

**Revocation**

of

**Statement of Principles**  
concerning

**CHRONIC AIRFLOW LIMITATION**

and

**Determination**

of

**Statement of Principles**  
concerning

**CHRONIC BRONCHITIS AND  
EMPHYSEMA**

**ICD CODES: 491, 492**

*Veterans' Entitlements Act 1986*

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
  - (a) revokes Instrument No.136 of 1996 (Statement of Principles concerning chronic airflow limitation); and
  - (b) determines in its place the following Statement of Principles.

## **Kind of injury, disease or death**

2. (a) This Statement of Principles is about **chronic bronchitis and/or emphysema** and **death from chronic bronchitis and/or emphysema**.
- (b) For the purposes of this Statement of Principles,
  - (i) **“chronic bronchitis”** means a respiratory tract disorder characterised by excessive mucus production sufficient to cause cough and sputum production with expectoration for at least three months of each of at least two consecutive years which is not attributable to other respiratory diseases, attracting ICD code 491. The bronchitis may be present alone or may be accompanied by chronic airways obstruction or limitation, with or without a reversible component. There are four categories of chronic bronchitis: chronic simple bronchitis, chronic mucopurulent bronchitis, asthmatic bronchitis and chronic bronchitis with pulmonary obstruction. This definition specifically excludes bronchiolitis and chronic obstruction from bronchiolitis;
  - (ii) **“emphysema”** means a respiratory tract disorder which is bilateral and diffuse and which is characterised by distension of airspaces distal to the terminal bronchiole with destruction of alveolar septa, attracting ICD code 492. This may be accompanied by a degree of chronic airways obstruction or limitation. This definition specifically excludes isolated emphysematous bleb and surgical, traumatic, unilateral, focal or localised emphysema including that seen in Swyer-James syndrome, MacLeod's Syndrome, or hyperlucent lung.
- (c) The predominant functional assessment of chronic bronchitis and emphysema utilises pulmonary function testing to demonstrate pulmonary obstruction. Pulmonary obstruction is usually defined by a low forced expiratory volume in one second (FEV1) and FEV1/FVC ratio. For the purposes of this Statement of Principles, and for other than chronic simple or chronic mucopurulent or asthmatic bronchitis, the diagnosis of chronic bronchitis and/or emphysema requires evidence of significant irreversible chronic airflow obstruction or diminished pulmonary gas exchange in the lung.

This is considered to be present if there is:

- (i) (a) a decrease in the person's Forced Expiratory Volume in one second (FEV<sub>1</sub>) to 85% or less of the normal predicted value for a person of the same age, height and gender; and
- (b) a ratio of FEV<sub>1</sub> to Forced Vital Capacity (FVC) of 75% or less;

which is not attributable to other disease; or

- (ii) specialist medical assessment indicative of a diagnosis of pulmonary obstruction, including evidence of significant irreversible small airways dysfunction as measured by FEV<sub>25-75</sub> (Forced Expiratory Flow between 25% and 75% of the vital capacity) which is not attributable to other disease, or
- (iii) specialist medical assessment indicative of a diagnosis of emphysema, including evidence of significant irreversible diminished carbon monoxide diffusing capacity, which is not attributable to other disease.

Where no pulmonary function tests can be performed because the person is deceased, an antemortem clinical history and findings at postmortem (if any) consistent with 2(b)(i) and/or 2(b)(ii) above may be used in the diagnosis of chronic bronchitis and/or emphysema.

### **Basis for determining the factors**

- 3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **chronic bronchitis and/or emphysema and death from chronic bronchitis and/or emphysema** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

### **Factors that must be related to service**

- 4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to any relevant service rendered by the person.

### **Factors**

- 5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **chronic bronchitis and/or emphysema** or **death from chronic bronchitis and/or emphysema** with the circumstances of a person's relevant service are:

- (a) for chronic simple, chronic mucopurulent or asthmatic bronchitis only,
  - (i) being exposed to airborne irritants resulting in acute respiratory symptoms within the 48 hours immediately after that exposure, within the year immediately before the clinical onset of chronic bronchitis; or
  - (ii) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of chronic bronchitis, and, where smoking has ceased, the clinical onset has occurred within one year of cessation; or
  - (iii) being exposed to airborne irritants resulting in acute respiratory symptoms within the 48 hours immediately after that exposure, within the year immediately before the clinical worsening of chronic bronchitis; or
  - (iv) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of chronic bronchitis, and, where smoking has ceased, the clinical worsening has occurred within one year of cessation; or
- (b) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of chronic bronchitis and/or emphysema; or
- (c) being exposed to mustard gas or Lewisite within the ten years immediately before the clinical onset of chronic bronchitis and/or emphysema; or
- (d) being exposed to an irritant gas resulting in acute respiratory symptoms occurring within the 48 hours immediately after that exposure, within the ten years immediately before the clinical onset of chronic bronchitis and/or emphysema; or
- (e) smoking at least ten pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of chronic bronchitis and/or emphysema; or
- (f) being exposed to mustard gas or Lewisite within the ten years immediately before the clinical worsening of chronic bronchitis and/or emphysema; or

- (g) being exposed to an irritant gas resulting in acute respiratory symptoms within the 48 hours immediately after that exposure, within the ten years immediately before the clinical worsening of chronic bronchitis and/or emphysema; or
- (h) inability to obtain appropriate clinical management for chronic bronchitis and/or emphysema.

### **Factors that apply only to material contribution or aggravation**

- 6. Paragraphs **5(a)(iii)**, **5(a)(iv)**, **5(e)** to **5(h)** apply only to material contribution to, or aggravation of, chronic bronchitis and/or emphysema where the person's chronic bronchitis and/or emphysema was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

### **Other definitions**

- 7. For the purposes of this Statement of Principles:

**“acute respiratory symptoms”** means symptoms such as throat discomfort, continuous hoarse coughing, nasal discharge, copious mucus production and haemoptysis which have developed due to inflammation of the mucosa of the respiratory tract and which may be manifested by laryngitis, tracheitis, or bronchitis;

**“asthmatic bronchitis”** means chronic bronchitis with demonstrated productive cough, exertional dyspnoea and airflow limitation. These symptoms, and the limitation, reverse significantly in response to inhaled beta-agonists, anticholinergics, methylxanthines, and corticosteroids (used either alone or in combination). In asthmatic bronchitis sufferers progressive airflow limitation occurs over time and becomes less reversible. This definition specifically excludes asthma;

**“being exposed to mustard gas or Lewisite ”** means having inhaled sulphur mustard or Lewisite vapours, resulting in the development of symptoms of rhinitis, laryngitis, tracheitis, and bronchitis within the 48 hours immediately after exposure;

**“chronic mucopurulent bronchitis”** means chronic bronchitis with either nil or minimal pulmonary obstruction and which is characterized by persistent or recurrent purulence of sputum in the absence of localized suppurative diseases such as bronchiectasis;

**“chronic simple bronchitis”** means a chronic bronchitis with either nil or minimal pulmonary obstruction and which is characterized by mucoid sputum production;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

**“irritant gas”** means the gaseous forms of irritant chemicals, for example, chlorine, ammonia, phosgene, phthalic anhydride, nitrogen dioxide and sulphur dioxide;

**“pack-year”** means 7 300 cigarettes, or 1 460 cigars, or 7.3kg of pipe tobacco;

**“relevant service”** means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service.

### **Application**

8. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this **Ninth** day of **September**  
1997

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

**KEN DONALD**  
**CHAIRMAN**