



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

**Statement of Principles**  
**concerning**  
**MENIERE DISEASE AND MENIERE**  
**SYNDROME**  
**(Reasonable Hypothesis)**  
**(No. 68 of 2024)**

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

Dated 20 August 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 *Meniere disease and Meniere syndrome (Reasonable Hypothesis)* (No. 68 of 2024).

**2 Commencement**

This instrument commences on 24 September 2024.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning Meniere's disease No. 108 of 2015 (Federal Register of Legislation No. F2015L01328) made under subsection 196B(2) of the VEA is repealed.

**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 Meniere disease and Meniere syndrome and death from Meniere disease and Meniere syndrome.

*Meaning of Meniere disease and Meniere syndrome*

- (2) For the purposes of this Statement of Principles, Meniere disease:
- (a) means a primary (idiopathic) pathology affecting both the cochlea and the vestibular apparatus of the labyrinth on the same side with clinical manifestations of episodic attacks of:
    - (i) vertigo;
    - (ii) sensorineural hearing loss; and/or
    - (iii) tinnitus;
    - (iv) occurring all on the same side; and
  - (b) includes primary endolymphatic hydrops; and
  - (c) excludes vestibular migraine.

Note 1: Meniere disease can lead to a progressive hearing loss that can remain in between Meniere disease episodes, and this is considered a component of Meniere disease.

Note 2: Meniere disease can occur in either ear, with the SoP being invoked twice for bilateral involvement.

(3) For the purposes of this Statement of Principles, Meniere syndrome:

(a) means a secondary pathology permanently affecting both the cochlea, and the vestibular apparatus or the vestibulocochlear nerve on the same side with clinical manifestations of:

- (i) vertigo;
- (ii) sensorineural hearing loss; and/or
- (iii) tinnitus;
- (iv) occurring all on the same side; and

(b) includes secondary endolymphatic hydrops; and

(c) excludes vestibular migraine.

Note: Meniere syndrome can occur in either ear, with the SoP being invoked twice for bilateral involvement.

(4) While Meniere disease and Meniere syndrome attracts ICD-10-AM code H81.0, in applying this Statement of Principles the meaning of Meniere disease and Meniere syndrome is that given in subsections (2) and (3).

(5) For subsection (4), 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 Meniere disease and Meniere syndrome*

(6) For the purposes of this Statement of Principles, Meniere disease and Meniere syndrome, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's Meniere disease and Meniere 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 Meniere disease and Meniere syndrome and death from Meniere disease and Meniere 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 Meniere disease and Meniere syndrome or death from Meniere disease and Meniere syndrome with the circumstances of a person's relevant service:

- (1) having a moderate to severe traumatic brain injury within the 6 months before clinical onset or clinical worsening;
- (2) having otosyphilis of the affected ear at the time of clinical onset;
- (3) having any of the following autoimmune diseases before clinical onset;
  - (a) ankylosing spondylitis;
  - (b) Hashimoto thyroiditis;
  - (c) rheumatoid arthritis;
  - (d) systemic lupus erythematosus;
  - (e) Cogan syndrome;
  - (f) Susac syndrome;
  - (g) Vogt-Koyanagi-Harada syndrome; or
  - (h) psoriatic arthritis.
- (4) having middle ear or inner ear surgery at least 2 months before clinical onset;
- (5) taking hydroxychloroquine in the 5 months before clinical onset;
- (6) taking amikacin, gentamicin, or tobramycin before clinical onset;
- (7) inability to obtain appropriate clinical management for Meniere disease and Meniere syndrome 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 clinical worsening aspects of factors set out in section 9 apply only to material contribution to, or aggravation of, Meniere disease and Meniere syndrome where the person's Meniere disease and Meniere 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:

***meniere disease and meniere 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 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*.