



Public Health (Childcare Vaccination) Bill 2015

Submission to the
Health and Ambulance Services Committee

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The QNU thanks the Health and Ambulance Services Committee (the committee) for providing this opportunity to comment on the *Public Health (Childcare Vaccination) Bill 2015* (the bill).

Nurses and midwives are the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNU - the union for nurses and midwives - is the principal health union in Queensland. The QNU covers all categories of workers that make up the nursing workforce in Queensland including registered nurses, registered midwives, enrolled nurses and assistants in nursing who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 53,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNU.

Recommendation

The QNU recognises the importance of immunisation as a public health initiative that saves lives. For these reasons, the QNU Council has endorsed the *Vaccination and Immunisation for Nurses and Midwives Policy* of the Australian and Nursing & Midwifery Federation in Attachment 1.

We note the bill does not require the childcare centre to exclude a child who is not fully immunised, rather the bill protects the centre from liability if, after following the prescribed process, a child's enrolment or attendance is refused or cancelled because of their immunisation status (Dick, 2015).

The committee may be aware that in 2013 the QNU supported a private member's bill in similar terms that would have empowered childcare centres to refuse enrolments from children who were not immunised. That bill did not pass through the parliament. We are now responding to latest bill and again give our support.

The QNU recommends:

- the parliament passes the bill;
- the government allocates resources to the development of mechanisms for genuine community engagement and education on the benefits and risks of vaccinations;
- at all times, robust and independent mechanisms should be implemented to evaluate the efficacy of vaccinations before they are mandated.

Childhood Vaccination

Immunisation is one of the most important public health measures that primary care offers the population. Other than clean water, vaccination has had the most significant impact on public health during the 20th century and remains one of the most important activities involving health professionals (Driver, 2011). However, in many ways immunisation programs have become victims of their success. In industrialised countries the vast majority of the population has never witnessed the diseases that the vaccine protects. Consequently in recent times there has been a growing resistance to such interventions.

Routine childhood immunisations protect babies and children against potentially serious diseases such as measles, polio, tetanus and whooping cough (pertussis). Although the majority of children in Australia are immunised, the National Health Performance Authority (NHPA) (2014) maintains it is important to sustain high immunisation rates. All Australian children should have completed their childhood immunisations in the National Immunisation Program Schedule before they turn five. The aim is to ensure they have maximum protection appropriate for their age if they come into contact with harmful viruses and bacteria.

When high percentages of people are fully immunised, diseases such as whooping cough have less opportunity to spread because there are fewer people who can be infected. In addition, people who remain susceptible to infection – such as babies too young to be immunised and people with specific medical conditions that prevent them from being immunised – may be indirectly protected, as they are less likely to be exposed to disease.

Data from the *Australian Childhood Immunisation Register* (NHPA, 2014) indicates that although the majority of children in Australia are immunised there are still many areas in Australia where immunisation rates are below 90%.¹

Parents who exempt children from vaccinations do so because they have concerns regarding vaccine safety, have a preference for natural immunity, or through apathy. Generally, the most common concern of vaccine-hesitant parents/carers is vaccine safety (Dempsey et al., 2011; Luthy, Beckstrand & Peterson, 2009; Smith, Chu & Barker, 2004). Some also express concern about the extension of the immunisation regime over time and the lack of evidence to support efficacy of some of the new vaccines. They advocate for transparency and accountability of pharmaceutical companies promoting new and comparatively untested vaccination regimes.

¹ The level of 90% of children fully immunised does not relate to any benchmarks and was used in the report for indicative purposes only.

One of the main safety concerns is that vaccine-hesitant parents/carers believe vaccinations overload their child's immune system, especially when they are infants. These parents/carers may express a preference for their children to develop natural immunity from the various diseases rather than active immunity from vaccinations (Offit, 2011).

This may occur, for example, in a refusal to allow varicella vaccine because they believe having chicken pox provides lifelong protection whereas the vaccine's immunity wanes with time (Immunization Action Coalition, 2010). Generally speaking, the immune response following a single natural infection is more effective than protection provided with vaccines, however immunity resulting from a natural infection of the chicken pox places a child at an unnecessary risk for a myriad of disease-related complications such as encephalitis, pneumonia and meningitis (Offit & Moser, 2011). The vaccine is extremely effective, providing immunity in 97% of young children following a single dose (Immunisation Action Coalition, 2010). Further, the chance of a vaccinated child suffering a shingles outbreak later in life is much lower in vaccinated children rather than after natural chicken pox infection (Offit & Moser, 2011).

Parents/carers who refuse vaccinations during infancy and early childhood may consent to vaccination after the child reaches school age. Unfortunately, children whose vaccinations are perpetually delayed or refused may present a health risk to other children at school (Salmon et al., 2005). Some parents with vaccination safety concerns may also express a strong distrust of the government and vaccine manufacturers (Offit, 2011; Salmon et al., 2005).

In a US study of parents who refused to give their child at least one vaccination, Luthy et al. (2012) found that there were several reasons for their decision. The most frequent response was that vaccinations conflicted with their philosophical beliefs. Parents/carers also cited concern about overloading or weakening their children's immune system, they believed vaccines could cause disorders such as autism, the vaccine caused the illness it was supposed to prevent and the possibility of a recurrence of an adverse reaction similar to that of a previous vaccination. Many parents reported they were requesting an exemption from only one vaccine with hepatitis A and B the most prevalent of these. The most common reason given for seeking exemption was not believing in the efficacy of the vaccine.

Herd Protection

Though coined almost a century ago, the term 'herd immunity' was not widely used until recent decades. It's use is now stimulated by the increasing use of vaccines, discussions of disease eradication and analyses of costs and benefits of vaccination programs (Fine, Eames & Heymann, 2011).

The herd effect (herd immunity) is a proven way to extend the benefits of vaccines beyond a directly targeted population. The 'indirect' protection of unvaccinated persons occurs by increasing the prevalence of vaccinated immunity prevents circulation of infectious agents in susceptible populations. A high uptake of vaccines is generally needed for success (Hyong, Johnstone & Loeb, 2011).

Nurses, midwives and healthcare professionals have the ability to recognise opportunities for education and the responsiveness to facilitate the provision of initial vaccination or catch-up vaccinations for the promotion of healthy communities. The interaction between healthcare workers and the consumer provides a unique opportunity to review a person's vaccination history and status to then advise, answer questions and educate about immunisation and potential catch-up vaccinations. Technological advances in information communication systems are rapidly occurring throughout the world and health systems technology is one of the areas that are reaping benefits from these advances. With further advancements this data will provide a comprehensive record of individuals' health needs including vaccinations received and/or required (Department of Health, 2013).

In our view, however, more also needs to be done to genuinely engage with parents and carers who have deeply held concerns about vaccinations. The debate around vaccination involves at times complex and competing interests and it is therefore essential that these concerns are heard, properly considered and that dialogue remains open. There is a risk of marginalising and isolating these parents/carers if the only framework applied is a coercive one. It is also especially important to ensure that at all times the evidence around the efficacy of vaccinations is properly considered via robust independent evaluation and that there is an ongoing process that enables proper consideration of new evidence as it emerges.

Conclusion

We know that giving childcare providers the option of excluding unvaccinated children from care may be confronting and contentious for some. Of course children have an internationally recognised right to education. Children also (under article 22 of the Conventions of the Rights of the Child) have the right to good quality health care. However, where a child suffers a vaccine preventable disease, their education may be compromised at least in the short term. We argue that these two international rights are not mutually exclusive and work together to promote the best possible future for all children.

Therefore although we recognise that nurses, healthcare workers, parents/ carers and the broader community have the right to make personal choices about immunisation, we recommend these parties make this decision with factual, scientifically-credible information. We note that where parents/carers decide not to immunise their children,

they may place others at risk through declining percentages of a vaccinated community/population. For these reasons we support initiatives that will protect the public from any outbreak of a vaccine preventable disease.

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Vaccination and Immunisation for Nurses and Midwives

It is estimated that two to three million deaths due to communicable diseases are averted each year through world-wide vaccination programs¹. Immunisation of millions of individuals occurs on a global scale. In cities and towns, rural, remote and isolated communities, UNICEF and the World Health Organisation oversee a program of enormous proportions. Australian nurses and midwives are part of this global effort.

It is the policy of the Australian Nursing and Midwifery Federation that:

1. ANMF supports the aim of the World Health Organisation's Global Immunization Vision and Strategy 2006-2015² and the Immunise Australia Program³. Immunise Australia aims to increase national immunisation rates for preventable diseases.
2. Immunisation is a safe and practical means of protecting people from many diseases
3. Immunisation is a major, ongoing public health program for preventing disease and for preventing the spread of disease throughout the population and within specific communities.
4. Immunisation is safe, inexpensive to the individual and broadly available
5. Immunisation serves three specific purposes in relation to nurses and midwives
 - a) Nurses and midwives who are vaccinated are part of the general population and contribute to 'herd immunity'
 - b) Nurses and midwives who are vaccinated assist in preventing the spread of disease in health care settings
 - c) Vaccination provides a level of protection in relation to the health of nurses and midwives who are exposed to diseases in health care settings, and therefore contributes to prevention of work-related disease.
6. All nurses and midwives are strongly encouraged to have routine vaccination to the fullest extent unless contraindicated.
7. Nurses and midwives have a professional responsibility to
 - a) generally promote the benefits of immunisation
 - b) reference and promote authoritative sources of immunisation information
 - c) be informed of myths and realities around immunisation to assist in answering questions professionally⁴
 - d) advocate for population groups and members of communities to ensure affordable, local access to immunisation programs
 - e) lead by example and maintain their own immunisation status through routine vaccination and boosters
 - f) behave in a professional manner and understand their innate authority when discussing issues around immunisation and vaccination with the general public
8. Nurses and midwives are encouraged to meet workplace immunisation requirements unless contraindicated.



9. Nurses and midwives are strongly discouraged from relying only on the immunised status of others. Nurses and midwives should not rely solely on 'herd immunity' to protect them or their family from disease.
10. Nurse and midwives need to be aware that they may experience restrictions on where they can work, for their own protection, if they are not immunised.
11. While understanding nurses and midwives have professional responsibilities, it is important that the individual choices of nurses and midwives who choose not to be immunised are respected.

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References

- ¹ UNICEF (United Nations Children's Fund) http://www.unicef.org/immunization/index_bigpicture.html
- ² World Health Organisation, *Global Immunization Vision and Strategy 2006-2015* WHO Department of Immunization, Vaccines and Biologicals and UNICEF Programme Division, Health Section. www.who.int/vaccines-documents/www.unicef.org
- ³ <http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/about-the-program>
- ⁴ Department of Health and Ageing *Myths and Realities. Responding to arguments against vaccination. A Guide for providers* 5th ed. DoHA, 2013. <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/uci-myths-guideprov>