

Statement of Principles

concerning

MALARIA  
(Balance of Probabilities)

(No. 47 of 2017)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 18 August 2017

|  |
| --- |
| The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of: |
| Professor Nicholas Saunders AO  Chairperson |

Contents

1 Name 3

2 Commencement 3

3 Authority 3

4 Revocation 3

5 Application 3

6 Definitions 3

7 Kind of injury, disease or death to which this Statement of Principles relates 3

8 Basis for determining the factors 4

9 Factors that must exist 4

10 Relationship to service 5

11 Factors referring to an injury or disease covered by another Statement of Principles 5

Schedule 1 - Dictionary 6

1 Definitions 6

1. Name

This is the Statement of Principles concerning *malaria* *(Balance of Probabilities)* (No. 47 of 2017).

1. Commencement

This instrument commences on 18 September 2017.

1. Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

1. Revocation

The Statement of Principles concerning malaria No. 61 of 2009 made under subsection 196B(3) of the VEA is revoked.

1. Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

1. Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

1. Kind of injury, disease or death to which this Statement of Principles relates
   1. This Statement of Principles is about malaria and death from malaria.

Meaning of **malaria**

* 1. For the purposes of this Statement of Principles, malaria means an infection that is dueto one of the human malaria species *Plasmodium falciparum*, *Plasmodium vivax*, *Plasmodium ovale* or *Plasmodium malariae*, orinfection with *Plasmodium knowlesi* or other simian malaria species.

Note 1: Malaria typically presents with prostration, fever, chills, sweats, headaches, nausea, body aches and general malaise. Physical findings may include elevated temperature, perspiration, weakness, enlarged spleen, jaundice, enlargement of the liver and anaemia.

Note 2: Malaria due to *Plasmodium vivax* or *Plasmodium ovale* may relapse due to reactivation of a dormant liver phase.

* 1. While malaria attracts ICD‑10‑AM code B50, B51, B52, B53 or B54, in applying this Statement of Principles the meaning of malaria is that given in subsection (2).
  2. For subsection (3), a reference to an ICD‑10‑AM codeis a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems,* *Tenth Revision, Australian Modification* (ICD‑10‑AM), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978‑1‑76007‑020‑5.

Death from **malaria**

* 1. For the purposes of this Statement of Principles, malaria,in relation to a person, includes death from a terminal event or condition that was contributed to by the person's malaria.

Note: ***terminal event*** is defined in the Schedule 1 – Dictionary.

1. Basis for determining the factors

On the sound medical‑scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that malaria and death from malaria can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: ***relevant service*** is defined in the Schedule 1 – Dictionary.

1. Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, malaria or death from malaria is connected with the circumstances of a person's relevant service:

* 1. being bitten by a mosquito infected with *Plasmodium* *vivax* or *Plasmodium ovale* at least four days, but less than five years, before the clinical onset of malaria;
  2. being exposed to *Plasmodium* *vivax* or *Plasmodium ovale* as specified at least four days, but less than one year, before the clinical onset of malaria;

Note: ***being exposed to Plasmodium* *vivax* *or* *Plasmodium ovale* *as specified*** is defined in the Schedule 1 - Dictionary.

* 1. being exposed to *Plasmodium* *malariae,* *Plasmodium falciparum* or simian malaria species as specified at least four days, but less than one year, before the clinical onset of malaria;

Note: ***being exposed to Plasmodium malariae, Plasmodium falciparum or simian malaria species as specified*** is defined in the Schedule 1 - Dictionary.

* 1. being infected with human immunodeficiency virus at the time of the clinical onset of malaria;
  2. being pregnant within the three months before the clinical onset of malaria;
  3. being infected with human immunodeficiency virus at the time of the clinical worsening of malaria;
  4. being pregnant within the three months before the clinical worsening of malaria;
  5. inability to obtain appropriate clinical management for malaria.

1. Relationship to service
   1. The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.
   2. The factors set out in subsections 9(6) to 9(8) apply only to material contribution to, or aggravation of, malaria where the person's malaria was suffered or contracted before or during (but did not arise out of) the person's relevant service.
2. Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

* 1. if a factor referred to in section 9 applies in relation to a person; and
  2. that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1. Definitions
   1. In this instrument:
      1. ***being exposed to Plasmodium malariae, Plasmodium falciparum or simian malaria species as specified*** means:
         1. being bitten by a mosquito infected with *Plasmodium malariae*, *Plasmodium falciparum* or simian malaria species; or
         2. having percutaneous exposure to blood infected with *Plasmodium malariae*, *Plasmodium falciparum* or simian malaria species; or
         3. having an organ transplant, where the organ is infected with *Plasmodium malariae*, *Plasmodium falciparum* or simian malaria species; or
         4. having a blood transfusion, where the blood is infected with *Plasmodium malariae*, *Plasmodium falciparum* or simian malaria species.
      2. ***being exposed to Plasmodium vivax or Plasmodium ovale as specified*** means:
         1. having percutaneous exposure to blood infected with *Plasmodium vivax* or *Plasmodium ovale*; or
         2. having an organ transplant, where the organ is infected with *Plasmodium vivax* or *Plasmodium ovale*; or
         3. having a blood transfusion, where the blood is infected with *Plasmodium vivax* or *Plasmodium ovale*.
      3. ***malaria***—see subsection 7(2).
      4. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
      5. ***relevant service*** means:
         1. eligible war service (other than operational service) under the VEA;
         2. defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
         3. peacetime service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

* + 1. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
       1. pneumonia;
       2. respiratory failure;
       3. cardiac arrest;
       4. circulatory failure; or
       5. cessation of brain function.
    2. ***VEA*** means the *Veterans' Entitlements Act 1986*.