



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
HEPATITIS C
(Balance of Probabilities)
(No. 14 of 2018)

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

Dated 22 December 2017

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

A handwritten signature in black ink, appearing to read 'Nicholas Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *hepatitis C (Balance of Probabilities)* (No. 14 of 2018).

2 Commencement

This instrument commences on 29 January 2018.

3 Authority

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

4 Revocation

The Statement of Principles concerning hepatitis C No. 55 of 2008, made under subsection 196B(3) of the VEA is revoked.

5 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.

6 Definitions

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

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

- (1) This Statement of Principles is about hepatitis C and death from hepatitis C.

Meaning of hepatitis C

- (2) For the purposes of this Statement of Principles, hepatitis C means infection with the hepatitis C virus resulting in:
- (a) an acute, symptomatic, clinical illness characterised by inflammation of the liver, and which is confirmed by laboratory testing for hepatitis C serological or nucleic acid markers;
 - (b) a chronic infection of at least six months duration, and which is confirmed by laboratory testing for hepatitis C nucleic acid markers.

Note 1: Acute hepatitis C infection is commonly accompanied by fever, tiredness, loss of appetite, nausea, vomiting, abdominal discomfort and jaundice.

Note 2: Chronic hepatitis C infection may involve both inflammation of the liver and the development of fibrosis in the longer term.

- (3) While hepatitis C attracts ICD-10-AM code B17.1 or B18.2, in applying this Statement of Principles the meaning of hepatitis C is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is 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), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from hepatitis C

- (5) For the purposes of this Statement of Principles, 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.

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

8 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 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 MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors 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:

- (1) being exposed to the hepatitis C virus at least one week before the clinical onset of hepatitis C;
Note: *being exposed to the hepatitis C virus* is defined in the Schedule 1 - Dictionary.
- (2) being infected with the hepatitis A, hepatitis B, hepatitis D or hepatitis E virus before the clinical worsening of hepatitis C;
- (3) for chronic infection only:
 - (a) being infected with human immunodeficiency virus before the clinical worsening of hepatitis C;
 - (b) undergoing solid organ, stem cell or bone marrow transplantation before the clinical worsening of hepatitis C;

- (c) for females only, consuming a total of at least 75 kilograms of alcohol within the ten years before the clinical worsening of hepatitis C;

Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (d) for males only, consuming a total of at least 100 kilograms of alcohol within the ten years before the clinical worsening of hepatitis C;

Note: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

- (e) having severe hepatic iron overload at the time of the clinical worsening of hepatitis C; or

Note: *iron overload* is defined in the Schedule 1 - Dictionary.

- (f) having evidence of chronic infection with schistosomiasis involving the liver before the clinical worsening of hepatitis C;

- (4) inability to obtain appropriate clinical management for hepatitis C.

10 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(2) to 9(4) apply only to material contribution to, or aggravation of, hepatitis C where the person's hepatitis C was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 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

In this instrument:

being exposed to the hepatitis C virus means:

- (a) having percutaneous exposure (intravenous, intramuscular, subcutaneous or intradermal) or permucosal exposure to a specified body substance which is derived from a person infected with the hepatitis C virus; or
- (b) having a tissue or organ transplant, where the tissue or organ is derived from a person infected with the hepatitis C virus.

Note: *specified body substance* is also defined in the Schedule 1 - Dictionary.

hepatitis C—see subsection 7(2).

iron overload means an accumulation of excess iron in tissues and organs which has been confirmed by elevated ferritin or transferrin saturation levels.

Note: Causes include haemochromatosis or blood transfusions.

MRCA means the *Military Rehabilitation and Compensation Act 2004*.

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.

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

specified body substance means:

- (a) blood, blood products or any body fluid containing blood; or
- (b) semen or vaginal secretions.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

VEA means the *Veterans' Entitlements Act 1986*.