Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
HEREDITARY HAEMOCHROMATOSIS (Reasonable Hypothesis)
(No. 23 of 2021)

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

Dated 24 December 2020

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

Professor Nicholas Saunders AO
Chairperson

Contents

1 Name

This is the Statement of Principles concerning *hereditary haemochromatosis (Reasonable Hypothesis)* (No. 23 of 2021).

2 Commencement

This instrument commences on 25 January 2021.

3 Authority

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

4 Repeal

The Statement of Principles concerning haemochromatosis No. 21 of 2012 (Federal Register of Legislation No. F2012L00450) made under subsection 196B(2) of the VEA is repealed.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 hereditary haemochromatosis and death from hereditary haemochromatosis.

*Meaning of **hereditary haemochromatosis***

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

(a) means any genetic disorder of iron transport and metabolism which results in accumulation of excess iron, and with:

(i) documented iron overload in parenchymatous organs; or
(ii) clinical evidence of iron-related organ or tissue dysfunction; and

(b) includes:

(i) classical (type 1) hereditary haemochromatosis due to a mutation of the HFE gene; and

(ii) non-classical hereditary haemochromatosis due to a mutation of a non-HFE related gene.

Note: Hereditary haemochromatosis is characterised by the gradual increase in body iron stores in organs and tissues, which can lead to various clinical disorders, including lethargy, hepatic fibrosis or cirrhosis, hepatocellular carcinoma, heart failure, diabetes mellitus, hypogonadism, arthritis, hypopituitarism and skin pigmentation.

(3) While hereditary haemochromatosis attracts ICD-10-AM code E83.1, in applying this Statement of Principles the meaning of hereditary haemochromatosis is that given in subsection (2).

(4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from ***hereditary haemochromatosis***

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

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

(1) for males, consuming a total of at least 60 kilograms of alcohol within any five year period before the clinical worsening of hereditary haemochromatosis;

Note 1: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

Note 2: The clinical worsening of hereditary haemochromatosis typically manifests as hepatic fibrosis or cirrhosis.

(2) for females, consuming a total of at least 40 kilograms of alcohol within any five year period before the clinical worsening of hereditary haemochromatosis;

Note 1: Alcohol consumption is calculated utilising the Australian Standard of ten grams of alcohol per standard alcoholic drink.

Note 2: The clinical worsening of hereditary haemochromatosis typically manifests as hepatic fibrosis or cirrhosis.

(3) having infection with hepatitis C virus at the time of the clinical worsening of hereditary haemochromatosis;

Note: The clinical worsening of hereditary haemochromatosis typically manifests as hepatic fibrosis or cirrhosis.

(4) having steatohepatitis at the time of the clinical worsening of hereditary haemochromatosis;

Note: The clinical worsening of hereditary haemochromatosis typically manifests as hepatic fibrosis or cirrhosis.

(5) inability to obtain appropriate clinical management for hereditary haemochromatosis.

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(1) to 9(5) apply only to material contribution to, or aggravation of, hereditary haemochromatosis where the person's hereditary haemochromatosis 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:

hereditary haemochromatosis—see subsection 7(2).

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.

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*.