



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**GUILLAIN-BARRE SYNDROME**  
**(Balance of Probabilities)**  
**(No. 24 of 2018)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) 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 'N. Saunders', written in a cursive style.

Professor Nicholas Saunders AO  
Chairperson

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**1 Name**

This is the Statement of Principles concerning *Guillain-Barre syndrome (Balance of Probabilities)* (No. 24 of 2018).

**2 Commencement**

This instrument commences on 2 April 2018.

**3 Authority**

This instrument is made under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

**4 Revocation**

The Statement of Principles concerning Guillain-Barre syndrome No. 60 of 2013 made under subsection 196B(3) of the VEA is revoked.

**5 Application**

This instrument applies to a claim to which section 120B of the VEA or section 339 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**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that Guillain-Barre syndrome and death from Guillain-Barre syndrome can be related to relevant service rendered by veterans 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 exist before it can be said that, on the balance of probabilities, Guillain-Barre syndrome or death from Guillain-Barre syndrome is connected 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;

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

- (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 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) being treated with a tumour necrosis factor- $\alpha$  inhibitor in the two months before the clinical onset of Guillain-Barre syndrome;
- (9) 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(9) 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(3) 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) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime 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) hepatitis A virus;
- (g) hepatitis E virus;
- (h) influenza virus;
- (i) Japanese encephalitis virus;
- (j) *Mycoplasma pneumoniae*;
- (k) *Orientia tsutsugamushi* (scrub typhus);
- (l) West Nile virus; or
- (m) 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*.