

Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015

As a Queensland citizen, I congratulate the current Health Committee for being committed to the health of our children. However, the concern with the current legislation is that, it is addressing a crisis we do not have and will impact negatively on individual rights, whilst failing to have an impact on the prevention of disease outbreaks in our community.

Vaccination rates are dangerously low, right?

Countries around the world are experiencing outbreaks of diseases like measles and whooping cough in what are considered highly vaccinated populations. And we are all having the same conversations about mandatory vaccination measures and conscientious objections.

Firstly, let's consider the vaccination rate for 2 year olds in Australia from 1999 to 2013. It is as follows: 1999 - 73%, 2003 - 89%, 2013 - 92% (source: Medicare Australia/Dept of Health).

We are vaccinating children at a rate higher than ever before. But why we are having outbreaks at these record vaccination levels? Is it logical to think that this is coming as a result of a small percentage of parents choosing to modify, delay or decline vaccinations on the current schedule?

Unvaccinated or partially vaccinated children under 5 years of age make up only 0.56% of the Australian population. But in addressing disease outbreaks, the focus has been on this small segment of the population

As time passes a vaccine's protection wears off. Vaccination protection lasts 2 to 10 years. Therefore most of the population has been 'unvaccinated' for many of these diseases for the last 40 years (unless they have previously been exposed to the circulating virus).

We do not have anywhere near 95% of the population vaccinated for anything. The only 'herd immunity' we currently have is in the over 45 age group, which has been exposed to circulating measles viruses.

Current outbreaks of whooping cough have been recorded in both the vaccinated and unvaccinated people. Whooping cough is also spread by vaccinated individuals. Please see the recent media statement from the US Food and Drug Administration (FDA) on how the whooping cough vaccine does not stop transmission.

http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm376937.htm#.VSHvmQkv_CQ.facebook

How is excluding healthy unvaccinated or partially vaccinated children from childcare going to address these issues?

Is this legislation going to be effective?

To consider this, we can take the examples of NSW and Queensland in 2013. In a response to the 'no jab, no play' campaign run by the Murdoch media, legislation was introduced into NSW excluding unvaccinated children, while the Queensland government chose to pursue an education approach.

The result?

Queensland experienced an overall increase while NSW experienced an overall decrease. Education campaigns have been proven to be more effective than coercive legislation.

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This has also been the result from mandatory methods employed in the US. Mandatory methods have led to a growing trend in homeschooling, not an uptake of vaccination. Coercion usually results in a negative outcome, not the original intention.

So is force the best method to address this complex issue?

Our constitution protects the Australian people from forced medication from any Government. Our forefathers recognised this as an important fundamental right. All medical procedures, which include vaccinations, come with both risks and benefits. Vaccination is a medical intervention which is not suitable for all people nor can suitability or vulnerability be predicted.

When it cannot be predicted who will be harmed by a vaccine and cannot be guaranteed that those who have been vaccinated won't get infected or transmit infection, the ethical principle of informed consent becomes a civil, human and parental right that must be safeguarded in law.

The current vaccination schedule includes a number of different diseases and a number of different vaccines for parents to consider. The current schedule is a one size fits all approach to vaccination that may not be appropriate for all individuals.

At present it is a parent's legal right to decline, postpone/delay or randomly select childhood vaccinations according to their child's individual needs and health. As a parent I want to retain our parental right to choose.

The current legislation will put pressure on parents to accept a risk that may not outweigh the benefits for an individual child. All medical procedures should be done with informed consent and there should be no coercion involved with informed consent. Parents facing financial difficulties due to childcare are being coerced.

This also highlights where does the liability lie should something goes wrong? Especially when an individual has not provided fully informed consent due to financial pressure.

A question all parents face is does the benefit of a vaccination always outweigh the risks?

The vaccination debate in the public arena has been portrayed as extremes with those vaccinating on one side and those not vaccinating on the other side. This does not reflect the fact that the vaccination schedule includes a number of different diseases and a number of different vaccines for parents to consider.

The current schedule is a one size fits all approach to vaccination that may not be appropriate for all individuals.

Vaccination damage is a reality. The vaccine damage to Saba Button from the flu vaccination in 2010 highlights the fact that vaccines do not come without risk. Prior to Saba's reaction, other reports of adverse reactions were reported but no action taken. Worldwide there has been billions of dollars paid in compensation for vaccine damage. Currently Japan has suspended the HPV vaccine due to the high numbers of reported adverse reactions.

Of course parents need to balance this with the risk of disease. These differ for different individuals and different ages. Most healthy individuals recover from the flu with no adverse effects. Tetanus is a very serious disease. However, most cases of tetanus occur in older Australians. Is a tetanus vaccine really necessary for my 2 month old baby?

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Fully breastfed babies rarely suffer serious effects from diarrhoea illnesses, such as rota virus. And prior to vaccination, most children have recovered from at least one bout of this virus by the age of four.

Unlike other countries, Australia does not have a vaccine compensation scheme in place for vaccine damage. The full effect of any decision will be borne by the parents.

In light of the above, should any parent chose a customised approach to vaccination, they may be penalised under this bill as it currently stands.

'We were all vaccinated, and we are ok?'

Being 'vaccinated' is not a static state. If you were vaccinated in the 1950's and 60's you may have had vaccinations for Diphtheria, Whooping Cough, Tetanus and Polio. If you were vaccinated in the 1970's you may have added the Rubella vaccine at 12 years of age, if you were female.

The current vaccination schedule starts at birth with the Hepatitis B vaccine and an additional 25 does of vaccines for 13 different diseases including rota virus (*Gastroenteritis/diarrhoea*). Our babies will be more vaccinated than any individuals have ever been in any time in history. We do not have decades on information of the results of this. This is new.

Vaccines and our knowledge about them is a fluid state and our knowledge changes over time. In developed nations we have moved from the use of the whole cell polio vaccine to the inactivated polio vaccine due to the possibility of circulating vaccine-associated paralytic polio.

The current legislation uses 'the schedule' as what must be adhered to, to be considered 'compliant'. This has changed significantly over time and will continue to do so. This is not just requesting one or two vaccines for diseases which are more easily transmitted, like measles.

Should we have such open ended legislation?

Will parents be coerced into forced medication?

The bill as it currently stands, defines 'unvaccinated' as any child who does not have all the vaccines (and future) vaccines on the immunisation schedule at the time advised.

This legislation has the potential to penalise parents and children for exercising their democratic freedom to choose the most appropriate medical options for their individual needs.

As public policy makers, I hope your review of this legislation will lead the way to making sure that parents and children are able to exercise their right to medical freedom without prejudice.

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