Determination

of

Statement of Principles
concerning

HUMAN T-CELL LYMPHOTROPIC VIRUS
TYPE-1 (HTLV-1)

ICD CODE: 079.51

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 human T-cell lymphotropic virus type-1 and death from human T-cell lymphotropic virus type-1.

(b) For the purposes of this Statement of Principles, “human T-cell lymphotropic virus type-1” means infection with a cell-associated, C type RNA-containing retrovirus which predominantly infects lymphocytes, where the viral RNA is transcribed into a DNA provirus before being integrated into the human host cell’s DNA, attracting ICD code 079.51.

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 human T-cell lymphotropic virus type-1 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, **human T-cell lymphotropic virus type-1** or **death from human T-cell lymphotropic virus type-1** is connected with the circumstances of a person’s relevant service are:

(a) receiving a blood transfusion, a blood product injection or an organ transplant, that was not screened for human T-cell lymphotropic virus type-1, within the 30 years immediately before the clinical evidence of infection with human T-cell lymphotropic virus type-1; or

(b) being injected, or undergoing a dental procedure, or a surgical procedure (including tattooing) involving an unsterilised needle or unsterilised instruments within the 30 years immediately before the clinical evidence of infection with human T-cell lymphotropic virus type-1; or

(c) suffering a wound, laceration or other injury or disease disrupting skin integrity that may have been contaminated by the body fluids of a person not proven to be negative for human T-cell lymphotropic virus type-1, within the 30 years immediately before the clinical evidence of infection with human T-cell lymphotropic virus type-1; or

(d) being a parenteral drug user and sharing needles within the 30 years immediately before the clinical evidence of infection with human T-cell lymphotropic virus type-1; or

(e) having had unprotected sexual intercourse with a person not proven to be negative for human T-cell lymphotropic virus type-1, more than 30 days before the clinical evidence of infection with human T-cell lymphotropic virus type-1; or

(f) inability to obtain appropriate clinical management for human T-cell lymphotropic virus type-1.

Note: (this Note forms part of the Instrument) Factors (a) to (e) only apply where there is no evidence of negative serology for human T-cell lymphotropic virus type-1 three years or more after the reported exposure to human T-cell lymphotropic virus type-1.
Factors that apply only to material contribution or aggravation

6. Paragraph 5(f) applies only to material contribution to, or aggravation of, human T-cell lymphotropic virus type-1 where the person’s human T-cell lymphotropic virus type-1 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:

“blood product injection” means the injection of material extracted from human blood;

“body fluids” means blood, serum, serous discharge, saliva, tears, seminal fluid, bile, or vaginal secretions;

“clinical evidence of infection with human T-cell lymphotropic virus type-1” means serological evidence of infection with HTLV-1 or the development of adult T-cell leukaemia/lymphoma (ATLL) or HTLV-1-associated myelopathy (HAM/TSP). There are four sub-types of HTLV-1, Melanesian, Zairian, American and Cosmopolitan. The sub-type of HTLV-1 present in serum should match the HTLV-1 sub-type (if known) of the source of infection;

“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;

“laceration” means a mechanically produced wound that:

(a) interrupts the continuity of the epidermis or other external tissue by:
   (i) tearing; or
   (ii) scraping; or
   (iii) cutting; and

(b) may or may not penetrate to the subcutaneous tissues; and

(c) was not caused by a:

   (i) gunshot; or
   (ii) missile; or
(iii) explosive device or fragment thereof; or
(iv) burn;

“parenteral drug user” means a person who injects or causes to be injected, addictive or recreational drugs into their body;

“relevant service” means:

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

“sexual intercourse” means physical contact between two or more individuals which involves stimulation of the genital organs of at least one of the individuals and which involves the transfer of blood, serum, seminal fluid or vaginal secretions between any two of the individuals. Sexual intercourse does not include orogenital sex or kissing, even kissing associated with the exchange of saliva;

“unprotected sexual intercourse” means sexual intercourse without barrier protection of the genitals, such as a sheath or condom, which prevents the transfer of body fluids between the two individuals.

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