

Statement of Principles concerning HOOKWORM INFECTION (Balance of Probabilities) (No. 68 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 22 August 2025

Professor Terence Campbell AM Chairperson by and on behalf of The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *hookworm infection (Balance of Probabilities)* (No. 68 of 2025).

2 Commencement

This instrument commences on 22 September 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning hookworm disease (Balance of Probabilities) (No. 8 of 2017) (Federal Register of Legislation No. F2017L00012) made under subsection 196B(3) of the VEA is repealed.

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 hookworm infection and death from hookworm infection.

Meaning of hookworm infection

- (2) For the purposes of this Statement of Principles, hookworm infection:
 - (a) means an infection with the parasitic hookworm Necator americanus, Ancylostoma duodenale, Ancylostoma ceylanicum, Ancylostoma caninum, Ancylostoma braziliense, Ancylostoma tubaeforme, Uncinaria stenocephela, or Bunostomum phlebotomum; and
 - (b) includes intestinal hookworm infection and extraintestinal hookworm infection (cutaneous larva migrans).
 - Note 1: Intestinal hookworm infection is caused by *Necator americanus, Ancylostoma duodenale*, and *Ancylostoma cevlancium*.
 - Note 2: Extraintestinal hookworm infection is commonly caused by zoonotic species, primarily Ancylostoma canium and Ancylostoma brazilense.

- (3) While hookworm infection attracts ICD-10-AM code B76, in applying this Statement of Principles the meaning of hookworm infection is that given in subsection (2).
- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification* (ICD-10-AM), Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from hookworm infection

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

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 hookworm infection and death from hookworm infection can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: MRCA, relevant service and VEA are defined in the Schedule 1 – Dictionary.

9 Factors that must exist

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

- (1) being exposed to Necator americanus, Ancylostoma duodenale, Ancylostoma ceylanicum, Ancylostoma caninum, Ancylostoma braziliense, Ancylostoma tubaeforme, Uncinaria stenocephela, or Bunostomum phlebotomum as a result of:
 - (a) being in contact with soil or sand contaminated with larvae; or
 - (b) being in contact with human or animal faeces contaminated with larvae; or
 - (c) ingesting food, drink or dust contaminated with larvae; or
 - (d) being in a tropical or subtropical region with poor sanitation; or
 - (e) being in warm and damp conditions with poor sanitation;

within the 6 years before clinical onset;

(2) inability to obtain appropriate clinical management for hookworm infection before clinical worsening.

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(2) applies only to material contribution to, or aggravation of, hookworm infection where the person's hookworm infection 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:

hookworm infection—see subsection 7(2).

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.

Note: MRCA and VEA are also defined in the Schedule 1 - Dictionary.

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

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

VEA means the Veterans' Entitlements Act 1986.