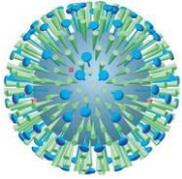
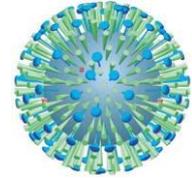

DECISION SUPPORT UNIT



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SOP Bulletin No. 136



31 August 2009

THE FOLLOWING RMA SOPS ARE TO TAKE EFFECT ON 2 SEPTEMBER, 2009

New SOPs	Bronchiolitis obliterans organising pneumonia Systemic sclerosis Localised sclerosis
Revocations & Replacements	Trigeminal neuralgia Migraine Influenza Malaria
Amendments	Nil

NOTEWORTHY FEATURES

Bronchiolitis obliterans organising pneumonia

New - 62 & 63 of '09

- This is a new SOP and an unusual type of SOP. It has been made in response to a formal investigation request. Claims covered by that non-SOP investigation can now be processed.[#]
- This SOP does not cover a discrete disease in the way that, say, the asthma SOP does.
- "Organising pneumonia" is the term given to a pattern of lung injury and repair, as seen under a microscope, that can occur in the course of a wide range of diseases or in response to various lung insults. It is often a stage of disease that resolves or changes to another stage, over time.
- This SOP covers a sub-set of organising pneumonia, including:
 - Idiopathic bronchiolitis obliterans organising pneumonia (BOOP), AKA cryptogenic organising pneumonia (COP).

- Organising pneumonia due to drugs, toxic fumes, ionising radiation, bronchial obstruction and some major medical procedures such as transplants.
- This SOP does not cover:
 - Organising pneumonia that is seen as a stage of pneumonia due to bacterial, fungal or viral infection.
 - Organising pneumonia that is seen as part of a wider systemic disease, e.g. cancer, immunological and connective tissue disorders.
 - Organising pneumonia in conjunction with fibrosing interstitial lung disease.
 - "Bronchiolitis obliterans"/"obliterative bronchiolitis", a form of obstructive small airways disease.
 - A histological pattern of organising pneumonia, without associated respiratory symptoms or dysfunction.
- Applying this SOP will be far from straightforward. The condition may have resolved. Treating doctors may use terminology in a way that will not correspond with the meaning given to the same term by the RMA. Medical advice should be routinely sought before confirming the diagnosis. The diagnostic information that will be available on the DSU Intranet site in the short term and in the CCPS medical research library and in MCE in the longer term should be consulted before applying the SOP.

Systemic sclerosis

New - 64 & 65 of '09

- This condition is also known as scleroderma.
- With the creation of this SOP, the RMA non-SOP investigation into scleroderma has now concluded. Claims covered by that investigation can now be processed. #
- A separate SOP for the localised form of scleroderma, with some different causal factors, has also been determined (see below).

Localised sclerosis

New - 66 & 67 of '09

- This new SOP covers a form of sclerosis that is localised to the skin. Other names for this condition are morphea, localised scleroderma and linear scleroderma. This SOP has some factors in common with the systemic sclerosis SOP, but also some further factors specific to this condition.
- Note that when this condition involves localised areas of skin only then this SOP applies, but if the skin involvement is part of a wider systemic disease then the systemic sclerosis SOP (and only that SOP) applies.

Trigeminal neuralgia

Revocation - 54 & 55 of '09

Replaces 23 and 24 of '95

- There is a more precise definition, with a number of new specific exclusions.
- Previous RH only factors for cerebral malaria and leprosy have been removed.
- There are new factors for localised infection and having a recent stroke (CVA).
- There is now a mass lesion factor, which is more comprehensive than the previous factor for tumours.
- There is now a benign osseous (bone) lesion factor, which is more extensive than the previous Paget's disease factor.
- The previous RH only connective tissue disease factor is now restricted to a specified list of such diseases.

Migraine

Revocation - 56 & 57 of '09

Replaces 74 and 75 of '99

- The definition has been reworded, with some added specific exclusions (intracranial inflammatory or neoplastic disorders) and omission of the previous reference to migraine aura symptoms, but SOP coverage is effectively unchanged.
- There are no causal factors.
- There is a new worsening factor (RH and BOP) for undergoing treatment with glyceryl trinitrate or isosorbide mononitrate (both used to treat angina).

Influenza

Revocation - 58 & 59 of '09

Replaces 267 and 268 of '95

- The definition now specifically includes avian influenza and animal influenza subtypes (i.e. swine flu). These were previously covered by the old SOP (both are influenza type A) but not specifically mentioned.
- The revised single causal factor allows for a wide incubation period (3 weeks RH, 2 weeks BOP) [Note: In most cases the incubation period is not more than 5 days]. The old SOP required exposure "immediately" before (not defined).

Malaria

Revocation - 60 & 61 of '09

Replaces 172 and 173 of '95

- SOP coverage has been expanded slightly to now include forms of simian (monkey) malaria that may be transmitted to humans.
- The previous single causal factor for being in an area in a schedule has been replaced by more precise factors that are specific for the type of parasite and cover modes of transmission other than just mosquito bite (e.g. from blood transfusion).
- There are new worsening factors for HIV infection and being pregnant.

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* Model of influenza virus

Once the RMA gazettes an investigation into a condition that is not covered by a SOP, claims for that condition cannot be determined until the RMA completes the investigation - VEA S120A(2) & S120B(2); MRCA S338(2) & 339(2). The DSU intranet site has a full list of non-SOP and SOP conditions currently under investigation by the RMA.