



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

**Statement of Principles**  
**concerning**  
**BRONCHIECTASIS**  
**(Balance of Probabilities)**  
**(No. 31 of 2017)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 21 April 2017

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 *bronchiectasis (Balance of Probabilities)* (No. 31 of 2017).

**2 Commencement**

This instrument commences on 22 May 2017.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Revocation**

The Statement of Principles concerning bronchiectasis No. 18 of 2009 made under subsection 196B(3) of the VEA is revoked.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 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 bronchiectasis and death from bronchiectasis.

*Meaning of **bronchiectasis***

- (2) For the purposes of this Statement of Principles, bronchiectasis means:
- (a) an acquired lung disease with permanent and irreversible, abnormal dilatation of bronchi and bronchioles; and
  - (b) excludes congenital bronchiectasis, and bronchiectasis associated with cystic fibrosis, alpha-1-antitrypsin deficiency, common variable immune deficiency and other genetic disorders.

*Death from **bronchiectasis***

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

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

## 8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that bronchiectasis and death from bronchiectasis can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, bronchiectasis or death from bronchiectasis is connected with the circumstances of a person's relevant service:

- (1) having viral or bacterial pneumonia within the five years before the clinical onset of bronchiectasis;
- (2) having pertussis of sufficient severity to require hospitalisation, within the five years before the clinical onset of bronchiectasis;
- (3) having pulmonary tuberculosis before the clinical onset of bronchiectasis;
- (4) having sarcoidosis of the lung before the clinical onset of bronchiectasis;
- (5) having bronchial obstruction before the clinical onset of bronchiectasis, where the bronchiectasis is distal to that obstruction;

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

- (6) inhaling vapours, gases or fumes of a chemical agent from the specified list of chemical agents:
  - (a) resulting in signs and symptoms of severe acute lower respiratory damage requiring medical attention within 48 hours after exposure; and
  - (b) the persistence of respiratory symptoms and signs for at least one week after exposure,within the two years before the clinical onset of bronchiectasis;

Note: *specified list of chemical agents* is defined in the Schedule 1 - Dictionary.

- (7) having aspiration pneumonitis within the two years before the clinical onset of bronchiectasis;

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

(8) having gastro-oesophageal reflux disease, with erosive oesophagitis or oesophageal stricture, at the time of the clinical onset of bronchiectasis;

(9) having allergic bronchopulmonary aspergillosis at the time of the clinical onset of bronchiectasis;

Note: *allergic bronchopulmonary aspergillosis* is defined in the Schedule 1 - Dictionary.

(10) undergoing solid organ or bone marrow transplantation before the clinical onset of bronchiectasis;

(11) having fibrosis or fibrosing interstitial lung disease, involving the segment of the lung affected by bronchiectasis, before the clinical onset of bronchiectasis;

(12) being exposed to arsenic as specified before the clinical onset of bronchiectasis;

Note: *being exposed to arsenic as specified* is defined in the Schedule 1 - Dictionary.

(13) having a disease from the specified list of connective tissue diseases at the time of the clinical onset of bronchiectasis;

Note: *specified list of connective tissue diseases* is defined in the Schedule 1 - Dictionary.

(14) having inflammatory bowel disease at the time of the clinical onset of bronchiectasis;

(15) having an episode of acute viral or bacterial lower respiratory tract infection requiring medical treatment, within the six months before the clinical worsening of bronchiectasis;

(16) having pertussis of sufficient severity to require hospitalisation, within the five years before the clinical worsening of bronchiectasis;

(17) having pulmonary tuberculosis or non-tuberculous mycobacterial infection of the lung before the clinical worsening of bronchiectasis;

(18) having sarcoidosis of the lung before the clinical worsening of bronchiectasis;

(19) having bronchial obstruction before the clinical worsening of bronchiectasis, where the bronchiectasis is distal to that obstruction;

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

(20) inhaling vapours, gases or fumes of a chemical agent from the specified list of chemical agents:

(a) resulting in signs and symptoms of severe acute lower respiratory damage requiring medical attention within 48 hours after exposure; and

- (b) the persistence of respiratory symptoms and signs for at least one week after exposure,

within the two years before the clinical worsening of bronchiectasis;

Note: *specified list of chemical agents* is defined in the Schedule 1 - Dictionary.

- (21) having aspiration pneumonitis within the two years before the clinical worsening of bronchiectasis;

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

- (22) having gastro-oesophageal reflux disease, with erosive oesophagitis or oesophageal stricture, at the time of the clinical worsening of bronchiectasis;

- (23) having allergic bronchopulmonary aspergillosis at the time of the clinical worsening of bronchiectasis;

Note: *allergic bronchopulmonary aspergillosis* is defined in the Schedule 1 - Dictionary.

- (24) undergoing solid organ or bone marrow transplantation before the clinical worsening of bronchiectasis;

- (25) having fibrosis or fibrosing interstitial lung disease, involving the segment of the lung affected by bronchiectasis, before the clinical worsening of bronchiectasis;

- (26) being exposed to arsenic as specified before the clinical worsening of bronchiectasis;

Note: *being exposed to arsenic as specified* is defined in the Schedule 1 - Dictionary.

- (27) having a disease from the specified list of connective tissue diseases at the time of the clinical worsening of bronchiectasis;

Note: *specified list of connective tissue diseases* is defined in the Schedule 1 - Dictionary.

- (28) having inflammatory bowel disease at the time of the clinical worsening of bronchiectasis;

- (29) inability to obtain appropriate clinical management for bronchiectasis.

## **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(15) to 9(29) apply only to material contribution to, or aggravation of, bronchiectasis where the person's bronchiectasis 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(3) 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:

***allergic bronchopulmonary aspergillosis*** means infection of the bronchi and lungs by species of *Aspergillus* accompanied by wheeze, often with expectoration of yellow or brown bronchial plugs composed of eosinophils and fungal hyphae.

***aspiration pneumonitis*** means inflammation of the lungs with clinical or radiological evidence of consolidation due to the deposition into the respiratory tract of a substance or material from the upper aerodigestive tract.

Note: Examples of a substance or material that may be deposited from the upper aerodigestive tract include food particles, oral secretions or gastric contents.

***being exposed to arsenic as specified*** means:

- (a) consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least ten years; or
- (b) having clinical evidence of excessive chronic arsenic exposure.

***bronchial obstruction*** means partial or complete blockage of the lumen of a bronchus.

Note: Examples of a cause of bronchial obstruction include an inhaled foreign body, broncholith or neoplasm, extrinsic narrowing due to enlarged lymph nodes, twisting or displacement of the airways after a lobar resection, or middle lobe syndrome.

***bronchiectasis***—see subsection 7(2).

***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.

***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.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

***specified list of chemical agents*** means:

- (a) ammonia;
- (b) oxides of nitrogen;
- (c) oxides of sulphur;
- (d) paraquat;
- (e) smoke from fires; or
- (f) sulphur mustard (mustard gas).



***specified list of connective tissue diseases*** means:

- (a) ankylosing spondylitis;
- (b) rheumatoid arthritis;
- (c) Sjogren's syndrome;
- (d) systemic lupus erythematosus; or
- (e) systemic sclerosis.

***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*.