

## REPATRIATION MEDICAL AUTHORITY

### STATEMENT ABOUT THE CAUSES OF “THROMBOCYTOPENIA”.

The Repatriation Medical Authority (RMA) was not able to determine a Statement of Principles in respect of thrombocytopenia as it was of the view that “thrombocytopenia” is not a “disease” or “injury” as defined in subsection 5D(1) of the *Veterans’ Entitlements Act 1986*. However “thrombocytopenia” may appear as a causal factor in a number of diseases.

The Authority has recently reviewed the sound medical-scientific evidence relevant to “thrombocytopenia” and having regard to that evidence has decided upon the following definition:

“Thrombocytopenia means an acquired platelet count of less than 50 000 per microlitre on haematological testing, attracting ICD code 287.3, 287.4 or 287.5.”

In considering this information, the RMA found that the causes of “thrombocytopenia” are one or more of the following factors:

- (a) suffering from idiopathic thrombocytopenic purpura at the time of the clinical onset of thrombocytopenia; or
- (b) suffering from a systemic viral or systemic bacterial infection within the three weeks immediately before the clinical onset of thrombocytopenia; or
- (c) suffering from a rickettsial, systemic fungal or systemic protozoan infection at the time of the clinical onset of thrombocytopenia; or
- (d) receiving a vaccine within the four weeks immediately before the clinical onset of thrombocytopenia; or
- (e) suffering from an internal malignant neoplasm at the time of the clinical onset of thrombocytopenia; or
- (f) suffering from chronic liver disease at the time of the clinical onset of thrombocytopenia; or
- (g) suffering from pre-eclamptic toxæmia at the time of the clinical onset of thrombocytopenia; or

- (h) suffering from systemic lupus erythematosus at the time of the clinical onset of thrombocytopenia; or
- (j) suffering from hypothermia within the seven days immediately before the clinical onset of thrombocytopenia; or
- (k) suffering from alcohol dependence or alcohol abuse involving chronic, regular heavy alcohol consumption at the time of the clinical onset of thrombocytopenia; or
- (m) suffering from megaloblastic anaemia due to folate deficiency or vitamin B12 deficiency at the time of the clinical onset of thrombocytopenia; or
- (n) suffering from severe iron deficiency anaemia with a haemoglobin less than 7 gm/dl at the time of the clinical onset of thrombocytopenia; or
- (o) suffering from disseminated intravascular coagulation (DIC), thrombotic thrombocytopenic purpura (TTP) or haemolytic uraemic syndrome (HUS) at the time of the clinical onset of thrombocytopenia; or
- (p) suffering from autoimmune haemolytic anaemia at the time of the clinical onset of thrombocytopenia; or
- (q) receiving a transfusion of blood or blood products within the 14 days immediately before the clinical onset of thrombocytopenia; or
- (r) suffering from pancytopenia at the time of the clinical onset of thrombocytopenia; or
- (s) diving to a depth of at least 20 metres within the five days immediately before the clinical onset of thrombocytopenia; or
- (t) suffering an adverse drug reaction which has resulted in the clinical onset of thrombocytopenia; or
- (u) suffering from idiopathic thrombocytopenic purpura at the time of the clinical worsening of thrombocytopenia; or
- (v) suffering from a systemic viral or systemic bacterial infection within the three weeks immediately before the clinical worsening of thrombocytopenia; or
- (w) suffering from a rickettsial, systemic fungal or systemic protozoal infection at the time of the clinical worsening of thrombocytopenia; or

- (x) receiving a vaccine within the four weeks immediately before the clinical worsening of thrombocytopenia; or
- (y) suffering from an internal malignant neoplasm at the time of the clinical worsening of thrombocytopenia; or
- (z) suffering from chronic liver disease at the time of the clinical worsening of thrombocytopenia; or
- (za) suffering from pre-eclamptic toxæmia at the time of the clinical worsening of thrombocytopenia; or
- (zb) suffering from systemic lupus erythematosus at the time of the clinical worsening of thrombocytopenia; or
- (zc) suffering from hypothermia within the seven days immediately before the clinical worsening of thrombocytopenia; or
- (zd) suffering from alcohol dependence or alcohol abuse involving chronic, regular heavy alcohol consumption at the time of the clinical worsening of thrombocytopenia; or
- (ze) suffering from megaloblastic anaemia due to folate deficiency or vitamin B12 deficiency at the time of the clinical worsening of thrombocytopenia; or
- (zf) suffering from severe iron deficiency anaemia with a haemoglobin less than 7 gm/dl at the time of the clinical worsening of thrombocytopenia; or
- (zg) suffering from disseminated intravascular coagulation (DIC), thrombotic thrombocytopenic purpura (TTP) or haemolytic uraemic syndrome (HUS) at the time of the clinical worsening of thrombocytopenia; or
- (zh) suffering from autoimmune haemolytic anaemia at the time of the clinical worsening of thrombocytopenia; or
- (zj) receiving a transfusion of blood or blood products within the 14 days immediately before the clinical worsening of thrombocytopenia; or
- (zk) suffering from pancytopenia at the time of the clinical worsening of thrombocytopenia; or
- (zm) diving to a depth of at least 20 metres within the five days immediately before the clinical worsening of thrombocytopenia; or

(zn) suffering an adverse drug reaction which has resulted in the clinical worsening of thrombocytopenia.

Explanation of terms used:

“adverse drug reaction” means an abnormal response or a response which is not one for which the medication was prescribed, which has an adverse impact on the health of a person;

“alcohol abuse” means evidence of a maladaptive pattern of alcohol use manifested by recurrent and significant adverse consequences related to the repeated use of alcohol, attracting ICD code 305.0;

“alcohol dependence” means the presence of a constellation of cognitive, behavioural and physiological symptoms indicating the use of alcohol despite significant alcohol-related problems. The pattern of repeated self administration may result in tolerance, withdrawal and compulsive alcohol use behaviour, attracting ICD code 303;

“an internal malignant neoplasm” means any malignancy excluding non-metastatic tumours of the skin;

“autoimmune haemolytic anaemia” means a large group of anaemias involving autoantibodies against red cell antigens. Those autoimmune haemolytic anaemias due to warm-receptive antibodies, usually IgG but occasionally IgM or IgA, may be idiopathic or secondary to autoimmune diseases, haematologic neoplasms, viral infections, or immunodeficiency diseases, and usually involve sequestration of sensitised erythrocytes by the spleen. Those autoimmune haemolytic anaemias due to cold-reactive antibodies, usually IgM but occasionally IgG, include cold agglutinin syndrome and paroxysmal cold haemoglobinuria and usually involve complement-dependent intravascular haemolysis or sequestration of erythrocytes by the liver;

“chronic liver disease” means cirrhosis of the liver or chronic hepatitis;

“heavy alcohol consumption” means consumption on average of 420 grams of alcohol (contained within alcoholic drinks) within a seven day period, where alcohol content is measured by the alcohol consumption calculations utilising the Australian Standard of 10 grams of alcohol per standard alcoholic drink;

“hypothermia” means a lowering of core body temperature to 35°C or less;

“systemic fungal infection” means disseminated fungal infection, diagnosed by the isolation of fungi in the blood or in distant sites suggestive of blood borne spread of the fungal infection; for example, disseminated histoplasmosis;

“systemic protozoal infection” means systemic/disseminated protozoal infections; for example, malaria, trypanosomiasis, toxoplasmosis, fulminating amoebiasis;

“systemic viral or systemic bacterial infection” means:

- (i) the demonstration of bacteraemia or viraemia; and/or
- (ii) serological evidence of a recent bacterial or viral infection; and/or
- (iii) clinical symptoms and signs of a systemic viral or systemic bacterial infection (such as urinary tract infection or upper respiratory tract infection accompanied by fever).

Dated this ***Twenty-seventh*** day of ***March*** 1998

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

KEN DONALD  
CHAIRMAN