



**Australian Government**  
**Department of Veterans' Affairs**

**Policy Development Branch**

# SOP Bulletin No. 215

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**THE FOLLOWING RMA SOPS TAKE EFFECT ON 27 JULY, 2020**

|                                       |                                                         |
|---------------------------------------|---------------------------------------------------------|
| <b>Revocations &amp; Replacements</b> | <b>Diabetes mellitus<br/>Retinal vascular occlusion</b> |
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**THE FOLLOWING RMA SOPS TOOK EFFECT ON 22 JUNE, 2020**

|                 |                                    |
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| <b>New SOPs</b> | <b>Coronavirus 2019 (Covid-19)</b> |
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### NOTEWORTHY FEATURES

|                          |                                                                                 |
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| <b>Diabetes Mellitus</b> | <b>Revocation – 48 &amp; 49 of 2020</b><br>Replaces 89 & 90 of 2011, as amended |
|--------------------------|---------------------------------------------------------------------------------|

- The definition has been recast, but there is no change to the laboratory thresholds and evidentiary requirements needed for diagnosis.
- Factor changes:

- There are extensive additions to the list of drugs covered by the “being...treated with a drug” (in list 1) factor.
- A separate drug factor previously covering a list of antidepressant and antipsychotic drugs (previously list 3) now covers all drugs in those classes.
- The glucocorticoid therapy factor now applies to type 1 and type 2 diabetes (previously type 2 only).
- The following factors, previously for both type 1 and type 2 diabetes, are now for type 1 diabetes only: surgery to the pancreas; specified pathology of the pancreas; haemolytic uraemia; and ingesting ‘Vacor’.
- There are new RH only factors, for type 1 diabetes only for: splenectomy following trauma; and therapeutic radiation to the pancreas.
- There are new factors, for type 2 diabetes only for: steatohepatitis (RH and BOP); and for: hypertension; chronic renal failure; gout or hyperuricaemia; and inability to breast feed (all RH only).
- There is a new factor, for gestational diabetes or type 2 diabetes only, for being pregnant (RH and BOP).
- The TCDD factor has been removed from the BOP SOP.

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|-----------------------------------|-----------------------------------------|
| <b>Retinal vascular occlusion</b> | <b>Revocation – 50 &amp; 51 of 2020</b> |
|                                   | Replaces 83 & 84 of 2011                |

- The name of the SOP has been changed, from retinal vascular occlusive disease.
- The definition now has some exclusions listed and also a note describing clinical manifestations.
- The smoking factor now has a lower dose and a shorter period from cessation to onset.
- There have been changes and reorganisations to factors for: drugs; trauma/surgery; sources of emboli; arteritis; vasculitis; and haematological disorders.
- There are new factors, covering retinal vein occlusion only, for chronic renal failure and obstructive sleep apnoea.
- Previous factors have been removed for NSAIDs (RH and BOP) and for obesity, thromboangiitis obliterans and paroxysmal nocturnal haemoglobinuria (from BOP SOP only).

- Worsening factors, corresponding to the onset factors, have been added to the SOP. Previously there was only an inability to obtain appropriate clinical management worsening factor.

**Coronavirus disease 2019 (Covid-19)**

**New – 46 & 47 of 2020**

- This new SOP covers the illness caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It does not cover asymptomatic infection.
- The SOP factors are: a single onset factor for being exposed to the virus (as specified); and an “inability” (worsening) factor.
- Consequently: claims for Covid-19 from serving members will be able to be accepted if exposure to the virus was service-related; but Covid-19 acquired after service will not be able to be related to service.
- The outcome in Covid-19 cases is known to be worse in people with underlying health conditions, such as chronic respiratory or cardiac conditions, hypertension, obesity, or being in an immunocompromised state.
- In the event of a claim for the death of a veteran, where Covid-19 is the primary cause of death, it will be necessary to consider whether the death has been contributed to by any underlying health conditions that are accepted disabilities, or that may otherwise be related to service.
- The relevant policy for VEA claims of this type can be found here:  
<http://auth-clik.dvastaff.dva.gov.au/compensation-and-support-reference-library/departmental-instructions/2005/c042005-claims-assessors-address-all-causes-death-when-deciding-claim-war-widowers-pension>
- For MRCA claims the available policy is less directly on point:  
<http://auth-clik.dvastaff.dva.gov.au/military-compensation-mrca-manuals-and-resources-library/policy-manual/ch-7-compensation-death/716-claims-dependants/7161-where-death-results-accepted-condition>

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