Australian Government
Repatriation Medical Authority

Statement of Principles concerning BRONCHIECTASIS (Balance of Probabilities) (No. 78 of 2026)

The Repatriation Medical Authority determines the following Statement of Principles under section 370CC of the *Military Rehabilitation and Compensation Act 2004*.

Dated 19 October 2026

Dr Anthony Lynham AO
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning *bronchiectasis (Balance of Probabilities)* (No. 78 of 2026).

2 Commencement

This instrument commences on 16 November 2026.

3 Authority

This instrument is made under section 370CC of the *Military Rehabilitation and Compensation Act 2004*.

4 Repeal

The Statement of Principles concerning bronchiectasis No. 31 of 2017 (Federal Register of Legislation No. F2017L00469) made under subsection 196B(3) of the VEA is repealed.

5 Application

This instrument applies to a claim to which 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 bronchiectasis and death from bronchiectasis.

*Meaning of **bronchiectasis***

(2) For the purposes of this Statement of Principles, bronchiectasis:

(a) means an acquired lung disease with clinical manifestations including, but not limited to, chronic cough, sputum production and exacerbations, and involving permanent and irreversible, abnormal dilatation of bronchi and bronchioles; and

(b) excludes:

(i) bronchiectasis associated with cystic fibrosis, alpha-1-antitrypsin deficiency, common variable immune deficiency and other genetic disorders;

(ii) congenital bronchiectasis; and

(iii) traction bronchiectasis;

*Death from **bronchiectasis***

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

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 bronchiectasis and death from bronchiectasis can be related to relevant service under the MRCA or VEA.

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, bronchiectasis or death from bronchiectasis is connected with the circumstances of a person's relevant service:

(1) having viral or bacterial pneumonia within the 5 years before clinical onset;

(2) having an episode of acute viral or bacterial lower respiratory tract infection requiring medical treatment, within the 6 months before clinical worsening;

(3) having pulmonary tuberculosis before clinical onset or clinical worsening;

(4) having nontuberculous mycobacterial infection of the lung before clinical worsening;

(5) having bronchial obstruction before clinical onset or clinical worsening, where the bronchiectasis is distal to that obstruction;

Note: ***bronchial obstruction*** is defined in the Schedule 1 - Dictionary.

(6) having aspiration pneumonitis within the 2 years before clinical onset or clinical worsening;

Note: ***aspiration pneumonitis*** is defined in the Schedule 1 - Dictionary.

(7) having gastro-oesophageal reflux disease, with erosive oesophagitis or oesophageal stricture, at the time of clinical onset or clinical worsening;

(8) having allergic bronchopulmonary aspergillosis at the time of clinical onset or clinical worsening;

Note: ***allergic bronchopulmonary aspergillosis*** is defined in the Schedule 1 - Dictionary.

(9) having severe and persistent asthma within the 5 years before clinical worsening;

Note: ***severe and persistent asthma*** is defined in the Schedule 1 - Dictionary.

(10) having chronic obstructive pulmonary disease at the time of clinical worsening;

(11) having one of the following autoimmune connective tissue diseases at the time of clinical onset or clinical worsening:

(a) rheumatoid arthritis;
(b) Sjogren syndrome;
(c) systemic sclerosis;

(12) having inflammatory bowel disease at the time of clinical onset or clinical worsening;

(13) having a substantially compromised immune system before clinical onset or clinical worsening due to any of the following:

(a) haematological malignancy;
(b) infection with human immunodeficiency virus;
(c) solid organ, stem cell or bone marrow transplantation;
(d) taking an immunosuppressive medication;

Note: Examples of an immunosuppressive medication include drugs used to prevent transplant rejection, tumour necrosis factor-α inhibitors and chemotherapeutic agents used for the treatment of cancer.

(14) having infection with human T-cell lymphotropic virus type 1 before clinical onset or clinical worsening;

(15) inhaling toxic vapours, gases or fumes of a chemical agent:

(a) resulting in signs and symptoms of severe acute lower respiratory damage requiring medical attention within 48 hours after exposure; and
(b) the persistence of respiratory symptoms and signs for at least one week after exposure,

within the 2 years before clinical onset or clinical worsening;

Note: Examples of chemical agents that can have toxic vapours, gases or fumes include sulphur mustard (mustard gas), ammonia, chlorine, oxides of nitrogen, oxides of sulphur, paraquat and smoke from fires.

(16) being exposed to arsenic in any one of the following circumstances before clinical onset or clinical worsening:

(a) consuming drinking water with an average arsenic concentration of at least 50 micrograms per litre for a cumulative period of at least 10 years;

(b) exposure resulting in clinical evidence of excessive chronic arsenic exposure;

(17) inability to obtain appropriate clinical management for bronchiectasis 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 clinical worsening aspect of factors set out in section 9 apply only to material contribution to, or aggravation of, bronchiectasis where the person's bronchiectasis 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 section 370CC of the MRCA;

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:

allergic bronchopulmonary aspergillosis means a hypersensitivity reaction to species of *Aspergillus* in the bronchi and lungs accompanied by wheeze, often with expectoration of yellow or brown bronchial plugs composed of eosinophils and fungal hyphae.

aspiration pneumonitis means inflammation of the lungs with clinical or radiological evidence of consolidation due to the deposition into the respiratory tract of a substance or material from the upper aerodigestive tract.

Note: Examples of a substance or material that may be deposited from the upper aerodigestive tract include food particles, oral secretions or gastric contents.

bronchial obstruction means partial or complete blockage of the lumen of a bronchus.

Note: Examples of a cause of bronchial obstruction include an inhaled foreign body, broncholith or neoplasm, extrinsic narrowing due to enlarged lymph nodes, twisting or displacement of the airways after a lobar resection, or middle lobe syndrome.

bronchiectasis—see subsection 7(2).

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

relevant service means:

(a) peacetime service;
(b) service to which a claim mentioned in subsection 120B(1) of the VEA relates.

severe and persistent asthma means asthma having any of the following specified characteristics, alone or in combination, for a cumulative period of at least 6 months within a continuous 1 year period:

(a) FEV1 (forced expiratory volume in one second) of 60% or less of expected value;
(b) wheeze, tightness, cough, dyspnoea or other symptoms occurring throughout each day;
(c) frequent flare-ups;
(d) the presence of night-time symptoms on more than one night per week; or
(e) symptoms frequently restrict activity or sleep.

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*.