These are the required factors:

(a) suffering acute pancreatitis during the course of hepatitis A or acute hepatitis B; or

(b) suffering acute pancreatitis during the course of mumps; or

(c) suffering biliary tract stone disease in association with the clinical onset of acute pancreatitis; or

(d) being infested with *Ascaris lumbricoides* or *Clonorchis sinensis* at the time of the clinical onset of acute pancreatitis; or
(e) suffering tumours of the duodenum, distal bile duct, or pancreas at the time of the clinical onset of acute pancreatitis; or

(f) suffering pathological substance abuse involving alcohol before, and continuing at least until, the clinical onset of acute pancreatitis; or

(g) undertaking one or more episodes of acute, substantial alcohol abuse immediately before the clinical onset of acute pancreatitis; or

(h) undergoing a course of therapeutic drugs as outlined in Table 1 or 2 of the schedule to this Statement of Principles immediately before the clinical onset of acute pancreatitis; or

(i) undergoing surgery to the upper abdomen immediately before the clinical onset of acute pancreatitis; or

(j) undergoing renal, hepatic or cardiac transplantation before the clinical onset of acute pancreatitis; or

(k) suffering penetrating or major closed trauma (e.g., as a result of a serious motor vehicle accident) to the upper abdomen immediately before the clinical onset of acute pancreatitis; or

(l) undergoing endoscopic retrograde cholangio-pancreatography before the clinical onset of acute pancreatitis; or

(m) suffering Frederickson Type I, IV or V hyperlipidaemia before the clinical onset of acute pancreatitis; or

(n) suffering hypercalcaemia due to hyperparathyroidism before the clinical onset of acute pancreatitis; or

(o) suffering chronic renal failure before the clinical onset of acute pancreatitis; or

(p) suffering vasculitis due to systemic lupus erythematosus, necrotising angiitis or thrombotic thrombocytopenic purpura before the clinical onset of acute pancreatitis; or

(q) being bitten by the scorpion *Tityus trinitatis* immediately before the clinical onset of acute pancreatitis; or

Note: this species of scorpion is found in the West Indies.
(t) suffering poisoning with the agents methyl alcohol or organophosphorus insecticides immediately before the clinical onset of acute pancreatitis

(u) inability to obtain appropriate clinical management for pancreatitis.

2. Subject to clause 3 (below) at least one of the factors set out in paragraphs 1(a) to 1(u) must be related to any service rendered by a person.

3. The factor set out in paragraph 1(u) applies only where:

(a) the person’s **acute pancreatitis** was contracted before a period, or part of a period, of service to which the factor is related; and

(b) the relationship suggested between the **acute pancreatitis** and the particular service of a person is a relationship set out in paragraph 8(1)(e), 9(1)(e), or 70(5)(d) of the Act.

4. For the purposes of this Statement of Principles:

“**a course of drugs**” means a course of treatment over a period involving drugs from the Schedule;

“**acute pancreatitis**” means an acute inflammatory condition due to auto-digestion of pancreatic tissue by its own enzymes, attracting ICD code 577.0 or 577.2, typically presenting with abdominal pain, and usually associated with raised pancreatic enzymes in blood or urine;

“**ascariasis**” means an intestinal parasitic infection caused by the nematode *Ascaris lumbricoides* attracting ICD code 127.0;

“**clonorchiasis**” means an infection of the biliary system by the trematode *Clonorchis sinensis* attracting ICD code 121.1;

“**DSM-IV**” means the fourth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*;

“**hypercalcaemia**” generally means biochemical evidence of an elevated total serum calcium attracting ICD code 275.4;

“**hyperlipidaemia**” means elevated concentrations of any or all of the lipids in the plasma of the Frederickson Type I, II, or IV attracting ICD code 272.0, 272.1, 272.2, 272.3, or 272.4;
“ICD code” means a number assigned to a particular kind of injury or disease in the tenth edition of the *International Classification of Diseases* 9th Revision, effective date of 1 October 1993, copyrighted by the US Commission on Professional and Hospital Activities, and having the Library of Congress number 77-94472;

“mumps” means an acute infectious disease caused by paramyxovirus attracting ICD code 072;

“necrotising angiitis” means inflammation and necrosis (cell death) of blood or lymph vessels in the pancreas, attracting ICD code 446.0;

“psychoactive substance abuse or dependence involving alcohol” means a maladaptive pattern of use of alcohol, attracting ICD code 303 or 304, that is indicated by either:

(a) continued use of the substance despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by use of the substance; or

(b) recurrent use of the substance when use is physically hazardous (for example, driving while intoxicated);

“thrombotic thrombocytopenic purpura (TTP)” means a hemolytic anemia, possibly of immunologic origin, with manifestations due to localised platelet thrombi and fibrin deposition attracting ICD code 446.6;

“vasculitis” means an inflammation of blood vessels of the pancreas, attracting ICD code 447.6.
SCHEDULE

Table 1

The following is a list of drugs or therapies in which the pancreatitis is an idiosyncratic response for some people. (This schedule will be subject to alteration if and when additional data becomes available.)

- 6 mercaptopurine, azathioprine
- intravenous lipid infusion
- thiazide diuretics
- frusemide
- sulphonamides
- tetracycline
- oestogens (with hyperlipidaemia, types IV and V)
- pentamidine
- valproic acid
- L-asparaginase

Table 2

The following is a further list of probable agents, including some with well documented single case reports, in which inadvertent challenge occurred:

- chlorthalidone
- ethacrynic acid
- phenformin
- non steroidal anti-inflammatory agents
- nitrofurantoin
- methyldopa
- iatrogenic hypercalcaemia
- 2,3, dideoxyinosine
- A.C.E. inhibitors
- olsalazine, 5 ASA
- metronidazole
- procainamide
Dated this 1995 day of

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

KEN DONALD CHAIRMAN