



Australian Government  
Repatriation Medical Authority

## Statement of Principles concerning

# HASHIMOTO'S THYROIDITIS

## No. 32 of 2013

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 Hashimoto's thyroiditis No. 32 of 2013.

### Determination

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

### Kind of injury, disease or death

3. (a) This Statement of Principles is about **Hashimoto's thyroiditis** and **death from Hashimoto's thyroiditis**.  
(b) For the purposes of this Statement of Principles, "**Hashimoto's thyroiditis**" means a chronic autoimmune disease of the thyroid gland, characterised by lymphocytic infiltration of the gland and high titres of circulating antibodies against thyroid peroxidase (TPO) and/or thyroglobulin (Tg). Hypothyroidism and goitre are common presenting features, but may be absent. Hashimoto's thyroiditis is also known as chronic autoimmune thyroiditis or chronic lymphocytic thyroiditis.

This definition includes primary hypothyroidism with thyroid atrophy (Ord's disease) and chronic autoimmune thyroiditis with transient thyrotoxicosis (Hashitoxicosis). This definition excludes acute thyroiditis, subacute thyroiditis, Graves' disease, postpartum

thyroiditis, non-autoimmune chronic thyroiditis and secondary hypothyroidism.

- (c) Hashimoto's thyroiditis attracts ICD-10-AM code E06.3.
- (d) In the application of this Statement of Principles, the definition of "**Hashimoto's thyroiditis**" is that given at paragraph 3(b) above.

#### **Basis for determining the factors**

- 4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **Hashimoto's thyroiditis** and **death from Hashimoto's thyroiditis** can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, **Hashimoto's thyroiditis** or **death from Hashimoto's thyroiditis** is connected with the circumstances of a person's relevant service is:
  - (a) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the three months before the clinical onset of Hashimoto's thyroiditis; or
  - (b) being treated with interferon alpha for a continuous period of at least six weeks, within the three months before the clinical onset of Hashimoto's thyroiditis; or
  - (c) undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, within the ten years before the clinical onset of Hashimoto's thyroiditis; or
  - (d) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the thyroid gland, within the ten years before the clinical onset of Hashimoto's thyroiditis; or
  - (e) receiving radioactive iodine (<sup>131</sup>I) for the treatment of multinodular goitre within the ten years before the clinical onset of Hashimoto's thyroiditis; or
  - (f) having iodine excess from consuming foods, dietary supplements or medications with a high content of iodine, within the three months before the clinical worsening of Hashimoto's thyroiditis; or
  - (g) being treated with interferon alpha for a continuous period of at least six weeks, within the three months before the clinical worsening of Hashimoto's thyroiditis; or

- (h) undergoing a course of therapeutic radiation for cancer, where the thyroid gland was in the field of radiation, within the ten years before the clinical worsening of Hashimoto's thyroiditis; or
- (i) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the thyroid gland, within the ten years before the clinical worsening of Hashimoto's thyroiditis; or
- (j) receiving radioactive iodine (<sup>131</sup>I) for the treatment of multinodular goitre within the ten years before the clinical worsening of Hashimoto's thyroiditis; or
- (k) inability to obtain appropriate clinical management for Hashimoto's thyroiditis.

### **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(f) to 6(k)** apply only to material contribution to, or aggravation of, Hashimoto's thyroiditis where the person's Hashimoto's thyroiditis 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:

**"cumulative equivalent dose"** means the total dose of ionising radiation received by the particular organ or tissue. The formula used to calculate the cumulative equivalent dose allows doses from multiple types of ionising radiation to be combined, by accounting for their differing biological effect. The unit of equivalent dose is the sievert. For the purposes of this Statement of Principles, the calculation of cumulative equivalent dose excludes doses received from normal background radiation, but includes therapeutic radiation, diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents;

**"death from Hashimoto's thyroiditis"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's Hashimoto's thyroiditis;

**"having iodine excess"** means having an average dietary intake of more than 1500 micrograms of iodine per day for a continuous period of three months, or having a urinary iodine excretion rate of greater than 800 micrograms per 24 hours;

**"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) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime 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 8 May 2013.

Dated this `twenty-ninth` day of `April` 2013

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

PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON