Australian Government
Repatriation Medical Authority

SUMMARY OF CHANGES:

INSTRUMENT NOS. 70 to 92 of 2020

Statements of Principles Nos. 70 to 92 of 2020 were signed by the Chairperson of the Repatriation Medical Authority (the Authority) on 30 October 2020. The day of commencement as specified in each of these Instruments is 30 November 2020.

These Instruments have been lodged and registered with the Federal Register of Legislation, pursuant to section 15G of the *Legislation Act 2003* (Legislation Act). In accordance with the Legislation Act, the Office of Parliamentary Counsel must generally deliver a legislative instrument for laying before each House of the Parliament within six sitting days of that House after the instrument is registered with the instrument's registered explanatory statement. The Instruments and the associated Explanatory Statements registered with the Federal Register of Legislation are available from http://www.legislation.gov.au.

Copies of each Instrument, the associated Explanatory Statement and a list of references relating to each Statement of Principles, are available in accordance with the *Veterans' Entitlements Act 1986* (the VEA), on written request from the RMA Secretariat.

The 'User Guide to the RMA Statements of Principles' explains the meaning and purpose of each section of the Statement of Principles template which commenced in 2015. This document is available on the Authority's website at http://www.rma.gov.au.

For further information contact:

The Registrar
Repatriation Medical Authority
GPO Box 1014
Brisbane Qld 4001

T +61 7 3815 9404
F +61 7 3815 9412
E info@rma.gov.au

6 November 2020

SUMMARY OF CHANGES

Instr. No.	Title	Date of Commencement	ICD-10-AM Code
DETERMINATIONS			
88 & 89/2020	toxic vestibulopathy	30/11/2020	Nil
REPEALS			
70 & 71/2020	peripheral artery disease	30/11/2020	I70.2
72 & 73/2020	adhesive capsulitis of the shoulder	30/11/2020	M75.0
74 & 75/2020	spinal adhesive arachnoiditis	30/11/2020	Nil
76 & 77/2020	conjunctivitis	30/11/2020	H10, H13.1, H13.2 or H16.2
78 & 79/2020	dengue virus infection	30/11/2020	A90 or A91
80 & 81/2020	malignant neoplasm of the cervix	30/11/2020	C53 or D06
82 & 83/2020	photocontact dermatitis	30/11/2020	L56.2
84 & 85/2020	tinnitus	30/11/2020	H93.1
86 & 87/2020	otitic barotrauma	30/11/2020	T70.0
90 & 91/2020	inflammatory bowel disease	30/11/2020	K50 or K51
AMENDMENTS			
92/2020	intervertebral disc prolapse	30/11/2020	M50.0, M50.1, M50.2, M51.0, M51.1 or M51.2

Note:

- The investigation concerning 'atherosclerotic peripheral vascular disease' has resulted in the determination of Statements of Principles concerning peripheral artery disease.
- The investigation concerning 'dengue fever' has resulted in the determination of Statements of Principles concerning dengue virus infection.

SUMMARY OF CHANGES		
70 & 71/2020	peripheral artery disease	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *atherosclerotic peripheral vascular disease* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 70/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the name of the condition from 'atherosclerotic peripheral vascular disease' to 'peripheral artery disease'; • new definition of 'peripheral artery disease' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(3) and 9(21) concerning being obese; • revising the factors in subsections 9(4) and 9(22) concerning having dyslipidaemia, by the inclusion of a note; • new factors in subsections 9(5) and 9(23) concerning smoking of tobacco products where smoking has not permanently ceased; • new factors in subsections 9(6) and 9(24) concerning smoking of tobacco products where smoking has permanently ceased; • new factors in subsections 9(7) and 9(25) concerning being exposed to second-hand smoke where that exposure has not permanently ceased; • new factors in subsections 9(8) and 9(26) concerning being exposed to second-hand smoke where that exposure has permanently ceased; • new factor in subsection 9(10) concerning an inability to undertake physical activity, for clinical onset; • new factors in subsections 9(11) and 9(29) concerning having chronic kidney disease; • revising the factors in subsections 9(13) and 9(31) concerning having received ionising radiation to the affected artery, by the inclusion of a note; • new factors in subsections 9(14) and 9(32) concerning an inability to consume fruit and vegetables; • new factors in subsections 9(16) and 9(34) concerning having an autoimmune disease; • new factors in subsections 9(17) and 9(35) concerning having a clinically significant depressive disorder; • new factors in subsections 9(18) and 9(36) concerning taking the tyrosine kinase inhibitors nilotinib or ponatinib; • revising the factor in subsection 9(28) concerning an inability to undertake physical activity, for clinical worsening; • deleting the factors concerning smoking of tobacco products as these are now covered by the factors in subsections 9(5) and 9(23) concerning smoking of tobacco products where smoking has not permanently ceased and the factors in subsections 9(6) and 9(24) concerning smoking of tobacco products where smoking has permanently ceased; • deleting the factors concerning being in an atmosphere with a visible tobacco smoke haze in an enclosed space as these are now covered by the factors in subsections 9(7) and 9(25) concerning being exposed to second-hand smoke where that exposure has not permanently ceased and the factors in subsections 9(8) and 9(26) concerning being exposed to second-hand smoke where that exposure has permanently ceased; • deleting the factors concerning having chronic renal disease as these are now covered by the factors in subsections 9(11) and 9(29) concerning having chronic kidney disease; • new definitions of 'being exposed to second-hand smoke', 'being obese', 'BMI', 'chronic kidney disease', 'clinically significant', 'MRCA', 'pack-year of tobacco products' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'dyslipidaemia' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'chronic renal disease', 'hyperhomocysteinaemia' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. ***For BoP SoP (Instrument No. 71/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a date of commencement for the Instrument in section 2;

SUMMARY OF CHANGES		
		• revising the name of the condition from 'atherosclerotic peripheral vascular disease' to 'peripheral artery disease'; • new definition of 'peripheral artery disease' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(3) and 9(15) concerning having dyslipidaemia, by the inclusion of a note; • new factors in subsections 9(4) and 9(16) concerning smoking of tobacco products where smoking has not permanently ceased; • new factors in subsections 9(5) and 9(17) concerning smoking of tobacco products where smoking has permanently ceased; • new factors in subsections 9(6) and 9(18) concerning being exposed to second-hand smoke where that exposure has not permanently ceased; • new factors in subsections 9(7) and 9(19) concerning being exposed to second-hand smoke where that exposure has permanently ceased; • new factors in subsections 9(9) and 9(21) concerning having chronic kidney disease; • new factors in subsections 9(12) and 9(24) concerning taking the tyrosine kinase inhibitors nilotinib or ponatinib; • deleting the factors concerning smoking of tobacco products as these are now covered by the factors in subsections 9(4) and 9(16) concerning smoking of tobacco products where smoking has not permanently ceased and the factors in subsections 9(5) and 9(17) concerning smoking of tobacco products where smoking has permanently ceased; • deleting the factors concerning having chronic renal disease as these are now covered by the factors in subsections 9(9) and 9(21) concerning having chronic kidney disease; • new definitions of 'being exposed to second-hand smoke', 'chronic kidney disease', 'MRCA', 'pack-year of tobacco products', and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'dyslipidaemia' and 'relevant service' in Schedule 1 -Dictionary; and • deleting the definitions of 'chronic renal disease', 'hyperhomocysteinaemia' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. **The determining of these Instruments finalises the investigation in relation to *atherosclerotic peripheral vascular disease* as advertised in the Government Notices Gazette of 7 May 2019.**
72 & 73/2020	adhesive capsulitis of the shoulder	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *adhesive capsulitis of the shoulder* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 72/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'adhesive capsulitis of the shoulder' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(1) and 9(12) concerning having a significant injury involving the arm or shoulder of the affected side; • new factors in subsections 9(2) and 9(13) concerning undergoing a surgical procedure involving the shoulder, chest wall or neck of the affected side; • revising the factors in subsections 9(3) and 9(14) concerning having paralysis of the affected shoulder; • new factors in subsections 9(4) and 9(15) concerning having rotator cuff syndrome of the affected side; • revising the factors in subsections 9(5) and 9(16) concerning having a malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region; • revising the factors in subsections 9(7) and 9(18) concerning having a thyroid disease from the specified list of thyroid diseases; • new factors in subsections 9(9) and 9(20) concerning having dyslipidaemia; • revising the factors in subsections 9(10) and 9(21) concerning taking highly active antiretroviral therapy for human immunodeficiency virus infection; • new factors concerning taking phenobarbital or primidone in subsections 9(11) and 9(22);

SUMMARY OF CHANGES		
		• deleting the factors concerning having an injury involving the affected shoulder as these are now covered by the factors in subsections 9(1) and 9(12) concerning having a significant injury involving the arm or shoulder of the affected side; • deleting the factors concerning having immobilisation of the affected shoulder as these are now largely covered by the factors in subsections 9(1) and 9(12) concerning having a significant injury involving the arm or shoulder of the affected side and the factors in subsections 9(3) and 9(14) concerning having paralysis of the affected shoulder; • deleting the factors concerning having a musculoskeletal disorder, as specified, of the affected shoulder as these are now covered by the factors in subsections 9(4) and 9(15) concerning having rotator cuff syndrome of the affected side; • deleting the factors concerning having a malignant neoplasm of the lung as these are now covered by the factors in subsections 9(5) and 9(16) concerning having a malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region; • deleting the factors concerning having a myocardial infarction; • deleting the factors concerning having pulmonary tuberculosis, chronic bronchitis or emphysema; • new definitions of 'dyslipidaemia', 'MRCA', 'significant injury involving the arm or shoulder', 'specified list of thyroid diseases' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a musculoskeletal disorder as specified', 'immobilisation of the affected shoulder' and 'injury involving the affected shoulder' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 73/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'adhesive capsulitis of the shoulder' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(1) and 9(10) concerning having a significant injury involving the arm or shoulder of the affected side; • new factors in subsections 9(2) and 9(11) concerning undergoing a surgical procedure involving the shoulder, chest wall or neck of the affected side; • revising the factors in subsections 9(3) and 9(12) concerning having paralysis of the affected shoulder; • new factors in subsections 9(4) and 9(13) concerning having rotator cuff syndrome of the affected side; • revising the factors in subsections 9(5) and 9(14) concerning having a malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region; • revising the factors in subsections 9(7) and 9(16) concerning having a thyroid disease from the specified list of thyroid diseases; • revising the factors in subsections 9(9) and 9(18) concerning taking highly active antiretroviral therapy for human immunodeficiency virus infection; • deleting the factors concerning having an injury involving the affected shoulder as these are now covered by the factors in subsections 9(1) and 9(10) concerning having a significant injury involving the arm or shoulder of the affected side; • deleting the factors concerning having immobilisation of the affected shoulder as these are now largely covered by the factors in subsections 9(1) and 9(10) concerning having a significant injury involving the arm or shoulder of the affected side and the factors in subsections 9(3) and 9(12) concerning having paralysis of the affected shoulder; • deleting the factors concerning having a musculoskeletal disorder, as specified, of the affected shoulder as these are now covered by the factors in subsections 9(4) and 9(13) concerning having rotator cuff syndrome of the affected side; • deleting the factors concerning having a malignant neoplasm of the lung as these are now covered by the factors in subsections 9(5) and 9(14) concerning malignant neoplasm involving the region of the affected shoulder or the adjacent thoracic region; • new definitions of 'MRCA', 'significant injury involving the arm or shoulder', 'specified list of thyroid diseases', and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a musculoskeletal disorder as specified', 'immobilisation of the affected shoulder' and 'injury involving the affected shoulder' in Schedule 1 - Dictionary. On 15 June 2020, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instrument and the medical-scientific material considered by the Authority. This letter emphasised the deletion of factors relating to *having immobilisation of the affected shoulder for a continuous period of at least two weeks within the 12 weeks before the clinical onset of adhesive capsulitis of the shoulder*, *having a myocardial*

SUMMARY OF CHANGES		
		infarction within the 12 weeks before the clinical onset of adhesive capsulitis of the shoulder and *having pulmonary tuberculosis, chronic bronchitis or emphysema at the time of the clinical onset of adhesive capsulitis of the shoulder* from the reasonable hypothesis Statement of Principles and the deletion of the factor relating to *having immobilisation of the affected shoulder for a continuous period of at least four weeks within the 12 weeks before the clinical onset of adhesive capsulitis of the shoulder* from the balance of probabilities Statement of Principles. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instruments prior to their determination. No submissions were received for consideration by the Authority. Minor changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *adhesive capsulitis of the shoulder* as advertised in the Government Notices Gazette of 7 May 2019.**
74 & 75/2020	spinal adhesive arachnoiditis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 6 November 2018 concerning *spinal adhesive arachnoiditis* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 74/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'spinal adhesive arachnoiditis' in subsection 7(2); • revising the factors in subsections 9(1) and 9(18) concerning having severe spinal trauma involving the affected site; • revising the factors in subsections 9(2) and 9(19) concerning undergoing spinal surgery involving the affected site; • new factors in subsections 9(3) and 9(20) concerning having a lumboperitoneal shunt at the affected site; • revising the factors in subsections 9(4) and 9(21) concerning having an epidural blood patch; • new factors in subsections 9(5) and 9(22) concerning having a myelogram involving an injection of oil-soluble intrathecal radiological contrast agent; • new factors in subsections 9(6) and 9(23) concerning having a myelogram involving an injection of water-soluble intrathecal radiological contrast agent; • new factors in subsections 9(7) and 9(24) concerning having an injection of Thorotrast (thorium dioxide suspension) into the subarachnoid space; • revising the factor in subsection 9(8) concerning having intrathecal injection of methylprednisolone acetate (Depo-Medrol), for clinical onset only; • new factors in subsections 9(9) and 9(25) concerning having an in situ intrathecal drug delivery system at the affected site; • new factors in subsections 9(10) and 9(26) concerning having intrathecal injection of methotrexate or cytosine arabinoside; • new factors in subsections 9(11) and 9(27) concerning having intrathecal injection of radioactive gold at the affected site; • revising the factors in subsections 9(12) and 9(28) concerning having an infection from the specified list of infections; • revising the factor in subsection 9(14) concerning having a spinal subdural haematoma at the affected site, for clinical onset; • new factors in subsections 9(15) and 9(31) concerning having ankylosing spondylitis involving the affected site; • new factors in subsections 9(16) and 9(32) concerning having an intervertebral disc prolapse causing spinal stenosis at the affected site; • new factors in subsections 9(17) and 9(33) concerning having sarcoidosis; • revising the factor in subsection 9(29) concerning having a subarachnoid haemorrhage, for clinical worsening; • deleting the factors concerning having an intraspinal myelogram, as these are now covered by the factors in subsections 9(5) and 9(22) concerning having a myelogram involving an injection of oil-soluble intrathecal radiological contrast agent, the factors in subsections 9(6) and 9(23) concerning having a myelogram involving an injection of water-soluble intrathecal radiological contrast agent and the factors in subsections 9(7) and 9(24)

SUMMARY OF CHANGES		
		concerning having an injection of Thorotrast (thorium dioxide suspension) into the subarachnoid space; • deleting the factors concerning having an epidural catheter left in situ; • deleting the factor concerning being treated with intrathecal methylprednisolone acetate (Depo-Medrol), for clinical worsening only; • deleting the factors concerning having an injury from a dural puncture involving the affected site; • new definitions of 'MRCA', 'specified list of infections', 'specified list of radiological contrast agents' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'relevant service' and 'severe spinal trauma' in Schedule 1 - Dictionary; and • deleting the definitions of 'an infection from the specified list', 'an injury from a dural puncture' and 'ICD-10-AM code'. ***For BoP SoP (Instrument No. 75/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'spinal adhesive arachnoiditis' in subsection 7(2); • revising the factors in subsections 9(1) and 9(13) concerning having severe spinal trauma involving the affected site; • revising the factors in subsections 9(2) and 9(14) concerning undergoing spinal surgery involving the affected site; • new factors in subsections 9(3) and 9(15) concerning having a lumboperitoneal shunt at the affected site; • revising the factors in subsections 9(4) and 9(16) concerning having a myelogram involving an injection of oil-soluble intrathecal radiological contrast agent; • new factors in subsections 9(5) and 9(17) concerning having a myelogram involving an injection of water-soluble intrathecal radiological contrast agent; • new factors in subsections 9(6) and 9(18) concerning having an injection of Thorotrast (thorium dioxide suspension) into the subarachnoid space; • new factors in subsections 9(7) and 9(19) concerning having an in situ intrathecal drug delivery system at the affected site; • new factors in subsections 9(8) and 9(20) concerning having intrathecal injection of methotrexate or cytosine arabinoside; • new factors in subsections 9(9) and 9(21) concerning having intrathecal injection of radioactive gold at the affected site; • revising the factors in subsections 9(10) and 9(22) concerning having an infection from the specified list of infections; • revising the factors in subsections 9(11) and 9(23) concerning having a subarachnoid haemorrhage; • revising the factors in subsections 9(12) and 9(24) concerning having a spinal subdural haematoma at the affected site; • deleting the factors concerning having an injury from a dural puncture involving the affected site; • new definitions of 'MRCA', 'specified list of infections', 'specified list of radiological contrast agents' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' and 'severe spinal trauma' in Schedule 1 - Dictionary; and • deleting the definitions of 'an infection from the specified list', 'an injury from a dural puncture' and 'ICD-10-AM code'. On 15 June 2020, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instruments and the medical-scientific material considered by the Authority. This letter emphasised the deletion of factors relating to *having an injury from a dural puncture involving the affected site within the five years before the clinical onset of spinal adhesive arachnoiditis*, *having an epidural catheter left in situ for a continuous period of at least 24 hours at the affected site, within the five years before the clinical onset of spinal adhesive arachnoiditis*, *having an injury from a dural puncture involving the affected site within the two years before the clinical worsening of spinal adhesive arachnoiditis*, *having an epidural catheter left in situ for a continuous period of at least 24 hours at the affected site, within the two years before the clinical worsening of spinal adhesive arachnoiditis* and *being treated with intrathecal methylprednisolone acetate (Depo-Medrol) within the one year before the clinical worsening of spinal adhesive arachnoiditis* from the reasonable hypothesis Statement of Principles and the deletion of factors relating to *having an injury from a dural puncture involving the affected site within the two years before the clinical*

SUMMARY OF CHANGES		
		onset of spinal adhesive arachnoiditis and *having an injury from a dural puncture involving the affected site within the one year before the clinical worsening of spinal adhesive arachnoiditis* from the balance of probabilities Statement of Principles. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instruments prior to their determination. No submissions were received for consideration by the Authority. Minor changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *spinal adhesive arachnoiditis* as advertised in the Government Notices Gazette of 6 November 2018.**
76 & 77/2020	conjunctivitis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *conjunctivitis* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 76/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'conjunctivitis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(2) and 9(20) concerning having an infection of the conjunctiva of the affected eye, by the inclusion of a note; • revising the factors in subsections 9(3) and 9(21) concerning having a condition of the affected eye from the specified list of conditions; • new factors in subsections 9(4) and 9(22) concerning having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye; • revising the factors in subsections 9(5) and 9(23) concerning having ocular or periocular exposure to an allergen; • new factors in subsections 9(6) and 9(24) concerning having an autoimmune disease; • new factors in subsections 9(7) and 9(25) concerning having graft versus host disease; • new factors in subsections 9(8) and 9(26) concerning having diabetes mellitus; • revising the factors in subsections 9(9) and 9(27) concerning having topical medication applied to the affected eye; • new factors in subsections 9(10) and 9(28) concerning taking a drug from the specified list of drugs; • new factors in subsections 9(11) and 9(29) concerning taking a drug which is associated with the development or worsening of conjunctivitis during drug therapy; • revising the factors in subsections 9(12) and 9(30) concerning having ocular or periocular exposure to an irritant substance, by the inclusion of a note; • revising the factors in subsections 9(15) and 9(33) concerning having an injury to the conjunctiva of the affected eye, by the inclusion of a note; • new factors in subsections 9(16) and 9(34) concerning undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation; • revising the factors in subsections 9(17) and 9(35) concerning having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye; • revising the factors in subsections 9(18) and 9(36) concerning being in an immunocompromised state as specified; • deleting the factors concerning having a condition from the specified list as these are now covered by the factors in subsections 9(6) and 9(24) concerning having an autoimmune disease, the factors in subsections 9(7) and 9(25) concerning having graft versus host disease and the factors in subsections 9(8) and 9(26) concerning having diabetes mellitus; • new definitions of 'chronic renal failure', 'immunocompromised state as specified', 'immunosuppressive drug', 'MRCA', 'specified list of conditions', 'specified list of drugs' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'irritant substance' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a condition from the specified list', 'a condition of the affected eye from the specified list', 'being in an immunosuppressed state' and 'iatrogenic conjunctivitis'. ***For BoP SoP (Instrument No. 77/2020)*** • adopting the latest revised Instrument format, which commenced in 2015;

SUMMARY OF CHANGES		
		• specifying a day of commencement for the Instrument in section 2; • revising the definition of 'conjunctivitis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(2) and 9(20) concerning having an infection of the conjunctiva of the affected eye, by the inclusion of a note; • revising the factors in subsections 9(3) and 9(21) concerning having a condition of the affected eye from the specified list of conditions; • new factors in subsections 9(4) and 9(22) concerning having a condition that causes chronic lack of sufficient lubrication and moisture on the surface of the affected eye; • revising the factors in subsections 9(5) and 9(23) concerning having ocular or periocular exposure to an allergen; • new factors in subsections 9(6) and 9(24) concerning having an autoimmune disease; • new factors in subsections 9(7) and 9(25) concerning having graft versus host disease; • new factors in subsections 9(8) and 9(26) concerning having diabetes mellitus; • revising the factors in subsections 9(9) and 9(27) concerning having topical medication applied to the affected eye; • new factors in subsections 9(10) and 9(28) concerning taking a drug from the specified list of drugs; • new factors in subsections 9(11) and 9(29) concerning taking a drug which is associated with the development or worsening of conjunctivitis during drug therapy; • revising the factors in subsections 9(12) and 9(30) concerning having ocular or periocular exposure to an irritant substance, by the inclusion of a note; • revising the factors in subsections 9(15) and 9(33) concerning having an injury to the conjunctiva of the affected eye, by the inclusion of a note; • new factors in subsections 9(16) and 9(34) concerning undergoing a course of therapeutic radiation for cancer, where the region of the affected eye was in the field of radiation; • revising the factors in subsections 9(17) and 9(35) concerning having a benign or malignant neoplasm affecting the conjunctiva or eyelid margin of the affected eye; • revising the factors in subsections 9(18) and 9(36) concerning being in an immunocompromised state as specified; • deleting the factors concerning having a condition from the specified list as these are now covered by the factors in subsections 9(6) and 9(24) concerning having an autoimmune disease, the factors in subsections 9(7) and 9(25) concerning having graft versus host disease and the factors in subsections 9(8) and 9(26) concerning having diabetes mellitus; • new definitions of 'chronic renal failure', 'immunocompromised state as specified', 'immunosuppressive drug', 'MRCA', 'specified list of conditions', 'specified list of drugs', and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'irritant substance' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a condition from the specified list', 'a condition of the affected eye from the specified list', 'being in an immunosuppressed state' and 'iatrogenic conjunctivitis'. **The determining of these Instruments finalises the investigation in relation to *conjunctivitis* as advertised in the Government Notices Gazette of 7 May 2019.**
78 & 79/2020	dengue virus infection	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *dengue fever* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 78/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the name of the condition from 'dengue fever' to 'dengue virus infection'; • new definition of 'dengue virus infection' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning being exposed to dengue virus, for clinical onset only, by the inclusion of a note; • deleting the factor concerning having a previous episode of dengue infection, involving a virus type different to the type responsible for the current episode, for

SUMMARY OF CHANGES		
		dengue haemorrhagic fever only. The previous factor was a risk factor for severity of the disease, rather than a factor for clinical onset of the disease. This factor has been subsumed by the factor in subsection 9(1) concerning being exposed to dengue virus, for clinical onset only. This exposure factor covers the causes of all forms of dengue virus infection, including dengue haemorrhagic fever; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'being exposed to dengue virus' and 'relevant service' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 79/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the name of the condition from 'dengue fever' to 'dengue virus infection'; • new definition of 'dengue virus infection' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning being exposed to dengue virus, for clinical onset only, by the inclusion of a note; • deleting the factor concerning having a previous episode of dengue infection, involving a virus type different to the type responsible for the current episode, for dengue haemorrhagic fever only. The previous factor was a risk factor for severity of the disease, rather than a factor for clinical onset of the disease. This factor has been subsumed by the factor in subsection 9(1) concerning being exposed to dengue virus, for clinical onset only. This exposure factor covers the causes of all forms of dengue virus infection, including dengue haemorrhagic fever; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definition of 'being exposed to dengue virus' and 'relevant service' in Schedule 1 - Dictionary. **The determining of these Instruments finalises the investigation in relation to *dengue fever* as advertised in the Government Notices Gazette of 7 May 2019.**
80 & 81/2020	malignant neoplasm of the cervix	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 29 October 2019 concerning *malignant neoplasm of the cervix* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 80/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'malignant neoplasm of the cervix' in subsection 7(2); • revising ICD-10-AM codes for 'malignant neoplasm of the cervix' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning having a persistent infection of the cervical epithelium with a specified human papillomavirus, for clinical onset only; • revising the factor in subsection 9(2) concerning having infection with human immunodeficiency virus, for clinical onset only; • revising the factor in subsection 9(3) concerning smoking of tobacco products, for clinical onset only and for squamous cell carcinoma of the cervix only; • revising the factor in subsection 9(4) concerning taking a combined oral contraceptive pill, for clinical onset only; • revising the factor in subsection 9(5) concerning taking an immunosuppressive drug for organ or tissue transplantation, for clinical onset only; • new factor in subsection 9(6) concerning having systemic lupus erythematosus, for clinical onset only; • revising the factor in subsection 9(7) concerning being prevented from accessing clinical screening for cervical precancerous lesions or cervical cancer in accordance with contemporary medical standards of the time, for clinical onset only; • new factor in subsection 9(8) concerning being prevented from accessing appropriate treatment for cervical precancerous lesions in accordance with contemporary medical standards of the time, for clinical onset only; • deleting the factor concerning being treated concurrently with systemic corticosteroids and immunomodulatory agents for systemic lupus erythematosus, for clinical onset only

SUMMARY OF CHANGES		
		as this is now covered by the factor in subsection 9(6) concerning having systemic lupus erythematosus, for clinical onset only; • new definitions of 'cervical precancerous lesions', 'clinical screening for cervical precancerous lesions or cervical cancer', 'MRCA', 'organ or tissue transplantation', 'pack-year of tobacco products', 'persistent infection', 'specified human papillomavirus' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'clinical screening for cervical intraepithelial neoplasia', 'immunomodulatory agents' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. ***For BoP SoP (Instrument No. 81/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'malignant neoplasm of the cervix' in subsection 7(2); • revising ICD-10-AM codes for 'malignant neoplasm of the cervix' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning having a persistent infection of the cervical epithelium with a specified human papillomavirus, for clinical onset only; • revising the factor in subsection 9(2) concerning having infection with human immunodeficiency virus, for clinical onset only; • revising the factor in subsection 9(3) concerning smoking of tobacco products, for clinical onset only and for squamous cell carcinoma of the cervix only; • revising the factor in subsection 9(4) concerning taking a combined oral contraceptive pill, for clinical onset only; • revising the factor in subsection 9(5) concerning taking an immunosuppressive drug for organ or tissue transplantation, for clinical onset only; • revising the factor in subsection 9(6) concerning being prevented from accessing clinical screening for cervical precancerous lesions or cervical cancer in accordance with contemporary medical standards of the time, for clinical onset only; • new factor in subsection 9(7) concerning being prevented from accessing appropriate treatment for cervical precancerous lesions in accordance with contemporary medical standards of the time, for clinical onset only; • new definitions of 'cervical precancerous lesions', 'clinical screening for cervical precancerous lesions or cervical cancer', 'MRCA', 'organ or tissue transplantation', 'pack-year of tobacco products', 'persistent infection', 'specified human papillomavirus', and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary and • deleting the definitions of 'clinical screening for cervical intraepithelial neoplasia' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. **The determining of these Instruments finalises the investigation in relation to *malignant neoplasm of the cervix* as advertised in the Government Notices Gazette of 29 October 2019.**
82 & 83/2020	photocontact dermatitis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 6 November 2018 concerning *photocontact dermatitis* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 82/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'photocontact dermatitis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(3) concerning having the affected area of skin exposed to light in the presence of a phototoxic agent; • revising the factors in subsections 9(2) and 9(4) concerning having the affected area of skin exposed to light in the presence of a photoallergen; • deleting the factor concerning having cutaneous exposure to the photoallergen responsible for the photocontact dermatitis and to light, for allergic photocontact dermatitis only and for clinical onset only, as this has been subsumed into the factors in subsections 9(2) and

SUMMARY OF CHANGES		
		9(4) concerning having the affected area of skin exposed to light in the presence of a photoallergen; • new definitions of 'light', 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'photoallergen', 'phototoxic agent' and 'relevant service' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 83/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'photocontact dermatitis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(3) concerning having the affected area of skin exposed to light in the presence of a phototoxic agent; • revising the factors in subsections 9(2) and 9(4) concerning having the affected area of skin exposed to light in the presence of a photoallergen; • deleting the factor concerning having cutaneous exposure to the photoallergen responsible for the photocontact dermatitis and to light, for allergic photocontact dermatitis only and for clinical onset only, as this has been subsumed into the factors in subsections 9(2) and 9(4) concerning having the affected area of skin exposed to light in the presence of a photoallergen; • new definitions of 'light', 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'photoallergen', 'phototoxic agent' and 'relevant service' in Schedule 1 - Dictionary. **The determining of these Instruments finalises the investigation in relation to *photocontact dermatitis* as advertised in the Government Notices Gazette of 6 November 2018.**
84 & 85/2020	tinnitus	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 29 October 2019 concerning *tinnitus* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 84/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'tinnitus' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(40) concerning being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), by the inclusion of a note; • revising the factors in subsections 9(2) and 9(41) concerning being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3 dB exchange rate, by the inclusion of a note; • revising the factors in subsections 9(3) and 9(42) concerning having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway; • revising the factors in subsections 9(5) and 9(44) concerning taking a drug from the specified list of drugs; • new factor in subsection 9(6) concerning taking a drug which is associated with particular effects in the individual, for clinical onset only; • new factors in subsections 9(7) and 9(45) concerning smoking of tobacco products; • new factors in subsections 9(8) and 9(46) concerning being exposed to second-hand smoke; • new factors in subsections 9(9) and 9(47) concerning having inner ear exposure to a chemical agent from the specified list of chemical agents; • revising the factors in subsections 9(10) and 9(48) concerning having a vascular, muscular or other anatomical source of sound that can be transmitted to the affected ear, by the inclusion of a note; • new factors in subsections 9(11) and 9(49) concerning having a reduced supply of blood to an auditory structure of the affected ear;

SUMMARY OF CHANGES		

		• new factors in subsections 9(12) and 9(50) concerning having a bone disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side;
		• new factors in subsections 9(13) and 9(51) concerning having osteoporosis;
		• new factors in subsections 9(14) and 9(52) concerning having an autoimmune disease;
		• new factors in subsections 9(15) and 9(53) concerning having multiple sclerosis;
		• new factors in subsections 9(16) and 9(54) concerning having a benign or malignant neoplasm involving the petrous temporal bone, an auditory structure or central auditory neural pathway of the affected ear;
		• new factors in subsections 9(17) and 9(55) concerning having a haematological disease from the specified list of haematological diseases;
		• new factors in subsections 9(18) and 9(56) concerning having a cerebrovascular accident;
		• new factors in subsections 9(19) and 9(57) concerning having concussion or moderate to severe traumatic brain injury;
		• new factors in subsections 9(20) and 9(58) concerning being exposed to an explosive blast;
		• new factors in subsections 9(21) and 9(59) concerning being struck by lightning;
		• new factors in subsections 9(22) and 9(60) concerning having temporomandibular disorder;
		• new factors in subsections 9(23) and 9(61) concerning having trigeminal neuralgia;
		• new factors in subsections 9(24) and 9(62) concerning having migraine or tension-type headache;
		• new factors in subsections 9(25) and 9(63) concerning having Meniere's disease or delayed endolymphatic hydrops;
		• new factors in subsections 9(26) and 9(64) concerning having an episode of otitic barotrauma involving the affected ear, cerebral arterial gas embolism or decompression sickness;
		• revising the factors in subsections 9(27) and 9(65) concerning having acoustic shock, by the inclusion of a note;
		• new factors in subsections 9(28) and 9(66) concerning having a bacterial infection from the specified list of bacterial infections;
		• new factors in subsections 9(29) and 9(67) concerning having a viral infection from the specified list of viral infections;
		• new factors in subsections 9(30) and 9(68) concerning having meningitis or encephalitis;
		• new factors in subsections 9(31) and 9(69) concerning having neurosyphilis;
		• new factors in subsections 9(32) and 9(70) concerning having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side;
		• new factors in subsections 9(33) and 9(71) concerning having typhoid fever;
		• revising the factors in subsections 9(35) and 9(73) concerning having a cobalt-containing metal-on-metal hip prosthesis, or a serum cobalt concentration of at least 200 micrograms per litre;
		• new factors in subsections 9(39) and 9(77) concerning having a clinically significant depressive disorder or a clinically significant anxiety disorder;
		• deleting the factors concerning receiving a specified ototopical medication directly into the inner ear, in the presence of a tympanic membrane perforation, as these are now covered by the factors in subsections 9(9) and 9(47) concerning having inner ear exposure to a chemical agent from the specified list of chemical agents;
		• deleting the factors concerning having a specified disease or injury involving the auditory structures or central auditory neural pathways of the affected ear, as these are now covered by the factors in:
		  • subsections 9(11) and 9(49) concerning having a reduced supply of blood to an auditory structure of the affected ear;
		  • subsections 9(12) and 9(50) concerning having a bone disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side;
		  • subsections 9(13) and 9(51) concerning having osteoporosis;
		  • subsections 9(14) and 9(52) concerning having an autoimmune disease;
		  • subsections 9(15) and 9(53) concerning having multiple sclerosis;
		  • subsections 9(16) and 9(54) concerning having a benign or malignant neoplasm involving the petrous temporal bone, auditory structures or central auditory neural pathways of the affected ear;
		  • subsections 9(17) and 9(55) concerning having a haematological disease from the specified list of haematological diseases;

SUMMARY OF CHANGES		
		• subsections 9(18) and 9(56) concerning having a cerebrovascular accident; • subsections 9(25) and 9(63) concerning having Meniere's disease or delayed endolymphatic hydrops; • deleting the factors concerning having cerebral arterial gas embolism or decompression sickness involving the auditory apparatus or central auditory neural pathways of the affected ear, as these are now covered by the factors in subsections 9(26) and 9(64) concerning having an episode of otitic barotrauma involving the affected ear, cerebral arterial gas embolism or decompression sickness; • deleting the factors concerning having an episode of otitic barotrauma involving the affected ear, as these are now covered by the factors in subsections 9(26) and 9(64) concerning having an episode of otitic barotrauma involving the affected ear, cerebral arterial gas embolism or decompression sickness; • deleting the factors concerning having a specified infection, as these are now covered by the factors in: • subsections 9(28) and 9(66) concerning having a bacterial infection from the specified list of bacterial infections; • subsections 9(29) and 9(67) concerning having a viral infection from the specified list of viral infections; • subsections 9(30) and 9(68) concerning having meningitis or encephalitis; • subsections 9(31) and 9(69) concerning having neurosyphilis; • subsections 9(32) and 9(70) concerning having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side; • subsections 9(33) and 9(71) concerning having typhoid fever; • deleting the factors concerning receiving ionising radiation to the auditory apparatus, as these have been subsumed into the factors in subsections 9(34) and 9(72) concerning undergoing a course of therapeutic radiation for cancer, where the auditory apparatus was in the field of radiation; • new definitions of 'acoustic shock symptoms', 'being exposed to second-hand smoke', 'chronic suppurative otitis media', 'clinically significant', 'hyperviscosity syndrome', 'MRCA', 'pack-year of tobacco products', 'specified list of bacterial infections', 'specified list of bone diseases', 'specified list of chemical agents', 'specified list of drugs', 'specified list of haematological diseases', 'specified list of viral infections', 'suppurative labyrinthitis' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'acoustic shock', 'auditory structure', 'dB(A)', 'dB(C)', 'relevant service' and 'vascular, muscular or other anatomical source of sound', in Schedule 1 - Dictionary; and • deleting the definitions of 'a drug or a drug from a class of drugs from the specified list', 'a specified autoimmune disorder', 'a specified disease or injury', 'a specified infection', 'a specified ototopical medication', 'cumulative equivalent dose' and 'ischaemia'. ***For BoP SoP (Instrument No. 85/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'tinnitus' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(33) concerning being exposed to a peak sound pressure level at the tympanic membrane of at least 140 dB(C), by the inclusion of a note; • revising the factors in subsections 9(2) and 9(34) concerning being exposed to a sound pressure level at the tympanic membrane of at least 85 dB(A) as an 8-hour time-weighted average (TWA) with a 3 dB exchange rate, by the inclusion of a note; • revising the factors in subsections 9(3) and 9(35) concerning having blunt trauma, penetrating trauma or surgery to an auditory structure or central auditory neural pathway; • revising the factors in subsections 9(5) and 9(37) concerning taking a drug from the specified list of drugs; • new factor in subsection 9(6) concerning taking a drug which is associated with particular effects in the individual, for clinical onset only; • new factors in subsections 9(7) and 9(38) concerning having inner ear exposure to a chemical agent from the specified list of chemical agents; • revising the factors in subsections 9(8) and 9(39) concerning having a vascular, muscular or other anatomical source of sound that can be transmitted to the affected ear, by the inclusion of a note; • new factors in subsections 9(9) and 9(40) concerning having a reduced supply of blood to an auditory structure of the affected ear;

SUMMARY OF CHANGES		

		• new factors in subsections 9(10) and 9(41) concerning having a bone disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side;
		• new factors in subsections 9(11) and 9(42) concerning having an autoimmune disease;
		• new factors in subsections 9(12) and 9(43) concerning having multiple sclerosis;
		• new factors in subsections 9(13) and 9(44) concerning having a benign or malignant neoplasm involving the petrous temporal bone, an auditory structure or central auditory neural pathway of the affected ear;
		• new factors in subsections 9(14) and 9(45) concerning having a haematological disease from the specified list of haematological diseases;
		• new factors in subsections 9(15) and 9(46) concerning having a cerebrovascular accident;
		• new factors in subsections 9(16) and 9(47) concerning being exposed to an explosive blast;
		• new factors in subsections 9(17) and 9(48) concerning being struck by lightning;
		• new factors in subsections 9(18) and 9(49) concerning having temporomandibular disorder;
		• new factors in subsections 9(19) and 9(50) concerning having migraine with brainstem aura (basilar migraine);
		• new factors in subsections 9(20) and 9(51) concerning having Meniere's disease or delayed endolymphatic hydrops;
		• new factors in subsections 9(21) and 9(52) concerning having an episode of otitic barotrauma involving the affected ear, cerebral arterial gas embolism or decompression sickness;
		• revising the factors in subsections 9(22) and 9(53) concerning having acoustic shock, by the inclusion of a note;
		• new factors in subsections 9(23) and 9(54) concerning having a bacterial infection from the specified list of bacterial infections;
		• new factors in subsections 9(24) and 9(55) concerning having a viral infection from the specified list of viral infections;
		• new factors in subsections 9(25) and 9(56) concerning having meningitis or encephalitis;
		• new factors in subsections 9(26) and 9(57) concerning having neurosyphilis;
		• new factors in subsections 9(27) and 9(58) concerning having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side;
		• new factors in subsections 9(28) and 9(59) concerning having typhoid fever;
		• revising the factors in subsections 9(30) and 9(61) concerning having a cobalt-containing metal-on-metal hip prosthesis, or a serum cobalt concentration of at least 200 micrograms per litre;
		• deleting the factors concerning receiving a specified ototopical medication directly into the inner ear, in the presence of a tympanic membrane perforation, as these are now covered by the factors in subsections 9(9) and 9(47) concerning having inner ear exposure to a chemical agent from the specified list of chemical agents;
		• deleting the factors concerning having a specified disease or injury involving the auditory structures or central auditory neural pathways of the affected ear, as these are now covered by the factors in:
		  • subsections 9(9) and 9(40) concerning having a reduced supply of blood to an auditory structure of the affected ear;
		  • subsections 9(10) and 9(41) concerning having a bone disease from the specified list of bone diseases, affecting the petrous temporal bone or middle ear ossicles of the affected side;
		  • subsections 9(11) and 9(42) concerning having an autoimmune disease;
		  • subsections 9(12) and 9(43) concerning having multiple sclerosis;
		  • subsections 9(13) and 9(44) concerning having a benign or malignant neoplasm involving the petrous temporal bone, auditory structures or central auditory neural pathways of the affected ear;
		  • subsections 9(14) and 9(45) concerning having a haematological disease from the specified list of haematological diseases;
		  • subsections 9(15) and 9(46) concerning having a cerebrovascular accident;
		  • subsections 9(20) and 9(51) concerning having Meniere's disease or delayed endolymphatic hydrops;
		• deleting the factors concerning having cerebral arterial gas embolism or decompression sickness involving the auditory apparatus or central auditory neural pathways of the affected ear, as these are now covered by the factors in subsections 9(21) and 9(52)

SUMMARY OF CHANGES		

		concerning having an episode of otitic barotrauma involving the affected ear, cerebral arterial gas embolism or decompression sickness;
		• deleting the factors concerning having an episode of otitic barotrauma involving the affected ear, as these are now covered by the factors in subsections 9(21) and 9(52) concerning having an episode of otitic barotrauma involving the affected ear, cerebral arterial gas embolism or decompression sickness;
		• deleting the factors concerning having a specified infection, as these are now covered by the factors in:
		  • subsections 9(23) and 9(54) concerning having a bacterial infection from the specified list of bacterial infections;
		  • subsections 9(24) and 9(55) concerning having a viral infection from the specified list of viral infections;
		  • subsections 9(25) and 9(56) concerning having meningitis or encephalitis;
		  • subsections 9(26) and 9(57) concerning having neurosyphilis;
		  • subsections 9(27) and 9(58) concerning having tuberculosis involving the nasopharynx, meninges, temporal bone, middle ear or inner ear of the affected side;
		  • subsections 9(28) and 9(59) concerning having typhoid fever;
		• deleting the factors concerning receiving ionising radiation to the auditory apparatus, as these have been subsumed into the factors in subsections 9(29) and 9(60) concerning undergoing a course of therapeutic radiation for cancer, where the auditory apparatus was in the field of radiation;
		• new definitions of 'acoustic shock symptoms', 'chronic suppurative otitis media', 'hyperviscosity syndrome', 'MRCA', 'specified list of bacterial infections', 'specified list of bone diseases', 'specified list of chemical agents', 'specified list of drugs', 'specified list of haematological diseases', 'specified list of viral infections', 'suppurative labyrinthitis' and 'VEA' in Schedule 1 - Dictionary;
		• revising the definitions of 'acoustic shock', 'auditory structure', 'dB(A)', 'dB(C)', relevant service' and 'vascular, muscular or other anatomical source of sound' in Schedule 1 - Dictionary; and
		• deleting the definitions of 'a drug or a drug from a class of drugs from the specified list', 'a specified autoimmune disorder', 'a specified disease or injury', 'a specified infection', 'a specified ototopical medication', 'cumulative equivalent dose' and 'ischaemia'.
		The determining of these Instruments finalises the investigation in relation to *tinnitus* as advertised in the Government Notices Gazette of 29 October 2019.

86 & 87/2020	otitic barotrauma	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 29 October 2019 concerning *otitic barotrauma* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 86/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'otitic barotrauma' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(4) concerning experiencing a change in ambient barometric pressure as specified, by the inclusion of a note; • revising the factors in subsections 9(2) and 9(5) concerning being exposed to blast pressure from an explosion or lightning strike; • revising the factors in subsections 9(3) and 9(6) concerning receiving mechanical ventilation involving a face mask, by the inclusion of a note; • deleting the factors concerning breathing 100 percent oxygen as these are covered by the factors in subsections 9(1) and 9(4) concerning experiencing a change in ambient barometric pressure as specified; • deleting the factors concerning having eustachian tube dysfunction; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definition of 'eustachian tube dysfunction'. ***For BoP SoP (Instrument No. 87/2020)*** • adopting the latest revised Instrument format, which commenced in 2015;

SUMMARY OF CHANGES		
		• specifying a day of commencement for the Instrument in section 2; • revising the definition of 'otitic barotrauma' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(4) concerning experiencing a change in ambient barometric pressure as specified, by the inclusion of a note; • revising the factors in subsections 9(2) and 9(5) concerning being exposed to blast pressure from an explosion or lightning strike; • revising the factors in subsections 9(3) and 9(6) concerning receiving mechanical ventilation involving a face mask, by the inclusion of a note; • deleting the factors concerning breathing 100 percent oxygen as these are covered by the factors in subsections 9(1) and 9(4) concerning experiencing a change in ambient barometric pressure as specified; • deleting the factors concerning having eustachian tube dysfunction; • new definitions of 'MRCA' and 'VEA' in Schedule 1 – Dictionary; • revising the definition of 'relevant service; in Schedule 1 – Dictionary; and • deleting the definition of 'eustachian tube dysfunction'. On 15 June 2020, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instruments and the medical-scientific material considered by the Authority. This letter emphasised the deletion of factors relating to *having eustachian tube dysfunction within the 24 hours before the clinical onset of otitic barotrauma and having eustachian tube dysfunction within the 24 hours before the clinical worsening of otitic barotrauma* from the reasonable hypothesis Statement of Principles and the deletion of factors relating to *having eustachian tube dysfunction within the 24 hours before the clinical onset of otitic barotrauma and having eustachian tube dysfunction within the 24 hours before the clinical worsening of otitic barotrauma* from the balance of probabilities Statement of Principles. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instruments prior to their determination. No submissions were received for consideration by the Authority. Minor changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *otitic barotrauma* as advertised in the Government Notices Gazette of 29 October 2019.**
88 & 89/2020	toxic vestibulopathy	**New Condition** These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 23 April 2020 concerning *toxic vestibulopathy* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence available to the Authority. **The determining of these new Instruments finalises the investigation in relation to *toxic vestibulopathy* as advertised in the Government Notices Gazette of 23 April 2020.**
90 & 91/2020	inflammatory bowel disease	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *inflammatory bowel disease* in accordance with section 196G of the VEA. The investigation involved an examination of the sound medical-scientific evidence now available to the Authority, including the sound medical-scientific evidence it has previously considered. The contents of these Instruments are in similar terms as the repealed Instruments. Comparing these Instruments and the repealed Instruments, the differences include: ***For RH SoP (Instrument No. 90/2020)*** • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'inflammatory bowel disease' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factor in subsection 9(1) concerning taking a drug from the Specified List 1 of drugs, for clinical onset only; • new factor in subsection 9(2) concerning taking a nonsteroidal anti-inflammatory drug, for clinical onset only; • new factors in subsections 9(3) and 9(13) concerning taking an immune checkpoint inhibitor; • revising the factor in subsection 9(4) concerning taking a combined oral contraceptive pill, for clinical onset; • revising the factors in subsections 9(5) and 9(15) concerning undergoing organ or tissue transplantation, excluding corneal transplant;

SUMMARY OF CHANGES		
		• new factor in subsection 9(6) concerning experiencing a category 1A stressor, for clinical onset; • new factor in subsection 9(7) concerning experiencing a category 1B stressor, for clinical onset; • new factor in subsection 9(8) concerning experiencing a category 2 stressor, for clinical onset; • new factors in subsections 9(9) and 9(20) concerning having a clinically significant depressive disorder or a clinically significant anxiety disorder; • revising the factors in paragraphs 9(10)(a) and 9(21)(a) concerning smoking of tobacco products, for Crohn disease only; • new factors in paragraphs 9(10)(b) and 9(21)(b) concerning being exposed to second-hand smoke, where that exposure has not permanently ceased, for Crohn disease only; • new factors in paragraphs 9(10)(c) and 9(21)(c) concerning being exposed to second-hand smoke, where that exposure has permanently ceased, for Crohn disease only; • new factor in paragraph 9(10)(d) concerning taking antibiotics, for clinical onset only and for Crohn disease only; • new factor in paragraph 9(10)(e) concerning inability to consume fibre, for clinical onset only and for Crohn disease only; • new factor in paragraph 9(10)(f) concerning consumption of sucrose, for clinical onset only and for Crohn disease only; • new factors in paragraphs 9(10)(g) and 9(21)(d) concerning inability to undertake physical activity, for Crohn disease only; • new factor in paragraph 9(10)(h) concerning being obese, for clinical onset only and for Crohn disease only; • revising the factor in subsection 9(11) concerning permanently ceasing to smoke, for clinical onset and for ulcerative colitis only; • new factor in subsection 9(12) concerning taking a drug from the Specified List 2 of drugs, for clinical worsening only; • new factor in subsection 9(14) concerning taking a combined oral contraceptive pill, for clinical worsening; • revising the factor in subsection 9(16) concerning having a bowel infection, for clinical worsening only; • revising the factor in subsection 9(17) concerning experiencing a category 1A stressor, for clinical worsening, by the inclusion of a note; • revising the factor in subsection 9(18) concerning experiencing a category 1B stressor, for clinical worsening, by the inclusion of a note; • revising the factor in subsection 9(19) concerning experiencing a category 2 stressor; • new factor in subsection 9(22) concerning permanently ceasing to smoke, for clinical worsening and for ulcerative colitis only; • deleting the factors concerning being treated with a drug or a drug from a class of drugs, as these are now covered by the factor in subsection 9(1) concerning taking a drug from the Specified List 1 of drugs, for clinical onset only, the factor in subsection 9(2) concerning taking a nonsteroidal anti-inflammatory drug, for clinical onset only and the factor in subsection 9(12) concerning taking a drug from the Specified List 2 of drugs, for clinical worsening only; • deleting the factor concerning having a clinically significant depressive disorder, for clinical worsening only, as this is now covered by the factor in subsection 9(20) concerning having a clinically significant depressive disorder or a clinically significant anxiety disorder, for clinical worsening; • deleting the factors concerning immersion in an atmosphere with a visible tobacco smoke haze in an enclosed space, as these are now covered by the factors in paragraphs 9(10)(b) and 9(21)(b) concerning being exposed to second-hand smoke, where that exposure has not permanently ceased, for Crohn disease only and the factors in paragraphs 9(10)(c) and 9(21)(c) concerning being exposed to second-hand smoke, where that exposure has permanently ceased, for Crohn disease only; • new definitions of 'being exposed to second-hand smoke', 'being obese', 'BMI', 'Crohn disease', 'MET', 'MRCA', 'organ or tissue transplantation', 'pack-year of tobacco products', 'regular smoking habit as specified', 'significant other', 'Specified List 1 of drugs', 'Specified List 2 of drugs', 'ulcerative colitis' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'clinically significant', by the inclusion of a note and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a drug or a drug from a class of drugs in the specified list' and 'pack-year of cigarettes, or the equivalent thereof in other tobacco products'.

SUMMARY OF CHANGES		
		For BoP SoP (Instrument No. 91/2020) • adopting the latest revised Instrument format, which commenced in 2015; • specifying a day of commencement for the Instrument in section 2; • revising the definition of 'inflammatory bowel disease' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factor in subsection 9(1) concerning taking a nonsteroidal anti-inflammatory drug, for clinical onset only; • new factor in subsection 9(2) concerning taking an interferon or a tumour necrosis factor antagonist, for clinical onset only; • new factors in subsections 9(3) and 9(9) concerning taking an immune checkpoint inhibitor; • revising the factor in subsection 9(4) concerning taking a combined oral contraceptive pill, for clinical onset; • revising the factors in subsections 9(5) and 9(11) concerning undergoing organ or tissue transplantation, excluding corneal transplant; • revising the factors in subsections 9(6) and 9(15) concerning smoking of tobacco products, for Crohn disease only; • revising the factor in subsection 9(7) concerning permanently ceasing to smoke, for clinical onset only and for ulcerative colitis only; • new factor in subsection 9(8) concerning taking a drug from the specified list of drugs, for clinical worsening only; • new factor in subsection 9(10) concerning taking a combined oral contraceptive pill, for clinical worsening; • new factor in subsection 9(12) concerning experiencing a category 1A stressor, for clinical worsening only; • new factor in subsection 9(13) concerning experiencing a category 1B stressor, for clinical worsening only; • new factor in subsection 9(14) concerning experiencing a category 2 stressor, for clinical worsening only; • deleting the factors concerning being treated with a drug or a drug from a class of drugs, as these are now covered by the factor in subsection 9(1) concerning taking a nonsteroidal anti-inflammatory drug, for clinical onset only, the factor in subsection 9(2) concerning taking an interferon or a tumour necrosis factor antagonist, for clinical onset only and the factor in subsection 9(8) concerning taking a drug from the specified list of drugs, for clinical worsening only; • deleting the factor concerning having clinical or laboratory evidence of a bowel infection, for clinical worsening only; • new definitions of 'category 1A stressor', 'category 1B stressor', 'category 2 stressor', 'corpse', 'Crohn disease', 'eyewitness', 'MRCA', 'organ or tissue transplantation', 'pack-year of tobacco products', 'regular smoking habit as specified', 'significant other', 'specified list of drugs', 'ulcerative colitis' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 – Dictionary; and • deleting the definitions of 'a drug or a drug from a class of drugs in the specified list', 'a regular smoking habit', and 'pack-year of cigarettes, or the equivalent thereof in other tobacco products'. On 15 June 2020, the Authority wrote to organisations representing veterans, service personnel and their dependants regarding the proposed Instruments and the medical-scientific material considered by the Authority. This letter emphasised the deletion of the factor relating to *having clinical or laboratory evidence of a bowel infection in the one month before the clinical worsening of inflammatory bowel disease* from the balance of probabilities Statement of Principles. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instruments prior to their determination. No submissions were received for consideration by the Authority. Minor changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *inflammatory bowel disease* as advertised in the Government Notices Gazette of 7 May 2019.**
92/2020	intervertebral disc prolapse	**Amendment** This instrument amends Statement of Principles No. 44 of 2016 (Balance of Probabilities) concerning ***intervertebral disc prolapse*** by: • replacing the existing factor in subsection 9(9) concerning 'having bacterial infection of the relevant disc'.

SUMMARY OF CHANGES		
		The determining of this Instrument finalises the investigation in relation to *intervertebral disc prolapse* as advertised in the Government Notices Gazette of 20 August 2020.