

Statement of Principles

concerning

MENIERE'S DISEASE

(Balance of Probabilities)

(No. 109 of 2015)

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

Dated 21 August 2015

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



Professor Nicholas Saunders AO

Chairperson

Contents

1 Name 3

2 Commencement 3

3 Authority 3

4 Revocation 3

5 Application 3

6 Definitions 3

7 Kind of injury, disease or death to which this Statement of Principles relates 3

8 Basis for determining the factors 4

9 Factors that must exist 4

10 Relationship to service 4

11 Factors referring to an injury or disease covered by another Statement of Principles 5

Schedule 1 - Dictionary 6

1 Definitions 6

1. Name

This is the Statement of Principles concerning *Meniere's disease**(Balance of Probabilities)* (No. 109 of 2015).

1. Commencement

This instrument commences on **21 September 2015**.

1. Authority

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

1. Revocation

The Statement of Principles concerning Meniere's disease No. 60 of 2006 made under subsection 196B(3) of the VEA is revoked.

1. 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.

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 Meniere's disease and death from Meniere's disease.

*Meaning of* ***Meniere's disease***

* 1. For the purposes of this Statement of Principles, Meniere's disease:
     1. means a clinical condition characterised by recurrent attacks of episodic vertigo often associated with:
        1. nausea and vomiting;
        2. fluctuating sensorineural hearing loss;
        3. tinnitus; and
        4. a sense of fullness of the involved ear; and
     2. excludes labyrinthitis, vertigo of central origin and other unspecified vertiginous syndromes.
  2. While Meniere's disease attracts ICD‑10‑AM code H81.0, in applying this Statement of Principles the meaning of Meniere's disease is that given in subsection (2).
  3. For subsection (3), a reference to an ICD‑10‑AM codeis 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), Ninth Edition, effective date of 1 July 2015, copyrighted by the Independent Hospital Pricing Authority, ISBN 978‑1‑76007‑020‑5.

*Death from* ***Meniere's disease***

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

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

1. 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 Meniere's disease and death from Meniere's disease can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: ***relevant service*** is defined in the Schedule 1 – Dictionary.

1. Factors that must exist

At least one of the following factors must exist before it can be said that, on the balance of probabilities, Meniere's disease or death from Meniere's disease is connected with the circumstances of a person’s relevant service:

* 1. having a moderate to severe traumatic brain injury within the six months before the clinical onset of Meniere's disease;
  2. having otosyphilis of the affected ear before the clinical onset of Meniere's disease;
  3. inability to obtain appropriate clinical management for Meniere's disease.

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(3) applies only to material contribution to, or aggravation of, Meniere's disease where the person’s Meniere's disease 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(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
   1. In this instrument:
      1. ***Meniere's disease***—see subsection 7(2).
      2. ***MRCA*** means the *Military Rehabilitation and Compensation Act 2004*.
      3. ***relevant service*** means:
         1. eligible war service (other than operational service) under the VEA;
         2. defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
         3. peacetime service under the MRCA.
      4. ***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.
      5. ***VEA*** means the *Veterans' Entitlements Act 1986*.