

Revocation and Determination

of

Statement of Principles concerning

BRONCHIECTASIS

ICD-10-AM CODE: J47

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.36 of 1997; and
 - (b) determines in its place the following Statement of Principles.

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 J47. It does not include congenital bronchiectasis, or bronchiectasis associated with cystic fibrosis, alpha-1-antitrypsin deficiency or other genetic disorders.

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, at least one of the factors set out 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, with continual or recurrent respiratory symptoms in the interval between that episode of pneumonia and the clinical onset of bronchiectasis; or
 - (b) suffering from mycobacterial infection of the affected area of the lung before the clinical onset of bronchiectasis; or
 - (c) suffering from sarcoidosis of the lung before the clinical onset of bronchiectasis; or
 - (d) suffering from bronchial obstruction before the clinical onset of bronchiectasis, where the bronchiectasis is distal to that obstruction; or
 - (e) inhaling toxic gases or fumes within the 90 days before the clinical onset of bronchiectasis; or
 - (f) inhaling mustard gas before the clinical onset of bronchiectasis; or
 - (g) aspirating gastric contents, resulting in acute respiratory distress within the 90 days before the clinical onset of bronchiectasis; or
 - (h) suffering from allergic bronchopulmonary aspergillosis at the time of the clinical onset of bronchiectasis; or
 - (j) undergoing a lung or heart-lung transplantation before the clinical onset of bronchiectasis in the transplanted lung; or
 - (k) having suffered from collapse or fibrosis of the segment of the lung affected by bronchiectasis before the clinical onset of bronchiectasis; or

- (m) suffering from pneumonia within the one year before the clinical worsening of bronchiectasis; or
- (n) suffering from mycobacterial infection of the affected area of the lung before the clinical worsening of bronchiectasis; or
- (o) suffering from sarcoidosis of the lung before the clinical worsening of bronchiectasis; or
- (p) suffering from bronchial obstruction before the clinical worsening of bronchiectasis, where the bronchiectasis is distal to that obstruction; or
- (q) inhaling toxic gases or fumes within the 90 days before the clinical worsening of bronchiectasis; or
- (r) inhaling mustard gas before the clinical worsening of bronchiectasis; or
- (s) aspirating gastric contents, resulting in acute respiratory distress within the 90 days before the clinical worsening of bronchiectasis; or
- (t) suffering from allergic bronchopulmonary aspergillosis at the time of the clinical worsening of bronchiectasis; or
- (u) having suffered from collapse or fibrosis of the segment of the lung affected by bronchiectasis before the clinical worsening of bronchiectasis; or
- (v) inability to obtain appropriate clinical management for bronchiectasis.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(m) to 5(v) 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.

Inclusion of Statements of Principles

7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of

Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

Other definitions

8. For the purposes of this Statement of Principles:

“acute respiratory distress” means sudden onset of deterioration in respiratory function with symptoms or signs of 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;

“inhaling toxic gases or fumes” means inhaling anhydrous ammonia fumes, smoke, oxides of sulphur, chlorine or phosgene, resulting in acute respiratory distress with evidence of pulmonary oedema or evidence of pneumonitis;

“bronchial obstruction” means partial or complete blockage of a bronchus;

“death from bronchiectasis” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s bronchiectasis;

“ICD-10-AM code” means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th revision, Australian Modification (ICD-10-AM), Second Edition, effective date of 1 July 2000, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 271 3;

“mycobacterial infection” means infection by mycobacterium tuberculosis or non-tuberculous mycobacteria;

“pneumonia” means inflammation of the lung with clinical or radiological evidence of consolidation;

“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 derangement of the normal tissue architecture in affected organs;

“terminal event” means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

Application

- 9. This Instrument applies to all matters to which section 120B of the Act applies.

Dated this **Fourteenth** day of
August 2001

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

KEN DONALD
CHAIRMAN