Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
HYPERSENSITIVITY PNEUMONITIS
(Balance of Probabilities)
(No. 8 of 2020)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 28 February 2020

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

Professor Nicholas Saunders AO
Chairperson

Contents

1 Name

This is the Statement of Principles concerning *hypersensitivity pneumonitis (Balance of Probabilities)* (No. 8 of 2020).

2 Commencement

This instrument commences on 23 March 2020.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986.*

4 Repeal

The Statement of Principles concerning extrinsic allergic alveolitis No. 88 of 2011 (Federal Register of Legislation No. F2011L01447) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 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 hypersensitivity pneumonitis and death from hypersensitivity pneumonitis.

*Meaning of **hypersensitivity pneumonitis***

(2) For the purposes of this Statement of Principles, hypersensitivity pneumonitis:

(a) means a non-infectious, immunological inflammation of the lung parenchyma secondary to inhalation, by a sensitised subject, of any one of a variety of external antigens; and
(b) includes acute, subacute and chronic hypersensitivity pneumonitis; and
(c) excludes fibrosing interstitial lung disease, bronchiolitis obliterans organising pneumonia, and lung inflammation resulting from antigen exposure by means other than inhalation, such as ingested drugs and acute anaphylaxis.

Note 1: Hypersensitivity pneumonitis is also known as extrinsic allergic alveolitis.

Note 2: The inflammation of the lung parenchyma mainly involves the alveoli, terminal bronchioles and interstitium. The inflammation often organises into granulomas and may progress to fibrosis in chronic cases.

(3) While hypersensitivity pneumonitis attracts ICD-10-AM code J67, in applying this Statement of Principles the meaning of hypersensitivity pneumonitis 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 ***hypersensitivity pneumonitis***

(5) For the purposes of this Statement of Principles, hypersensitivity pneumonitis, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's hypersensitivity pneumonitis.

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

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that hypersensitivity pneumonitis and death from hypersensitivity pneumonitis can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, hypersensitivity pneumonitis or death from hypersensitivity pneumonitis is connected with the circumstances of a person's relevant service:

(1) inhaling the specific antigen responsible for the hypersensitivity pneumonitis before the clinical onset of hypersensitivity pneumonitis;

Note: ***antigen*** and ***specific antigen responsible for the hypersensitivity pneumonitis*** are defined in the Schedule 1 - Dictionary.

(2) inhaling the specific antigen responsible for the hypersensitivity pneumonitis within the 30 days before the clinical worsening of hypersensitivity pneumonitis;

Note: ***antigen*** and ***specific antigen responsible for the hypersensitivity pneumonitis*** are defined in the Schedule 1 - Dictionary.

(3) inability to obtain appropriate clinical management for hypersensitivity pneumonitis.

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 factors set out in subsections 9(2) and 9(3) apply only to material contribution to, or aggravation of, hypersensitivity pneumonitis where the person's hypersensitivity pneumonitis 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(3) 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:

antigen means an exogenous substance which is capable of stimulating a type III or type IV hypersensitivity reaction in individuals through non-Immunoglobulin E (non-IgE) responses, and reacting with the resulting specific antibody or specifically sensitised T-lymphocytes.

hypersensitivity pneumonitis—see subsection 7(2).

specific antigen responsible for the hypersensitivity pneumonitis means the antigen which the available clinical or laboratory evidence implicates as the cause of hypersensitivity pneumonitis in the patient.

Note 1: Examples of sources of antigens responsible for causing hypersensitivity pneumonitis include, but are not limited to:

(a) animal dust, dander or hair particles;
(b) bird droppings or feathers;
(c) detergent powder;
(d) metalworking fluid contaminated with micro-organisms;
(e) mouldy timber dust;
(f) polyurethane varnishes and lacquers containing toluene diisocyanate or methylene diphenyl diisocyanate;
(g) heated epoxy resin or dyes containing phthalic anhydride;
(h) sewage sludge contaminated with micro-organisms; and
(i) spores from *Lycoperdon* puffballs.

Note 2: ***antigen*** is also defined in the Schedule 1 – Dictionary.

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

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.

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*.