



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**ACUTE RHEUMATIC FEVER**  
**(Reasonable Hypothesis)**  
**(No. 53 of 2019)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 26 April 2019

The Common Seal of the  
Repatriation Medical Authority  
was affixed to this instrument  
at the direction of:

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *acute rheumatic fever (Reasonable Hypothesis)* (No. 53 of 2019).

**2 Commencement**

This instrument commences on 27 May 2019.

**3 Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

**4 Repeal**

The Statement of Principles concerning acute rheumatic fever No. 23 of 2011 (Federal Register of Legislation No. F2011L00503) made under subsection 196B(2) of the VEA is repealed.

**5 Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

**6 Definitions**

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

**7 Kind of injury, disease or death to which this Statement of Principles relates**

- (1) This Statement of Principles is about acute rheumatic fever and death from acute rheumatic fever.

*Meaning of acute rheumatic fever*

- (2) For the purposes of this Statement of Principles, acute rheumatic fever:
- (a) means a systemic, inflammatory autoimmune disease that follows laboratory confirmed infection with beta-haemolytic streptococcus; and
  - (b) excludes post-streptococcal reactive arthritis.

Note 1: Acute rheumatic fever may affect the heart as clinical or subclinical carditis; the joints as polyarthritis, monoarthritis or polyarthralgia; the central nervous system; and the skin or subcutaneous tissues. It can also present as isolated Sydenham chorea or indolent subclinical carditis.

Note 2: Laboratory confirmation of infection may occur at the time of the streptococcal infection using positive throat culture, positive rapid antigen test or positive molecular assay, or later using positive serology for streptococcus.

- (3) While acute rheumatic fever attracts ICD-10-AM code I00, I01 or I02, in applying this Statement of Principles the meaning of acute rheumatic fever is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

#### *Death from acute rheumatic fever*

- (5) For the purposes of this Statement of Principles, 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.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

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

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 MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

### **9 Factors that must exist**

At least one of the following factors 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:

- (1) 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;
- (2) for acute rheumatic fever manifesting as isolated chorea or as indolent subclinical carditis only, having a group A beta-haemolytic streptococcal infection of the skin or the pharynx within the nine months before the clinical onset of acute rheumatic fever;
- (3) having a group C or G streptococcal infection of the pharynx within the three months before the clinical onset of acute rheumatic fever;
- (4) experiencing crowded living or working conditions within the one year before the clinical onset of acute rheumatic fever;

- (5) having dental caries within the one year before the clinical onset of acute rheumatic fever;
- (6) inability to obtain appropriate clinical management for acute rheumatic fever.

## **10 Relationship to service**

- (1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
- (2) The factor set out in subsection 9(6) 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 did not arise out of) the person's relevant service.

## **11 Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(2) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

# Schedule 1 - Dictionary

Note: See Section 6

## 1 Definitions

In this instrument:

*acute rheumatic fever*—see subsection 7(2).

*MRCA* means the *Military Rehabilitation and Compensation Act 2004*.

*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.

Note: *MRCA* and *VEA* are also defined in the Schedule 1 - Dictionary.

*terminal event* means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

*VEA* means the *Veterans' Entitlements Act 1986*.