Statement of Principles concerning
SINUSITIS
(Reasonable Hypothesis)
(No. 73 of 2018)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the Veterans’ Entitlements Act 1986.

Dated 24 August 2018

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

Professor Nicholas Saunders AO
Chairperson
Statement of Principles concerning
Sinusitis (Reasonable Hypothesis) (No. 73 of 2018)
Veterans' Entitlements Act 1986
1 Name

This is the Statement of Principles concerning sinusitis (Reasonable Hypothesis) (No. 73 of 2018).

2 Commencement

This instrument commences on 24 September 2018.

3 Authority

This instrument is made under subsection 196B(2) of the Veterans' Entitlements Act 1986.

4 Repeal

The Statement of Principles concerning sinusitis No. 9 of 2010 (Federal Register of Legislation No. F2010L00553) made under subsection 196B(2) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 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 sinusitis and death from sinusitis.

*Meaning of sinusitis*

(2) For the purposes of this Statement of Principles, sinusitis (also known as rhinosinusitis):

(a) means inflammation of the nasal cavity and the paranasal sinuses; and

(b) includes acute sinusitis and chronic sinusitis.

Note: Sinusitis is characterised by the following signs and symptoms: nasal blockage or congestion, nasal discharge (anterior or postnasal drip), facial pain or pressure, or reduction or loss of smell, and fluid within the sinuses.

(3) While sinusitis attracts ICD-10-AM code J01 or J32, in applying this Statement of Principles the meaning of sinusitis is that given in subsection (2).

**Death from sinusitis**

(5) For the purposes of this Statement of Principles, sinusitis, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's sinusitis.

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

8 **Basis for determining the factors**

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that sinusitis and death from sinusitis can be related to relevant service rendered by veterans, members of Peacekeeping Forces, 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting sinusitis or death from sinusitis with the circumstances of a person's relevant service:

(1) having impaired drainage of the sinus at the time of the clinical onset of sinusitis;

Note: *impaired drainage of the sinus* is defined in the Schedule 1 - Dictionary.

(2) having a viral, bacterial or fungal respiratory tract infection at the time of the clinical onset of sinusitis;

(3) being in an immunocompromised state as specified at the time of the clinical onset of sinusitis;

Note: *immunocompromised state as specified* is defined in the Schedule 1 - Dictionary.

(4) having a specified medical condition at the time of the clinical onset of sinusitis;

Note: *specified medical condition* is defined in the Schedule 1 - Dictionary.

(5) undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical onset of sinusitis;

(6) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of sinusitis, and:
(a) smoking commenced at least one year before the clinical onset of sinusitis; and
(b) where smoking has ceased, the clinical onset of sinusitis has occurred within three months of smoking cessation;

Note: pack-year of cigarettes, or the equivalent thereof in other tobacco products is defined in the Schedule 1 - Dictionary.

(7) being exposed to second-hand smoke:

(a) for at least 1,000 hours before the clinical onset of sinusitis; and
(b) where the first exposure to second-hand smoke commenced at least one year before the clinical onset of sinusitis; and
(c) where the last exposure to second-hand smoke occurred within the three months before the clinical onset of sinusitis;

Note: being exposed to second-hand smoke is defined in the Schedule 1 - Dictionary.

(8) inhaling a drug or irritant substance which results in:

(a) acute nasal symptoms or signs within 48 hours of the inhalation; and
(b) scarring or erosion of the nasal or sinus mucosa;

before the clinical onset of sinusitis;

Note 1: Examples of drugs include cocaine, lidocaine, methylphenidate and narcotics.

Note 2: Examples of irritant substances include gases (ammonia, chlorine, mustard, nitrogen dioxide, sulphur dioxide), powdered solids (aspirin, baking soda, levamisole, capsules, tablets, pills) and lewisite.

Note 3: Examples of acute nasal symptoms or signs include rhinorrhoea, and the inflammation, oedema, ulceration or haemorrhage of the nasal mucosa.

(9) inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical onset of sinusitis;

(10) for sinusitis affecting the maxillary sinus only, having a specified dental condition affecting the tissues adjacent to the affected maxillary sinus at the time of the clinical onset of sinusitis;

Note: specified dental condition is defined in the Schedule 1 - Dictionary.

(11) having impaired drainage of the sinus at the time of the clinical worsening of sinusitis;

Note: impaired drainage of the sinus is defined in the Schedule 1 - Dictionary.

(12) having a viral, bacterial or fungal respiratory tract infection at the time of the clinical worsening of sinusitis;

(13) being in an immunocompromised state as specified at the time of the clinical worsening of sinusitis;

Note: immunocompromised state as specified is defined in the Schedule 1 - Dictionary.
(14) having a specified medical condition at the time of the clinical worsening of sinusitis;

Note: *specified medical condition* is defined in the Schedule 1 - Dictionary.

(15) undergoing a course of therapeutic radiation for cancer, where the nasal cavity and paranasal sinuses were in the field of radiation, before the clinical worsening of sinusitis;

(16) smoking at least one pack-year of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of sinusitis, and:

(a) smoking commenced at least one year before the clinical worsening of sinusitis; and

(b) where smoking has ceased, the clinical worsening of sinusitis has occurred within three months of smoking cessation;

Note: *pack-year of cigarettes, or the equivalent thereof in other tobacco products* is defined in the Schedule 1 - Dictionary.

(17) being exposed to second-hand smoke:

(a) for at least 1 000 hours before the clinical worsening of sinusitis; and

(b) where the first exposure to second-hand smoke commenced at least one year before the clinical worsening of sinusitis; and

(c) where the last exposure to second-hand smoke occurred within the three months before the clinical worsening of sinusitis;

Note: *being exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.

(18) inhaling a drug or irritant substance which results in:

(a) acute nasal symptoms or signs within 48 hours of the inhalation; and

(b) scarring or erosion of the nasal or sinus mucosa;

before the clinical worsening of sinusitis;

Note 1: Examples of drugs include cocaine, lidocaine, methylphenidate and narcotics.

Note 2: Examples of irritant substances include gases (ammonia, chlorine, mustard, nitrogen dioxide, sulphur dioxide), powdered solids (aspirin, baking soda, levamisole, capsules, tablets, pills) and lewisite.

Note 3: Examples of acute nasal symptoms or signs include rhinorrhea, and the inflammation, oedema, ulceration or haemorrhage of the nasal mucosa.

(19) inhaling airborne dusts, smoke from fires, or fumes or vapours from fuel or a chemical agent within the 48 hours before the clinical worsening of sinusitis;
(20) for sinusitis affecting the maxillary sinus only, having a specified
dental condition affecting the tissues adjacent to the affected maxillary
sinus at the time of the clinical worsening of sinusitis;

Note: specified dental condition is defined in the Schedule 1 - Dictionary.

(21) for sinusitis with nasal polyps only, using a drug belonging to the
nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-
inflammatory class of drugs, at the time of the clinical worsening of
sinusitis;

Note: Nonselective (COX-1 and COX-2 inhibitors) nonsteroidal anti-inflammatory class of
drugs:
(a) includes drugs such as aspirin, diclofenac, ibuprofen, indomethacin, ketoprofen,
ketorolac, mefanamic acid, paracetamol, piroxicam and sulindac; and
(b) excludes drugs such as celecoxib, etoricoxib, meloxicam and parecoxib.

(22) inability to obtain appropriate clinical management for sinusitis.

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(11) to 9(22) apply only to material
contribution to, or aggravation of, sinusitis where the person's sinusitis
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(2) 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 second-hand smoke** means being in an enclosed space and inhaling smoke from burning tobacco products or smoke that has been exhaled by a person who is smoking.

**chronic renal failure** means:

(a) having a glomerular filtration rate of less than 15 mL/min/1.73 m² for a period of at least three months; or
(b) a need for renal replacement therapy (dialysis or transplantation) for treatment of complications of decreased glomerular filtration rate which would otherwise increase the risk of morbidity and mortality; or
(c) undergoing chronic dialysis.

**immunocompromised state as specified** means a condition of substantially lowered immune function, such as would occur in the following conditions or circumstances:

(a) being treated with an immunosuppressive drug;
(b) having a haematological or solid organ malignancy;
(c) having chronic renal failure;
(d) having infection with human immunodeficiency virus;
(e) having severe malnutrition; or
(f) undergoing solid organ, stem cell or bone marrow transplantation.

Note: chronic renal failure and immunosuppressive drug are also defined in the Schedule 1 - Dictionary.

**immunosuppressive drug** means a drug or an agent which results in substantial suppression of immune responses.

Note: Examples of an immunosuppressive drug include corticosteroids other than inhaled or topical corticosteroids, drugs used to prevent transplant rejection, tumour necrosis factor-α inhibitors and chemotherapeutic agents used for the treatment of cancer.

**impaired drainage of the sinus** means one of the following which leads to a narrowing or obstruction of the affected sinus or sinus opening:

(a) an anatomical deformity including deviated septum, enlarged turbinates, adenoidal hypertrophy, fracture of the facial bones and any other bony structural abnormalities;
(b) a soft tissue abnormality or mucosal swelling affecting the sinus including polyps, tumours, inflammation, sarcoidosis, granulomas and scarring; or
(c) a foreign body including fungal balls, nasal packing, nasogastric or nasotracheal tubes, and dental detritus.

**MRCA** means the Military Rehabilitation and Compensation Act 2004.
pack-year of cigarettes, or the equivalent thereof in other tobacco products means a calculation of consumption where one pack-year of cigarettes equals 20 tailor-made cigarettes per day for a period of one calendar year, or 7300 cigarettes. One tailor-made cigarette approximates one gram of tobacco or one gram of cigar or pipe tobacco by weight. One pack-year of tailor-made cigarettes equates to 7.3 kilograms of smoking tobacco by weight. Tobacco products mean cigarettes, pipe tobacco or cigars, smoked alone or in any combination.

relevant service means:
(a) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) British nuclear test defence service under the VEA;
(e) warlike service under the MRCA; or
(f) non-warlike service under the MRCA.

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

sinusitis—see subsection 7(2).

specified dental condition means one of the following:
(a) displaced tooth or tooth fragments;
(b) endosseous implants;
(c) infected dental (apical or dentigerous) cyst;
(d) maxillary trauma;
(e) non-vital tooth;
(f) oro-antral fistula;
(g) periapical abscess;
(h) periapical granuloma; or
(i) periodontitis.

specified medical condition means one of the following:
(a) allergic rhinitis;
(b) asthma;
(c) diabetes mellitus;
(d) gastro-oesophageal reflux disease; or
(e) sinus barotrauma.

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.