



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
ASTHMA
(Reasonable Hypothesis)
(No. 31 of 2021)

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

Dated 5 March 2021

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

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *asthma (Reasonable Hypothesis)* (No. 31 of 2021).

2 Commencement

This instrument commences on 5 April 2021.

3 Authority

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

4 Repeal

The Statement of Principles concerning asthma No. 60 of 2012 (Federal Register of Legislation No. F2012L01802) made under subsection 196B(2) of the VEA is repealed.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 asthma and death from asthma.

Meaning of asthma

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

- (a) means a chronic disorder of the airways that is characterised by variable and recurring symptoms, variable airflow obstruction, bronchial hyperresponsiveness and an underlying inflammation; and
- (b) includes reactive airways dysfunction syndrome.

Note 1: Symptoms of asthma include intermittent shortness of breath, chest tightness, cough and wheezing.

Note 2: In general, airflow obstruction is at least partially reversible, although it may become irreversible in long-standing, severe asthma.

Note 3: *reactive airways dysfunction syndrome* is defined in the Schedule 1 - Dictionary.

Death from asthma

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

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

- (1) being exposed to an immunologic or non-immunologic stimulus within the 24 hours before the clinical onset of asthma;

Note: *immunologic or non-immunologic stimulus* is defined in the Schedule 1 - Dictionary.

- (2) for reactive airways dysfunction syndrome only, inhaling very high concentrations of a substance with irritant properties, where such inhalation has resulted in acute toxic lower respiratory tract effects, within the 24 hours before the clinical onset of reactive airways dysfunction syndrome;

Note 1: Irritant substances that cause reactive airways dysfunction syndrome include:

- (a) acids (including acetic and hydrochloric acids);
- (b) alkalis (including ammonia and hydrazine);
- (c) biocides (including formalin and fumigating agents);
- (d) fumes (including diesel exhaust and fire smoke);
- (e) gases (including chlorine and sulphur dioxide);
- (f) halogenated derivatives (including trifluoromethane and chlorofluorocarbons);
- (g) solvents (including perchloroethylene); and
- (h) sprays (including paints and floor sealant).

Note 2: *reactive airways dysfunction syndrome* is defined in the Schedule 1 - Dictionary.

- (3) being overweight or obese for at least the five years before the clinical onset of asthma;

Note: *being overweight or obese* is defined in the Schedule 1 - Dictionary.

- (4) taking a drug from the specified list of drugs within the 24 hours before the clinical onset of asthma;

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

- (5) having smoked tobacco products:
- (a) in an amount of at least one pack-year before the clinical onset of asthma; and
 - (b) if smoking has ceased before the clinical onset of asthma, then that onset occurred within five years of cessation;
- Note: *pack-year* is defined in the Schedule 1 - Dictionary.
- (6) having been exposed to second-hand smoke:
- (a) for at least 1,000 hours within a period of one year before the clinical onset of asthma; and
 - (b) within the five years before the clinical onset of asthma;
- Note: *having been exposed to second-hand smoke* is defined in the Schedule 1 - Dictionary.
- (7) being exposed to an immunologic or non-immunologic stimulus within the 24 hours before the clinical worsening of asthma;
- Note: *clinical worsening of asthma* and *immunologic or non-immunologic stimulus* are defined in the Schedule 1 - Dictionary.
- (8) being overweight or obese for at least the five years before the clinical worsening of asthma;
- Note: *being overweight or obese* and *clinical worsening of asthma* are defined in the Schedule 1 - Dictionary.
- (9) taking a drug from the specified list of drugs within the 24 hours before the clinical worsening of asthma;
- Note: *clinical worsening of asthma* and *specified list of drugs* are defined in the Schedule 1 - Dictionary.
- (10) having smoked tobacco products:
- (a) in an amount of at least one pack-year before the clinical worsening of asthma; and
 - (b) if smoking has ceased before the clinical worsening of asthma, then that worsening occurred within six months of cessation;
- Note: *clinical worsening of asthma* and *pack-year* are defined in the Schedule 1 - Dictionary.
- (11) having been exposed to second-hand smoke for at least 1,000 hours within the one year before the clinical worsening of asthma;
- Note: *clinical worsening of asthma* and *having been exposed to second-hand smoke* are defined in the Schedule 1 - Dictionary.
- (12) having a clinically significant depressive disorder for at least the six months before the clinical worsening of asthma;
- Note: *clinically significant* and *clinical worsening of asthma* are defined in the Schedule 1 - Dictionary.

- (13) having gastro-oesophageal reflux disease at the time of the clinical worsening of asthma;

Note: *clinical worsening of asthma* is defined in the Schedule 1 - Dictionary.

- (14) inability to obtain appropriate clinical management for asthma.

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(7) to 9(14) apply only to material contribution to, or aggravation of, asthma where the person's asthma 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:

asthma—see subsection 7(2).

being overweight or obese means having a Body Mass Index (BMI) of 25 or greater.

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

BMI means W/H^2 where:

- (a) W is the person's weight in kilograms; and
- (b) H is the person's height in metres.

clinical worsening of asthma means a change in the nature of asthma resulting in one or more of the following:

- (a) a persistent change from well controlled to poorly controlled asthma;
- (b) a persistent increase in the requirement for treatment to prevent asthma from becoming uncontrolled;
- (c) an episode of severe asthma resulting in status asthmaticus, cerebral hypoxia or death; or
- (d) an increase in the requirement for hospitalisation for management of the manifestations or complications of asthma.

clinically significant means sufficient to warrant ongoing management, which may involve regular visits (for example, at least monthly), to a psychiatrist, counsellor or general practitioner.

Note: To warrant ongoing management does not require that any actual management was received or given for the condition.

having been exposed to second-hand smoke means having been in an enclosed space and inhaling smoke from burning tobacco products or smoke that has been exhaled by another person who is smoking.

immunologic or non-immunologic stimulus means an allergenic or irritant substance, an activity or an environment that can cause inflammation of the airways and bronchial hyperresponsiveness.

Note: Examples of immunologic or non-immunologic stimuli include:

- (a) air pollutants;
- (b) cereal dusts;
- (c) chemical fumes;
- (d) cold air;
- (e) drugs;
- (f) exercise;
- (g) irritant gases (including mustard gas);
- (h) metals;
- (i) moulds;
- (j) proteins derived from animals, insects and fish;
- (k) respiratory infections; and
- (l) wood dusts.

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

pack-year means an amount of tobacco equivalent to:

- (a) 20 cigarettes per day for a period of one calendar year; or
- (b) 7,300 cigarettes in a period of one calendar year; or
- (c) 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same.

reactive airways dysfunction syndrome means an asthma-like condition satisfying the following criteria:

- (a) absence of pre-existing asthma symptomatology;
- (b) onset of asthma symptoms after a single specific inhalational exposure or accident;
- (c) exposure to an irritant substance in very high concentrations;
- (d) onset of asthma symptoms within 24 hours after the exposure with persistence of symptoms for at least three months;
- (e) presence of airflow limitation with a significant bronchodilator response, or the presence of nonspecific bronchial hyperresponsiveness to histamine/methacholine; and
- (f) exclusion of other pulmonary disorders that can explain the symptoms or simulate asthma.

Note: Reactive airways dysfunction syndrome is also known as acute-onset, irritant-induced asthma.

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 drugs means:

- (a) beta-blockers;
- (b) non-steroidal anti-inflammatory drugs; or
- (c) paracetamol.

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*.