



Australian Government  
Repatriation Medical Authority

**Statement of Principles  
concerning  
SYSTEMIC LUPUS ERYTHEMATOSUS  
(Reasonable Hypothesis)  
(No. 47 of 2025)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

Dated 15 April 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 *systemic lupus erythematosus (Reasonable Hypothesis)* (No. 47 of 2025).

**2 Commencement**

This instrument commences on 19 May 2025.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning systemic lupus erythematosus (Reasonable Hypothesis) (No. 21 of 2016) (Federal Register of Legislation No. F2016L00262) made under subsection 196B(2) of the VEA is repealed.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 systemic lupus erythematosus and death from systemic lupus erythematosus.

*Meaning of systemic lupus erythematosus*

- (2) For the purposes of this Statement of Principles, systemic lupus erythematosus:
- (a) means a chronic inflammatory autoimmune disease characterised by the presence of antibodies directed against cell nuclei; and
  - (b) includes:
    - (i) drug induced systemic lupus erythematosus;
    - (ii) lupus nephritis; and
    - (iii) lupus pneumonitis; and
  - (c) excludes:
    - (i) subacute cutaneous lupus erythematosus;

- (ii) discoid lupus erythematosus; and
- (iii) mixed connective tissue disease.

Note: Common clinical manifestations of systemic lupus erythematosus include polyarthrititis and arthralgia, photosensitivity, rash, serositis, and renal, haematological and neurological disorders.

- (3) While systemic lupus erythematosus attracts ICD-10-AM code M32, in applying this Statement of Principles the meaning of systemic lupus erythematosus 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 systemic lupus erythematosus*

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

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 systemic lupus erythematosus and death from systemic lupus erythematosus 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 systemic lupus erythematosus or death from systemic lupus erythematosus with the circumstances of a person's relevant service:

- (1) being exposed to sunlight or ultraviolet light at a level sufficient to induce erythema (sunburn) at least 24 hours, but not more than 30 days, before clinical worsening of systemic lupus erythematosus skin rash;
- (2) inhaling respirable crystalline silica dust for a cumulative period of at least 1,000 hours before clinical onset or clinical worsening;

Note: Examples of when exposure to respirable crystalline silica dust can occur include when material containing crystalline silica is being produced, excavated, drilled, cut or ground, or used in construction, manufacturing, cleaning or blasting.

- (3) inhaling respirable crystalline silica dust in an amount greater than 50 micrograms/m<sup>3</sup>-years of cumulative exposure before clinical onset or clinical worsening;

Note 1: Examples of when exposure to respirable crystalline silica dust can occur include when material containing crystalline silica is being produced, excavated, drilled, cut or ground, or used in construction, manufacturing, cleaning or blasting.

Note 2: **micrograms/m<sup>3</sup>-years** is defined in the Schedule 1 – Dictionary.

- (4) where smoking has not ceased before clinical onset, smoking at least 20 pack-years before clinical onset or clinical worsening;

Note: **one pack-year** is defined in the Schedule 1 – Dictionary.

- (5) taking one of the following medications (which cannot be ceased or substituted) at the time of clinical onset or clinical worsening;

- (a) chlorpromazine;
- (b) hydralazine;
- (c) isoniazid;
- (d) methyl dopa;
- (e) minocycline;
- (f) procainamide;
- (g) quinidine;
- (h) tumour necrosis factor-alpha inhibitors;
- (i) terbinafine;
- (j) flutamide;
- (k) interferon gamma;
- (l) ethosuximide;
- (m) oxcarbazepine;
- (n) carbamazepine;
- (o) phenytoin.

- (6) taking sulfadiazine or trimethoprim-sulfamethoxazole (which cannot be ceased or substituted) at the time of clinical worsening;

- (7) taking a medication which is associated with:

- (a) the development of systemic lupus erythematosus including laboratory markers during medication therapy; and
- (b) the cessation of systemic lupus erythematosus including laboratory markers within 3 months of discontinuing medication therapy; and

where treatment with the drug continued for at least the 3 days before clinical onset or clinical worsening;

- (8) having hormone replacement therapy with an oestrogen for at least the 2 years before clinical onset;

- (9) having a clinically symptomatic bacterial, viral or fungal infection at the time of clinical worsening;

- (10) being pregnant within the 6 weeks before clinical worsening;
- (11) undergoing a thymectomy within the 5 years before clinical onset;
- (12) having posttraumatic stress disorder for at least the 3 months before clinical onset or clinical worsening;
- (13) inability to obtain appropriate clinical management for systemic lupus erythematosus 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 aspects of factors in section 9 apply only to material contribution to, or aggravation of, systemic lupus erythematosus where the person's systemic lupus erythematosus 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:

**micrograms/m<sup>3</sup>-years** means micrograms/m<sup>3</sup> multiplied by years of exposure.

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

**one pack-year** means the amount of tobacco consumed in smoking 20 cigarettes per day for a period of 1 year, or an equivalent amount of tobacco products.

Note 1: An equivalent amount of tobacco products is 7,300 grams of smoking tobacco by weight, either in cigarettes, pipe tobacco or cigars, or a combination of same. For pipe tobacco, cigars or combinations of multiple tobacco types, 1 gram of tobacco is considered to be equal to one cigarette.

Note 2: Pack-years are calculated by dividing the number of cigarettes smoked per day by 20 and multiplying this number by the number of years the person has smoked. For example, smoking 10 cigarettes per day for 10 years is equal to 5 pack-years, and smoking 40 cigarettes per day for 10 years is equal to 20 pack-years.

**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.

**systemic lupus erythematosus**—see subsection 7(2).

**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*.