



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
ACUTE INFECTIOUS MONONUCLEOSIS
(Reasonable Hypothesis)
(No. 17 of 2021)

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

Dated 24 December 2020

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 *acute infectious mononucleosis (Reasonable Hypothesis)* (No. 17 of 2021).

2 Commencement

This instrument commences on 25 January 2021.

3 Authority

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

4 Repeal

The Statement of Principles concerning acute infectious mononucleosis No. 3 of 2012 (Federal Register of Legislation No. F2012L00007) made under subsection 196B(2) of the VEA is repealed.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 infectious mononucleosis and death from acute infectious mononucleosis.

Meaning of acute infectious mononucleosis

- (2) For the purposes of this Statement of Principles, acute infectious mononucleosis means an illness caused by infection with the Epstein-Barr virus, accompanied by laboratory evidence of recently acquired Epstein-Barr virus infection.

Note: Typical clinical features of acute infectious mononucleosis include pharyngitis, lymphadenopathy, splenomegaly, fever, fatigue, myalgia and atypical lymphocytosis.

- (3) While acute infectious mononucleosis attracts ICD-10-AM code B27.0, in applying this Statement of Principles the meaning of acute infectious mononucleosis 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 infectious mononucleosis

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

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 infectious mononucleosis and death from acute infectious mononucleosis 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 infectious mononucleosis or death from acute infectious mononucleosis with the circumstances of a person's relevant service:

- (1) being exposed to the Epstein-Barr virus between 12 and 50 days before the clinical onset of acute infectious mononucleosis;

Note: *being exposed to the Epstein-Barr virus* is defined in the Schedule 1 - Dictionary.

- (2) inability to obtain appropriate clinical management for acute infectious mononucleosis.

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(2) applies only to material contribution to, or aggravation of, acute infectious mononucleosis where the person's acute infectious mononucleosis 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 infectious mononucleosis—see subsection 7(2).

being exposed to the Epstein-Barr virus means:

- (a) having exposure of the oral mucosa to saliva infected with the Epstein-Barr virus; or
- (b) receiving a blood transfusion, blood products, a stem cell transplant or an organ transplant infected with the Epstein-Barr virus.

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*.