



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

**Statement of Principles**  
**concerning**  
**HEPATITIS B**  
**(Reasonable Hypothesis)**  
**(No. 13 of 2017)**

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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 20 December 2016

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

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *hepatitis B (Reasonable Hypothesis)* (No. 13 of 2017).

**2 Commencement**

This instrument commences on 23 January 2017.

**3 Authority**

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

**4 Revocation**

The Statement of Principles concerning hepatitis B No. 52 of 2008 made under subsection 196B(2) of the VEA is revoked.

**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 B and death from hepatitis B.

*Meaning of hepatitis B*

- (2) For the purposes of this Statement of Principles, hepatitis B means infection with the hepatitis B virus resulting in:
- (a) an acute, symptomatic, clinical illness characterised by inflammation of the liver and commonly accompanied by fever, tiredness, loss of appetite, nausea, vomiting, abdominal discomfort and jaundice; or
  - (b) a chronic infection of at least six months duration and which may involve both inflammation of the liver and the development of fibrosis in the longer term.

Both acute and chronic infection must be confirmed by laboratory testing for hepatitis B serological or nucleic acid markers, or both.

- (3) While hepatitis B attracts ICD-10-AM code B16, B18.0 or B18.1, in applying this Statement of Principles the meaning of hepatitis B 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), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-020-5.

#### *Death from hepatitis B*

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

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 B and death from hepatitis B 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: *relevant service* is 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 B or death from hepatitis B with the circumstances of a person's relevant service:

- (1) being exposed to the hepatitis B virus at least 30 days before the clinical onset of hepatitis B;  
Note: *being exposed to the hepatitis B virus* is defined in the Schedule 1 - Dictionary.
- (2) living or working for a continuous period of at least 90 days in an area which, at that time, has a population prevalence of hepatitis B chronic infection of at least 2% before the clinical onset of hepatitis B;
- (3) for chronic infection only,
  - (a) having been a Prisoner of War of Japan before the clinical onset of hepatitis B;
  - (b) having served in South-East Asia, the Mediterranean region or the Pacific region during World War 2 before the clinical onset of hepatitis B;

- (c) being treated with an immunosuppressive drug in the five years before the clinical worsening of hepatitis B;

Note: *being treated with an immunosuppressive drug* is defined in the Schedule 1 - Dictionary.

- (d) being infected with human immunodeficiency virus before the clinical worsening of hepatitis B;
- (e) undergoing solid organ, stem cell or bone marrow transplantation before the clinical worsening of hepatitis B;
- (f) undergoing a course of therapeutic radiation for cancer, where the liver was in the field of radiation, before the clinical worsening of hepatitis B;
- (g) for females only, consuming a total of at least 55 kilograms of alcohol within the ten years before the clinical worsening of hepatitis B;

Note: *alcohol* is defined in the Schedule 1 - Dictionary.

- (h) for males only, consuming a total of at least 110 kilograms of alcohol within the ten years before the clinical worsening of hepatitis B;

Note: *alcohol* is defined in the Schedule 1 - Dictionary.

- (i) having diabetes mellitus for at least the five years before the clinical worsening of hepatitis B;
- (j) being obese for at least the five years before the clinical worsening of hepatitis B;

Note: *being obese* is defined in the Schedule 1 - Dictionary.

- (k) undergoing surgical resection of hepatocellular carcinoma in the two years before the clinical worsening of hepatitis B;
- (l) being within the six month postpartum period at the time of the clinical worsening of hepatitis B;
- (m) having severe hepatic iron overload at the time of the clinical worsening of hepatitis B; or

Note: *iron overload* is defined in the Schedule 1 - Dictionary.

- (n) having evidence of chronic infection with schistosomiasis involving the liver before the clinical worsening of hepatitis B;
- (4) being infected with the hepatitis A, hepatitis C, hepatitis D or hepatitis E virus before the clinical worsening of hepatitis B;
  - (5) inability to obtain appropriate clinical management for hepatitis B.

## **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)(c) to 9(5) apply only to material contribution to, or aggravation of, hepatitis B where the person's hepatitis B 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:

**alcohol** is measured by the alcohol consumption calculations utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

**being exposed to the hepatitis B virus** means having percutaneous (intravenous, intramuscular, subcutaneous or intradermal) or permucosal exposure to a body substance as specified which is derived from a person infected with the hepatitis B virus.

Note: **body substance as specified** is also defined in the Schedule 1 - Dictionary.

**being obese** means having a Body Mass Index (BMI) of 30 or greater.

Note: **BMI** is also defined in the Schedule 1 - Dictionary.

**being treated with an immunosuppressive drug** means being treated with a drug or an agent which results in significant suppression of immune responses. This definition includes corticosteroids other than inhaled or topical corticosteroids, drugs used to prevent transplant rejection, tumour necrosis factor- $\alpha$  inhibitors and chemotherapeutic agents used for the treatment of cancer.

**BMI** means  $W/H^2$  where:

W is the person's weight in kilograms; and  
H is the person's height in metres.

**body substance as specified** means:

- (a) blood, blood products or any body fluid containing blood; or
- (b) saliva; or
- (c) semen or vaginal secretions; or
- (d) serum-derived fluids including serous discharge, or amniotic, cerebrospinal, pericardial, peritoneal, pleural or synovial fluids; or
- (e) tissues or organs.

**hepatitis B**—see subsection 7(2).

**iron overload** means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels. Causes include haemochromatosis and blood transfusions.

**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*.