

**Determination**  
of  
**Statement of Principles**  
concerning

**ASTHMA**

**ICD CODE: 493**

*Veterans' Entitlements Act 1986*

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(3)** of the *Veterans' Entitlements Act 1986* (the Act).

**Kind of injury, disease or death**

2. (a) This Statement of Principles is about **asthma** and **death from asthma**.  
  
(b) For the purposes of this Statement of Principles, "**asthma**" means a disease characterised by an increased responsiveness of the trachea and bronchi to various stimuli and is manifested by a widespread narrowing of the airways that changes in severity, either spontaneously or as a result of therapy, attracting ICD code 493. Key features of asthma include the reversibility of obstruction and the increased responsiveness of the airways. The increased responsiveness means that bronchoconstriction may be triggered by a variety of stimuli which may have little or no effect on normal airways.

**Basis for determining the factors**

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that **asthma** can be related to relevant service rendered by veterans or members of the Forces.

### **Factors that must be related to service**

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

### **Factors**

5. The factors 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 are:
  - (a) for the first episode of asthma only, being exposed to occupational antigens within the 24 hours immediately before the clinical onset of asthma; or
  - (b) being exposed to antigenic or nonantigenic stimuli within the 24 hours immediately before the clinical worsening of asthma; or
  - (c) inability to obtain appropriate clinical management for asthma.

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

6. Paragraphs **5(b)** to **5(c)** 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; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

### **Other definitions**

7. For the purposes of this Statement of Principles:

**“antigenic stimuli”** means any substance which is capable of inducing a specific immune response and of reacting with the products of that response, that is, with specific antibody or specifically sensitised T-lymphocytes. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate such as bacteria and tissue cells. In the case of asthma this may include:

- airborne - pollens, feather, animal danders, dust mites, moulds and spores; or
- pharmacologic - aspirin and sulfiting agents; or
- occupational - wood and vegetable dusts, metal salts (platinum, chrome, nickel), biological enzymes such as laundry detergents; or
- infections - respiratory viruses;

**“clinical worsening of asthma”** means evidence of:

- at least one severe episode eg status asthmaticus; or
- permanent decline in pulmonary or other organ function due to asthma (conceivably hypoxia could lead to cardiovascular or cerebrovascular dysfunction in some cases); or
- mortality from asthma;

which are all evidence of permanent aggravation of the disorder. (The presence of triggers which are suggested to alter temporarily the frequency and need for medication are not alone, evidence of permanent aggravation of the disease. Frequency of symptoms may relate to a range of individual and seasonal factors and medication alterations may be an indication of better surveillance and medical care);

**“ICD code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

**“nonantigenic stimuli”** means exposure to cold, emotional stress, exercise, drugs (including beta blockers), respiratory infection or inhaled irritants such as ozone, sulphur dioxide, mustard gas or smoke, including cigarette smoke;

**“occupational antigens”** means a range of specific inhaled substances defined as present in the workplace, which after prolonged exposure precipitate the new onset of asthma. The particular gas, dust or vapour sensitises the airways. Continued exposure causes reversible airway narrowing and the development of nonspecific bronchial hyperreactivity. Examples of recognised sensitising agents are included in the table below;

POTENTIAL HAZARD	PERSONS AT RISK	SENSITISING AGENT
laboratory animals, birds, insects, other animal products	lab workers, animal handlers, vets, pigeon breeders  grain workers entomologists crab, fish, prawn processors	rats, mice, rabbits, guinea pigs pigeons, chickens, budgerigars, grain mites moths and butterflies, crustacean and other proteins

<b>POTENTIAL HAZARD</b>	<b>PERSONS AT RISK</b>	<b>SENSITISING AGENT</b>
plants and wood dust	bakers foodprocessors  tea workers tobacco manufacturers carpenters, sawmill operators cabinetmakers	wheat flour, rye flour coffee beans, castor beans tea leaves tobacco leaves wood dusts, including western red cedar dust
biologic enzymes	detergent industry workers pharmaceutical industry workers biomedical researchers	Bacillus subtilis pepsin, trypsin, bromelian
isocyanates	workers with varnish polyurethane, and plastics automobile spray painters	toluene diisocyanate  hexamethylene diisocyanate
anhydrides	workers with epoxy resins and plastics	phthalic, trimellitic and other anhydrides
metals	tanners platinum refiners metal platers	chromium platinum nickel
fluxes	aluminium solderers electronic workers	aminoethylethanolamine colophony
drugs and other chemicals	pharmaceutical workers  workers with plastics and rubber insulators refrigeration workers hairdressers	penicillins, spiramycin cephalosporins, methyl dopa, tetracycline azodicarbonamide  urea, formaldehyde freon persulphate salts, henna

**“relevant service”** means:

- (a) eligible war service (other than operational service); or
- (b) defence service (other than hazardous service);

Dated this *Eighteenth* day of *April* 1996

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

KEN DONALD  
CHAIRMAN