Statement of Principles
cconcerning

HEPATITIS C

No. 55 of 2008

for the purposes of the

Veterans’ Entitlements Act 1986 and

Military Rehabilitation and Compensation Act 2004

Title
1. This Instrument may be cited as Statement of Principles concerning hepatitis C No. 55 of 2008.

Determination
2. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):
   (a) revokes Instrument No. 44 of 1995, as amended by Instrument No. 10 of 1997, concerning hepatitis C; and
   (b) determines in their place this Statement of Principles.

Kind of injury, disease or death
3. (a) This Statement of Principles is about hepatitis C and death from hepatitis C.
   (b) For the purposes of this Statement of Principles, "hepatitis C" means inflammation of the liver due to infection with the hepatitis C virus, as confirmed by the presence of hepatitis C virus antibodies (anti-HCV) or the presence of hepatitis C virus ribonucleic acid (HCV RNA).
   (c) Hepatitis C attracts ICD-10-AM code B17.1 or B18.2.
(d) In the application of this Statement of Principles, the definition of "hepatitis C" is that given at paragraph 3(b) above.

Basis for determining the factors

4. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that hepatitis C and death from hepatitis C can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the Military Rehabilitation and Compensation Act 2004 (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that must exist before it can be said that, on the balance of probabilities, hepatitis C or death from hepatitis C is connected with the circumstances of a person’s relevant service is:

(a) being exposed to the hepatitis C virus at least one week before the clinical onset of hepatitis C; or

(b) being in an immunosuppressed state for at least five years before the clinical worsening of hepatitis C; or

(c) being infected with the hepatitis A, hepatitis B, hepatitis D or hepatitis E virus before the clinical worsening of hepatitis C; or

(d) consuming a total of 100 kilograms of alcohol within any ten year period before the clinical worsening of hepatitis C; or

(e) being obese for at least the five years before the clinical worsening of hepatitis C; or

(f) having severe hepatic iron overload for at least the five years before the clinical worsening of hepatitis C; or

(g) being infected with Schistosoma mansoni or Schistosoma japonicum for at least the five years before the clinical worsening of hepatitis C; or

(h) inability to obtain appropriate clinical management for hepatitis C.
Factors that apply only to material contribution or aggravation

7. Paragraphs 6(b) to 6(h) apply only to material contribution or, or aggravation of, hepatitis C where the person’s hepatitis C was suffered or contracted before or during (but not arising out of) the person’s relevant service.

Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a specified body substance" means at least one of the following fluids or tissues:

(a) blood or blood products;
(b) any body fluid containing blood;
(c) semen or vaginal secretions; or
(d) unfixed tissues or organs;

"being exposed to the hepatitis C virus" means having percutaneous (intravenous, intramuscular, subcutaneous or intradermal) or permucosal exposure to a specified body substance which is infected with the hepatitis C virus;

"being in an immunosuppressed state" means a condition of significantly lowered immune function due to one of the following circumstances or conditions:

(a) undergoing solid organ, stem cell or bone marrow transplantation; or
(b) being infected with the human immunodeficiency virus (HIV);

"being obese" means an increase in body weight by way of fat accumulation which results in a Body Mass Index (BMI) of thirty or greater.

The BMI=W/H^2 and where:
W is the person’s weight in kilograms and
H is the person’s height in metres;
"death from hepatitis C" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s hepatitis C;

"ICD-10-AM code" means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Sixth Edition, effective date of 1 July 2008, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 016 6;

"iron overload" means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels. Causes include haemochromatosis or blood transfusions;

"relevant service" means:
(a) eligible war service (other than operational service) under the VEA; or
(b) defence service (other than hazardous service) under the VEA; or
(c) peacetime service under the MRCA;

"terminal event" means the proximate or ultimate cause of death and includes:
(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

Application
10. This Instrument applies to all matters to which section 120B of the VEA or section 339 of the MRCA applies.

Date of effect
11. This Instrument takes effect from 3 September 2008.
Dated this twentieth day of August 2008

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

KEN DONALD
CHAIRPERSON