



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
SEBORRHOEIC DERMATITIS
(Reasonable Hypothesis)
(No. 43 of 2021)

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

Dated 26 March 2021

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

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *seborrhoeic dermatitis (Reasonable Hypothesis)* (No. 43 of 2021).

2 Commencement

This instrument commences on 27 April 2021.

3 Authority

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

4 Repeal

The Statement of Principles concerning seborrhoeic dermatitis No. 13 of 2013 (Federal Register of Legislation No. F2013L00405) made under subsection 196B(2) of the VEA is repealed.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 seborrhoeic dermatitis and death from seborrhoeic dermatitis.

Meaning of seborrhoeic dermatitis

- (2) For the purposes of this Statement of Principles, seborrhoeic dermatitis means an exfoliative, chronic dermatitis involving areas of increased sebaceous gland activity.

Note: Seborrhoeic dermatitis characteristically affects the scalp, face, ears and the flexural creases of the body.

- (3) While seborrhoeic dermatitis attracts ICD-10-AM code L21.0, L21.8 or L21.9, in applying this Statement of Principles the meaning of seborrhoeic dermatitis 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 seborrhoeic dermatitis

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

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 seborrhoeic dermatitis and death from seborrhoeic dermatitis 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 seborrhoeic dermatitis or death from seborrhoeic dermatitis with the circumstances of a person's relevant service:

- (1) having infection with human immunodeficiency virus before the clinical onset of seborrhoeic dermatitis;
- (2) having infection with human T-cell lymphotropic virus type-1 before the clinical onset of seborrhoeic dermatitis;
- (3) having Parkinson's disease or secondary parkinsonism at the time of the clinical onset of seborrhoeic dermatitis;
- (4) having a physical disability or psychiatric disease which significantly limits the person's ability to maintain personal hygiene of the affected area at the time of the clinical onset of seborrhoeic dermatitis;

Note: Examples of conditions which can significantly limit a person's ability to maintain personal hygiene include severe injuries, paralysis, immobility, alcohol use disorder and major depressive disorder.

- (5) being immobile for at least the four weeks before the clinical onset of seborrhoeic dermatitis;

Note: Examples of being immobile include being in intensive care, having a spinal cord injury and, for facial seborrhoeic dermatitis, having facial paralysis.

- (6) having received a solid organ transplant at the time of the clinical onset of seborrhoeic dermatitis;
- (7) taking a drug from the specified list of drugs for the treatment of cancer or autoimmune disease for at least the seven days before the clinical onset of seborrhoeic dermatitis;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (8) taking a drug which is associated in the individual with the clinical onset of seborrhoeic dermatitis during drug therapy and either:
 - (a) the improvement of seborrhoeic dermatitis within three months of discontinuing or tapering drug therapy; or
 - (b) the redevelopment of seborrhoeic dermatitis on rechallenge with the same drug; and

where taking the drug continued for at least the seven days before the clinical onset of seborrhoeic dermatitis;

- (9) having infection with human immunodeficiency virus before the clinical worsening of seborrhoeic dermatitis;
- (10) having infection with human T-cell lymphotropic virus type-1 before the clinical worsening of seborrhoeic dermatitis;
- (11) having Parkinson's disease or secondary parkinsonism at the time of the clinical worsening of seborrhoeic dermatitis;
- (12) having a physical disability or psychiatric disease which significantly limits the person's ability to maintain personal hygiene of the affected area at the time of the clinical worsening of seborrhoeic dermatitis;

Note: Examples of conditions which can significantly limit a person's ability to maintain personal hygiene include severe injuries, paralysis, immobility, alcohol use disorder and major depressive disorder.

- (13) being immobile for at least the four weeks before the clinical worsening of seborrhoeic dermatitis;

Note: Examples of being immobile include being in intensive care, having a spinal cord injury and, for facial seborrhoeic dermatitis, having facial paralysis.

- (14) having received a solid organ transplant at the time of the clinical worsening of seborrhoeic dermatitis;
- (15) taking a drug from the specified list of drugs for the treatment of cancer or autoimmune disease for at least the seven days before the clinical worsening of seborrhoeic dermatitis;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (16) taking a drug which is associated in the individual with the clinical worsening of seborrhoeic dermatitis during drug therapy and either:
 - (a) the improvement of seborrhoeic dermatitis within three months of discontinuing or tapering drug therapy; or
 - (b) the worsening of seborrhoeic dermatitis on rechallenge with the same drug; and

where taking the drug continued for at least the seven days before the clinical worsening of seborrhoeic dermatitis;

- (17) wearing a surgical mask or face covering intended to provide protection from human-to-human respiratory virus transmission, for a cumulative period of at least 20 hours in the seven days before the clinical worsening of seborrhoeic dermatitis;
- (18) inability to obtain appropriate clinical management for seborrhoeic dermatitis.

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(9) to 9(18) apply only to material contribution to, or aggravation of, seborrhoeic dermatitis where the person's seborrhoeic dermatitis 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:

biologic agent means a therapeutic product which is derived from living organisms or which contains components of living organisms.

Note: Examples of biologic agents used for the treatment of cancer or autoimmune disease include interferons, monoclonal antibodies, B-Raf inhibitors, epidermal growth factor receptor inhibitors, interleukins, MEK-inhibitors and tyrosine kinase inhibitors.

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.

seborrheic dermatitis—see subsection 7(2).

specified list of drugs means:

- (a) a biologic agent;
- (b) capecitabine; or
- (c) fluorouracil.

Note 1: Fluorouracil is also known as 5-fluorouracil or 5-FU, and capecitabine is a pro-drug for fluorouracil. Both fluorouracil and capecitabine are available systemically while fluorouracil is also available topically.

Note 2: **biologic agent** is 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*.