

Health and Ambulance Services Committee

Parliament House

George Street

Brisbane QLD 4000

Ph: 07 3553 6626 Fax: 07 3553 6639

Email: [hsc@parliament.qld.gov.au](mailto:hsc@parliament.qld.gov.au)

27 August 2015

**RE: Childcare Exclusions Amendment Bill (2015) - Submission**

To the Health and Community Services Committee,

I am writing to express my lack of support for the Public Health (Childcare vaccination) Amendment Bill. I do not support any measure which puts pressure on any parent to medicate or vaccinate their children. The similar Bill amendment was introduced in 2013 and I am surprised and frustrated to see it being brought to parliament again.

**NO JAB NO PLAY 'IS' DISCRIMINATION**

I have read through the supporting information on the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015, and I note that it has been aligned with the anti-discrimination act. The Public Health (Childcare Vaccination) notes state that

*'The Anti-Discrimination Act 1991 prohibits discrimination on the basis of a number of attributes, including disability or religious belief, however immunisation status is not a recognised attribute'*

*'The Anti-Discrimination Act 1991 also provides a broad exemption for actions which are reasonably necessary to protect public health, and the aim of the Bill is to protect children and people who work at approved education and care services from vaccine-preventable conditions. Accordingly, the Bill will not lead to unlawful discrimination.'*

Although the Amendment Bill has been justified with sections of the Anti-Discrimination Act, this is a form of discrimination to unvaccinated children, and those not fully compliant with the schedule. In other words, that unless a child is vaccinated according to the Immunisation Schedule or has a Medical Contraindications Form – IMMU11.1310, they can be denied education, and parents will need to therefore seek childcare/kindergartens that will accept their status. This is a form of discrimination because it limits the choices for parents to align kindergarten/childcare facilities and educators, with their child's educational and environmental needs.

***What does this discrimination mean for our family?***

As a mother of a child with a disability, I find this extremely disconcerting because my choices for my daughter were dependent on which educational facility was best equipped, experienced and considerate to her needs. For example, if appropriate kindergartens denied her entry without vaccination, then her options are extremely limited. To say that this is not discrimination, is merely a legal loophole, not an ethical one. My child will have less choice. This IS discrimination.

Having a disability, my child has been enrolled in a Queensland Early Childhood Development Program (ECDP), which was extremely successful in preparing her for mainstream Education (both Kindergarten and Primary school). There is a big push for children with disabilities to be integrated into mainstream education and the ECDP prepared her for that well. Unfortunately changes to split

placements between ECDP units and school meant that we needed to enrol her directly into prep full time, without half/half load. The ECDP years, were a pertinent step in preparing my daughter for early transition into kindergarten during her time in the ECDP, and then the follow on to schools. Split placement would have been ideal, but due to a cut in funding, we lost access to this program and then relied on full time prep enrolment, thus making the ECDP units crucial.

The Public Health (Childcare Vaccination) Amendment Bill states that,

*The amendments will only apply to education and care services approved under the Education and Care Services National Law (Queensland) and the Education and Care Services Act 2013. The most common service types approved under this legislation include the following:*

- *family day care services – services which organise, coordinate, and monitor the provision of family day care, provided by educators, usually in their homes*
- *Standalone kindergarten services – centre-based services primarily for children in the year prior to Prep, generally operating during school terms and school hours*
- *long day care services – centre-based services that primarily cater for children aged from birth to the year prior to Prep, and operate for at least 10 hours a day from Monday-to-Friday for a minimum of 48 weeks each year*
- *limited hours services – centre-based services for up to 30 children at any one time, operating for not more than 20 hours in one week*
- *outside school hours care services – centre-based services which mainly cater for school aged children outside school hours (i.e. before and after school, and during school holidays).*

When further researching the educational services listed under the Education and Care Services Act 2013, services include:

- *services funded by the Queensland Government to provide limited hours care*
- *occasional care services*
- *budget-based funded services that do not receive Australian Government Child Care Benefit*
- *early childhood education and care services that are also disability services funded under the Disability Services Act 2006.*

<http://www.deta.qld.gov.au/earlychildhood/service/ecs-act/index.html>

The Education and Care Services Act 2013 states that early childhood education and care services that are also disability services funded under the Disability Services Act 2006 are included. This legislation change is therefore discriminating children with disabilities who are not compliant with the Qld Vaccination Schedule. Given that limitations of the new exemption, (Contraindications Form) a child may not necessarily qualify now for a medical exemption with the new specifications. Other parents of children with disabilities have said to me, that this will create havoc if it affects our children. May I also remind the Committee that within disability units are children who have been neurologically and/or physically damaged by vaccinations?

Under the Disability Discrimination Act, a person with a disability has,

- *A right to study at any educational institution in the same way as any other student.*
- *The DDA makes it against the law for an educational authority to discriminate against someone because that person has a disability.*
- *This includes all public and private educational institutions, primary and secondary schools, and tertiary institutions such as TAFE, private colleges and universities.*

<https://www.humanrights.gov.au/dda-guide-getting-education>

Aside from children with disabilities, what about rights for a child? The Convention on the Rights of a Child states that children have rights, one of these being the right to an education.

Everyone under 18 is a child. Some of the rights children have are:

- *be treated fairly no matter what*
- *have a say about decisions affecting you*
- *live and grow up healthy*
- *safe no matter where you are*
- *cared for and have a home*
- ***get an education***
- *Play and have fun!*

[https://www.humanrights.gov.au/sites/default/files/document/publication/Child\\_Friendly\\_Childrens\\_Rights\\_Report\\_2014.pdf](https://www.humanrights.gov.au/sites/default/files/document/publication/Child_Friendly_Childrens_Rights_Report_2014.pdf)

## VACCINATION AND IMMUNITY

### Push for Immunity justifying schedule compliance

*'Rights and liberties of individuals are not absolute, and the rights and liberties of parents and children need to be balanced against the objective of the Bill in order to protect public health. Immunisation is a key public health strategy in protecting people from the risks associated with vaccine-preventable conditions. It is therefore considered the possible infringement on individual's rights and liberties presented by the Bill are outweighed by the public health benefits it will achieve'*

<http://www.legislation.qld.gov.au/Bills/55PDF/2015/PubHealthChVaccOLAB15E.pdf>

The premise of this decision to remove Conscientious Objection, also represents an assumed public health benefit to the community to protect those who are too young or vulnerable to be vaccinated. We are told that unvaccinated children carry risk and we must protect the community. We assume that vaccination rates are dropping, that disease outbreaks are as a result of our children not being vaccinated, therefore not contributing to herd immunity. If vaccination is protecting the herd, who is protecting those who are at risk of adverse reactions? Does Australia have a Vaccination Compensation Scheme?

Qld Health states that,

*"Immunisation works by triggering the immune system to fight against certain diseases. If a vaccinated person comes in contact with these diseases, their immune system is able to respond more effectively. This either prevents the disease from developing or reduces the severity.*

*Immunisation not only protects your own family, but also others by helping control serious diseases in our community"*

["http://www.qld.gov.au/health/conditions/immunisation/benefits/index.html](http://www.qld.gov.au/health/conditions/immunisation/benefits/index.html)

The Childcare Vaccination Bill also states that,

*The terms 'immunisation' and 'vaccination' are used interchangeably, but their meanings are not exactly the same. 'Immunisation' means both being administered a vaccine, and becoming immune to a disease as a result of being vaccinated. 'Vaccination' simply means being administered a vaccine.*

*Vaccination is a critically important public health strategy and is a key health priority of the Government. Immunisation has long been recognised as one of the most successful public health interventions introduced in Australia, enabling community health to be maintained and protected by the reduction and eradication of vaccine-preventable conditions.*

QLD health and Government Immunisation literature sounds logical. We give someone a vaccination to trigger their immune system, to achieve enough protective antibodies to protect them from full blown disease or give them an altered version of the disease, and thus protect our community through herd.

There are issues with this logic being used to drive the increasing rates of vaccination with our children. Some of these are outlined below:

Firstly, 'vaccine induced immunity' is being used to gain compliance with the Immunisation schedule in its entirety, including diseases that are not communicable, like tetanus.

Secondly, the logic of schedule compliance represents the justification for more and more vaccinations being added to the schedule. Are all parents happy with the vaccination schedule in its entirety? Do parents have concerns about the future of the Vaccination Schedule? With over 200 vaccinations in the pipeline, are we confident as a society, that we want all of those recommended? Even if some of us or most of us agree with vaccination, don't we want choice ultimately? I do.

We are told that the science is settled, but how many vaccinations are, and will be in the future necessary to meet the needs of waning immunity among our community? Even with high compliance and high vaccination rates, we are still seeing disease outbreaks among communities. It could be said that those that are fully vaccinated are under the assumption that they are protected and therefore not transmissible. We know now that there is serious concern about efficacy, as we've seen recently with a-cellular Pertussis vaccination which is waning faster than previously anticipated by science.

Lastly, even though high vaccination, there is no absolute guarantee of who will respond well and who will not. Will natural immunity be a valid exemption to vaccination legislations? How can we know who has achieved sufficient protective antibodies and who hasn't? Will natural immunity tests guarantee our safe exclusion from unnecessary vaccinations?

A study by LeBaron et al. (2007) was conducted to test duration of Measles protective antibodies (serum neutralising titers) after second MMR vaccination. The study found that about a quarter of children were high responders, and hold PRN levels exceeding 1000 units for 10 years following the second MMR jab. The least responding children, whose PRN titers had fallen below 120 units within 5-10 years. These children would be expected to have full-blown clinically identifiable Measles. The majority of children classed as moderate responders, with PRN levels 120 and 1000 by the time they reached adolescence, at which point they would be expected to contract Measles upon exposure, possibly have an altered disease state, and be contagious, therefore transmissible. I haven't discussed this study as an example to prove or disprove that vaccinations do not work, but to give an example of research that indicates that it is not a black and white conclusion that receiving vaccinations, on time at the recommended dose will guarantee immunity within our community.

It could be said that the science is now advising more vaccinations to protect our community, but how many more doses of each vaccine will then be added to satisfy requirements?, and to what detriment to our health? We are told that they are safe and effective but parents have concerns about the safety studies performed, the parameters they have used in the study, the population, the length of time, the placebo used, who funds the vaccinations safety studies and the synergistic effect on our children's bodies in combination with other vaccinations. We accept that some children will suffer adverse reactions, but so far I have seen very little interest to determine who is vulnerable and why, such as genes and metabolic mutations which is gaining more and more interest among integrated medical professionals. I have serology confirmed genetic MTHFR metabolic Gene Mutations, and given medical history of my children and husband, likely to affect them also. There have been small but interesting studies regarding the contraindications of these people with vaccinations for a number of reasons. This unfortunately doesn't technically qualify me for an exemption, or does it?

## **PARENTS CONCERNS REGARDING VACCINATION**

Mothers and fathers of unvaccinated children do not make this decision easily. They are subjected to ridicule, judgement, fear, and lose friends and family in the process. They are bullied, put down and rejected by mainstream media websites, news programs, and blogs. For years, parents have been trying to be heard and have their concerns addressed but, as I have experienced personally, that QLD health tell us they have addressed our concerns and we receive almost duplicate 'copy and paste' responses from various politicians and health professionals. All the while, so called 'anti vaccine' parents are manipulated in the media to appear stupid, irrational, uneducated and cult like. We are told that we have been lied to by anti-vaccination advocates and simply don't have the knowledge or expertise to validate concerns. I would like to express today to the committee, that the responses to our concerns don't even scratch the surface to reality.

## **AN EXAMPLE OF INVESTIGATING VACCINATION RISK/BENEFIT – HEP B**

My own vaccination investigation started some years before the birth of my first baby. Hepatitis B at birth was not a huge concern based on our (my husband and I) knowledge that we were free of Hepatitis B and were faithful, Therefore free from risk and that our baby was to be protected at home. Let's say then that the argument is to protect our baby from accidental needle stick injury at a park, or exposed to a carrier of Hepatitis B, then how is this still justification for injecting a new born baby only hours old with a vaccine intended to protect them for a disease they are months away from at least having a remote risk (i.e. park)? How are we irresponsible weighing up our risk with benefit? How are we yet to understand our baby's constitution, allergies, and health status at a mere 2-3 hours of age? At both times that my husband and I declined Hep B at birth, we were ridiculed and harassed twice by the young doctors who came in to check on our new baby and this was all while my husband and I were blissfully resting and attending to our new baby. These Doctors were angry and frustrated and one shouted at us and recited her belief that Dr Andrew Wakefield was the reason for all of the hearsay and rhetoric that was being discussed through Anti Vaccination organisations. Both my husband and I had never heard of the AVN or the like at this time, and were only interested in delaying Hep B, being of low risk and wanted to discuss vaccination further. And let's say for example that we don't agree with every single 'new 'vaccine that is offered in future. Weighing up the risk/benefit ratio for our child to have any form of medication was and still is our decision.

## **ADVERSE REACTIONS**

Most of us commonly hear that adverse reactions to vaccination are rare, uncommon, 1 in 1000, 1 in 1 million, unheard of, unlikely, and we throw those terms around as being acceptable without connecting with the reality that the medical establishment know very little about predicting vulnerability to vaccines reactions and what causes an adverse reaction, but are told to accept that it is 'rare'. All I see with this legislation is control. If this was all really about public health, why aren't we collectively more concerned about the safety if thousands of parents are opting out of vaccinations? We accept that reaction is rare, so as with any drug, there must be choice.

## **Who is at risk?**

An adverse reaction to vaccination is characterised as following:-

*"Occasionally, vaccines may have some "general" side-effects, such as fever, headache, muscle aches and pains, or a rash - these side effects may be caused by the vaccine or may be symptoms of a coincidental illness (e.g. viral infection). Again, these side effects usually resolve in a few days (unless they were caused by a coincidental illness). Rarely, in about 1 in every million vaccinations, a vaccine causes a severe allergic reaction called "anaphylaxis", that begin minutes after the vaccination and includes symptoms such as severe anxiety, hives (itchy skin rash), swelling of the lips and face, difficulty breathing, or collapse".*

*Department of health, WA, Vaccine Side effects fact sheet NOV 2005*

QLD health, Immunisation Handbook clearly states that there are contraindications to vaccines. A pre vaccination screener is intended to assess the likelihood of any possibilities of adverse reactions. Two of these mentioned concerns included in the questionnaire are; *has (the patient) any severe allergies to anything? Has (the patient) had a sever reaction to following any vaccine, or vaccine component?* Coming back to the Hepatitis B vaccine at birth for example, how can any parent, doctor, vaccine manufacturer ever know the answer to this question? Are parents just meant to vaccinate and see for the sake of the so called greater good that is low risk to begin with?

Some considerations include: *Taken from QLD Health Immunisation Handbook – Pre-vaccination Screen Checklist*

<i>Is unwell today?</i>
<i>Has any severe allergies to anything?</i>
<i>Has had a severe reaction to following any vaccine, or vaccine component?</i>

According to the Consumer Medical Information for Hep B at Birth, the information states,

**Before you are given H-B-VAX II**

**When you or your child must not be given it**

*Do not have H-B-VAX II if:*

- *You or your child have an allergy to H-B-VAX II or any of the ingredients listed at the end of this leaflet*
- *You or your child have an allergy to yeast*
- *The expiry date on the pack has passed.*

<http://www.biocsl.com.au/docs/894/229/H-B-VAX%20CMI%20June%202013.pdf>

**Transmission of HEP B**

Qld Health issues the following information regarding Hep B Transmission

**Transmission:**

More than half of those infected with hepatitis B show few or no symptoms. This can be a risk as they may transmit the virus to others without knowing it.

The hepatitis B virus lives in blood or other body fluids. It is spread through blood-to-blood contact with an infected person which may include:

- sharing needles or syringes
- coming into contact with inadequately sterilised instruments (such as those used for tattooing and body piercing)
- Sexual contact (hepatitis B is one of the most common sexually transmitted infections in the world).

Babies with infected mothers are also at very high risk of being infected with hepatitis B at birth.

<http://conditions.health.qld.gov.au/HealthConditions/6/Child-Health/154/Immunisation/848/Hepatitis-B>

Adverse reaction and who is vulnerable to adverse reaction is still a questionable area. Both vaccine manufacturers and QLD health advise that allergy or hypersensitivity to a vaccine or vaccine ingredient could indicate contraindication to the vaccine. In the example of Hepatitis B at birth, how can anyone begin to know the answer to those questions, how can we know their vulnerability, and if the risk factor of transmission is low/negligible, shouldn't parents continue to have the choice? Should we not still have the right to have conscious objection to any procedure that has risk? The bill states to still give parents choice, but by limiting opportunities for those that decline, how is that being fair and equal and not discrimination?

## Medical Contraindications Form – IMU11.1310

<http://www.humanservices.gov.au/spw/health-professionals/forms/resources/immu11-1310en.pdf>

Taken from the Medical Contraindications Form –

---

***I declare that:***

- *The information I have provided in this form is complete and correct.*
- *the child identified on this form should have a vaccine exemption due to medical contraindication for a reason that may include one of the following:*
  - *unstable neurological disease*
  - *encephalopathy within 7 days after a previous vaccination*
  - *immediate severe acute allergic or anaphylactic reaction after any previous vaccination*
  - *malignant disease and/or immunosuppressive therapy and/or immunosuppression*
  - *allergy to preservative or antibiotic contained in the vaccines*

*OR*

- *the child has other non-permanent contraindication and vaccination is deferred to the following date:*

*//*

---

The Medical Contraindications Form and allowances for medical freedom is limiting.

The Medical Contraindications Form specifications are limiting. The only proof that a child can have a contraindication to a vaccine, is by being negatively affected or injured by a vaccination. If a doctor states that a child has a non-permanent contraindication, then are they obligated to vaccinate on the approximate date provided on the form? What if the condition has not cleared?

There are numerous integrated medical professionals concerned about vaccination contraindications, such as allergies, genetic metabolic mutations (MTHFR), auto immune diseases and eczema. The knowledge may not necessarily be common knowledge between those trained and not trained in integrated areas, so are they able to decline vaccinations on our behalf? What classifies as a non-permanent contraindication?

After letters, meetings and other contacts made with parliamentary members, we are assured that vaccination compliance is the best public health measure. As parents with serious concerns about vaccination, or parents of vaccine injured children, we are told the same. We get duplicating replies or responses to our concerns and none of which addresses them.

The issue of vaccination is complex, and my aim was to not discuss vaccination being right or wrong but to show the committee that it is a multilayered issue and a complex one to say the least. All parents deserve to make the best possible choices we can for our children. With any medical intervention, where there is risk, there must be choice. A choice we are being assured, we still have, but having opportunities removed because of these choices does not make this an ethical one.

Parents who are Conscientious Objectors are, collectively trying to make the best possible decisions for their children and by not vaccinating or partially vaccinating our children, we hope to achieve healthy children, with good immune systems and are simply not choosing vaccination to achieve this. Some families will be affected by the exclusion, and other wont. I trust that you base your decision on how children can equally access education not based on the medical decisions of their parents.

Thank you for reading my submission. I appreciate your time and patience reading my letter and hope that it offers a positive angle towards a decision not supporting the Childcare Vaccination Bill.

King regards

A handwritten signature in black ink, appearing to read 'Dannielle Torrasi', with a stylized, cursive script.

Dannielle Torrasi

27 August 2015