Australian Government
Repatriation Medical Authority

SUMMARY OF CHANGES:

INSTRUMENT NOS. 1 to 30 of 2021

Statements of Principles Nos. 1 to 30 of 2021 were signed by the Chairperson of the Repatriation Medical Authority (the Authority) on 24 December 2020. The day of commencement as specified in each of these Instruments is 25 January 2021.

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

13 January 2021

SUMMARY OF CHANGES

Instr. No.	Title	Date of Commencement	ICD-10-AM Code
REPEALS			
1 & 2/2021	allergic contact dermatitis	25/01/2021	L23
3 & 4/2021	irritant contact dermatitis	25/01/2021	L22 or L24
5 & 6/2021	angle-closure glaucoma	25/01/2021	H40
7 & 8/2021	chronic venous insufficiency of the lower limb and varicose veins of the lower limb	25/01/2021	I87.0 or I87.2 (chronic venous insufficiency of the lower limb) I83 or O22.0 (varicose veins of the lower limb)
9 & 10/2021	dementia pugilistica	25/01/2021	Nil
11 & 12/2021	giant cell arteritis	25/01/2021	M31.5 or M31.6
13 & 14/2021	psoriasis	25/01/2021	L40.0, L40.1, L40.2, L40.4, L40.8, L40.9 or L40
15 & 16/2021	psoriatic arthritis	25/01/2021	M07.0 to M07.3
17 & 18/2021	acute infectious mononucleosis	25/01/2021	B27.0
19 & 20/2021	anosmia	25/01/2021	R43.0
21 & 22/2021	aortic aneurysm and aortic wall disorders	25/01/2021	I71
23 & 24/2021	hereditary haemochromatosis	25/01/2021	E83.1
25 & 26/2021	otitis externa	25/01/2021	H60, H62.0, H62.1, H62.2, H62.3 or H62.4
DETERMINATIONS			
27 & 28/2021	hyperacusis	25/01/2021	Nil

AMENDMENTS			
29 & 30/2021	rotator cuff syndrome	25/01/2021	M75.1, M75.2, M75.3, M75.4 or M75.5

Notes:

- The investigations concerning 'chronic venous insufficiency of the lower limb' and 'varicose veins of the lower limb' have resulted in the determination of Statements of Principles concerning **chronic venous insufficiency of the lower limb and varicose veins of the lower limb**.
- The investigation concerning 'psoriatic arthropathy' has resulted in the determination of Statements of Principles concerning **psoriatic arthritis**.
- The investigation concerning 'aortic aneurysm' has resulted in the determination of Statements of Principles concerning **aortic aneurysm and aortic wall disorders**.
- The investigation concerning 'haemochromatosis' has resulted in the determination of Statements of Principles concerning **hereditary haemochromatosis**.

SUMMARY OF CHANGES		
1 & 2/2021	allergic contact dermatitis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 6 November 2018 concerning *allergic contact 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. 1/2021)*** • 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 'allergic contact dermatitis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(1) and 9(2) concerning having the affected area of skin exposed to an allergen; • deleting the factor concerning having exposure to the allergen responsible for the allergic contact dermatitis, for clinical onset only, as this is now covered by the factor in subsection 9(1) concerning having the affected area of skin exposed to an allergen; • deleting the factor concerning having direct cutaneous re-exposure to the allergen responsible for the allergic contact dermatitis, for clinical worsening only, as this is now covered by the factor in subsection 9(2) concerning having the affected area of skin exposed to an allergen; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'allergen' and 'relevant service' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 2/2021)*** • 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 'allergic contact dermatitis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(1) and 9(2) concerning having the affected area of skin exposed to an allergen; • deleting the factor concerning having exposure to the allergen responsible for the allergic contact dermatitis, for clinical onset only, as this is now covered by the factor in subsection 9(1) concerning having the affected area of skin exposed to an allergen; • deleting the factor concerning having direct cutaneous re-exposure to the allergen responsible for the allergic contact dermatitis, for clinical worsening only, as this is now covered by the factor in subsection 9(2) concerning having the affected area of skin exposed to an allergen; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'allergen' and 'relevant service' in Schedule 1 - Dictionary. **The determining of these Instruments finalises the investigation in relation to *allergic contact dermatitis* as advertised in the Government Notices Gazette of 6 November 2018.**
3 & 4/2021	irritant contact dermatitis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 6 November 2018 concerning *irritant contact 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. 3/2021)*** • 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 'irritant contact dermatitis' in subsection 7(2); • revising ICD-10-AM codes for 'irritant contact dermatitis' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(1) and 9(2) concerning having the affected area of skin exposed to an irritant; • deleting the factors concerning having direct cutaneous exposure of the affected area to an irritant, as these are now covered by the factors in subsections 9(1) and 9(2) concerning having the affected area of skin exposed to an irritant;

SUMMARY OF CHANGES		
		• new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'irritant' and 'relevant service' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 4/2021)*** • 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 'irritant contact dermatitis' in subsection 7(2); • revising ICD-10-AM codes for 'irritant contact dermatitis' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(1) and 9(2) concerning having the affected area of skin exposed to an irritant; • deleting the factors concerning having direct cutaneous exposure of the affected area to an irritant, as these are now covered by the factors in subsections 9(1) and 9(2) concerning having the affected area of skin exposed to an irritant; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'irritant' and 'relevant service' in Schedule 1 - Dictionary. **The determining of these Instruments finalises the investigation in relation to *irritant contact dermatitis* as advertised in the Government Notices Gazette of 6 November 2018.**

5 & 6/2021	angle-closure glaucoma	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *angle-closure glaucoma* 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. 5/2021)
		• 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 'angle-closure glaucoma' in subsection 7(2);
		• including ICD-10-AM codes for 'angle-closure glaucoma' in subsection 7(3);
		• revising the reference to 'ICD-10-AM code' in subsection 7(4);
		• revising the factor in subsection 9(1) concerning taking a drug from the specified list of drugs, for clinical onset;
		• new factors in subsections 9(2) and 9(13) concerning taking a drug which causes mydriasis or miosis in the affected eye or an allergic or inflammatory reaction involving structures of the anterior segment of the affected eye;
		• new factors in subsections 9(3) and 9(14) concerning having uveitis, scleritis or episcleritis;
		• new factors in subsections 9(4) and 9(15) concerning having a benign or malignant neoplasm or a non-neoplastic lesion which involves the anterior segment of the affected eye;
		• new factors in subsections 9(5) and 9(16) concerning having a disorder of the lens of the affected eye;
		• revising the factors in subsections 9(6) and 9(17) concerning having growth of new blood vessels (neovascularisation) of the iridocorneal angle due to a condition or procedure involving the affected eye from the specified list of conditions or procedures;
		• revising the factors in subsections 9(7) and 9(18) concerning having trauma to the affected eye;
		• revising the factors in subsections 9(8) and 9(19) concerning having sympathetic ophthalmia, by the inclusion of a note;
		• new factors in subsections 9(9) and 9(20) concerning having surgery to the affected eye, or eyelid of the affected eye;
		• new factors in subsections 9(10) and 9(21) concerning having surgery requiring a general anaesthetic, or surgery in the prone position;
		• new factor in subsection 9(12) concerning taking a drug from the specified list of drugs, for clinical worsening;
		• deleting the factors concerning having occlusion of the iridocorneal angle due to a specified disorder of the affected eye or orbit, as these are now covered by the factors in subsections:
		  • 9(3) and 9(14) concerning having uveitis, scleritis or episcleritis;
		  • 9(4) and 9(15) concerning having a benign or malignant neoplasm or a non-neoplastic lesion which involves the anterior segment of the affected eye;
		  • 9(5) and 9(16) concerning having a disorder of the lens of the affected eye;

SUMMARY OF CHANGES		

		• deleting the factors concerning having intraocular surgery to the affected eye, as these are now covered by the factors in subsections 9(9) and 9(20) concerning having surgery to the affected eye, or eyelid of the affected eye;
		• deleting the factors concerning having non-intraocular surgery to the affected eye or surgery to an eyelid of the affected eye, as these are now covered by the factors in subsections 9(9) and 9(20) concerning having surgery to the affected eye, or eyelid of the affected eye;
		• deleting the factors concerning having received ionising radiation to the affected eye, as these are now covered by the factors in subsections 9(11) and 9(22) concerning undergoing a course of therapeutic radiation for cancer, where the affected eye was in the field of radiation;
		• new definitions of 'episcleritis', 'MRCA', 'scleritis', 'specified list of conditions or procedures', 'specified list of drugs', 'trauma', 'uveitis' and 'VEA' in Schedule 1 - Dictionary;
		• revising the definitions of 'relevant service' and 'sympathetic ophthalmia' in Schedule 1 - Dictionary; and
		• deleting the definitions of 'acute angle-closure glaucoma', 'a drug or a drug from a class of drugs in the specified list', 'a specified condition or procedure', 'a specified disorder', 'cumulative equivalent dose' and 'trauma as specified'.
		For BoP SoP (Instrument No. 6/2021)
		• 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 'angle-closure glaucoma' in subsection 7(2);
		• including ICD-10-AM codes for 'angle-closure glaucoma' in subsection 7(3);
		• revising the reference to 'ICD-10-AM code' in subsection 7(4);
		• revising the factor in subsection 9(1) concerning taking a drug from the specified list of drugs, for clinical onset;
		• new factors in subsections 9(2) and 9(13) concerning taking a drug which causes mydriasis or miosis in the affected eye or an allergic or inflammatory reaction involving structures of the anterior segment of the affected eye;
		• new factors in subsections 9(3) and 9(14) concerning having uveitis, scleritis or episcleritis;
		• new factors in subsections 9(4) and 9(15) concerning having a benign or malignant neoplasm or a non-neoplastic lesion which involves the anterior segment of the affected eye;
		• new factors in subsections 9(5) and 9(16) concerning having a disorder of the lens of the affected eye;
		• revising the factors in subsections 9(6) and 9(17) concerning having growth of new blood vessels (neovascularisation) of the iridocorneal angle due to a condition or procedure involving the affected eye from the specified list of conditions or procedures;
		• revising the factors in subsections 9(7) and 9(18) concerning having trauma to the affected eye;
		• revising the factors in subsections 9(8) and 9(19) concerning having sympathetic ophthalmia, by the inclusion of a note;
		• new factors in subsections 9(9) and 9(20) concerning having surgery to the affected eye, or eyelid of the affected eye;
		• new factors in subsections 9(10) and 9(21) concerning having surgery requiring a general anaesthetic, or surgery in the prone position;
		• new factor in subsection 9(12) concerning taking a drug from the specified list of drugs, for clinical worsening;
		• deleting the factors concerning having occlusion of the iridocorneal angle due to a specified disorder of the affected eye or orbit, as these are now covered by the factors in subsections:
		  • 9(3) and 9(14) concerning having uveitis, scleritis or episcleritis;
		  • 9(4) and 9(15) concerning having a benign or malignant neoplasm or a non-neoplastic lesion which involves the anterior segment of the affected eye;
		  • 9(5) and 9(16) concerning having a disorder of the lens of the affected eye;
		• deleting the factors concerning having intraocular surgery to the affected eye, as these are now covered by the factors in subsections 9(9) and 9(20) concerning having surgery to the affected eye, or eyelid of the affected eye;
		• deleting the factors concerning having non-intraocular surgery to the affected eye or surgery to an eyelid of the affected eye, as these are now covered by the factors in subsections 9(9) and 9(20) concerning having surgery to the affected eye, or eyelid of the affected eye;
		• deleting the factors concerning having received ionising radiation to the affected eye, as these are now covered by the factors in subsections 9(11) and 9(22) concerning undergoing a course of therapeutic radiation for cancer, where the affected eye was in the field of radiation;

SUMMARY OF CHANGES		
		• new definitions of 'episcleritis', 'MRCA', 'scleritis', 'specified list of conditions or procedures', 'specified list of drugs', 'trauma', 'uveitis' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'sympathetic ophthalmia' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'acute angle-closure glaucoma', 'a drug or a drug from a class of drugs in the specified list', 'a specified condition or procedure', 'a specified disorder', 'cumulative equivalent dose' and 'trauma as specified'. **The determining of these Instruments finalises the investigation in relation to *angle-closure glaucoma* as advertised in the Government Notices Gazette of 7 May 2019.**
7 & 8/2021	chronic venous insufficiency of the lower limb and varicose veins of the lower limb	These Instruments result from two discrete investigations notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *chronic venous insufficiency of the lower limb* and *varicose veins of the lower limb*, respectively, in accordance with section 196G of the VEA. These investigations involved an examination of the available sound medical-scientific evidence for each condition. The Authority concluded that it would determine Statements of Principles that cover both chronic venous insufficiency of the lower limb and varicose veins of the lower limb for two reasons. Firstly, since chronic venous insufficiency of the lower limb and varicose veins of the lower limb are part of the continuum of chronic venous disease of the lower limb, the ease of use of the Statements of Principles is facilitated by having Instruments that cover both conditions rather than separate Instruments. Secondly, the sound medical-scientific evidence demonstrates substantial overlap in the risk factors for the clinical onset and clinical worsening of these conditions. 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. 7/2021)*** • 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 'chronic venous insufficiency of the lower limb' in subsection 7(2); • revising the definition of 'varicose veins of the lower limb' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(5); • revising the factors in subsections 9(1) and 9(12) concerning having deep vein thrombosis within a deep vein that drains the affected lower limb; • revising the factors in subsections 9(2) and 9(13) concerning having chronic complete or partial obstruction of a vein that drains the affected lower limb; • revising the factors in subsections 9(4) and 9(15) concerning continuous standing; • revising the factors in subsections 9(5) and 9(16) concerning having chronic dysfunction of the calf muscle pump in the affected lower limb; • revising the factors in subsections 9(6) and 9(17) concerning being obese, by the inclusion of a note; • new factors in subsections 9(9) and 9(20) concerning having tricuspid valve regurgitation, in the presence of a pulsatile greater saphenous vein; • new factors in paragraphs 9(10)(b) and 9(21)(b) concerning having heart failure, for chronic venous insufficiency of the lower limb only; • new definitions of 'BMI', 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'being obese' , 'deep vein that drains the affected lower limb' and 'relevant service' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 8/2021)*** • 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 'chronic venous insufficiency of the lower limb' in subsection 7(2); • revising the definition of 'varicose veins of the lower limb' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(5); • revising the factors in subsections 9(1) and 9(11) concerning having deep vein thrombosis within a deep vein that drains the affected lower limb; • revising the factors in subsections 9(2) and 9(12) concerning having chronic complete or partial obstruction of a vein that drains the affected lower limb; • revising the factors in subsections 9(4) and 9(14) concerning continuous standing; • revising the factors in subsections 9(5) and 9(15) concerning having chronic dysfunction of the calf muscle pump in the affected lower limb; • new factors in subsections 9(8) and 9(18) concerning having tricuspid valve regurgitation, in the presence of a pulsatile greater saphenous vein; • new factors in paragraphs 9(9)(b) and 9(19)(b) concerning having heart failure, for chronic venous insufficiency of the lower limb only;

SUMMARY OF CHANGES		
		• revising the factors in paragraphs 9(9)(c) and 9(19)(c) concerning being obese, by the inclusion of a note; • new definitions of 'BMI', 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'being obese' and 'deep vein that drains the affected lower limb' and 'relevant service' in Schedule 1 - Dictionary. **The determining of these Instruments finalises the investigations in relation to *chronic venous insufficiency of the lower limb* and *varicose veins of the lower limb* as advertised in the Government Notices Gazette of 7 May 2019.**
9 & 10/2021	dementia pugilistica	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *dementia pugilistica* 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. 9/2021)*** • 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 'dementia pugilistica' in subsection 7(2); • revising the factor in subsection 9(1) concerning having received blows to the head while participating in a high impact contact activity, for clinical onset only, by the inclusion of a note; • revising the factor in subsection 9(2) concerning having experienced head trauma while participating in a high impact contact activity, for clinical onset only; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'blows to the head', 'high impact contact activity' and 'relevant service' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 10/2021)*** • 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 'dementia pugilistica' in subsection 7(2); • revising the factor in subsection 9(1) concerning having received blows to the head while participating in a high impact contact activity, for clinical onset only; • revising the factor in subsection 9(2) concerning having experienced head trauma while participating in a high impact contact activity, for clinical onset only; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; and • revising the definitions of 'blows to the head', 'high impact contact activity' and 'relevant service' in Schedule 1 - Dictionary. **The determining of these Instruments finalises the investigation in relation to *dementia pugilistica* as advertised in the Government Notices Gazette of 7 May 2019.**
11 & 12/2021	giant cell arteritis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 23 April 2020 concerning *giant cell arteritis* 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. 11/2021)*** • 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 'giant cell arteritis' 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(2) concerning having smoked tobacco products; • new definitions of 'MRCA', 'pack-year of tobacco products' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. ***For BoP SoP (Instrument No. 12/2021)***

SUMMARY OF CHANGES		
		• 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 'giant cell arteritis' 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(2) concerning having smoked tobacco products; • new definitions of 'MRCA', 'pack-year of tobacco products' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. **The determining of these Instruments finalises the investigation in relation to *giant cell arteritis* as advertised in the Government Notices Gazette of 23 April 2020.**
13 & 14/2021	psoriasis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 29 October 2019 concerning *psoriasis* 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. 13/2021)*** • 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 'psoriasis' in subsection 7(2); • revising ICD-10-AM codes for 'psoriasis' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(16) concerning having an injury to the skin of the affected site or developing a lesion of the affected site; • revising the factors in subsections 9(2) and 9(17) concerning taking a drug from the specified list drugs; • revising the factors in subsections 9(3) and 9(18) concerning taking a drug; • new factors in subsections 9(4) and 9(19) concerning withdrawing from tumour necrosis factor-α inhibitor treatment; • revising the factors in subsections 9(5) and 9(20) concerning withdrawing from systemic glucocorticoids or moderate to high potency topical glucocorticoids; • revising the factors in subsections 9(6) and 9(21) concerning consuming alcohol; • revising the factors in subsections 9(7) and 9(22) concerning experiencing a category 1A stressor; • revising the factors in subsections 9(8) and 9(23) concerning experiencing a category 1B stressor; • revising the factors in subsections 9(9) and 9(24) concerning experiencing a category 2 stressor; • revising the factors in subsections 9(10) and 9(25) concerning having a *Streptococcus pyogenes* infection of the pharynx, tonsils or skin; • revising the factors in subsections 9(11) and 9(26) concerning having infection with human immunodeficiency virus; • revising the factors in subsections 9(12) and 9(27) concerning having smoked tobacco products; • new factors in subsections 9(13) and 9(28) concerning being exposed to second-hand smoke; • revising the factors in subsections 9(14) and 9(29) concerning being overweight or obese; • 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 subsections 9(13) and 9(28) concerning being exposed to second-hand smoke; • new definitions of 'being exposed to second-hand smoke', 'being overweight or obese', 'biologic agent', 'BMI', 'moderate potency topical glucocorticoids', 'MRCA', 'pack-year of tobacco products', 'significant other', 'specified list of drugs' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'category 1A stressor', 'category 2 stressor', 'eyewitness', 'high potency topical glucocorticoids' and 'relevant service' in Schedule 1 - Dictionary; and

SUMMARY OF CHANGES		
		• deleting the definitions of 'a drug or a drug from a class of drugs in the specified list', 'alcohol', 'being overweight' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. ***For BoP SoP (Instrument No. 14/2021)*** • 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 'psoriasis' in subsection 7(2); • revising ICD-10-AM codes for 'psoriasis' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(1) and 9(12) concerning having an injury to the skin of the affected site or developing a lesion of the affected site; • revising the factors in subsections 9(2) and 9(13) concerning taking a drug from the specified list drugs; • revising the factors in subsections 9(3) and 9(14) concerning taking a drug; • new factors in subsections 9(4) and 9(15) concerning withdrawing from tumour necrosis factor-α inhibitor treatment; • revising the factors in subsections 9(5) and 9(16) concerning withdrawing from systemic glucocorticoids or moderate to high potency topical glucocorticoids; • revising the factors in subsections 9(6) and 9(17) concerning having a *Streptococcus pyogenes* infection of the pharynx, tonsils or skin; • revising the factors in subsections 9(7) and 9(18) concerning having infection with human immunodeficiency virus; • revising the factors in subsections 9(8) and 9(19) concerning having smoked tobacco products; • new factors in subsections 9(9) and 9(20) concerning being exposed to second-hand smoke; • revising the factors in subsections 9(10) and 9(21) concerning being overweight or obese; • 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 subsections 9(9) and 9(20) concerning being exposed to second-hand smoke; • new definitions of 'being exposed to second-hand smoke', 'being overweight or obese', 'biologic agent', 'BMI', 'moderate potency topical glucocorticoids', 'MRCA', 'pack-year of tobacco products', 'specified list of drugs' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'high potency topical glucocorticoids' 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', 'being overweight' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'. **The determining of these Instruments finalises the investigation in relation to *psoriasis* as advertised in the Government Notices Gazette of 29 October 2019.**
15 & 16/2021	psoriatic arthritis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *psoriatic arthropathy* 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. 15/2021)*** • 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 'psoriatic arthropathy' to 'psoriatic arthritis'; • new definition of 'psoriatic arthritis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(2) concerning having trauma to the affected joint, for clinical onset only; • new factors in subsections 9(3) and 9(4) concerning taking a biologic agent for the treatment of cancer and autoimmune disease; • deleting the factor concerning being treated with efalizumab, as this is now covered by the factors in subsections 9(3) and 9(4) concerning taking a biologic agent for the treatment of cancer and autoimmune disease; and

SUMMARY OF CHANGES		
		• new definitions of 'biologic agent', 'MRCA', 'trauma to the affected joint' and 'VEA' in Schedule 1 - Dictionary; and • revising the definition of 'relevant service' in Schedule 1 - Dictionary. ***For BoP SoP (Instrument No. 16/2021)*** • 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 'psoriatic arthropathy' to 'psoriatic arthritis'; • new definition of 'psoriatic arthritis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(2) concerning having trauma to the affected joint, for clinical onset only; • new factors in subsections 9(3) and 9(4) concerning taking a biologic agent for the treatment of cancer and autoimmune disease; • deleting the factor concerning being treated with efalizumab, as this is now covered by the factors in subsections 9(3) and 9(4) concerning taking a biologic agent for the treatment of cancer and autoimmune disease; • new definitions of 'biologic agent', 'MRCA', 'trauma to the affected joint' and 'VEA' in Schedule 1 – Dictionary; and • revising the definition of 'relevant service' in Schedule 1 - Dictionary. **The determining of these Instruments finalises the investigation in relation to *psoriatic arthropathy* as advertised in the Government Notices Gazette of 7 May 2019.**
17 & 18/2021	acute infectious mononucleosis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *acute infectious mononucleosis* 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. 17/2021)*** • 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 'acute infectious mononucleosis' 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 the Epstein-Barr virus, by the inclusion of a note; • deleting the factor concerning being in an immunosuppressed state; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'being exposed to the Epstein-Barr virus' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definition of 'being in an immunosuppressed state'. ***For BoP SoP (Instrument No. 18/2021)*** • 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 'acute infectious mononucleosis' 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 the Epstein-Barr virus, by the inclusion of a note; • deleting the factor concerning being in an immunosuppressed state; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'being exposed to the Epstein-Barr virus' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definition of 'being in an immunocompromised state'. On 25 August 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 *being in an immunosuppressed state at the time of the clinical onset of acute infectious mononucleosis* from both the reasonable hypothesis and balance of probabilities Statements of Principles. The Authority provided an opportunity to the organisations to make representations in relation to the proposed Instruments prior to their determination. No

SUMMARY OF CHANGES		
		submissions were received for consideration by the Authority. No changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *acute infectious mononucleosis* as advertised in the Government Notices Gazette of 7 May 2019.**
19 & 20/2021	anosmia	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 6 November 2018 concerning *anosmia* 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. 19/2021)*** • 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 'anosmia' in subsection 7(2); • including ICD-10-AM codes for 'anosmia' in subsection 7(3); • revising the factor in subsection 9(1) concerning having sinusitis, for clinical onset only; • new factor in subsection 9(2) concerning having perennial allergic rhinitis, for clinical onset only; • new factor in subsection 9(3) concerning having an autoimmune disease from the specified list of autoimmune diseases, for clinical onset only; • new factor in subsection 9(4) concerning having sarcoidosis, for clinical onset only; • revising the factor in subsection 9(6) concerning having a neurological disease from the specified list of neurological diseases, for clinical onset only; • new factor in subsection 9(7) concerning having hepatic encephalopathy, for clinical onset only; • new factor in subsection 9(8) concerning having chronic renal failure, for clinical onset only; • new factor in subsection 9(9) concerning having diabetes mellitus, for clinical onset only; • new factor in subsection 9(10) concerning having a disorder of mental health from the specified list of disorders of mental health, for clinical onset only; • revising the factor in subsection 9(11) concerning having a condition or procedure from the specified list of conditions and procedures, which damages the olfactory neuroepithelium, the olfactory bulb or the olfactory neural pathways in the brain, for clinical onset only; • revising the factor in subsection 9(12) concerning being treated with a drug, for clinical onset only; • new factor in subsection 9(13) concerning undergoing a course of therapeutic radiation for cancer, where the olfactory neuroepithelium, olfactory bulb, or olfactory neural pathways in the brain were in the field of radiation, for clinical onset only; • revising the factor in subsection 9(15) concerning taking intranasal cocaine such that there is destruction of the nasal septum, palate or paranasal sinuses, for clinical onset only; • revising the factor in subsection 9(16) concerning inhaling fumes from a metal from the specified list of metals, or a compound containing a metal from the specified list of metals, for clinical onset only; • revising the factor in subsection 9(17) concerning inhaling fumes from a volatile substance from the specified list of volatile substances, for clinical onset only; • revising the factor in subsection 9(18) concerning experiencing acute, symptomatic poisoning from a neurotoxic substance from the specified list of neurotoxic substances, for clinical onset only; • revising the factor in subsection 9(19) concerning smoking of tobacco products, where smoking has not ceased, for clinical onset only; • revising the factor in subsection 9(20) concerning having pellagra, for clinical onset only; • new factor in subsection 9(21) concerning having vitamin B12 deficiency, for clinical onset only; • new factor in subsection 9(22) concerning having envenomation by the Australian mulga snake (*Pseudoechis australis*) or the South African Berg adder (*Bitis atropos*), for clinical onset only; • deleting the factor concerning having chronic nasal polyposis, for clinical onset only; • deleting the factor concerning having a specified systemic disease, for clinical onset only, as this is now covered by the factors in:

SUMMARY OF CHANGES		
		• subsection 9(3) concerning having an autoimmune disease from the specified list of autoimmune diseases, for clinical onset only; and • subsection 9(4) concerning having sarcoidosis, for clinical onset only; • deleting the factor concerning inability to obtain appropriate clinical management, for clinical worsening only; • new definitions of 'chronic renal failure', 'MRCA', 'pack-year of tobacco products', 'perennial allergic rhinitis', 'specified list of autoimmune diseases', 'specified list of conditions and procedures', 'specified list of disorders of mental health', 'specified list of metals', 'specified list of neurological diseases', 'specified list of neurotoxic substances', 'specified list of volatile substances' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a neurotoxic substance from the specified list', 'a specified condition', 'a specified metal', 'a specified neurological disorder', 'a specified systemic disease', 'a specified volatile substance', 'nasal polyposis', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products' and 'significant vitamin B12 deficiency'. ***For BoP SoP (Instrument No. 20/2021)*** • 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 'anosmia' in subsection 7(2); • including ICD-10-AM codes for 'anosmia' in subsection 7(3); • revising the factor in subsection 9(1) concerning having sinusitis, for clinical onset only; • new factor in subsection 9(2) concerning having perennial allergic rhinitis, for clinical onset only; • new factor in subsection 9(3) concerning having an autoimmune disease from the specified list of autoimmune diseases, for clinical onset only; • new factor in subsection 9(4) concerning having sarcoidosis, for clinical onset only; • revising the factor in subsection 9(6) concerning having a neurological disease from the specified list of neurological diseases, for clinical onset only; • new factor in subsection 9(7) concerning having hepatic encephalopathy, for clinical onset only; • new factor in subsection 9(8) concerning having chronic renal failure, for clinical onset only; • new factor in subsection 9(9) concerning having alcohol-induced major neurocognitive disorder, amnestic-confabulatory type, persistent or alcohol use disorder, for clinical onset only; • revising the factor in subsection 9(10) concerning having a condition or procedure from the specified list of conditions and procedures, which damages the olfactory neuroepithelium, the olfactory bulb or the olfactory neural pathways in the brain, for clinical onset only; • revising the factor in subsection 9(11) concerning being treated with a drug, for clinical onset only; • new factor in subsection 9(12) concerning undergoing a course of therapeutic radiation for cancer, where the olfactory neuroepithelium, olfactory bulb, or olfactory neural pathways in the brain were in the field of radiation, for clinical onset only; • revising the factor in subsection 9(14) concerning taking intranasal cocaine such that there is destruction of the nasal septum, palate or paranasal sinuses, for clinical onset only; • new factor in subsection 9(15) concerning inhaling fumes from cadmium or nickel, for clinical onset only; • new factor in subsection 9(16) concerning inhaling fumes from acrylate or methylacrylate, for clinical onset only; • new factor in subsection 9(17) concerning experiencing acute, symptomatic poisoning from a neurotoxic substance from the specified list of neurotoxic substances, for clinical onset only; • revising the factor in subsection 9(18) concerning smoking of tobacco products, where smoking has not ceased, for clinical onset only; • new factor in subsection 9(19) concerning having vitamin B12 deficiency, for clinical onset only; • new factor in subsection 9(20) concerning having envenomation by the Australian mulga snake (*Pseudoechis australis*) or the South African Berg adder (*Bitis atropos*), for clinical onset only; • deleting the factor concerning having chronic nasal polyposis, for clinical onset only; • deleting the factor concerning having a specified systemic disease, for clinical onset only, as this is now covered by the factors in:

SUMMARY OF CHANGES		
		• subsection 9(3) concerning having an autoimmune disease from the specified list of autoimmune diseases, for clinical onset only; and • subsection 9(4) concerning having sarcoidosis, for clinical onset only; • deleting the factor concerning inhaling fumes from a specified metal or compounds containing a specified metal, for clinical onset only, as this is now covered by the factor in subsection 9(15) concerning inhaling fumes from cadmium or nickel, for clinical onset only; • deleting the factor concerning inhaling fumes from a specified volatile substance, for clinical onset only, as this is now covered by the factor in subsection 9(16) concerning inhaling fumes from acrylate or methylacrylate, for clinical onset only; • deleting the factor concerning having pellagra, for clinical onset only; • deleting the factor concerning inability to obtain appropriate clinical management, for clinical worsening only; • new definitions of 'chronic renal failure', 'MRCA', 'pack-year of tobacco products', 'perennial allergic rhinitis', 'specified list of autoimmune diseases', 'specified list of conditions and procedures', 'specified list of neurological diseases', 'specified list of neurotoxic substances' and 'VEA' in Schedule 1 - Dictionary; • deleting the definitions of 'a neurotoxic substance from the specified list', 'a specified condition', 'a specified metal', 'a specified neurological disorder', 'a specified volatile substance', 'nasal polyposis' and 'pack-years of cigarettes, or the equivalent thereof in other tobacco products'; and • revising the definition of 'relevant service' in Schedule 1 - Dictionary. On 25 August 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 chronic nasal polyposis for at least the five years before the clinical onset of anosmia* and *inability to obtain appropriate clinical management for anosmia* from the reasonable hypothesis Statement of Principles and the deletion of factors relating to *having chronic nasal polyposis for at least the ten years before the clinical onset of anosmia*, *having pellagra at the time of the clinical onset of anosmia* and *inability to obtain appropriate clinical management for anosmia* 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. No changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *anosmia* as advertised in the Government Notices Gazette of 6 November 2018.**
21 & 22/2021	aortic aneurysm & aortic wall disorders	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *aortic aneurysm* 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. 21/2021)*** • 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 'aortic aneurysm' to 'aortic aneurysm and aortic wall disorders' • revising the definition of 'aortic aneurysm' in subsection 7(2); • new definition of 'aortic wall disorders' in subsection 7(2); • revising ICD-10-AM codes for 'aortic aneurysm and aortic wall disorders' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • new factors in subsections 9(2) and 9(20) concerning being obese; • revising the factors in subsections 9(3) and 9(21) concerning having dyslipidaemia, by the inclusion of a note; • new factors in subsections 9(4) and 9(22) concerning smoking of tobacco products, where smoking has not permanently ceased; • new factors in subsections 9(5) and 9(23) concerning smoking of tobacco products, where smoking has permanently ceased;

SUMMARY OF CHANGES		
		• revising the factors in subsections 9(6) and 9(24) concerning exposure to second-hand smoke, where that exposure has not permanently ceased; • revising the factors in subsections 9(7) and 9(25) concerning exposure to second-hand smoke, where that exposure has permanently ceased; • new factors in subsections 9(9) and 9(27) concerning having chronic kidney disease; • new factors in subsections 9(10) and 9(28) concerning inability to consume fruit and vegetables; • new factors in subsections 9(11) and 9(29) concerning having infection with human immunodeficiency virus; • new factors in subsections 9(12) and 9(30) concerning having infection of the affected part of the aorta with a bacterial or fungal organism; • new factors in subsections 9(13) and 9(31) concerning having autoimmune aortitis or vasculitis; • revising the factors in subsections 9(14) and 9(32) concerning having trauma to the affected part of the aorta; • new factors in subsections 9(15) and 9(33) concerning having a solid organ transplant; • new factor in subsection 9(16) concerning having non-aneurysmal aortic atherosclerotic disease, for clinical onset only; • new factors in subsections 9(17) and 9(34) concerning taking a fluoroquinolone antibiotic; • new factors in paragraphs 9(18)(a) and 9(35)(a) concerning undertaking physical activity, for aortic wall disorders only; • new factors in paragraphs 9(18)(b) and 9(35)(b) concerning being pregnant, for aortic wall disorders only; • new factors in paragraphs 9(18)(c) and 9(35)(c) concerning having invasion of the affected part of the aorta by a malignant neoplasm, for aortic wall disorders only; • new factors in paragraphs 9(18)(d) and 9(35)(d) concerning having erosion of the affected part of the aorta due to inflammation of a contiguous tissue or organ, for aortic wall disorders only; • new factors in paragraphs 9(18)(e) and 9(35)(e) concerning taking a drug from the specified list of drugs, for aortic wall disorders only; • new factors in paragraphs 9(18)(f) and 9(35)(f) concerning having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2); • deleting the factors concerning smoking of cigarettes or the equivalent thereof in other tobacco products, as these are now covered by the factors in subsections 9(4) and 9(22) concerning smoking of tobacco products, where smoking has not permanently ceased and the factors in subsections 9(5) and 9(23) concerning smoking of tobacco products, where smoking has permanently ceased; • deleting the factors concerning Marfan dissection, Ehler-Danlos type IV dissection, cutis laxa or bicuspid aortic valve; • deleting the factors concerning having coarctation of the aorta; • deleting the factors concerning having cystic medial necrosis; • deleting the factors concerning having infective aortitis, as these are now covered by the factors in subsections 9(12) and 9(30) concerning having infection of the affected part of the aorta with a bacterial or fungal organism; • deleting the factors concerning undergoing therapy with BCG vaccine, as these are now covered by the factors in subsections 9(12) and 9(30) concerning having infection of the affected part of the aorta with a bacterial or fungal organism; • deleting the factors concerning having tertiary syphilis, as these are now covered by the factors in subsections 9(12) and 9(30) concerning having infection of the affected part of the aorta with a bacterial or fungal organism; • deleting the factors concerning having rheumatic aortitis due to a specified condition, as these are now covered by the factors in subsections 9(13) and 9(31) concerning having autoimmune aortitis or vasculitis; • deleting the factors concerning having Takayasu's arteritis or giant cell arteritis, as these are now covered by the factors in subsections 9(13) and 9(31) concerning having autoimmune aortitis or vasculitis; • deleting the factors concerning having chronic bronchitis or emphysema; • new definitions of 'abnormality of kidney structure or function', 'aortic dissection', 'being obese', 'BMI', 'chronic kidney disease', 'false aneurysm of the aorta', 'MET', 'MRCA', 'pack-year of tobacco products', 'specified list of drugs', 'symptomatic penetrating aortic ulcer' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'being exposed to second-hand smoke', 'dyslipidaemia' and 'relevant service' in Schedule 1 - Dictionary; and

SUMMARY OF CHANGES		
		• deleting the definitions of 'a specified condition', 'coarctation of the aorta', 'cystic medial necrosis', 'Ehlers-Danlos type IV dissection', 'hyperhomocysteinaemia', 'infective aortitis', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products', 'tertiary syphilis' and 'undergoing therapy with BCG vaccine'. ***For BoP SoP (Instrument No. 22/2021)*** • 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 'aortic aneurysm' to 'aortic aneurysm and aortic wall disorders' • revising the definition of 'aortic aneurysm' in subsection 7(2); • new definition of 'aortic wall disorders' in subsection 7(2); • revising ICD-10-AM codes for 'aortic aneurysm and aortic wall disorders' in subsection 7(3); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factors in subsections 9(2) and 9(17) concerning having dyslipidaemia, by the inclusion of a note; • new factors in subsections 9(3) and 9(18) concerning smoking of tobacco products, where smoking has not permanently ceased; • new factors in subsections 9(4) and 9(19) concerning smoking of tobacco products, where smoking has permanently ceased; • revising the factors in subsections 9(5) and 9(20) concerning exposure to second-hand smoke, where that exposure has not permanently ceased; • revising the factors in subsections 9(6) and 9(21) concerning exposure to second-hand smoke, where that exposure has permanently ceased; • new factors in subsections 9(8) and 9(23) concerning inability to consume fruit and vegetables; • new factors in subsections 9(9) and 9(24) concerning having infection with human immunodeficiency virus; • new factors in subsections 9(10) and 9(25) concerning having infection of the affected part of the aorta with a bacterial or fungal organism; • new factors in subsections 9(11) and 9(26) concerning having autoimmune aortitis or vasculitis; • revising the factors in subsections 9(12) and 9(27) concerning having trauma to the affected part of the aorta; • new factor in subsection 9(13) concerning having non-aneurysmal aortic atherosclerotic disease, for clinical onset only; • new factors in subsections 9(14) and 9(28) concerning taking a fluoroquinolone antibiotic; • new factors in paragraphs 9(15)(a) and 9(29)(a) concerning undertaking physical activity, for aortic wall disorders only; • new factors in paragraphs 9(15)(b) and 9(29)(b) concerning being pregnant, for aortic wall disorders only; • new factors in paragraphs 9(15)(c) and 9(29)(c) concerning having invasion of the affected part of the aorta by a malignant neoplasm, for aortic wall disorders only; • new factors in paragraphs 9(15)(d) and 9(29)(d) concerning having erosion of the affected part of the aorta due to inflammation of a contiguous tissue or organ, for aortic wall disorders only; • new factors in paragraphs 9(15)(e) and 9(29)(e) concerning taking a drug from the specified list of drugs, for aortic wall disorders only; • deleting the factors concerning smoking of cigarettes or the equivalent thereof in other tobacco products, as these are now covered by the factors in subsections 9(3) and 9(18) concerning smoking of tobacco products, where smoking has not permanently ceased and the factors in subsections 9(4) and 9(19) concerning smoking of tobacco products, where smoking has permanently ceased; • deleting the factors concerning having Marfan dissection, Ehler-Danlos type IV dissection, cutis laxa or bicuspid aortic valve; • deleting the factors concerning having cystic medial necrosis; • deleting the factors concerning having coarctation of the aorta; • deleting the factors concerning having infective aortitis, as these are now covered by the factors in subsections 9(10) and 9(25) concerning having infection of the affected part of the aorta with a bacterial or fungal organism;

SUMMARY OF CHANGES		
		• deleting the factors concerning undergoing therapy with BCG vaccine, as these are now covered by the factors in subsections 9(10) and 9(25) concerning having infection of the affected part of the aorta with a bacterial or fungal organism; • deleting the factors concerning having tertiary syphilis, as these are now covered by the factors in subsections 9(10) and 9(25) concerning having infection of the affected part of the aorta with a bacterial or fungal organism; • deleting the factors concerning having rheumatic aortitis due to a specified condition, as these are now covered by the factors in subsections 9(11) and 9(26) concerning having autoimmune aortitis or vasculitis; • deleting the factors concerning having Takayasu's arteritis or giant cell arteritis, as these are now covered by the factors in subsections 9(11) and 9(26) concerning having autoimmune aortitis or vasculitis; • new definitions of 'aortic dissection', 'false aneurysm of the aorta', 'MET', 'MRCA', 'pack-year of tobacco products', 'specified list of drugs', symptomatic penetrating aortic ulcer' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'being exposed to second-hand smoke', 'dyslipidaemia' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a specified condition', 'coarctation of the aorta', 'cystic medial necrosis', 'Ehlers-Danlos type IV dissection', 'hyperhomocysteinaemia', 'infective aortitis', 'pack-years of cigarettes, or the equivalent thereof in other tobacco products', 'Takayasu's arteritis' and 'tertiary syphilis'. On 25 August 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 Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical onset of aortic aneurysm*, *having cystic medial necrosis before the clinical onset of aortic aneurysm*, *having Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical worsening of aortic aneurysm*, *having cystic medial necrosis before the clinical worsening of aortic aneurysm*, *having coarctation of the aorta before the clinical worsening of aortic aneurysm* and *having chronic bronchitis or emphysema before the clinical worsening of aortic aneurysm* from the reasonable hypothesis Statement of Principles and the deletion of factors relating to *having Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical onset of aortic aneurysm*, *having cystic medial necrosis before the clinical onset of aortic aneurysm*, *having Marfan syndrome, Ehler-Danlos type IV syndrome, cutis laxa or bicuspid aortic valve before the clinical worsening of aortic aneurysm, having cystic medial necrosis before the clinical worsening of aortic aneurysm* and *having coarctation of the aorta before the clinical worsening of aortic aneurysm* 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. One submission was received for consideration by the Authority, from an organisation representing veterans, service personnel and their dependants. The organisation enquired about the wording of the definition of 'being exposed to second-hand smoke' in Schedule 1 - Dictionary. The Authority provided a response to the organisation, and no changes were made to the proposed Instrument as a result of this submission. One change was made to the proposed reasonable hypothesis Instrument following this stakeholder consultation process, which was unrelated to the submission received as part of the consultation process. New factors concerning *having infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)* were inserted, to reflect the emerging medical-scientific evidence in this area. The inclusion of these factors does not have an adverse impact on claimants, and rather provides additional factors for the acceptance of a reasonable hypothesis connecting the clinical onset or clinical worsening of aortic aneurysm or an aortic wall disorder with military service. **The determining of these Instruments finalises the investigation in relation to *aortic aneurysm* as advertised in the Government Notices Gazette of 7 May 2019.**
23 & 24/2021	hereditary haemochromatosis	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 7 May 2019 concerning *haemochromatosis* 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:

SUMMARY OF CHANGES		
		For RH SoP (Instrument No. 23/2021) • 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 'haemochromatosis' to 'hereditary haemochromatosis'; • new definition of 'hereditary haemochromatosis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning consumption of alcohol, for males, for clinical worsening only; • revising the factor in subsection 9(2) concerning consumption of alcohol, for females, for clinical worsening only; • revising the factor in subsection 9(3) concerning having infection with hepatitis C virus, for clinical worsening only; • new factor in subsection 9(4) concerning having steatohepatitis; • deleting the factor concerning having chronic blood transfusional overload; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'alcohol' and 'chronic blood transfusional overload'. ***For BoP SoP (Instrument No. 24/2021)*** • 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 'haemochromatosis' to 'hereditary haemochromatosis'; • new definition of 'hereditary haemochromatosis' in subsection 7(2); • revising the reference to 'ICD-10-AM code' in subsection 7(4); • revising the factor in subsection 9(1) concerning consumption of alcohol, for males, for clinical worsening only; • revising the factor in subsection 9(2) concerning consumption of alcohol, for females, for clinical worsening only; • revising the factor in subsection 9(3) concerning having infection with hepatitis C virus, for clinical worsening only; • new factor in subsection 9(4) concerning having steatohepatitis; • deleting the factor concerning having chronic blood transfusional overload; • new definitions of 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definition of 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'alcohol' and 'chronic blood transfusional overload'. On 25 August 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 chronic blood transfusional overload at the time of the clinical worsening of haemochromatosis, where the last blood transfusion occurred within the one month before the clinical worsening of haemochromatosis*. 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. No changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *haemochromatosis* as advertised in the Government Notices Gazette of 7 May 2019.**
25 & 26/2021	otitis externa	These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 29 October 2019 concerning *otitis externa* 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. 25/2021)*** • 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 'otitis externa' 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(14) concerning participating in aquatic activities;

SUMMARY OF CHANGES		
		• new factors in subsections 9(2) and 9(15) concerning being exposed to hot and humid weather conditions or heavy rains; • revising the factors in subsections 9(3) and 9(16) concerning undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation; • revising the factors in subsections 9(4) and 9(17) concerning having trauma to the external auditory canal of the affected ear; • revising the factors in subsections 9(5) and 9(18) concerning having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear; • revising the factors in subsections 9(6) and 9(19) concerning blocking the external auditory canal of the affected ear with an extrinsic aural device; • revising the factors in subsections 9(7) and 9(20) concerning having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear; • new factors in subsections 9(8) and 9(21) concerning having an inflammatory skin disease; • new factors in subsections 9(9) and 9(22) concerning having an infectious, autoimmune or granulomatous disease; • revising the factors in subsections 9(10) and 9(23) concerning having chronic suppurative otitis media, involving the middle ear of the affected side; • revising the factors in subsections 9(12) and 9(25) concerning being in an immunocompromised state as specified; • revising the factors in subsections 9(13) and 9(26) concerning taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear, for otomycosis only; • deleting the factors concerning having received ionising radiation to the head or neck region; • deleting the factors concerning having a specified condition involving the external auditory canal of the affected ear, as these are now covered by the factors in subsections 9(8) and 9(21) concerning having an inflammatory skin disease and the factors in subsections 9(9) and 9(22) concerning having an infectious, autoimmune or granulomatous disease; • new definitions of 'aquatic activities', 'chronic renal failure', 'exostosis of the external auditory canal', 'extrinsic aural device', 'hot and humid weather conditions', 'immunocompromised state as specified', 'immunosuppressive drug', 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'chronic suppurative otitis media' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a narrowing or obstruction of the external auditory canal', 'an immunocompromised state', 'a specified condition', 'blocking the external auditory canal', 'cumulative equivalent dose' and 'other aquatic activities'. ***For BoP SoP (Instrument No. 26/2021)*** • 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 'otitis externa' 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(14) concerning participating in aquatic activities; • new factors in subsections 9(2) and 9(15) concerning being exposed to hot and humid weather conditions or heavy rains; • revising the factors in subsections 9(3) and 9(16) concerning undergoing a course of therapeutic radiation for cancer, where the affected ear was in the field of radiation; • revising the factors in subsections 9(4) and 9(17) concerning having trauma to the external auditory canal of the affected ear; • revising the factors in subsections 9(5) and 9(18) concerning having a foreign object or implement inserted into, or removed from, the external ear canal of the affected ear; • revising the factors in subsections 9(6) and 9(19) concerning blocking the external auditory canal of the affected ear with an extrinsic aural device; • revising the factors in subsections 9(7) and 9(20) concerning having an acquired, persistent narrowing or obstruction of the external auditory canal of the affected ear; • new factors in subsections 9(8) and 9(21) concerning having an inflammatory skin disease; • new factors in subsections 9(9) and 9(22) concerning having an infectious, autoimmune or granulomatous disease;

SUMMARY OF CHANGES		
		• revising the factors in subsections 9(10) and 9(23) concerning having chronic suppurative otitis media, involving the middle ear of the affected side; • revising the factors in subsections 9(12) and 9(25) concerning being in an immunocompromised state as specified; • revising the factors in subsections 9(13) and 9(26) concerning taking a course of oral antibiotic therapy or having ototopical therapy for the treatment of otitis externa of the affected ear, for otomycosis only; • deleting the factors concerning having received ionising radiation to the head or neck region; • deleting the factors concerning having a specified condition involving the external auditory canal of the affected ear, as these are now covered by the factors in subsections 9(8) and 9(21) concerning having an inflammatory skin disease and the factors in subsections 9(9) and 9(22) concerning having an infectious, autoimmune or granulomatous disease; • new definitions of 'aquatic activities', 'chronic renal failure', 'exostosis of the external auditory canal', 'extrinsic aural device', 'hot and humid weather conditions', 'immunocompromised state as specified', 'immunosuppressive drug', 'MRCA' and 'VEA' in Schedule 1 - Dictionary; • revising the definitions of 'chronic suppurative otitis media' and 'relevant service' in Schedule 1 - Dictionary; and • deleting the definitions of 'a narrowing or obstruction of the external auditory canal', 'an immunocompromised state', 'a specified condition', 'blocking the external auditory canal', 'cumulative equivalent dose' and 'other aquatic activities'. On 25 August 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 received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the head or neck region within the five years before the clinical onset of otitis externa* and *having received a cumulative equivalent dose of at least ten sieverts of ionising radiation to the head or neck region within the five years before the clinical worsening of otitis externa* from the reasonable hypothesis Statement of Principles and the deletion of factors relating to *having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the head or neck region within the two years before the clinical onset of otitis externa* and *having received a cumulative equivalent dose of at least 20 sieverts of ionising radiation to the head or neck region within the two years before the clinical worsening of otitis externa* 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. No changes were made to the proposed Instruments following this consultation process. **The determining of these Instruments finalises the investigation in relation to *otitis externa* as advertised in the Government Notices Gazette of 29 October 2019.**
27 & 28/2021	hyperacusis	**New Condition** These Instruments result from an investigation notified by the Authority in the Government Notices Gazette of 26 February 2020 concerning *hyperacusis* 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 *hyperacusis* as advertised in the Government Notices Gazette of 26 February 2020.**
29 & 30/2021	rotator cuff syndrome	**Amendment** These instruments amend Statements of Principles Nos. 100 and 101 of 2014 concerning ***rotator cuff syndrome*** by: ***For Instrument No. 100/2014*** • revising the factors in paragraphs 6(g) and 6(t) concerning 'regularly using the upper limbs for weight-bearing'; • revising the definition of 'forceful activities' in clause 9; • deleting the definition of 'regularly using the upper limbs for transfer' in clause 9. ***For Instrument No. 101/2014*** • revising the factors in paragraphs 6(e) and 6(o) concerning 'regularly using the upper limbs for weight-bearing'; • revising the definition of 'forceful activities' in clause 9;

SUMMARY OF CHANGES		
		• deleting the definition of 'regularly using the upper limbs for transfer' in clause 9. **The determining of these Instruments finalises the investigation in relation to *rotator cuff syndrome* as advertised in the Government Notices Gazette of 9 November 2020.**