



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning

**TINEA**

**No. 12 of 2015**

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 tinea No. 12 of 2015.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 14 of 2004 concerning tinea of the skin; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **tinea** and **death from tinea**.
  - (b) For the purposes of this Statement of Principles, "**tinea**", also known as dermatophytosis, means a fungal infection of skin, hair or nails caused by dermatophytes from the *Epidermophyton*, *Trichophyton* or the *Microsporum* species, resulting in clinical lesions.
  - (c) Tinea attracts ICD-10-AM code B35.
  - (d) In the application of this Statement of Principles, the definition of "**tinea**" 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 **tinea** and **death from tinea** 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, **tinea** or **death from tinea** is connected with the circumstances of a person's relevant service is:
  - (a) for tinea corporis, tinea capitis, tinea barbae or tinea pedis only:
    - (i) being exposed to the dermatophyte at the affected site between two days and four weeks before the clinical onset of tinea; or
    - (ii) having skin maceration at the affected site between two days and four weeks before the clinical onset of tinea; or
  - (b) for tinea unguium only:
    - (i) being exposed to the dermatophyte at the affected site between two days and three months before the clinical onset of tinea; or
    - (ii) having skin maceration at the affected site between two days and three months before the clinical onset of tinea; or
  - (c) having diabetes mellitus at the time of the clinical onset of tinea; or
  - (d) being in an immunocompromised state as specified at the time of the clinical onset of tinea; or
  - (e) for tinea pedis or tinea unguium only, having chronic ischaemia of the affected foot from:
    - (i) chronic venous insufficiency of the lower limb; or
    - (ii) atherosclerotic peripheral vascular disease of the lower limb; at the time of the clinical onset of tinea; or
  - (f) for tinea corporis, tinea capitis, tinea barbae or tinea pedis only:
    - (i) being exposed to the dermatophyte at the affected site between two days and four weeks before the clinical worsening of tinea; or
    - (ii) having skin maceration at the affected site between two days and four weeks before the clinical worsening of tinea; or

- (g) for tinea unguium only:
  - (i) being exposed to the dermatophyte at the affected site between two days and three months before the clinical worsening of tinea; or
  - (ii) having skin maceration at the affected site between two days and three months before the clinical worsening of tinea; or
- (h) having diabetes mellitus at the time of the clinical worsening of tinea; or
- (i) being in an immunocompromised state as specified at the time of the clinical worsening of tinea; or
- (j) for tinea pedis or tinea unguium only, having chronic ischaemia of the affected foot from:
  - (i) chronic venous insufficiency of the lower limb; or
  - (ii) atherosclerotic peripheral vascular disease of the lower limb; at the time of the clinical worsening of tinea; or
- (k) inability to obtain appropriate clinical management for tinea.

**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, tinea where the person's tinea 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:

**"an immunocompromised state as specified"** means a condition of substantially lowered immune function, such as would occur in the following conditions or circumstances:

- (a) being infected with human immunodeficiency virus;
- (b) being treated with an immunosuppressive drug;
- (c) having a haematological or solid organ malignancy;
- (d) having chronic renal failure;
- (e) having severe malnutrition; or
- (f) undergoing solid organ, stem cell or bone marrow transplantation;

**"an immunosuppressive drug"** means a drug or an agent which results in substantial suppression of immune responses. This definition includes corticosteroids other than inhaled or topical corticosteroids, drugs used to

prevent transplant rejection, tumour necrosis factor- $\alpha$  inhibitors and chemotherapeutic agents used for the treatment of cancer;

**"being exposed to the dermatophyte"** means:

- (a) having direct contact with a person or an animal infected with the dermatophyte;
- (b) having direct contact with soil contaminated with the dermatophyte;
- (c) sharing personal items which belong to a person infected with the dermatophyte, where the personal items (for example, brushes, hats, razors or towels) have had contact with the site of the infection; or
- (d) using communal showering or bathing facilities, swimming pool facilities or locker rooms;

**"chronic renal failure"** means having a glomerular filtration rate of less than 60 mL/min/1.73 m<sup>2</sup> for a period of at least three months, or the presence of irreversible kidney damage;

**"direct contact"** means physical contact where no protective or impermeable barrier is used;

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

**"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) 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;

**"skin maceration"** means the softening of the skin by moisture;

**"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;

**"tinea barbae"** means dermatophytosis of the beard manifested by itching, scaling and hair loss;

**"tinea capitis"** means dermatophytosis of the scalp or hair, manifested by itching, scaling, hair loss and inflammation of varying degrees;

**"tinea corporis"** means dermatophytosis of the body, excluding the feet. Tinea of the face, neck, trunk, limb or groin is characterised by clinical lesions with scaling and raised erythematous borders. Tinea of the hand is generally characterised by scaling, hyperkeratosis or vesicles;

"**tinea pedis**" means dermatophytosis of the foot manifested by scaling, hyperkeratosis or vesicles;

"**tinea unguium**" means dermatophytosis of the nails, manifested by thickening and discolouration of the nail, nail dystrophy and often subungual hyperkeratosis.

**Application**

10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

**Date of effect**

11. This Instrument takes effect from 27 January 2015.

Dated this **nineteenth** day of **December** 2014

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed at the direction of: )



PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON