

Determination
of
Statement of Principles
concerning
EXTRINSIC ALLERGIC ALVEOLITIS

ICD CODE: 495

Veterans' Entitlements Act 1986

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act).

Kind of injury, disease or death

2. (a) This Statement of Principles is about **extrinsic allergic alveolitis** and **death from extrinsic allergic alveolitis**.
- (b) For the purposes of this Statement of Principles, “**extrinsic allergic alveolitis**” means an immunologically induced inflammation of the lung parenchyma involving mainly the alveoli and terminal bronchioles, which develops secondary to repeated inhalation, by a sensitised subject, of any one of a variety of antigens, attracting ICD code 495. Extrinsic allergic alveolitis is associated with a restrictive pattern of respiratory function tests. Examples include farmer’s lung, bird-fancier’s lung, ventilation pneumonitis and woodworker’s lung. This definition of extrinsic allergic alveolitis excludes hypersensitivity pneumonitis resulting from antigen exposure by means other than inhalation, such as ingested drugs.

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **extrinsic allergic alveolitis and death from extrinsic allergic alveolitis** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

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

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **extrinsic allergic alveolitis** or **death from extrinsic allergic alveolitis** with the circumstances of a person's relevant service are:
 - (a) inhaling, from an antigenic source, the specific antigen responsible for the extrinsic allergic alveolitis, before the clinical onset of extrinsic allergic alveolitis; or
 - (b) inhaling, from an antigenic source, the specific antigen responsible for the extrinsic allergic alveolitis, within the 30 days immediately before the clinical worsening of extrinsic allergic alveolitis; or
 - (c) inability to obtain appropriate clinical management for extrinsic allergic alveolitis.

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, extrinsic allergic alveolitis where the person's extrinsic allergic alveolitis was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“antigen” means a substance which is capable of inducing an immune response and reacting with the specific antibody or specifically sensitised T-lymphocytes which are the products of that response. Antigens may be soluble substances, such as toxins and foreign proteins, or particulate such as bacteria and tissue cells. The major categories of antigens causing extrinsic allergic alveolitis are microbial agents, animal proteins and low

molecular weight chemicals (haptens). Microbial contamination of various inhaled dusts is the commonest source of antigens;

“antigenic source” means the source of the antigen responsible for causing extrinsic allergic alveolitis. Examples of antigenic sources include:

- Detergent powder
- Sewage sludge contaminated with micro-organisms
- Wood dust contaminated with micro-organisms
- Paprika pods dust contaminated with micro-organisms
- Sauna water contaminated with micro-organisms
- Fertilizer contaminated with micro-organisms
- Compost dust contaminated with micro-organisms
- Mushroom compost contaminated with micro-organisms
- Dried grasses and leaves used in thatching contaminated with micro-organisms
- Mouldy barley
- Mouldy cheese
- Mouldy corkbark dust
- Mouldy grapes
- Mouldy hay, grain or silage
- Mouldy timber dust
- Mouldy straw dust
- Mouldy sugar cane dust
- Mouldy tobacco
- Spores from *Lycoperdon* puffballs
- Wheat flour infested with the wheat weevil
- Coffee bean dust
- Dust from tea plants
- Animal dust, dander or hair particles
- Bird droppings or feathers
- Urine from laboratory rats
- Pituitary snuff
- Fish meal dust
- Isocyanates (Toluene diisocyanate and Methylene diphenyl diisocyanate, found for example in polyurethane varnishes and lacquers)
- Pauli’s reagent (sodium diazobenzenesulphate);

“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 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“specific antigen responsible for the extrinsic allergic alveolitis”
means the antigen which the available clinical or serological evidence implicates as the cause of extrinsic allergic alveolitis in the patient.

Dated this **Ninth** day of **September**
1997

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

KEN DONALD
CHAIRMAN