



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

**Statement of Principles**  
**concerning**  
**HEPATITIS E INFECTION**  
**(Reasonable Hypothesis)**  
**(No. 39 of 2024)**

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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 21 June 2024

Professor Terence Campbell AM  
Chairperson  
by and on behalf of  
The Repatriation Medical Authority

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**1 Name**

This is the Statement of Principles concerning *hepatitis E infection (Reasonable Hypothesis)* (No. 39 of 2024).

**2 Commencement**

This instrument commences on 23 July 2024.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning hepatitis E (Reasonable Hypothesis) No. 112 of 2015 (Federal Register of Legislation No. F2015L01332) made under subsection 196B(2) of the VEA is repealed.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 hepatitis E infection and death from hepatitis E infection.

*Meaning of hepatitis E infection*

- (2) For the purposes of this Statement of Principles, hepatitis E infection means infection with the hepatitis E virus resulting in an illness characterised by inflammation of the liver, and which is confirmed by laboratory testing for hepatitis E serological or nucleic acid markers.

Note 1: Signs and symptoms of hepatitis E infection include malaise, vomiting, loss of appetite, abdominal pain, fever, hepatomegaly and jaundice.

Note 2: Clinical worsening may be indicated by the development of chronic hepatitis E from acute hepatitis E. Chronic hepatitis E is an infection lasting for at least 6 months.

Note 3: It will usually be the case that the date of the confirmation of laboratory evidence of hepatitis E serological or nucleic acid markers is after the date of clinical onset.

Note 4: *Clinical onset* is defined in the schedule 1 – Dictionary.

- (3) While hepatitis E infection attracts ICD-10-AM code B17.2, in applying this Statement of Principles the meaning of hepatitis E infection 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 hepatitis E infection*

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

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 hepatitis E infection and death from hepatitis E infection 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 hepatitis E infection or death from hepatitis E infection with the circumstances of a person's relevant service:

- (1) being exposed to the hepatitis E virus by:
  - (a) being in the same living quarters or immediate work environment as a person infected with the hepatitis E virus;
  - (b) consuming water or food contaminated with the hepatitis E virus;
  - (c) having direct contact with human or primate faecal material contaminated with the hepatitis E virus;
  - (d) having direct physical contact with a human or a primate infected with the hepatitis E virus;
  - (e) having percutaneous (intravenous, intramuscular, subcutaneous or intradermal) exposure to blood or body fluids contaminated with the hepatitis E virus; or
  - (f) receiving a transfusion of blood or blood products contaminated with the hepatitis E virus;

where hepatitis E virus exposure occurs between 14 and 70 days before clinical onset;

- (2) having a solid organ transplant (excluding corneal transplant), where the tissue or organ is derived from a person infected with the hepatitis E virus, within the 4 months before clinical onset;
- (3) having a liver, kidney, heart, lung, stem cell or bone marrow transplant before clinical worsening;
- (4) being pregnant at the time of death due to hepatitis E infection or being pregnant at the time of liver transplantation necessitated by hepatitis E infection;

Note: Death due to hepatitis E infection is considered to be a clinical worsening. Liver transplantation necessitated by hepatitis E infection is considered to be a clinical worsening.

- (5) having human immunodeficiency virus infection at the time of clinical worsening;
- (6) having chemotherapy for cancer at the time of clinical worsening;
- (7) inability to obtain appropriate clinical management for hepatitis E infection before clinical worsening.

## **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(3) to 9(7) apply only to material contribution to, or aggravation of, hepatitis E infection where the person's hepatitis E infection 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:

***clinical onset*** means the point backwards in time from the first date of confirmation of laboratory evidence of hepatitis E serological or nucleic acid markers, to the date at which the symptoms of hepatitis E were persistently present, as assessed by a registered medical practitioner.

***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 defined in the Schedule 1 - Dictionary.

***hepatitis e infection***—see subsection 7(2).

***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*.