Statement of Principles
concerning
SCHISTOSOMIASIS
(Reasonable Hypothesis)
(No. 61 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 schistosomiasis (Reasonable Hypothesis) (No. 61 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 schistosomiasis No. 86 of 2010 (Federal Register of Legislation No. F2010L02842) made under subsection 196B(2) of the VEA is repealed.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 schistosomiasis and death from schistosomiasis.

Meaning of schistosomiasis

(2) For the purposes of this Statement of Principles, schistosomiasis:

(a) means an infection with a parasitic flatworm of the genus Schistosoma, being S. mansoni, S. haematobium, S. japonicum, S. intercalatum, S. mekongi, S. malayensis or S. guineensis; and

(b) includes the acute and chronic symptoms and signs caused by the Schistosome worms or eggs.

Note 1: Acute schistosomiasis usually occurs two to 12 weeks after exposure. Symptoms and signs may include, but are not limited to, urticaria, cough, fever, malaise, myalgia and diarrhoea.

Note 2: Chronic schistosomiasis usually occurs months to several years after exposure to contaminated water and may include a wide range of organ systems.
(3) While schistosomiasis attracts ICD-10-AM code B65, in applying this Statement of Principles the meaning of schistosomiasis is that given in subsection (2).


Death from schistosomiasis

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

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

(1) having cutaneous or mucosal contact with water containing larvae of S. mansoni, S. haematobium, S. japonicum, S. intercalatum, S. mekongi, S. malayensis or S. guineensis within the 30 years before the clinical onset of schistosomiasis;
   
   Note 1: Contact with water containing larvae includes, but is not limited to, swimming, wading or washing in, and drinking, contaminated water in tropical or subtropical regions.
   
   Note 2: Water containing larvae is most likely to occur where facilities for disposal of human waste are minimal and there is a high likelihood of the water being contaminated with human faeces and urine.

(2) having a solid organ transplant, where the organ is infected with S. mansoni, S. haematobium, S. japonicum, S. intercalatum, S. mekongi, S. malayensis or S. guineensis, within the one year before the clinical onset of schistosomiasis;

(3) inability to obtain appropriate clinical management for schistosomiasis.
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 factor set out in subsection 9(3) applies only to material contribution to, or aggravation of, schistosomiasis where the person's schistosomiasis 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:

**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.

**schistosomiasis**—see subsection 7(2).

**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*. 

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Statement of Principles concerning Schistosomiasis (Reasonable Hypothesis) (No. 61 of 2019) 
Veterans’ Entitlements Act 1986