evidence of sarcoidosis of the affected area of the lung before the clinical worsening of bronchiectasis; or

(n) suffering from a bronchial obstruction before the clinical worsening of bronchiectasis, where the bronchiectasis is distal to that obstruction; or

(o) heavy exposure to toxic gases or fumes within the 90 days before the clinical worsening of bronchiectasis; or

(p) aspiration of gastric contents, resulting in acute respiratory distress with evidence of pneumonia or pneumonitis within the 90 days before the clinical worsening of bronchiectasis; or

(q) suffering from allergic bronchopulmonary aspergillosis at the time of the clinical worsening of bronchiectasis; or

(r) inability to obtain appropriate clinical management for bronchiectasis.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(j) to 5(r)** apply only to material contribution to, or aggravation of, bronchiectasis where the person's bronchiectasis was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

"acute respiratory distress" means sudden onset of deterioration in respiratory function accompanied by symptoms or signs such as tachypnoea, cyanosis, dyspnoea, hypoxaemia or wheezing;

"allergic bronchopulmonary aspergillosis" means a condition where patients with pre-existing asthma and eosinophilia (>1000 eosinophils/micro litre), develop immediate wheal-and-flare response to *Aspergillus fumigatus*, serum precipitins to *A fumigatus*, elevated serum IgE, fleeting pulmonary infiltrates from bronchial plugging and central bronchiectasis, attracting ICD code 117.3;

"bronchial obstruction" means partial or complete blockage of a bronchus by, for example, a foreign body, lymph node or tumour;

"continual or recurrent respiratory symptoms" means recurrent or persisting pulmonary symptoms such as a productive cough, without any symptom free period exceeding two months;

"heavy exposure to toxic gases or fumes" means:

(i) acute inhalation of large amounts of anhydrous ammonia fumes, smoke, mustard gas, oxides of sulphur, chlorine or phosgene, resulting in acute respiratory distress with evidence of pulmonary oedema and/or evidence of pneumonitis; or

(ii) chronic inhalation of mustard gas, such as may occur with workers involved in the production of mustard gas, which results in chronic cough, excessive sputum production and/or respiratory distress;

"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 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

"pneumonia" means inflammation of the lung with clinical and/or radiological evidence of consolidation and includes lobar pneumonia and bronchopneumonia;

"pneumonitis" means inflammation of the lung;

"relevant service" means:

(a) eligible war service (other than operational service); or
(b) defence service (other than hazardous service);

"sarcoidosis" means a chronic, multisystem disorder of unknown cause characterised by an accumulation of T lymphocytes and mononuclear phagocytes, noncaseating epithelioid granulomas, and derangements of the normal tissue architecture in affected organs, attracting ICD code 135.

"tuberculosis" means a chronic granulomatous disease with a variety of pulmonary and extrapulmonary manifestations, caused by a mycobacterium, attracting ICD codes in the range 010 to 018.

Dated this **Second** day of **May** 1997

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

KEN DONALD
CHAIRMAN