Statement of Principles
centering

OTITIS EXTERNA

No. 59 of 2012

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 otitis externa No. 59 of 2012.

Determination

2. The Repatriation Medical Authority under subsection 196B(3) and (8) of the Veterans’ Entitlements Act 1986 (the VEA):

(a) revokes Instrument No. 74 of 2001, as amended by Instrument No. 43 of 2002, concerning otitis externa; and

(b) determines in their place this Statement of Principles.

Kind of injury, disease or death

3. (a) This Statement of Principles is about otitis externa and death from otitis externa.

(b) For the purposes of this Statement of Principles, "otitis externa" means infective or non-infective inflammation of the external auditory canal.

(c) Otitis externa attracts ICD-10-AM code H60, H62.0, H62.1, H62.2, H62.3 or H62.4.

(d) In the application of this Statement of Principles, the definition of "otitis externa" 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 otitis externa and death from otitis externa 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, otitis externa or death from otitis externa is connected with the circumstances of a person’s relevant service is:

(a) swimming, diving or participating in other aquatic activities within the ten days before the clinical onset of otitis externa; or
(b) undergoing a course of therapeutic radiation to the head or neck region for cancer, within the two years before the clinical onset of otitis externa; or
(c) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the head or neck region within the two years before the clinical onset of otitis externa; or
(d) having trauma to the external ear canal of the affected ear within the ten days before the clinical onset of otitis externa; or
(e) having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical onset of otitis externa; or
(f) having a specified condition involving the external auditory canal of the affected ear at the time of the clinical onset of otitis externa; or
(g) having chronic suppurative otitis media of the affected ear within the one month before the clinical onset of otitis externa; or
(h) having diabetes mellitus at the time of the clinical onset of otitis externa; or
(i) being in an immunocompromised state at the time of the clinical onset of otitis externa; or
(j) having a narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical onset of otitis externa; or
(k) blocking the external auditory canal of the affected ear for an average of two hours per day, on more days than not, for the two weeks before the clinical onset of otitis externa; or
(l) for otomycosis only, using a course of oral antibiotic therapy or ototopical therapy for the treatment of otitis externa of the affected ear within the two weeks before the clinical onset of otomycosis; or

(m) swimming, diving or participating in other aquatic activities within the ten days before the clinical worsening of otitis externa; or

(n) undergoing a course of therapeutic radiation to the head or neck region for cancer, within the two years before the clinical worsening of otitis externa; or

(o) having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the head or neck region within the two years before the clinical worsening of otitis externa; or

(p) having trauma to the external ear canal of the affected ear within the ten days before the clinical worsening of otitis externa; or

(q) having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear within the ten days before the clinical worsening of otitis externa; or

(r) having a specified condition involving the external auditory canal of the affected ear at the time of the clinical worsening of otitis externa; or

(s) having chronic suppurative otitis media of the affected ear within the one month before the clinical worsening of otitis externa; or

(t) having diabetes mellitus at the time of the clinical worsening of otitis externa; or

(u) being in an immunocompromised state at the time of the clinical worsening of otitis externa; or

(v) having a narrowing or obstruction of the external auditory canal of the affected ear at the time of the clinical worsening of otitis externa; or

(w) blocking the external auditory canal of the affected ear for an average of two hours per day, on more days than not, for the two weeks before the clinical worsening of otitis externa; or

(x) for otomycosis only, using a course of oral antibiotic therapy or ototopical therapy for the treatment of otitis externa of the affected ear within the two weeks before the clinical worsening of otomycosis; or

(y) inability to obtain appropriate clinical management for otitis externa.

Factors that apply only to material contribution or aggravation

7. Paragraphs 6(m) to 6(y) apply only to material contribution to, or aggravation of, otitis externa where the person's otitis externa 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 narrowing or obstruction of the external auditory canal" means an
occlusion or narrowing of the ear canal due to anatomical anomalies (for
example, exostosis, stenosis, osteoma), cerumen build-up or foreign objects;

"a specified condition" means one of the following conditions:

(a) acne;
(b) allergic contact dermatitis;
(c) dermatomycosis;
(d) herpes simplex;
(e) herpes zoster;
(f) irritant contact dermatitis;
(g) neurodermatitis;
(h) psoriasis;
(i) relapsing polychondritis;
(j) sarcoidosis;
(k) seborrhoeic dermatitis;
(l) Sézary syndrome;
(m) Sjögren's syndrome; or
(n) systemic lupus erythematosus;

"an immunocompromised state" means a state where the immune response
has been attenuated by administration of immunosuppressive drugs, ionising
radiation, malnutrition, a malignant disease process or certain types of
infection;

"blocking the external auditory canal" means wearing or using ear
protection or devices which occlude the canal or create a seal over the ear,
including:

(a) ear plugs;
(b) hearing aids;
(c) hearing protection ear muffs; or
(d) stethoscopes;

"chronic suppurative otitis media" means a recurrent or continuous infective
disorder of the middle ear characterised by perforation of the tympanic
membrane, long standing painless aural discharge and varying degrees of
hearing loss;

"cumulative equivalent dose" means the total dose of ionising radiation
received by the particular organ or tissue. The formula used to calculate the
cumulative equivalent dose allows doses from multiple types of ionising
radiation to be combined, by accounting for their differing biological effect.
The unit of equivalent dose is the sievert. For the purposes of this Statement of
Principles, the calculation of cumulative equivalent dose excludes doses
received from normal background radiation, but includes therapeutic radiation,
diagnostic radiation, cosmic radiation at high altitude, radiation from occupation-related sources and radiation from nuclear explosions or accidents;

"death from otitis externa" in relation to a person includes death from a terminal event or condition that was contributed to by the person’s otitis externa;

"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), Seventh Edition, effective date of 1 July 2010, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 978 1 74210 154 5;

"other aquatic activities" means any activity where the external ear opening is submerged in water or prolonged pooling of water in the ear canal occurs. Such activities may include water sports, trekking through watercourses, prolonged exposure to heavy rains or being doused in water for lengthy periods;

"otomycosis" means a fungal infection of the external auditory canal;

"relevant service" means:
(a) eligible war service (other than operational service) under the VEA;
(b) defence service (other than hazardous service and British nuclear test defence 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;

"trauma to the external ear canal" means any injury affecting the integrity of the epithelium of the external ear canal by mechanisms, including thermal, electrical and chemical burns and blunt or penetrating trauma. This definition includes:
(a) surgical or medical procedures; or
(b) bites or stings from insects, mites, ticks or other arachnids.

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 5 September 2012.

Dated this twenty-seventh day of August 2012

The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of:

PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON