

## **Rehabilitation & Entitlements Policy Group**

## SOP Bulletin No. 194

9 January 2017

## THE FOLLOWING RMA SOPS TAKE EFFECT ON 23 JANUARY, 2017

| New SOPs      | Nil                                  |
|---------------|--------------------------------------|
| Revocations & | Cirrhosis of the liver               |
| Replacements  | Haemorrhoids                         |
|               | Relapsing polychondritis             |
|               | Hookworm disease                     |
|               | Ascariasis                           |
|               | Hepatitis D                          |
|               | Hepatitis B                          |
| Amendments    | Otitic barotrauma                    |
|               | Sinus barotrauma                     |
|               | Malignant neoplasm of the prostate   |
|               | Malignant neoplasm of the oesophagus |

2017-01 Bulletin 194 new SOPs Page 1 of 4

## NOTEWORTHY FEATURES

| Cirrhosis of the liver | Revocation – 1 & 2 of '17   |
|------------------------|-----------------------------|
|                        | Replaces 107 and 108 of '07 |

- There is a minor change to the definition to reflect that cirrhosis is no longer regarded as always irreversible.
- There are new factors for: hepatitis E; granulomatous liver disease; and dideoxynucleoside-analogue drugs - all RH and BOP, for both onset and worsening.

| Haemorrhoids | Revocation - 3 & 4 of '17 |
|--------------|---------------------------|
|              | Replaces 41 and 42 of '08 |

- There are new factors for:
  - Chewing Khat RH and BOP, onset and worsening;
  - A pelvic space occupying lesion RH only, onset and worsening;
  - Irritable bowel syndrome RH only, onset and worsening;
  - Inability to consume fibre in food RH only for onset, both RH and BOP for worsening;
  - Anticoagulant and antiplatelet drugs RH only, for worsening only;
  - NSAIDs RH and BOP, for worsening only.

| Relapsing polychondritis | Revocation - 5 & 6 of '17 |
|--------------------------|---------------------------|
|                          | Replaces 45 and 46 of '08 |

- The definition has been redrafted and now highlights that this is an autoimmune disease.
- There is one new RH only onset factor, for having treatment with a tumour necrosis factor alpha inhibitor.

| Hookworm disease | Revocation - 7 & 8 of '17 |
|------------------|---------------------------|
|                  | Replaces 64 and 65 of '08 |

- Infection with two new Ancylostoma species has been added to the SOP.
- "Ingesting" has been added as a pathway for exposure.

2017-01 Bulletin 194 new SOPs

• The previous geographically based factors (being in an endemic area) have been changed to factors for being in conditions/locations that promote survival of and exposure to the organisms.

| Ascariasis | Revocation - 9 & 10 of '17 |
|------------|----------------------------|
|            | Replaces 62 and 63 of '08  |

- Infection with an additional species, Ascaris suum, has been added to the SOP.
- The previous factor for ingesting contaminated food or drink has been changed to a "being exposed" factor that now covers additional circumstances of exposure.
- The other previous factor for being in an endemic area (defined geographically)
  has been changed to two factors, for being in conditions/locations that promote
  survival of and exposure to the organisms.

| Hepatitis D | Revocation - 11 & 12 of '17 |
|-------------|-----------------------------|
|             | Replaces 56 and 57 of '08   |

- The definition has been recast. Laboratory confirmation of infection is still required but specific results on serology or other testing are no longer stipulated.
- There are no other material changes.

| Hepatitis B | Revocation - 13 & 14 of '17 |
|-------------|-----------------------------|
|             | Replaces 52 and 53 of '08   |

- The definition has been recast. Laboratory confirmation of infection is still required but specific results on serology or other testing are no longer stipulated.
- Previously, for exposure to the virus, there were separate factors for acute and chronic infection, with different latency requirements. There is now a single factor with a 30 day minimum latency (down from 45 days).
- The previous worsening factor for being in an immunosuppressed state has been split into separate factors for immunosuppressive drugs, HIV and organ transplant.
- The alcohol worsening factor has been split into male and female factors with lower doses in both than in the previous factor.
- There are new worsening factors for having a resection of a hepatocellular carcinoma, being within 6 months postpartum, having severe hepatic iron overload,

2017-01 Bulletin 194 new SOPs

having chronic schistosomiasis infection (all both RH and BOP, for chronic infection only) and being obese (RH only, for chronic infection only).

| Otitic barotrauma | Amendment - 15 & 16 of '17 |
|-------------------|----------------------------|
|                   | Amends 35 and 36 of '12    |

| Sinus barotrauma | Amendment - 17 & 18 of '17 |
|------------------|----------------------------|
|                  | Amends 49 and 50 of '10    |

• In both SOPs there are amendments to the definition that applies to the factor for a change in barometric pressure. The amendments cover some additional situations, including skydiving and being in a submarine.

| Malignant neoplasm of the prostate | Amendment - 19 & 20 of '17 |
|------------------------------------|----------------------------|
|                                    | Amends 53 and 54 of '14    |

- The amendments add a worsening factor for smoking to the BOP SOP (as directed by the SMRC) and lower the smoking dose in the RH SOP worsening factor, from 20 to 10 pack years.
- The date of effect for the amendment to the BOP SOP is 21 September 2016 (the date of the SMRC decision).

| Malignant neoplasm of the oesophagus | Amendment - 21 of '17 |
|--------------------------------------|-----------------------|
|                                      | Amends 120 of '15     |

• The amendment, to the RH SOP, changes the latency period in the ionising radiation factor from 10 to 5 years (consistent with other solid cancer SOPs).

Contact for this bulletin:

Dr Jon Kelley X470412