

Statement of Principles
concerning

**IMMUNE THROMBOCYTOPAENIC
PURPURA**

No. 73 of 2008

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 immune thrombocytopaenic purpura No. 73 of 2008.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 20 of 1997 concerning idiopathic thrombocytopaenic purpura; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **immune thrombocytopaenic purpura** and **death from immune thrombocytopaenic purpura**.
 - (b) For the purposes of this Statement of Principles, "**immune thrombocytopaenic purpura**" means an autoimmune bleeding disorder in which platelets are prematurely destroyed in the reticuloendothelial system:

- (i) resulting in a peripheral platelet count of less than 150 000 per microlitre in the presence of otherwise normal complete blood count and peripheral blood smear, and in which there are bleeding manifestations, such as bruising, mucocutaneous bleeding, retinal haemorrhage, epistaxis, melaena or menorrhagia; or
- (ii) necessitating treatment to increase the platelet count.

This definition includes idiopathic thrombocytopaenic purpura and immune thrombocytopaenic purpura occurring secondary to another disorder.

This definition excludes pseudothrombocytopaenia, thrombocytopaenia that is caused by non-immunological mechanisms, allergic and other non-thrombocytopaenic purpura, purpura caused by qualitative platelet defects, thrombotic thrombocytopaenic purpura, Evan's syndrome, pancytopenia, and thrombocytopaenia occurring in the presence of abnormal red or white cells.

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 **immune thrombocytopaenic purpura** and **death from immune thrombocytopaenic purpura** 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, **immune thrombocytopaenic purpura** or **death from immune thrombocytopaenic purpura** is connected with the circumstances of a person's relevant service is:
 - (a) having a specified viral infection of new onset within the six weeks before the clinical onset of immune thrombocytopaenic purpura; or

- (b) having a specified bacterial infection of new onset within the six weeks before the clinical onset of immune thrombocytopaenic purpura; or
- (c) being treated with a drug or a drug from a class of drugs, from the specified list, within the six weeks before the clinical onset of immune thrombocytopaenic purpura; or
- (d) receiving the measles-mumps-rubella, hepatitis B or influenza vaccine, within the six weeks before the clinical onset of immune thrombocytopaenic purpura; or
- (e) being pregnant at the time of the clinical onset of immune thrombocytopaenic purpura; or
- (f) having a haematological malignancy or lymphoproliferative disorder, at the time of the clinical onset of immune thrombocytopaenic purpura; or
- (g) having graft-versus-host disease complicating allogeneic stem cell transplantation at the time of the clinical onset of immune thrombocytopaenic purpura; or
- (h) having an autoimmune or inflammatory disease from the specified list, at the time of the clinical onset of immune thrombocytopaenic purpura; or
- (i) having a specified viral infection of new onset within the six weeks before the clinical worsening of immune thrombocytopaenic purpura; or
- (j) having a specified bacterial infection of new onset within the six weeks before the clinical worsening of immune thrombocytopaenic purpura; or
- (k) being treated with a drug or a drug from a class of drugs, from the specified list, within the six weeks before the clinical worsening of immune thrombocytopaenic purpura; or
- (l) being pregnant at the time of the clinical worsening of immune thrombocytopaenic purpura; or
- (m) having a haematological malignancy or lymphoproliferative disorder, at the time of the clinical worsening of immune thrombocytopaenic purpura; or

- (n) having graft-versus-host disease complicating allogeneic stem cell transplantation at the time of the clinical worsening of immune thrombocytopaenic purpura; or
- (o) having an autoimmune or inflammatory disease from the specified list, at the time of the clinical worsening of immune thrombocytopaenic purpura; or
- (p) inability to obtain appropriate clinical management for immune thrombocytopaenic purpura.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(i) to 6(p)** apply only to material contribution to, or aggravation of, immune thrombocytopaenic purpura where the person's immune thrombocytopaenic purpura 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, from the specified list"
means:

- (a) abciximab;
- (b) amlodipine;
- (c) carbamazepine;
- (d) chlorothiazide diuretics;
- (e) cimetidine;
- (f) cyclosporine;
- (g) D-penicillamine;
- (h) efalizumab;
- (i) eptifibatide;
- (j) fludarabine;
- (k) gold salts;
- (l) heparins;
- (m) infliximab;

- (n) interferon- α ;
- (o) interferon- β ;
- (p) linezolid;
- (q) nifedipine;
- (r) non-aspirin nonsteroidal anti-inflammatory drugs;
- (s) oral antidiabetic drugs;
- (t) oxaliplatin;
- (u) penicillin or penicillin derivatives;
- (v) phenytoin;
- (w) quinidine;
- (x) quinine;
- (y) ranitidine;
- (z) rifampicin;
- (aa) sulphasalazine;
- (bb) sulphonamides;
- (cc) tirofiban;
- (dd) valproic acid; or
- (ee) vancomycin;

"a haematological malignancy or lymphoproliferative disorder"
means:

- (a) chronic lymphoid leukaemia;
- (b) Hodgkin's lymphoma;
- (c) multiple myeloma; or
- (d) non-Hodgkin's lymphoma;

"a specified bacterial infection" means:

- (a) *Brucella* species; or
- (b) *Mycobacterium tuberculosis*;

"a specified viral infection" means:

- (a) cytomegalovirus;
- (b) Epstein Barr virus;
- (c) hepatitis C virus;
- (d) human immunodeficiency virus;
- (e) measles virus;
- (f) rubella virus; or
- (g) varicella virus;

"an autoimmune or inflammatory disease from the specified list"
means:

- (a) coeliac disease;
- (b) Grave's disease;
- (c) inflammatory bowel disease;

- (d) rheumatoid arthritis;
- (e) Sjögren's syndrome; or
- (f) systemic lupus erythematosus;

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

"graft-versus-host disease" means a clinical complication of stem cell transplantation, in which lymphocytes from the donor mount an immune response against host human leukocyte antigens (HLAs);

"ICD-10-AM code" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"relevant service" means:

- (a) eligible war service (other than operational service) under the VEA; or
- (b) defence service (other than hazardous 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 November 2008.

Dated this **twenty-second** day of
October 2008

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of:)

KEN DONALD
CHAIRPERSON