



Australian Government
Repatriation Medical Authority

**Statement of Principles
concerning
GUILLAIN-BARRE SYNDROME
(Reasonable Hypothesis)
(No. 23 of 2018)**

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

Dated 2 March 2018

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

A handwritten signature in black ink, appearing to read 'Nicholas Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

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

2 Commencement

This instrument commences on 2 April 2018.

3 Authority

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

4 Revocation

The Statement of Principles concerning Guillain-Barre syndrome No. 59 of 2013 made under subsection 196B(2) of the VEA is revoked.

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 Guillain-Barre syndrome and death from Guillain-Barre syndrome.

*Meaning of **Guillain-Barre syndrome***

- (2) For the purposes of this Statement of Principles, Guillain-Barre syndrome:
- (a) 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
 - (b) includes:
 - (i) acute inflammatory demyelinating polyneuropathy;
 - (ii) acute motor axonal neuropathy;
 - (iii) acute motor sensory axonal neuropathy;
 - (iv) Miller Fisher syndrome; and
 - (v) other variant forms of Guillain-Barre syndrome; and
 - (c) 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).

- (3) 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).
- (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 **Guillain-Barre syndrome***

- (5) 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.

8 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.

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

- (1) having an infection with an organism from the specified list of infections, where that infection has been acquired within the two months before the clinical onset of Guillain-Barre syndrome;
- (2) being infected with human immunodeficiency virus at the time of the clinical onset of Guillain-Barre syndrome;

- (3) having a clinically apparent herpes zoster or herpes simplex infection in the two months before the clinical onset of Guillain-Barre syndrome;
- (4) having a symptomatic gastrointestinal or respiratory tract infection in the two months before the clinical onset of Guillain-Barre syndrome;
- (5) receiving an influenza vaccine or a nerve tissue derived rabies vaccine within the two months before the clinical onset of Guillain-Barre syndrome;
- (6) having a malignant neoplasm, other than non-melanotic malignant neoplasm of the skin, at the time of the clinical onset of Guillain-Barre syndrome;
- (7) having a solid organ or stem cell transplant before the clinical onset of Guillain-Barre syndrome;
- (8) having surgery requiring a general, spinal or epidural anaesthetic, within the two months before the clinical onset of Guillain-Barre syndrome;
- (9) being treated with a tumour necrosis factor- α inhibitor in the two months before the clinical onset of Guillain-Barre syndrome;
- (10) having systemic lupus erythematosus at the time of clinical onset of Guillain-Barre syndrome;
- (11) inability to obtain appropriate clinical management for Guillain-Barre syndrome.

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 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.

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:

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

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

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 also defined in the Schedule 1 - Dictionary.

specified list of infections means:

- (a) *Campylobacter jejuni*;
- (b) Chikungunya virus;
- (c) cytomegalovirus;
- (d) dengue virus;
- (e) Epstein-Barr virus;
- (f) *Haemophilus influenzae*;
- (g) hepatitis A virus;
- (h) hepatitis B virus;
- (i) hepatitis E virus;
- (j) influenza virus;
- (k) Japanese encephalitis virus;
- (l) measles;
- (m) *Mycoplasma pneumoniae*;
- (n) *Orientia tsutsugamushi* (scrub typhus);
- (o) parvovirus B19;
- (p) West Nile virus; or
- (q) Zika virus.

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*.