



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
LYME DISEASE/LYME BORRELIOSIS
(Balance of Probabilities)
(No. 18 of 2025)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the *Veterans' Entitlements Act 1986*.

Dated 17 December 2024.

Professor Terence Campbell AM
Chairperson
by and on behalf of
The Repatriation Medical Authority

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1 Name

This is the Statement of Principles concerning Lyme disease/Lyme borreliosis (*Balance of Probabilities*) (No. 18 of 2025).

2 Commencement

This instrument commences on 28 January 2025.

3 Authority

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

4 Repeal

The Statement of Principles concerning Lyme disease (Balance of Probabilities) (No. 26 of 2016) (Federal Register of Legislation No. F2016L00255) made under subsection 196B(3) of the VEA is repealed.

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 Lyme disease/Lyme borreliosis and death from Lyme disease/Lyme borreliosis.

Meaning of Lyme disease/Lyme borreliosis

- (2) For the purposes of this Statement of Principles, Lyme disease/Lyme borreliosis:
- (a) means an infection with spirochete bacteria of the *Borrelia burgdorferi sensu lato* complex, which has been transmitted by the bite of a tick of the genus *Ixodes*, in a geographic location where Lyme disease/Lyme borreliosis is endemic.
 - (b) includes chronic untreated Lyme disease;
 - (c) excludes Lyme-like illness;

Note 1: *Borrelia* species which are members of the *Borrelia burgdorferi sensu lato* complex include *Borrelia burgdorferi*, *B. afzelii*, *B. americana*, *B. andersonii*, *B. bavariensis*, *B. bissettii*, *B. californiensis*, *B. carolinensis*, *B. finlandensis*, *B. garinii*, *B. japonica*, *B. kurtenbachii*, *B. lanei*, *B. lusitaniae*, *B. mayonii*, *B. maritima*, *B. sinica*, *B. spielmanii*, *B. tanukii*, *B. turdi*, *B. valaisiana*, and *B. yangtzensis*.

Note 2: Ixodes species of tick known to transmit *Borrelia* spp. to humans include *Ixodes dentatus*, *I. granulatus*, *I. jellisonii*, *I. minor*, *I. ovatus*, *I. pacificus*, *I. persulcatus*, *I. nipponensis*, *I. ricinus*, *I. scapularis*, *I. spinipalpis*, *I. tanukii*, and *I. turdus*.

Note 3: Geographic locations where Lyme disease/Lyme borreliosis is endemic include the United States of America, southern Canada, Europe, the United Kingdom, Russia, Japan, and north-eastern China.

Note 4: Clinical manifestations of Lyme disease/Lyme borreliosis include a skin rash expanding out from the site of the tick bite (erythema migrans), headache, fatigue, joint pain and swelling, heart palpitations, irregular heartbeat, nerve pain, and facial palsy.

Note 5: Lyme disease infection can be confirmed through laboratory testing of blood. The usual method is IgM and IgG serology (by enzyme-linked immunosorbent assay or immunofluorescence antibody test) followed by a Western blot if the serology was positive. Though *Borrelia* culture is considered the gold standard of diagnosis, it is difficult to achieve.

- (3) While Lyme disease/Lyme borreliosis attracts ICD-10-AM code A69.2, in applying this Statement of Principles the meaning of Lyme disease/Lyme borreliosis 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 Lyme disease/Lyme borreliosis

- (5) For the purposes of this Statement of Principles, Lyme disease/Lyme borreliosis, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's Lyme disease/Lyme borreliosis.

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 Lyme disease/Lyme borreliosis and death from Lyme disease/Lyme borreliosis 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, Lyme disease/Lyme borreliosis or death from Lyme disease/Lyme borreliosis is connected with the circumstances of a person's relevant service:

- (1) being exposed to spirochetes of the *Borrelia burgdorferi sensu lato* complex within the 33 days before clinical onset;
- (2) being bitten by a tick of the genus *Ixodes* infected with spirochetes of the *Borrelia burgdorferi sensu lato* complex within the 33 days before clinical onset;
- (3) being in a geographic location where human Lyme disease/Lyme borreliosis was endemic within the 33 days before clinical onset;
- (4) inability to obtain appropriate clinical management for Lyme disease/Lyme borreliosis before clinical worsening.

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(4) applies only to material contribution to, or aggravation of, Lyme disease/Lyme borreliosis where the person's Lyme disease/Lyme borreliosis 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:

Lyme disease/Lyme borreliosis—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.

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*.