

Statement of Principles
concerning

ACUTE RHEUMATIC FEVER

No. 23 of 2011

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 acute rheumatic fever No. 23 of 2011.

Determination

2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the VEA).

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **acute rheumatic fever** and **death from acute rheumatic fever**.
 - (b) For the purposes of this Statement of Principles, "**acute rheumatic fever**" means a systemic inflammatory autoimmune disease that follows infection with group A beta-haemolytic Streptococcus (*Streptococcus pyogenes*), with major manifestations consisting of combinations of carditis, painful migratory asymmetrical polyarthritides, Sydenham's chorea, erythema marginatum and subcutaneous nodules; and minor manifestations of arthralgia, elevated acute-phase reactants, prolonged P-R interval and other rhythm abnormalities, or fever; plus serological evidence of a preceding group A streptococcal infection. This definition excludes chronic rheumatic heart disease.
 - (c) Acute rheumatic fever attracts ICD-10-AM code I00, I01 or I02.
 - (d) In the application of this Statement of Principles, the definition of "**acute rheumatic fever**" is that given at paragraph 3(b) above.

Basis for determining the factors

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **acute rheumatic fever** and **death from acute rheumatic fever** 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 **acute rheumatic fever** or **death from acute rheumatic fever** with the circumstances of a person's relevant service is:
 - (a) having a group A beta-haemolytic streptococcal infection of the skin or the pharynx within the three months before the clinical onset of acute rheumatic fever; or
 - (b) experiencing crowded living or working conditions for a continuous period of at least thirty days, within the six months before the clinical onset of acute rheumatic fever; or
 - (c) inability to obtain appropriate clinical management for acute rheumatic fever.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(c) applies only to material contribution to, or aggravation of, acute rheumatic fever where the person's acute rheumatic fever 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:

"death from acute rheumatic fever" in relation to a person includes death from a terminal event or condition that was contributed to by the person's acute rheumatic fever;

"group A beta-haemolytic streptococcal infection" means positive throat culture of group A beta-haemolytic Streptococci, or serological documentation of elevated or rising titres of anti-streptolysin O (ASO), anti-deoxyribonuclease B (anti-DNase B) or other streptococcal antibody, or rapid antigen test for group A Streptococci, usually occurring with clinical evidence of pharyngitis or pyoderma, and excludes colonisation of the affected site;

"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), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"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.

Date of effect

10. This Instrument takes effect from 30 March 2011.

Dated this *Seventeenth* day of *March* 2011

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

KEN DONALD
CHAIRPERSON