



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
HEPATITIS D INFECTION
(Reasonable Hypothesis)
(No. 71 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) 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 *hepatitis D infection (Reasonable Hypothesis)* (No. 71 of 2025).

2 Commencement

This instrument commences on 22 September 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning hepatitis D (Reasonable Hypothesis) (No. 11 of 2017) (Federal Register of Legislation No. F2017L00020) made under subsection 196B(2) of the VEA is repealed.

5 Application

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 Definitions

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

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

- (1) This Statement of Principles is about hepatitis D infection and death from hepatitis D infection.

*Meaning of **hepatitis D infection***

- (2) For the purposes of this Statement of Principles, hepatitis D infection:

- (a) means infection with the hepatitis D virus, as a co-infection or superinfection with the hepatitis B virus, resulting in an illness characterised by inflammation of the liver, and which is confirmed by laboratory testing for hepatitis D serological or nucleic acid markers; and
- (b) includes acute and chronic hepatitis D infection.

Note 1: Signs and symptoms of acute hepatitis D infection include, but are not limited to, fever, tiredness, loss of appetite, nausea, vomiting, abdominal discomfort and jaundice. Chronic hepatitis D is an infection lasting for at least 6 months, which may involve both inflammation of the liver and the development of fibrosis in the longer term.

Note 2: It will usually be the case that the date of the confirmation of laboratory evidence of hepatitis D serological or nucleic acid markers is after the date of clinical onset.

Note 3: **Clinical onset** is defined in the schedule 1 – Dictionary.

- (3) While hepatitis D infection attracts ICD-10-AM code B16.0, B16.1 or B18.0, in applying this Statement of Principles the meaning of hepatitis D 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 hepatitis D infection

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

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

8 Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that hepatitis D infection and death from hepatitis D infection can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces under the VEA, or members under the MRCA.

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

9 Factors that must exist

At least one of the following factors must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting hepatitis D infection or death from hepatitis D infection with the circumstances of a person's relevant service:

- (1) having percutaneous (intravenous, intramuscular, subcutaneous or intradermal) or permucosal exposure to a body substance which is derived from a person infected with the hepatitis D virus at least 14 days before clinical onset;

Note: Body substances include blood, blood products or any body fluid containing blood, saliva, semen or vaginal secretions, serum-derived fluids (serous discharge, or amniotic, cerebrospinal, pericardial, peritoneal, pleural or synovial fluids), tissues and organs.

- (2) having hepatitis B infection at the time of clinical onset;
- (3) inability to access appropriate hepatitis B vaccination before exposure to hepatitis B virus, or appropriate hepatitis B post-exposure prophylaxis, in accordance with contemporary medical standards, before clinical onset;

Note: **post-exposure prophylaxis** is defined in the Schedule 1 - Dictionary.

- (4) inability to obtain appropriate clinical management for hepatitis D 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(4) applies only to material contribution to, or aggravation of, hepatitis D infection where the person's hepatitis D 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(2) of the VEA;

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

Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

clinical onset means the point backwards in time from the first date of confirmation of laboratory evidence of hepatitis D serological or nucleic acid markers, to the date at which the symptoms of hepatitis D were persistently present, as assessed by a registered medical practitioner.

hepatitis d infection—see subsection 7(2).

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

post-exposure prophylaxis means providing immunoglobulin or a vaccine to a person who has been exposed to an infectious agent, in an effort to prevent them from developing the disease.

relevant service means:

- (a) operational service under the VEA;
- (b) peacekeeping service under the VEA;
- (c) hazardous service under the VEA;
- (d) British nuclear test defence service under the VEA;
- (e) warlike service under the MRCA; or
- (f) non-warlike service under the MRCA.

Note: ***MRCA*** and ***VEA*** are 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*.