Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Guillain-Barre Syndrome

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 September 2025;
- A deployed immunisation record by the nursing officer, disaster relief task group, dated 21 March 2016;
- An operation report by the surgeon, ship-borne surgical facility, dated 25 March 2016;
- A deployed health record and stool culture by the medical officer, dated 28 March 2016;
- A respiratory PCR report by the pathology, dated 30 March 2016;
- A zika PCR and dengue NS1 reports by the pathology, dated 2 April 2016;
- A post-deployment health screen by the medical officer, Garrison health centre, dated 11 April 2016;
- An outpatient health record by the medical officer, Garrison health centre, dated 19 April 2016;
- A neurology admission (nerve conduction study) by the CSF and MRI reports, Neurologist, dated 25 April 2016;
- A viral serology report by the pathology, dated 25 April 2016;
- An intensive care admission record and chest X-ray by the intensive care physician, dated 16 May 2016;
- A rehabilitation discharge summary by the rehabilitation physician, dated 20 February 2017;
- A neurology review by the neurologist, dated 20 February 2017.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 January 2009 and 3 August 2019

Guillain-Barre Syndrome

You have stated that your condition was caused by:

- *having an infection with Campylobacter jejuni within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with Zika virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with dengue virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with cytomegalovirus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with Epstein-Barr virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with Mycoplasma pneumoniae within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with influenza virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *receiving an influenza vaccination within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *undergoing surgery under general anaesthesia within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with hepatitis E virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*

Diagnosis: Guillain-Barre Syndrome

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 September 2025, and is supported by a neurology admission (nerve conduction study) by the CSF and MRI reports, Neurologist, dated 25 April 2016.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having an infection with Campylobacter jejuni within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with Zika virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with dengue virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with cytomegalovirus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with Epstein-Barr virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with Mycoplasma pneumoniae within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with influenza virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *receiving an influenza vaccination within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *undergoing surgery under general anaesthesia within the 6 weeks before the clinical onset of Guillain-Barre syndrome*
- *having an infection with hepatitis E virus within the 6 weeks before the clinical onset of Guillain-Barre syndrome*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with tingling and numbness that began in the feet and hands and spread upwards over several days, deep aching low back and thigh pain, and rapidly progressive weakness of the legs and then the arms, so that within a week you could not climb stairs, rise from a chair or walk unaided on 19 April 2016.

The diagnosis was made by a neurologist on 25 April 2016. You had progressive bilateral weakness of the arms and legs with areflexia, progressing over seven days, with facial weakness and distal sensory symptoms. Cerebrospinal fluid showed albuminocytological dissociation, with a protein of 1.4 g/L and 2 white cells, and nerve conduction studies showed prolonged distal latencies, conduction block and absent F-waves consistent with acute demyelinating polyradiculoneuropathy. MRI showed enhancement of the cauda equina nerve roots and anti-GM1 antibodies were positive. These findings meet Brighton Collaboration level 1 diagnostic certainty and the National Institute of Neurological Disorders and Stroke criteria for Guillain-Barre syndrome.

This has then led to further investigations and the diagnosis of your condition of *Guillain-Barre Syndrome*. I have accepted your condition of *Guillain-Barre Syndrome*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your peacetime service.

I have therefore accepted that this condition is related to your service with effect from 18 April 2016.

Guillain-Barre Syndrome (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 September 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 10 September 2025;
- A deployed immunisation record by the nursing officer, disaster relief task group, dated 21 March 2016;
- An operation report by the surgeon, ship-borne surgical facility, dated 25 March 2016;
- A deployed health record and stool culture by the medical officer, dated 28 March 2016;
- A respiratory PCR report by the pathology, dated 30 March 2016;
- A zika PCR and dengue NS1 reports by the pathology, dated 2 April 2016;
- A post-deployment health screen by the medical officer, Garrison health centre, dated 11 April 2016;
- An outpatient health record by the medical officer, Garrison health centre, dated 19 April 2016;
- A neurology admission (nerve conduction study) by the CSF and MRI reports, Neurologist, dated 25 April 2016;
- A viral serology report by the pathology, dated 25 April 2016;
- An intensive care admission record and chest X-ray by the intensive care physician, dated 16 May 2016;
- A rehabilitation discharge summary by the rehabilitation physician, dated 20 February 2017;
- A neurology review by the neurologist, dated 20 February 2017.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

14 January 2009 and 3 August 2019

Guillain-Barre Syndrome (Worsening)

You have stated that the worsening of your condition was caused by:

- *having an intercurrent infection within the 2 weeks before the clinical worsening of Guillain-Barre syndrome*
- *inability to obtain appropriate clinical management for Guillain-Barre syndrome*

Diagnosis: Guillain-Barre Syndrome (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 10 September 2025, and is supported by a neurology admission (nerve conduction study) by the CSF and MRI reports, Neurologist, dated 25 April 2016.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Balance of Probabilities (reasonable satisfaction) - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *having an intercurrent infection within the 2 weeks before the clinical worsening of Guillain-Barre syndrome*
- *inability to obtain appropriate clinical management for Guillain-Barre syndrome*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with tingling and numbness that began in the feet and hands and spread upwards over several days, deep aching low back and thigh pain, and rapidly progressive weakness of the legs and then the arms, so that within a week you could not climb stairs, rise from a chair or walk unaided on 19 April 2016.

The diagnosis was made by a neurologist on 25 April 2016. You had progressive bilateral weakness of the arms and legs with areflexia, progressing over seven days, with facial weakness and distal sensory symptoms. Cerebrospinal fluid showed albuminocytological dissociation, with a protein of 1.4 g/L and 2 white cells, and nerve conduction studies showed prolonged distal latencies, conduction block and absent F-waves consistent with acute demyelinating polyradiculoneuropathy. MRI showed enhancement of the cauda equina nerve roots and anti-GM1 antibodies were positive. These findings meet Brighton Collaboration level 1 diagnostic certainty and the National Institute of Neurological Disorders and Stroke criteria for Guillain-Barre syndrome.

After the condition arose, it was worsened during your service. A catheter-associated urinary tract infection with Escherichia coli was confirmed on 12 May 2016, and aspiration pneumonia, with right lower lobe consolidation on chest X-ray, on 13 May 2016, while you were in hospital for Guillain-Barre syndrome developed in service. When you first presented to the garrison

health centre on 19 April 2016 with ascending tingling, back pain and early weakness after multiple infections on deployment, the condition was misdiagnosed as post-viral fatigue and lumbar strain and you were returned to duty.

This has then led to further investigations and the diagnosis of your condition of *Guillain-Barre Syndrome (Worsening)*. I have accepted your condition of *Guillain-Barre Syndrome (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your peacetime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 12 May 2016.

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