



Australian Government  
Repatriation Medical Authority

## Statement of Principles concerning

### **ASTHMA**

### **No. 61 of 2012**

for the purposes of the

*Veterans' Entitlements Act 1986*  
and  
*Military Rehabilitation and Compensation Act 2004*

#### **Title**

1. This Instrument may be cited as Statement of Principles concerning asthma No. 61 of 2012.

#### **Determination**

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 86 of 2001, as amended by Instrument No. 37 of 2004, concerning asthma; and
  - (b) determines in their place this Statement of Principles.

#### **Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **asthma** and **death from asthma**.
  - (b) For the purposes of this Statement of Principles, "**asthma**" means a chronic disorder of the airways that is characterised by variable and recurring airflow obstruction, bronchial hyperresponsiveness and an underlying inflammation, resulting in symptoms of wheezing, breathlessness, chest tightness and coughing. Airflow obstruction is at least partially reversible. This definition includes reactive airways dysfunction syndrome.

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

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **asthma** and

**death from asthma** can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the *Military Rehabilitation and Compensation Act 2004* (the MRCA).

**Factors that must be related to service**

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

**Factors**

6. The factor that must exist before it can be said that, on the balance of probabilities, **asthma** or **death from asthma** is connected with the circumstances of a person's relevant service is:
- (a) being exposed to an immunologic or non-immunologic stimulus within the 24 hours before the clinical onset of asthma; or
  - (b) for reactive airways dysfunction syndrome only, inhaling very high concentrations of a substance with irritant properties, where such inhalation has resulted in acute toxic lower respiratory tract effects, within the 24 hours before the clinical onset of asthma; or
  - (c) being overweight for at least the five years before the clinical onset of asthma; or
  - (d) taking a drug or a drug from a class of drugs in the specified list within the 24 hours before the clinical onset of asthma; or
  - (e) being exposed to an immunologic or non-immunologic stimulus within the 24 hours before the clinical worsening of asthma; or
  - (f) being overweight for at least the five years before the clinical worsening of asthma; or
  - (g) taking a drug or a drug from a class of drugs in the specified list within the 24 hours before the clinical worsening of asthma; or
  - (h) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of asthma, and where smoking has ceased, the clinical worsening of asthma has occurred within six months of cessation; or
  - (i) immersion in an atmosphere with a visible tobacco smoke haze in an enclosed space for at least 1000 hours within the one year before the clinical worsening of asthma, and where the person was a non-smoker during the entire period of the exposure; or
  - (j) having a clinically significant depressive disorder in the six months before the clinical worsening of asthma; or
  - (k) having gastro-oesophageal reflux disease at the time of the clinical worsening of asthma; or
  - (l) inability to obtain appropriate clinical management for asthma.

### **Factors that apply only to material contribution or aggravation**

7. Paragraphs **6(e) to 6(l)** apply only to material contribution to, or aggravation of, asthma where the person's asthma was suffered or contracted before or during (but not arising out of) the person's relevant service.

### **Inclusion of Statements of Principles**

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

### **Other definitions**

9. For the purposes of this Statement of Principles:

**"a drug or a drug from a class of drugs in the specified list"** means:

- (a) beta-blockers;
- (b) non-steroidal anti-inflammatory drugs; or
- (c) paracetamol;

**"an immunologic or non-immunologic stimulus"** means a substance, activity or irritant which can cause inflammation of the airways and bronchial hyperresponsiveness. Examples include metals, drugs, cereal dusts, wood dusts, chemical fumes, moulds, irritant gases (including mustard gas), exercise, cold air, air pollutants, respiratory infections and proteins derived from animals, insects and fish;

**"being overweight"** means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of 25 or greater.

The  $BMI = W/H^2$  and where:

W is the person's weight in kilograms and

H is the person's height in metres;

**"clinical worsening of asthma"** means permanent worsening of asthma evidenced by:

- (a) an episode of severe asthma resulting in status asthmaticus, cerebral hypoxia or death;
- (b) a persistent change from well controlled to poorly controlled asthma; or
- (c) a substantial increase in the requirement for hospitalisation for management of the manifestations or complications of asthma;

**"clinically significant"** means sufficient to warrant ongoing management, which may involve regular visits (for example, at least monthly) to a psychiatrist, counsellor or general practitioner;

**"death from asthma"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's asthma;

**"pack-year of cigarettes, or the equivalent thereof in other tobacco products"** means a calculation of consumption where one pack-year of

cigarettes equals 20 tailor-made cigarettes per day for a period of one calendar year, or 7300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products means either cigarettes, pipe tobacco or cigars smoked, alone or in any combination;

**"reactive airways dysfunction syndrome"** means an asthma-like condition satisfying the following criteria:

- (a) a documented absence of preceding asthma or other ongoing bronchial disorders;
- (b) onset of symptoms after a single exposure incident or accident;
- (c) inhalation of very high concentrations of a substance with irritant properties;
- (d) onset of symptoms within 24 hours after the acute exposure, with persistence of symptoms for at least three months;
- (e) symptoms simulate asthma;
- (f) presence of reversible airflow obstruction on pulmonary function tests, or the presence of nonspecific bronchial hyperresponsiveness; and
- (g) other pulmonary diseases have been ruled out;

**"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;

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

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

## **Application**

- 10.** This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

**Date of effect**

**11.** This Instrument takes effect from 5 September 2012.

Dated this *twenty-seventh* day of *August* 2012

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

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PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON