

**Revocation and Determination**

of

**Statement of Principles**  
concerning

**EPILEPSY**

for the purposes of the

*Veterans' Entitlements Act 1986*  
and

*Military Rehabilitation and Compensation Act 2004*

1. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 79 of 1996 concerning epilepsy; and
  - (b) determines in its place the following Statement of Principles.

**Kind of injury, disease or death**

2.
  - (a) This Statement of Principles is about **epilepsy** and **death from epilepsy**.
  - (b) For the purposes of this Statement of Principles, "**epilepsy**" means a chronic neurological disorder characterised by two or more epileptic seizures.
  - (c) This definition excludes:
    - (i) psychogenic seizure;
    - (ii) hysterical seizure;
    - (iii) neonatal seizure;
    - (iv) infantile seizure;
    - (v) febrile seizure;
    - (vi) myoclonic convulsions associated with G-force induced loss of consciousness (G-LOC);
    - (vii) convulsions associated with syncope, vertigo, migraine or sleep and movement disorders; and

(viii) an epileptic seizure that occurs in immediate temporal association with an acute systemic, metabolic or toxic insult or an acute central nervous system insult.

(d) In the application of this Statement of Principles, one or more epileptic seizures occurring in a twenty-four hour period, or an episode of status epilepticus, is considered a single epileptic seizure.

### **Basis for determining the factors**

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **epilepsy** and **death from epilepsy** 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 *Military Rehabilitation and Compensation Act 2004* (the MRCA).

### **Factors that must be related to service**

4. Subject to clause 6, at least one of the factors set out in clause 5 must be related to the relevant service rendered by the person.

### **Factors**

5. The factor that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **epilepsy** or **death from epilepsy** with the circumstances of a person's relevant service is:

- (a) having cerebral trauma before the clinical onset of epilepsy; or
- (b) having a cerebrovascular accident or subarachnoid haemorrhage within the twenty years before the clinical onset of epilepsy; or
- (c) having a hypoxic cerebral insult within the ten years before the clinical onset of epilepsy; or
- (d) having central nervous system systemic lupus erythematosus at the time of the clinical onset of epilepsy; or
- (e) having an intracranial space-occupying lesion before the clinical onset of epilepsy; or
- (f) having an infection of the brain or meninges within the ten years before the clinical onset of epilepsy; or

- (g) being infected with human immunodeficiency virus (HIV) at the time of the clinical onset of epilepsy; or
- (h) having Alzheimer's disease at the time of the clinical onset of epilepsy; or
- (i) having Cruetzfeldt-Jakob disease at the time of the clinical onset of epilepsy; or
- (j) having alcohol dependence or alcohol abuse at the time of the clinical onset of epilepsy; or
- (k) having multiple sclerosis at the time of the clinical onset of epilepsy; or
- (l) having cerebral trauma within the twenty years before the clinical worsening of epilepsy; or
- (m) having a cerebrovascular accident or subarachnoid haemorrhage within the twenty years before the clinical worsening of epilepsy; or
- (n) having a hypoxic cerebral insult within the ten years before the clinical worsening of epilepsy; or
- (o) having central nervous system systemic lupus erythematosus at the time of the clinical worsening of epilepsy; or
- (p) having an intracranial space-occupying lesion before the clinical worsening of epilepsy; or
- (q) having an infection of the brain or meninges within the ten years before the clinical worsening of epilepsy; or
- (r) being infected with human immunodeficiency virus (HIV) at the time of the clinical worsening of epilepsy; or
- (s) having Alzheimer's disease at the time of the clinical worsening of epilepsy; or
- (t) having Cruetzfeldt-Jakob disease at the time of the clinical worsening of epilepsy; or
- (u) having alcohol dependence or alcohol abuse at the time of the clinical worsening of epilepsy; or

- (v) having multiple sclerosis at the time of the clinical worsening of epilepsy; or
- (w) inability to obtain appropriate clinical management for epilepsy.

**Factors that apply only to material contribution or aggravation**

- 6. Paragraphs **5(l)** to **5(w)** apply only to material contribution to, or aggravation of, epilepsy where the person's epilepsy was suffered or contracted before or during (but not arising out of) the person's relevant service.

**Inclusion of Statements of Principles**

- 7. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles.

**Other definitions**

- 8. For the purposes of this Statement of Principles:

**“cerebral trauma”** means:

- (a) an injury to the head that penetrates the dura mater;
- (b) a head injury that results in skull fracture;
- (c) a blunt head injury that causes at least thirty minutes loss of consciousness or that causes post-traumatic amnesia;
- (d) an injury that results in intracranial haemorrhage; or
- (e) a surgical procedure which involves craniotomy;

**“death from epilepsy”** in relation to a person includes death from a terminal event or condition that was contributed to by the person's epilepsy;

**“infection of the brain or meninges”** means:

- (a) cerebral helminthic infection (cysticercosis, schistosomiasis, echinococcosis, onchocerciasis, paragonomiasis, toxacariasis or sparganosis);
- (b) cerebral protozoal infection (malaria, trypanosomiasis or toxoplasmosis);
- (c) amoebic meningoencephalitis;
- (d) viral encephalitis or meningoencephalitis;
- (e) bacterial meningitis, encephalitis or meningoencephalitis (including cerebral tuberculosis and neurosyphilis);
- (f) intracranial, subdural or extradural abscess; or
- (g) intracranial fungal infection;

**“intracranial space-occupying lesion”** means a pathological entity occupying a delineated area within the cranial cavity, including intracranial aneurysm, cerebral cyst or intracranial neoplasm;

**“relevant service”** means:

- (a) operational service under the VEA; or
- (b) peacekeeping service under the VEA; or
- (c) hazardous service under the VEA; or
- (d) warlike service under the MRCA; or
- (e) non-warlike service under the MRCA;

**“status epilepticus”** means:

- (a) a single epileptic seizure of more than thirty minutes duration; or
- (b) a series of epileptic seizures occurring over a period of more than thirty minutes, without a return to consciousness between seizures;

**“terminal event”** means the proximate or ultimate cause of death and includes:

- (a) pneumonia;
- (b) respiratory failure;
- (c) cardiac arrest;
- (d) circulatory failure; or
- (e) cessation of brain function.

### **Application**

- 9.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

### **Date of effect**

- 10.** This Instrument takes effect from 9 March 2005.

Dated this *twenty-fourth* day of *February* 2005

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

KEN DONALD  
CHAIRMAN