



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

OTITIS MEDIA

No. 51 of 2014

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 otitis media No. 51 of 2014.

Determination

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 1 of 2003 concerning otitis media; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **otitis media** and **death from otitis media**.
 - (b) For the purposes of this Statement of Principles, "**otitis media**" means an infective or inflammatory process within the middle ear. This definition of otitis media excludes cholesteatoma of the middle ear or isolated perforation of the tympanic membrane.
 - (c) Otitis media attracts ICD-10-AM code H65, H66 or H67.
 - (d) In the application of this Statement of Principles, the definition of "**otitis media**" 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 **otitis media** and **death from otitis media** 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 **otitis media** or **death from otitis media** with the circumstances of a person's relevant service is:
 - (a) having an upper respiratory tract infection within the 21 days before the clinical onset of otitis media; or
 - (b) having a partial or complete obstruction of the Eustachian tube of the affected side within the seven days before the clinical onset of otitis media; or
 - (c) having allergic rhinitis within the seven days before the clinical onset of otitis media; or
 - (d) having a malignant neoplasm of the nasopharynx at the time of the clinical onset of otitis media; or
 - (e) having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the temporal bone of the affected side within the three years before the clinical onset of otitis media; or
 - (f) undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation, within the three years before the clinical onset of otitis media; or
 - (g) having a rupture of the tympanic membrane of the affected side within the seven days before the clinical onset of otitis media; or
 - (h) experiencing otitic barotrauma within the seven days before the clinical onset of otitis media; or
 - (i) having tuberculosis at the time of the clinical onset of otitis media; or
 - (j) having gastro-oesophageal reflux disease at the time of the clinical onset of otitis media; or
 - (k) swimming, diving or participating in other aquatic activities where water may enter the oropharynx within the seven days before the clinical onset of otitis media; or
 - (l) having an upper respiratory tract infection within the 21 days before the clinical worsening of otitis media; or

- (m) having allergic rhinitis within the seven days before the clinical worsening of otitis media; or
- (n) experiencing otitic barotrauma within the seven days before the clinical worsening of otitis media; or
- (o) having gastro-oesophageal reflux disease at the time of the clinical worsening of otitis media; or
- (p) inability to obtain appropriate clinical management for otitis media.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(l) to 6(p)** apply only to material contribution to, or aggravation of, otitis media where the person's otitis media 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 otitis media" in relation to a person includes death from a terminal event or condition that was contributed to by the person's otitis media;

"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), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

"relevant service" means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or

(f) 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 7 May 2014.

Dated this **twenty-fourth** day of **April** 2014

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

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON