



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
CHICKENPOX
(No. 88 of 2015)

The Repatriation Medical Authority determines the following Statement of Principles.

Dated 19 June 2015

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

A handwritten signature in black ink, appearing to read 'N. Saunders', written over a horizontal line.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning **chickenpox** (No. 88 of 2015).

2 Commencement

This instrument commences on **20 July 2015**.

3 Authority

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

4 Revocation

The Statement of Principles concerning chicken pox No. 26 of 2007 made under subsection 196B(3) of the VEA is revoked.

5 Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

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

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

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

Meaning of chickenpox

- (2) For the purposes of this Statement of Principles, chickenpox:
- (a) means an infection caused by the varicella-zoster virus. It is usually characterised by generalised skin lesions progressing from maculopapules to vesicles and scabs in various stages of evolution; and
 - (b) excludes herpes zoster.
- (3) While chickenpox attracts ICD-10-AM code B01, in applying this Statement of Principles the meaning of chickenpox is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*,

Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-020-5.

Death from chickenpox

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

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

8 Basis for determining the factors

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that chickenpox and death from chickenpox can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *relevant service* is defined in the Schedule 1 – Dictionary.

9 Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, chickenpox or death from chickenpox is connected with the circumstances of a person's relevant service:

- (1) being exposed to the varicella-zoster virus:
- (a) between 10 and 21 days before the clinical onset of chickenpox;
or
 - (b) between 10 and 28 days before the clinical onset of chickenpox in someone who:
 - (i) is in an immunocompromised state as specified; or
 - (ii) has received varicella-zoster immunoglobulin or normal human immunoglobulin as prophylaxis following varicella-zoster virus exposure;

Note: *being exposed to the varicella-zoster virus* and *immunocompromised state as specified* are defined in the Schedule 1 - Dictionary.

- (2) for vaccine strain chickenpox only, having live attenuated varicella vaccine between 5 and 45 days before the clinical onset of chickenpox;

Note: *vaccine strain chickenpox* is defined in the Schedule 1 - Dictionary.

- (3) being in an immunocompromised state as specified at the time of the clinical onset of chickenpox;

Note: *immunocompromised state as specified* is defined in the Schedule 1 - Dictionary.

- (4) inability to obtain appropriate clinical management for chickenpox.

10 Relationship to service

- (1) The existence in a person of any factor referred to in section 9 must be related to the relevant service rendered by the person.
- (2) The factor set out in subsection 9(4) applies only to material contribution to, or aggravation of, chickenpox where the person's chickenpox was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 Factors referring to an injury or disease covered by another Statement of Principles

In this Statement of Principles:

- (1) if a factor referred to in section 9 applies in relation to a person; and
- (2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

being exposed to the varicella-zoster virus means:

- (a) being in close contact with a person who has infectious chickenpox;
- (b) being in close contact with articles contaminated with varicella-zoster virus within the previous two days; or
- (c) inhaling droplet nuclei contaminated with varicella-zoster virus.

Note: *being in close contact* and *droplet nuclei* are also defined in the Schedule 1 - Dictionary.

being in close contact means having direct physical contact, or having direct contact with vesicle fluids.

being treated with an immunosuppressive drug means being treated with a drug or an agent which results in significant suppression of immune responses. This definition includes corticosteroids other than inhaled or topical corticosteroids, drugs used to prevent transplant rejection, tumour necrosis factor- α inhibitors and chemotherapeutic agents used for the treatment of cancer.

chickenpox - see subsection 7(2).

chronic renal failure means having a glomerular filtration rate of less than 60 mL/min/1.73 m² for a period of at least three months, or the presence of irreversible kidney damage.

droplet nuclei means the dried residue formed by evaporation of droplets coughed or sneezed into the atmosphere or by aerosolisation of infective material.

immunocompromised state as specified means a condition of substantially lowered immune function, such as would occur in the following conditions or circumstances:

- (a) being infected with human immunodeficiency virus;
- (b) being treated with an immunosuppressive drug;
- (c) having a haematological or solid organ malignancy;
- (d) having chronic renal failure;
- (e) having severe malnutrition; or
- (f) undergoing solid organ, stem cell or bone marrow transplantation.

Note: *being treated with an immunosuppressive drug* and *chronic renal failure* are also defined in the Schedule 1 - Dictionary.

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

relevant service means:

- (a) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime service under the MRCA.

terminal event means the proximate or ultimate cause of death and includes the following:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

vaccine strain chickenpox means chickenpox attributed to the vaccine strain varicella-zoster virus by means of isolating the vaccine strain virus from the lesions.

VEA means the *Veterans' Entitlements Act 1986*.