

Revocation and Determination

of

Statement of Principles concerning

ASTHMA

Veterans' Entitlements Act 1986

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
 - (a) revokes Instrument No.59 of 1996 and Instrument No.75 of 1997; and
 - (b) determines in their place the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about **asthma** and **death from asthma**.
- (b) For the purposes of this Statement of Principles, "**asthma**" means a condition marked by increased responsiveness of the bronchi to various stimuli manifested by recurrent attacks of paroxysmal dyspnoea, with wheezing due to spasmodic contraction of the bronchi which characteristically responds rapidly to bronchodilators. The airflow obstruction may not be completely reversible. This definition includes chronic airway obstruction due to asthma, and reactive airways dysfunction syndrome, and excludes asthmatic bronchitis.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **asthma and death from**

asthma can be related to relevant service rendered by veterans, members of Peacekeeping Forces, 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **asthma** or **death from asthma** with the circumstances of a person's relevant service are:
 - (a) for the first episode of asthma only, being exposed to an occupational antigen within the 24 hours before the clinical onset of asthma; or
 - (b) for the first episode of asthma only, being exposed to an antigenic stimulus causing asthma within the 24 hours before the clinical onset of asthma; or
 - (c) for reactive airways dysfunction syndrome only, having an exposure to an agent as specified within the 24 hours before the clinical onset of asthma; or
 - (d) being exposed to an antigenic stimulus or nonantigenic stimulus within the 24 hours before the clinical worsening of asthma; or
 - (e) suffering from gastro-oesophageal reflux disease at the time of the clinical worsening of asthma; or
 - (f) inability to obtain appropriate clinical management for asthma.

Factors that apply only to material contribution or aggravation

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

“an exposure to an agent as specified” means an episode of exposure by inhalation of an irritant gas, smoke, fume, or vapour that:

- (a) has been reported in a peer reviewed medical or scientific publication to have caused reactive airways dysfunction syndrome, as defined; and
- (b) resulted in acute toxic lower respiratory tract effects that warranted immediate treatment;

“antigenic stimulus” means any substance which is capable of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitised T-lymphocytes. Antigens may be soluble substances such as toxins and foreign proteins, or particulate such as bacteria and tissue cells;

“antigenic stimulus causing asthma” means an antigenic substance which has been reported in a peer reviewed medical or scientific publication to precipitate the new onset of asthma after exposure; where reported cases have been defined by the close temporal relationship between exposure to an antigenic agent, and

- (a) significant related changes in forced expiratory flow rate in one second;
- (b) significant related changes in peak expiratory flow rate; or
- (c) positive response to inhalation provocation testing with an agent to which the person is exposed;

“clinical worsening of asthma” means permanent worsening of asthma evidenced by:

- (a) status asthmaticus;
- (b) an asthmatic attack resulting in hypoxic damage (eg cerebral hypoxia);
- (c) an asthmatic attack leading to death; or
- (d) an increase in maintenance asthmatic medication due to the patient not being able to discontinue their exposure to the stimulus (eg. beta blockers) causing a worsening of asthma symptoms;

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

“gastro-oesophageal reflux disease” means the presence of regurgitation of gastric content into the oesophagus together with resultant symptomatic and/or histologic evidence of oesophageal inflammation;

“nonantigenic stimulus” means cold air, emotional stress, exercise, drugs (including beta blockers), respiratory infection or inhaled irritants such as ozone, sulphur dioxide, mustard gas, or smoke, including cigarette smoke;

“occupational antigen” means one of the following specific inhaled substances present in the workplace which precipitate the new onset of asthma:

- (a) metal salts of platinum, chrome, or nickel;
- (b) dusts from oak, western red cedar, African maple, or ramin wood;
- (c) dusts or aerosols from cereal grain, wheat flour, rye flour, the castor bean, green coffee bean, soybean, buckwheat, latex, or hydrolysed gluten;
- (d) powdered forms of antibiotics, piperazine hydrochloride, or cimetidine;
- (e) fumes or dusts from toluene diisocyanate, methylene diphenyl diisocyanate, hexamethylene diisocyanate, phthalic acid anhydride, trimellitic anhydride, hexahydrophthalic anhydride, tetrahydrophthalic anhydride, himic anhydride, persulfate salts, ethylenediamine, *p*-phenylenediamine, ethylene diamine, triethylene tetramine, or reactive dyes: tartrazine; azoquinone; anthroquinone; methyl blue; or black G-R;
- (f) dusts or vapours from biological enzymes, subtilisin, aspergillus enzymes, trypsin, pancreatin, or laundry detergents;
- (g) dusts or vapours from animal hair, pelts, urine, serum and secretions, or crustaceans; or
- (h) insect dusts and secretions;

“reactive airways dysfunction syndrome” means an asthma-like condition satisfying the following criteria:

- (a) a documented absence of preceding asthma or other ongoing bronchial disorders;
- (b) onset of symptoms after a single exposure incident or accident;
- (c) exposure to a gas, smoke, fume, or vapour, with irritant properties, present in very high concentrations;
- (d) onset of symptoms within 24 hours after the acute exposure, with persistence of symptoms for at least three months;
- (e) symptoms simulate asthma;

- (f) presence of reversible airflow obstruction on pulmonary function tests and/or the presence of nonspecific bronchial hyperresponsiveness; and
- (g) other pulmonary diseases ruled out;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“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 120A of the Act applied.

Dated this **Twentieth** day of
November 2001

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

KEN DONALD
CHAIRMAN