Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
GUILLAIN-BARRE SYNDROME
(Reasonable Hypothesis)
(No. 60 of 2026)

The Repatriation Medical Authority determines the following Statement of Principles under section 370CB of the *Military Rehabilitation and Compensation Act 2004*.

Dated 4 September 2026

Dr Anthony Lynham AO
Chairperson
by and on behalf of
The Repatriation Medical Authority

Contents

1 Name

This is the Statement of Principles concerning *Guillain-Barre syndrome (Reasonable Hypothesis)* (No. 60 of 2026).

2 Commencement

This instrument commences on 5 October 2026.

3 Authority

This instrument is made under section 370CB of the *Military Rehabilitation and Compensation Act 2004*.

4 Repeal

The Statement of Principles concerning Guillain-Barre syndrome (Reasonable Hypothesis) (No. 23 of 2018) (Federal Register of Legislation No. F2018L00187) made under section 370CB of the MRCA is repealed.

5 Application

This instrument applies to a claim to which 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 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.

(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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that Guillain-Barre syndrome and death from Guillain-Barre syndrome can be related to relevant service under the MRCA.

Note: ***MRCA*** and ***relevant service*** 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 Guillain-Barre syndrome or death from Guillain-Barre syndrome with the circumstances of a person's relevant service:

(1) having one of the following infections, where the infection was acquired within the 60 days immediately preceding clinical onset:

(a) *Campylobacter jejuni*;
(b) chikungunya virus;
(c) cytomegalovirus;
(d) dengue virus;
(e) Epstein-Barr virus;
(f) *Haemophilus influenzae*;

(g) hepatitis A virus;
(h) hepatitis B virus;
(i) hepatitis E virus;
(j) influenza virus;
(k) Japanese encephalitis virus;
(l) measles virus;
(m) *Mycoplasma pneumoniae*;
(n) *Orientia tsutsugamushi* (scrub typhus);
(o) parvovirus B19;
(p) severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
(q) West Nile virus;
(r) Zika virus;

Note: SARS-CoV-2 is the virus which causes coronavirus disease 2019 (COVID-19).

(2) having infection with human immunodeficiency virus at the time of clinical onset;

(3) having one of the following clinically apparent infections in the 60 days immediately preceding clinical onset:

(a) chickenpox;
(b) herpes simplex;
(c) shingles;

(4) having a symptomatic gastrointestinal or respiratory tract infection in the 60 days immediately preceding clinical onset;

(5) receiving one of the following vaccines within the 60 days immediately preceding clinical onset:

(a) coronavirus disease 2019 (COVID-19) vaccine;
(b) influenza vaccine;
(c) nerve tissue derived rabies vaccine;
(d) respiratory syncytial virus pre-F vaccine (RSVPreF, Abrysvo), only when aged 60 years or more;

(6) having a malignant neoplasm, other than non-melanotic malignant neoplasm of the skin, at the time of clinical onset;

(7) having a solid organ transplant (excluding corneal transplant) or stem cell transplant before clinical onset;

(8) having surgery requiring a general, spinal or epidural anaesthetic, within the 60 days immediately preceding clinical onset;

(9) taking a tumour necrosis factor-α inhibitor in the 60 days immediately preceding clinical onset;

Note: Examples of tumour necrosis factor-α inhibitors include infliximab, adalimumab, etanercept and golimumab.

(10) having systemic lupus erythematosus at the time of clinical onset;

(11) taking an immune checkpoint inhibitor in the 60 days immediately preceding clinical onset;

Note: Examples of immune checkpoint inhibitors include atezolizumab, avelumab, cemiplimab, durvalumab, ipilimumab, nivolumab and pembrolizumab.

(12) inability to obtain appropriate clinical management for Guillain-Barre 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 aspect of factors set out in section 9 apply 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 section 370CB of the *Military Rehabilitation and Compensation Act 2004*;

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) warlike service;
(b) non warlike service;
(c) British nuclear test defence service;
(d) hazardous service.

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.