Statement of Principles concerning STRONGYLOIDIASIS (Reasonable Hypothesis) (No. 63 of 2019)

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

Dated 21 June 2019

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

[Signature]

Professor Nicholas Saunders AO
Chairperson
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1 Name

This is the Statement of Principles concerning strongyloidiasis (Reasonable Hypothesis) (No. 63 of 2019).

2 Commencement

This instrument commences on 22 July 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning strongyloidiasis No. 88 of 2010 (Federal Register of Legislation No. F2010L02844) made under subsection 196B(2) of the VEA is repealed.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 strongyloidiasis and death from strongyloidiasis.

Meaning of strongyloidiasis

(2) For the purposes of this Statement of Principles, strongyloidiasis means an infection with the parasitic roundworm Strongyloides stercoralis.

Note 1: Strongyloides stercoralis can replicate indefinitely inside the body (autoinfective cycle) without any further contact with contaminated soil, causing a lifelong infection if left untreated.

Note 2: Following infection, in otherwise healthy people, there may be no symptoms, or symptoms and signs may arise at variable times, even up to several decades later. Symptoms may include, but are not limited to, skin lesions, dry cough, breathing difficulties, diarrhoea, abdominal pain, nausea and vomiting. People with immunosuppression can develop sudden and severe illnesses, known as strongyloidiasis hyperinfection syndrome and disseminated strongyloidiasis.
(3) While strongyloidiasis attracts ICD-10-AM code B78, in applying this Statement of Principles the meaning of strongyloidiasis is that given in subsection (2).


Death from strongyloidiasis

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

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 strongyloidiasis and death from strongyloidiasis 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 strongyloidiasis or death from strongyloidiasis with the circumstances of a person's relevant service:

(1) being a prisoner of war before the clinical onset of strongyloidiasis;

(2) having cutaneous or mucosal contact with Strongyloides stercoralis roundworm larvae before the clinical onset of strongyloidiasis;

Note 1: Contact with Strongyloides stercoralis is most likely to occur from ingestion of, or skin contact with, moist soil, sediment or mud contaminated with human or animal faeces, most frequently in warm and damp conditions, where facilities for the hygienic disposal of human waste are minimal.

Note 2: Examples of activities involving contact with contaminated moist soil, sediment or mud contaminated with human or animal faeces include, but are not limited to, walking barefoot, farming, mining and tunnelling.

(3) having a solid organ transplant, where the organ is infected with Strongyloides stercoralis, within the one year before the clinical onset of strongyloidiasis;
(4) being in an immunocompromised state as specified at the time of the clinical worsening of strongyloidiasis;

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

(5) having alcohol use disorder at the time of the clinical worsening of strongyloidiasis;

(6) inability to obtain appropriate clinical management for strongyloidiasis.

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(4) to 9(6) apply only to material contribution to, or aggravation of, strongyloidiasis where the person's strongyloidiasis 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:

*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, but are not limited to:

(a) chemotherapeutic agents used for the treatment of cancer;

(b) corticosteroids, other than inhaled or topical corticosteroids;

(c) drugs used to prevent transplant rejection; and

(d) tumour necrosis factor-α inhibitors.

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

*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.

*strongyloidiasis*—see subsection 7(2).
**Schedule 1 - Dictionary**

**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*. 