Commonwealth Coat of Arms

**Statement of Principles concerning Guillain-Barre syndrome (Reasonable Hypothesis) (No. 23 of 2018)**

made under subsection 196B(2) of the

Veterans' Entitlements Act 1986

**Compilation No. 2**

**Compilation date:** 25 July 2022

**Includes amendments up to:** Amendment Statement of Principles concerning Guillain-Barre syndrome (Reasonable Hypothesis) (No. 74 of 2022) (F2022L00912)

The day of commencement of this Amendment Statement of Principles concerning Guillain-Barre syndrome is 25 July 2022.

**About this compilation**

**This compilation**

This is a compilation of the *Statement of Principles concerning Guillain-Barre syndrome (Reasonable Hypothesis) (No.23 of 2018)* that shows the text of the law as amended and in force on 25 July 2022.

The notes at the end of this compilation (the ***endnotes***) include information about amending laws and the amendment history of provisions of the compiled law.

**Uncommenced amendments**

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

**Application, saving and transitional provisions for provisions and amendments**

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

**Modifications**

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

**Self‑repealing provisions**

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.

Contents

1 Name 2

3 Authority 2

5 Application 2

6 Definitions 2

7 Kind of injury, disease or death to which this Statement of Principles relates 2

8 Basis for determining the factors 3

9 Factors that must exist 3

10 Relationship to service 4

11 Factors referring to an injury or disease covered by another Statement of Principles 4

**Schedule 1 - Dictionary 6**

1 Definitions 6

Endnotes 8

Endnote 1—About the endnotes 8

Endnote 2—Abbreviation key 9

Endnote 3—Legislation history 10

Endnote 4—Amendment history 11

1. Name

This is the Statement of Principles concerning *Guillain-Barre syndrome* *(Reasonable Hypothesis)* (No. 23 of 2018).

1. Authority

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

1. 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.

1. Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

1. Kind of injury, disease or death to which this Statement of Principles relates
   1. This Statement of Principles is about Guillain-Barre syndrome and death from Guillain-Barre syndrome.

Meaning of **Guillain-Barre syndrome**

* 1. For the purposes of this Statement of Principles, Guillain-Barre syndrome:
     1. means an acute or subacute immune-mediated disorder of the peripheral nervous system producing symptoms and signs of impaired motor, sensory or autonomic functioning; and
     2. includes:
        1. acute inflammatory demyelinating polyneuropathy;
        2. acute motor axonal neuropathy;
        3. acute motor sensory axonal neuropathy;
        4. Miller Fisher syndrome; and
        5. other variant forms of Guillain-Barre syndrome; and
     3. excludes chronic inflammatory demyelinating polyneuropathy.

Note 1: The most common variant of Guillain-Barre syndrome is acute inflammatory demyelinating polyneuropathy, which is characterised by rapidly progressive symmetrical limb weakness, loss of tendon reflexes, mild sensory signs and variable autonomic dysfunction.

Note 2: The diagnosis of Guillain-Barre syndrome is normally confirmed by electrodiagnostic testing or elevated protein concentration in cerebrospinal fluid without an elevated white cell count (cytoalbuminologic dissociation).

* 1. While Guillain-Barre syndrome attracts ICD‑10‑AM code G61.0, in applying this Statement of Principles the meaning of Guillain-Barre syndrome is that given in subsection (2).
  2. 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 **Guillain-Barre syndrome**

* 1. For the purposes of this Statement of Principles, Guillain-Barre syndrome,in relation to a person, includes death from a terminal event or condition that was contributed to by the person's Guillain-Barre syndrome.

Note: ***terminal event*** is defined in the Schedule 1 – Dictionary.

1. Basis for determining the factors

The Repatriation Medical Authority is of the view that there is sound medical‑scientific evidence that indicates that Guillain-Barre syndrome and death from Guillain-Barre syndrome 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.

1. 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 Guillain-Barre syndrome or death from Guillain-Barre syndrome with the circumstances of a person's relevant service:

* 1. having an infection from the specified list of infections, where that infection has been acquired within the two months before the clinical onset of Guillain-Barre syndrome;

Note: ***specified list of infections*** is defined in the Schedule 1 - Dictionary.

* 1. being infected with human immunodeficiency virus at the time of the clinical onset of Guillain-Barre syndrome;
  2. having a clinically apparent herpes zoster or herpes simplex infection in the two months before the clinical onset of Guillain-Barre syndrome;
  3. having a symptomatic gastrointestinal or respiratory tract infection in the two months before the clinical onset of Guillain-Barre syndrome;
  4. receiving a vaccine from the specified list of vaccines within the two months before the clinical onset of Guillain-Barre syndrome;

Note: ***specified list of vaccines*** is defined in the Schedule 1 – Dictionary.

* 1. having a malignant neoplasm, other than non-melanotic malignant neoplasm of the skin, at the time of the clinical onset of Guillain-Barre syndrome;
  2. having a solid organ or stem cell transplant before the clinical onset of Guillain-Barre syndrome;
  3. having surgery requiring a general, spinal or epidural anaesthetic, within the two months before the clinical onset of Guillain-Barre syndrome;
  4. being treated with a tumour necrosis factor-α inhibitor in the two months before the clinical onset of Guillain-Barre syndrome;
  5. having systemic lupus erythematosus at the time of clinical onset of Guillain-Barre syndrome;
  6. inability to obtain appropriate clinical management for Guillain-Barre syndrome.

1. 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 factor set out in subsection 9(11) applies only to material contribution to, or aggravation of, Guillain-Barre syndrome where the person's Guillain-Barre syndrome was suffered or contracted before or during (but did not arise out of) the person's relevant service.
2. 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:

***Guillain-Barre syndrome***—see subsection 7(2).

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

***relevant service*** means:

* + - 1. operational service under the VEA;
      2. peacekeeping service under the VEA;
      3. hazardous service under the VEA;
      4. British nuclear test defence service under the VEA;
      5. warlike service under the MRCA; or
      6. non-warlike service under the MRCA.

Note: ***MRCA*** and ***VEA*** are also defined in the Schedule 1 - Dictionary.

***specified list of infections*** means:

* + - 1. *Campylobacter jejuni*;
      2. Chikungunya virus;
      3. cytomegalovirus;
      4. dengue virus;
      5. Epstein-Barr virus;
      6. *Haemophilus influenzae*;
      7. hepatitis A virus;
      8. hepatitis B virus;
      9. hepatitis E virus;
      10. influenza virus;
      11. Japanese encephalitis virus;
      12. measles virus;
      13. *Mycoplasma pneumoniae*;
      14. *Orientia tsutsugamushi* (scrub typhus);
      15. parvovirus B19;

(oa) severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);

* + - 1. West Nile virus; or
      2. Zika virus.

Note: SARS-CoV-2 is the virus which causes coronavirus disease 2019 (COVID-19).

* + 1. ***specified list of vaccines*** means:
       1. coronavirus disease 2019 (COVID-19) vaccine;
       2. influenza vaccine; or
       3. nerve tissue derived rabies vaccine.
    2. ***terminal event*** means the proximate or ultimate cause of death and includes the following:
       1. pneumonia;
       2. respiratory failure;
       3. cardiac arrest;
       4. circulatory failure; or
       5. cessation of brain function.

***VEA*** means the *Veterans' Entitlements Act 1986*.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

**Abbreviation key—Endnote 2**

The abbreviation key sets out abbreviations that may be used in the endnotes.

**Legislation history and amendment history—Endnotes 3 and 4**

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

**Misdescribed amendments**

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

|  |  |
| --- | --- |
|  | o = order(s) |
| ad = added or inserted | Ord = Ordinance |
| am = amended | orig = original |
| amdt = amendment | par = paragraph(s)/subparagraph(s) |
| c = clause(s) | /sub‑subparagraph(s) |
| C[x] = Compilation No. x | pres = present |
| Ch = Chapter(s) | prev = previous |
| def = definition(s) | (prev…) = previously |
| Dict = Dictionary | Pt = Part(s) |
| disallowed = disallowed by Parliament | r = regulation(s)/rule(s) |
| Div = Division(s) |  |
| exp = expires/expired or ceases/ceased to have | reloc = relocated |
| effect | renum = renumbered |
| F = Federal Register of Legislation | rep = repealed |
| gaz = gazette | rs = repealed and substituted |
| LA = *Legislation Act 2003* | s = section(s)/subsection(s) |
| LIA = *Legislative Instruments Act 2003* | Sch = Schedule(s) |
| (md) = misdescribed amendment can be given | Sdiv = Subdivision(s) |
| effect | SLI = Select Legislative Instrument |
| (md not incorp) = misdescribed amendment | SR = Statutory Rules |
| cannot be given effect | Sub‑Ch = Sub‑Chapter(s) |
| mod = modified/modification | SubPt = Subpart(s) |
| No. = Number(s) | underlining = whole or part not |
|  | commenced or to be commenced |

Endnote 3—Legislation history

| Name | Registration | Commencement | Application, saving and transitional provisions |
| --- | --- | --- | --- |
| *Statement of Principles concerning Guillain-Barre syndrome (Reasonable Hypothesis) (No. 23 of 2018)* | 5 March 2018  F2018L00187 | 2 April 2018 |  |
| *Amendment Statement of Principles concerning Guillain-Barre syndrome (Reasonable Hypothesis) (No. 57 of 2021)* | 23 April 2021  F2021L00483 | 24 May 2021 |  |
| *Amendment Statement of Principles concerning Guillain-Barre syndrome (Reasonable Hypothesis) (No. 74 of 2022)* | 30 June 2022  F2022L00912 | 25 July 2022 |  |

Endnote 4—Amendment history

| Provision affected | How affected |
| --- | --- |
| Section 2………………. | rep LA s 48D |
| Section 4………………. | rep LA s 48C |
| Subsection 9(1)……..… | am No. 57 of 2021 |
| Schedule 1 – Dictionary – specified list of infections………………. | am No. 57 of 2021 |
| Subsection 9(5)……….. | rs No. 74 of 2022 |
| Schedule 1 – Dictionary – specified list of vaccines……………….. | rs No. 74 of 2022 |