Revocation and Determination

of

Statement of Principles

concerning

CONJUNCTIVITIS

ICD CODE: 077, 370.3, 370.4, 372.0 - 372.3

Veterans’ Entitlements Act 1986

1. The Repatriation Medical Authority under subsection 196B(3) of the Veterans’ Entitlements Act 1986 (the Act):

   (a) revokes Instrument No.146 of 1995; and

   (b) determines the following Statement of Principles.

Kind of injury, disease or death

2. (a) This Statement of Principles is about conjunctivitis and death from conjunctivitis.

   (b) For the purposes of this Statement of Principles, “conjunctivitis” means an inflammation of the conjunctiva (the membrane lining the eyelids and exposed surface of the sclera), attracting ICD code 077, 370.3 or 370.4, or an ICD code in the range 372.0 to 372.3, and includes:

   (i) blepharoconjunctivitis, which is inflammation of the eyelids and conjunctiva simultaneously; or

   (ii) keratoconjunctivitis, which is inflammation of the cornea and conjunctiva simultaneously.
**Basis for determining the factors**

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that conjunctivitis can be related to relevant service rendered by veterans or members of the Forces.

**Factors that must be related to service**

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

**Factors**

5. The factors that must exist before it can be said that, on the balance of probabilities, conjunctivitis or death from conjunctivitis is connected with the circumstances of a person’s relevant service are:

(a) suffering from acute blepharitis of the affected eye at the time of the clinical onset of conjunctivitis; or

(b) suffering from chronic blepharitis of the affected eye at the time of the clinical onset of conjunctivitis; or

(c) suffering a bacterial infection of the affected eye at the time of the clinical onset of bacterial conjunctivitis; or

(d) suffering from xerosis conjunctivae of the affected eye within the seven days immediately before the clinical onset of bacterial conjunctivitis; or

(e) suffering a chlamydial infection of the affected eye at the time of the clinical onset of chlamydial conjunctivitis; or

(f) suffering a viral infection at the time of the clinical onset of conjunctivitis; or

(g) suffering a Rickettsial infection at the time of the clinical onset of conjunctivitis; or

(h) suffering a fungal infection of the affected eye at the time of the clinical onset of fungal conjunctivitis; or

(i) suffering a parasitic infection of the affected eye at the time of the clinical onset of parasitic conjunctivitis; or

(j) suffering a hypersensitivity reaction at the time of the clinical onset of immunologic conjunctivitis; or
(m) suffering from an autoimmune disease involving the affected eye at the time of the clinical onset of immunologic conjunctivitis; or

(n) having received long term therapy to the affected eye with topically applied drugs or solutions within the 180 days immediately before the clinical onset of iatrogenic conjunctivitis; or

(o) suffering from an external burn of the affected eye within the 24 hours immediately before the clinical onset of conjunctivitis; or

(p) suffering irritation to the affected eye following exposure to dense smoke or smog within the 24 hours immediately before the clinical onset of irritant conjunctivitis; or

(q) suffering from mustard gas exposure to the affected eye within the seven days immediately before the clinical onset of irritant conjunctivitis; or

(r) suffering from a foreign body on the affected eye within the 24 hours immediately before the clinical onset of irritant conjunctivitis; or

(s) suffering from an injury of the conjunctiva of the affected eye within the 24 hours immediately before the clinical onset of conjunctivitis; or

(t) suffering from psoriasis at the time of the clinical onset of conjunctivitis; or

(u) suffering from dermatitis herpetiformis at the time of the clinical onset of conjunctivitis; or

(v) suffering from a benign or malignant neoplasm of the conjunctiva or lid margin at the time of the clinical onset of conjunctivitis; or

(w) suffering from acute blepharitis of the affected eye at the time of the clinical worsening of conjunctivitis; or

(x) suffering from chronic blepharitis of the affected eye at the time of the clinical worsening of conjunctivitis; or

(y) suffering a bacterial infection of the affected eye at the time of the clinical worsening of conjunctivitis; or
(z) suffering from xerosis conjunctivae of the affected eye within the seven days immediately before the clinical worsening of conjunctivitis; or

(za) suffering a chlamydial infection of the affected eye at the time of the clinical worsening of conjunctivitis; or

(zb) suffering a viral infection at the time of the clinical worsening of conjunctivitis; or

(zc) suffering a Rickettsial infection at the time of the clinical worsening of conjunctivitis; or

(zd) suffering a fungal infection of the affected eye at the time of the clinical worsening of conjunctivitis; or

(ze) suffering a parasitic infection of the affected eye at the time of the clinical worsening of conjunctivitis; or

(zf) suffering from an autoimmune disease involving the affected eye at the time of the clinical worsening of conjunctivitis; or

(zg) having received long term therapy to the affected eye with topically applied drugs or solutions within the 180 days immediately before the clinical worsening of conjunctivitis; or

(zh) suffering from an external burn of the affected eye within the 24 hours immediately before the clinical worsening of conjunctivitis; or

(zj) suffering irritation to the affected eye following exposure to dense smoke or smog within the 24 hours immediately before the clinical worsening of conjunctivitis; or

(zk) suffering from mustard gas exposure to the affected eye within the seven days immediately before the clinical worsening of conjunctivitis; or

(zm) suffering from an injury of the conjunctiva of the affected eye within the 24 hours immediately before the clinical worsening of conjunctivitis; or

(zn) suffering from a foreign body on the affected eye within the 24 hours immediately before the clinical worsening of conjunctivitis; or
(zo) suffering from psoriasis at the time of the clinical worsening of conjunctivitis; or

(zp) suffering from dermatitis herpetiformis at the time of the clinical worsening of conjunctivitis; or

(zq) suffering from a benign or malignant neoplasm of the conjunctiva or lid margin at the time of the clinical worsening of conjunctivitis; or

(zr) being in an immuno-compromised state at the time of the clinical worsening of conjunctivitis; or

(zs) inability to obtain appropriate clinical management for conjunctivitis.

Factors that apply only to material contribution or aggravation

6. Paragraphs 5(w) to 5(zs) apply only to material contribution to, or aggravation of, conjunctivitis where the person’s conjunctivitis was suffered or contracted before or during (but not arising out of) the person’s relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“acute blepharitis” means an inflammation of the eyelid margins lasting for less than 6 weeks, attracting ICD code 373.0;

“autoimmune disease” means a disorder caused by an immune response directed against self antigens. An associated immunologic conjunctivitis is a recognised clinical feature of Sjogren's syndrome, rheumatoid arthritis, systemic lupus erythematosus, cicatricial pemphigoid, midline lethal granuloma and Wegener's granulomatosis;

“bacterial conjunctivitis” means inflammation of the conjunctiva secondary to a bacterial infection of the affected eye. The main causative agents for bacterial conjunctivitis are *Neisseria gonorrhoeae, Neisseria meningitidis, Streptococcus pneumoniae, Staphylococcus aureus, Moraxella lacunata, Haemophilus aegyptius, Pseudomonas, Listeria monocytogenes, Acinetobacter lwoffi, Haemophilus influenzae*. Rare causes of bacterial conjunctivitis are *Branhamella (Neisseria) catarrhalis, Corynebacterium diphtheriae, Mycobacterium tuberculosis, Treponema pallidum, Coliforms and Proteus;*
“chlamydial conjunctivitis” means inflammation of the conjunctiva secondary to an infection of the affected eye by an obligate intracellular parasite of the genus Chlamydia. The responsible agents are *Chlamydia trachomatis* (Trachoma), *Chlamydia oculogenitalis* (inclusion conjunctivitis), *Chlamydia lymphogranulomatis* (Lymphogranuloma venereum), or *Chlamydia psittaci* (Psittacosis);

“chronic blepharitis” means an inflammation of the eyelid margins lasting for more than 6 weeks, attracting ICD code 373.0;

“dermatitis herpetiformis” means a chronic relapsing multisystem disease characterised by pruritic eruptions of cutaneous lesions;

“external burn of the affected eye” means injury to the eye caused by a burn from:

(i) electrical heating appliance; or
(ii) electricity; or
(iii) flame; or
(iv) hot object; or
(v) lightning; or
(vi) radiation; or
(vii) chemical burns; or
(viii) scalds,

attracting ICD code 940;

“foreign body on the affected eye” means an external object, such as a small abrasive particle, grit or hairs, that enters the conjunctival sac or lies on the conjunctival surface, attracting ICD code 930.0 or 930.1;

“fungal conjunctivitis” means an inflammation of the conjunctiva secondary to infection of the affected eye by one of the following fungi: *Rhinopordidium seeberi, Coccidioides immitis, Sporothrix schenkii, Aspergillus*, or dermatophytes (*Microsporum, Epidermophyton, or Trichophyton*);

“hypersensitivity reaction” means a state of altered reactivity in which the body reacts with an exaggerated immune response to a foreign substance. The reaction can either be immediate or delayed and can include allergic reactions to pollens, grasses and animal dander, or atopic dermatitis. It can also mean a reaction to having a plastic artificial eye or the wearing of contact lenses;

“iatrogenic conjunctivitis” means irritation of the conjunctiva due to the long term therapeutic administration of topically applied drugs or
solutions to the affected eye, including miotics, neomycin, idoxuridine, contact lens solutions;

“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;

“immuno-compromised state” means a state where the immune response has been attenuated by administration of immunosuppressive drugs, irradiation, certain types of infection, malnutrition, or a malignant disease process;

“immunologic conjunctivitis” means inflammation of the conjunctiva, or of the conjunctiva and cornea, due to an immediate or delayed hypersensitivity reaction, or due to autoimmune disease. It is also known as allergic conjunctivitis. Immunologic conjunctivitis can be due either to an immediate hypersensitivity reaction causing hay fever conjunctivitis, vernal keratoconjunctivitis, atopic keratoconjunctivitis and giant papillary conjunctivitis; or delayed hypersensitivity reaction causing phlyctenulosis (phlyctenular keratoconjunctivitis) or conjunctivitis secondary to contact blepharitis;

“injury of the conjunctiva” means a penetrating or non-penetrating wound to the eye which interrupts the integrity of the conjunctiva, attracting ICD code 870, 871, 918 or 921;

“irritant conjunctivitis” means an acute or chronic inflammation of the conjunctiva caused by materials or substances coming in contact with the conjunctiva, which may be due to non-allergic (irritant) mechanisms;

“parasitic conjunctivitis” means an inflammation of the conjunctiva secondary to infestation of the affected eye by parasitic organisms including: Pediculus pubis, Onchocerca volvulus, Thelazia californiensis, Loa Loa, Ascaris lumbricoides, Trichinella spiralis, Schistosoma haematobium, or Taenia solium;

“psoriasis” means a chronic inflammatory skin disorder involving hyperproliferation of the epidermis and characterised by erythematous, sharply demarcated papules and rounded plaques, covered by silvery scale, attracting ICD code 696.1;

“relevant service” means:
(a) eligible war service (other than operational service); or
(b) defence service (other than hazardous service);

“Rickettsial infection” means an inflammation of the conjunctiva secondary to infection of the affected eye by micro-organisms of the family Rickettsiaceae, including by Rickettsia prowazekii (epidemic typhus), R. typhi (endemic typhus), R. tsutsugamushi (scrub typhus), R. rickettsii (Rocky Mountain Spotted Fever), R. conorii (Mediterranean Fever), or R. (Coxiella) burnetii (Q Fever);

“viral infection” means an inflammation of the conjunctiva secondary to a primary viral infection of the affected eye, or secondary to a systemic viral disease. The main viral agents include Adenovirus types 3, 4, or 7 (pharyngoconjunctival fever); Enterovirus types 8 and 19 (epidemic keratoconjunctivitis), Herpes Simplex Virus, Enterovirus type 70 or Coxsackie virus type A28 (acute haemorrhagic conjunctivitis), pox virus (molluscum contagiosum), Varicella Zoster (blepharoconjunctivitis), measles virus (keratoconjunctivitis). Rare causes include Newcastle disease, Epstein-Barr virus, papilloma virus, dengue fever, vaccinia virus;

“xerosis conjunctivae” means dryness of the conjunctiva, which can be due to one of the specified disorders:

(i) ectropion, attracting ICD code 374.1; or
(ii) exophthalmos, attracting ICD code 376.30 or 376.31; or
(iii) lid retraction, attracting ICD code 374.41; or
(iv) disorder of nasolacrimal duct or gland, attracting ICD code 375.0, 375.14, 375.15, 375.16, 375.56 or 376.2; or
(v) vitamin A deficiency, attracting ICD code 264.
Application

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

Dated this Sixteenth day of August 1996

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

KEN DONALD
CHAIRMAN