



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
POLYARTERITIS NODOSA
(Balance of Probabilities)
(No. 34 of 2020)

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

Dated 24 April 2020

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'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *polyarteritis nodosa (Balance of Probabilities)* (No. 34 of 2020).

2 Commencement

This instrument commences on 25 May 2020.

3 Authority

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

4 Repeal

The Statement of Principles concerning polyarteritis nodosa No. 12 of 2011 (Federal Register of Legislation No. F2010L03259) made under subsection 196B(3) of the VEA is repealed.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 polyarteritis nodosa and death from polyarteritis nodosa.

Meaning of polyarteritis nodosa

- (2) For the purposes of this Statement of Principles, polyarteritis nodosa:
- (a) means a non-granulomatous necrotising arteritis predominantly affecting medium or small arteries; and
 - (b) includes cutaneous polyarteritis nodosa and single organ polyarteritis nodosa; and
 - (c) excludes:
 - (i) glomerulonephritis;
 - (ii) Kawasaki disease;
 - (iii) microscopic polyangiitis; and
 - (iv) polyangiitis overlap syndrome.

Note: Polyarteritis nodosa is usually associated with an absence of antineutrophil cytoplasmic antibodies.

- (3) While polyarteritis nodosa attracts ICD-10-AM code M30.0, in applying this Statement of Principles the meaning of polyarteritis nodosa 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 polyarteritis nodosa

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

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

- (1) having infection with hepatitis B virus at the time of the clinical onset of polyarteritis nodosa;
- (2) having infection with human immunodeficiency virus at the time of the clinical onset of polyarteritis nodosa;
- (3) having infection with hepatitis B virus at the time of the clinical worsening of polyarteritis nodosa;
- (4) having infection with human immunodeficiency virus at the time of the clinical worsening of polyarteritis nodosa;
- (5) inability to obtain appropriate clinical management for polyarteritis nodosa.

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 factors set out in subsections 9(3) to 9(5) apply only to material contribution to, or aggravation of, polyarteritis nodosa where the person's polyarteritis nodosa 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:

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

polyarteritis nodosa—see subsection 7(2).

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*.