

Statement of Principles
concerning

BRONCHIECTASIS

No. 17 of 2009

for the purposes of the

Veterans' Entitlements Act 1986
and

Military Rehabilitation and Compensation Act 2004

Title

1. This Instrument may be cited as Statement of Principles concerning bronchiectasis No. 17 of 2009.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 59 of 2001 concerning bronchiectasis;
and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (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 dilatation of bronchi which resulted from destruction of the muscle and elastic tissue. This definition excludes congenital bronchiectasis, or bronchiectasis associated with cystic fibrosis, alpha-1-antitrypsin deficiency or other genetic disorders.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **bronchiectasis** and **death from bronchiectasis** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **bronchiectasis** or **death from bronchiectasis** with the circumstances of a person's relevant service is:
 - (a) having pneumonia within the 12 months before the clinical onset of bronchiectasis; or
 - (b) having pulmonary tuberculosis or non-tuberculous mycobacterial infection of the lung, before the clinical onset of bronchiectasis; or
 - (c) having sarcoidosis of the lung before the clinical onset of bronchiectasis; or
 - (d) having 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 12 months before the clinical onset of bronchiectasis; or
 - (f) inhaling mustard gas before the clinical onset of bronchiectasis; or
 - (g) having aspiration pneumonitis within the 12 months before the clinical onset of bronchiectasis; or
 - (h) having gastro-oesophageal reflux disease, with erosive oesophagitis or oesophageal stricture, within the five years before the clinical onset of bronchiectasis; or

- (i) having allergic bronchopulmonary aspergillosis at the time of the clinical onset of bronchiectasis; or
- (j) having a lung or heart-lung transplant before the clinical onset of bronchiectasis in the transplanted lung; or
- (k) having collapse or fibrosis of the segment of the lung affected by bronchiectasis, before the clinical onset of bronchiectasis; or
- (l) being exposed to arsenic as specified before the clinical onset of bronchiectasis; or
- (m) having pneumonia within the 12 months before the clinical worsening of bronchiectasis; or
- (n) having pulmonary tuberculosis or non-tuberculous mycobacterial infection of the lung, before the clinical worsening of bronchiectasis; or
- (o) having sarcoidosis of the lung before the clinical worsening of bronchiectasis; or
- (p) having 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 12 months before the clinical worsening of bronchiectasis; or
- (r) inhaling mustard gas before the clinical worsening of bronchiectasis; or
- (s) having aspiration pneumonitis within the 12 months before the clinical worsening of bronchiectasis; or
- (t) having gastro-oesophageal reflux disease, with erosive oesophagitis or oesophageal stricture, within the five years before the clinical worsening of bronchiectasis; or
- (u) having allergic bronchopulmonary aspergillosis at the time of the clinical worsening of bronchiectasis; or
- (v) having collapse or fibrosis of the segment of the lung affected by bronchiectasis, before the clinical worsening of bronchiectasis; or

- (w) being exposed to arsenic as specified before the clinical worsening of bronchiectasis; or
- (x) inability to obtain appropriate clinical management for bronchiectasis.

Factors that apply only to material contribution or aggravation

- 7. Paragraphs **6(m) to 6(x)** 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.

Inclusion of Statements of Principles

- 8. 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 as in force from time to time.

Other definitions

- 9. For the purposes of this Statement of Principles:

"allergic bronchopulmonary aspergillosis" means infection of the bronchi and lungs by species of *Aspergillus* accompanied by allergic symptoms in the bronchi, often with expectoration of yellow or brown bronchial plugs composed of eosinophils and fungal hyphae;

"aspiration pneumonitis" means inflammation of the lungs with clinical or radiological evidence of consolidation due to the deposition of a foreign substance (such as food particles, oral secretions or gastric contents) into the respiratory tract;

"being exposed to arsenic as specified" means:

- (a) consuming drinking water with arsenic content higher than 0.05 ppm (50 µg/l) for a cumulative period of at least ten years; or
- (b) having clinical evidence of excessive chronic arsenic exposure;

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

"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;

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

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

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

"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

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

Date of effect

- 11.** This Instrument takes effect from 6 May 2009.

Dated this *twenty-fourth* day of *April* 2009

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

KEN DONALD
CHAIRPERSON