



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**TOXIC VESTIBULOPATHY**  
**(Reasonable Hypothesis)**  
**(No. 88 of 2020)**

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

Dated 30 October 2020

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 'N. Saunders'.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *toxic vestibulopathy (Reasonable Hypothesis)* (No. 88 of 2020).

**2 Commencement**

This instrument commences on 30 November 2020.

**3 Authority**

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

**4 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.

**5 Definitions**

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

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

- (1) This Statement of Principles is about toxic vestibulopathy and death from toxic vestibulopathy.

*Meaning of toxic vestibulopathy*

- (2) For the purposes of this Statement of Principles, toxic vestibulopathy:
- (a) means damage to the vestibular organs of the inner ear or the vestibular nerve as a result of exposure to a chemical agent, resulting in symptoms or signs of vestibular loss; and
  - (b) excludes impairment of balance due to damage to the brain or brainstem.

Note: Typical symptoms and signs of damage to the vestibular nerve or vestibular organs include nausea, vomiting, vertigo, dizziness, disequilibrium, nystagmus (eye jerking) and oscillopsia (blurred vision with head movement).

*Death from toxic vestibulopathy*

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

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

## 7 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that toxic vestibulopathy and death from toxic vestibulopathy 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.

## 8 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 toxic vestibulopathy or death from toxic vestibulopathy with the circumstances of a person's relevant service:

- (1) taking a drug from the specified list of drugs within the 30 days before the clinical onset of toxic vestibulopathy;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (2) taking a drug which is associated in the individual with:

- (a) the development of toxic vestibulopathy within 30 days of commencing drug therapy; and
- (b) a decrease in the symptoms and signs of toxic vestibulopathy within three months of discontinuing or tapering drug therapy; and

where treatment with the drug continued for at least the three days before the clinical onset of toxic vestibulopathy;

- (3) having inner ear exposure to a chemical agent from the specified list of chemical agents within the 30 days before the clinical onset of toxic vestibulopathy;

Note 1: Inner ear exposure to a chemical agent will only occur in the presence of a defect in the tympanic membrane.

Note 2: *specified list of chemical agents* is defined in the Schedule 1 - Dictionary.

- (4) inhaling fumes from jet fuel or having cutaneous contact with jet fuel:

- (a) for a cumulative period of at least 2,000 hours before the clinical onset of toxic vestibulopathy; and
- (b) where that exposure has ceased, the clinical onset of toxic vestibulopathy has occurred within one year of cessation;

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

- (5) taking a drug from the specified list of drugs within the 30 days before the clinical worsening of toxic vestibulopathy;

Note: *specified list of drugs* is defined in the Schedule 1 - Dictionary.

- (6) taking a drug which is associated in the individual with:
- (a) an increase in the symptoms or signs of toxic vestibulopathy during drug therapy; and
  - (b) a decrease in the symptoms or signs of toxic vestibulopathy within three months of discontinuing or tapering drug therapy; and
- where treatment with the drug continued for at least the three days before the clinical worsening of toxic vestibulopathy;
- (7) having inner ear exposure to a chemical agent from the specified list of chemical agents within the 30 days before the clinical worsening of toxic vestibulopathy;
- Note 1: Inner ear exposure to a chemical agent will only occur in the presence of a defect in the tympanic membrane.
- Note 2: *specified list of chemical agents* is defined in the Schedule 1 - Dictionary.
- (8) inhaling fumes from jet fuel or having cutaneous contact with jet fuel:
- (a) for a cumulative period of at least 2,000 hours before the clinical worsening of toxic vestibulopathy;
  - (b) and where that exposure has ceased, the clinical worsening of toxic vestibulopathy has occurred within one year of cessation;
- Note: *fumes* is defined in the Schedule 1 - Dictionary.
- (9) inability to obtain appropriate clinical management for toxic vestibulopathy.

## **9 Relationship to service**

- (1) The existence in a person of any factor referred to in section 8, must be related to the relevant service rendered by the person.
- (2) The factors set out in subsections 8(5) to 8(9) apply only to material contribution to, or aggravation of, toxic vestibulopathy where the person's toxic vestibulopathy was suffered or contracted before or during (but did not arise out of) the person's relevant service.

## **10 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 8 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 5

## 1 Definitions

In this instrument:

**fumes** means combustion products, aerosols, vapours or dust arising through industrial processes or from workplace practices that involve the refining, manufacture or use of the stated material.

**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.

**specified list of chemical agents** means:

- (a) aminoglycoside-containing ear drops;
- (b) Burow's solution (5% aluminium subacetate); or
- (c) surgical antiseptics.

**specified list of drugs** means:

- (a) amiodarone;
- (b) aminoglycosides;
- (c) bleomycin;
- (d) chloroquine;
- (e) hydroxychloroquine;
- (f) immune checkpoint inhibitors;
- (g) loop diuretics;
- (h) mefloquine;
- (i) non-steroidal anti-inflammatory drugs;
- (j) opiates and opioids;
- (k) platinum-based chemotherapy (cisplatin, carboplatin and oxaliplatin);
- (l) phosphodiesterase-5 inhibitors;
- (m) quinidine;
- (n) quinine;
- (o) sotalol; or
- (p) vincristine.

**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.

***toxic vestibulopathy***—see subsection 6(2).

***VEA*** means the *Veterans' Entitlements Act 1986*.