



# ***Public Health (Exclusion of Unvaccinated Children from Child Care) Bill 2013***

Submission to the  
Health and Community Services Committee

July, 2013

Queensland Nurses' Union  
106 Victoria St, West End Q 4101  
GPO Box 1289, Brisbane Q 4001  
P (07) 3840 1444  
F (07) 3844 9387  
E [qnu@qnu.org.au](mailto:qnu@qnu.org.au)  
[www.qnu.org.au](http://www.qnu.org.au)

The QNU thanks the Health and Community Services Committee (the committee) for providing this opportunity to comment on the *Public Health (Exclusion of Unvaccinated Children from Child Care) Bill 2013* (the bill).

Nurses and midwives<sup>1</sup> 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 50,000 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 in Queensland are members of the QNU.

As a trade union, we represent the industrial and professional interests of our members. The QNU recognises the importance of immunisation as a public health initiative that saves lives. Immunisation not only protects individuals, but also others in the community by reducing the spread of disease. For these reasons, the QNU gives support to the bill as it now stands.

## **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 20<sup>th</sup> 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) (2013) maintains that it is important to sustain high immunisation rates. 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,

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<sup>1</sup> Throughout this submission the terms 'nurse' and 'nursing' are taken to include 'midwife' and 'midwifery' and refer to all levels of nursing and midwifery including Registered Nurses and Midwives, Enrolled Nurses and Assistants in Nursing.

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, 2013) indicates that although the majority of children in Australia are immunised there are still many areas in Australia where immunisation rates are below 90%.<sup>2</sup>

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). 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 express a strong 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). Furthermore the vaccine is extremely effective, providing immunity in 97% of young children following a single dose (Immunisation Action Coalition, 2010). In addition 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 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 and by extension a distrust of conventional preventative medicine (Offit, 2011; Salmon et al., 2005).

In a recent 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

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<sup>2</sup> The level of 90% of children fully immunised does not relate to any benchmarks and was used in the report for indicative purposes only.

also cited concern about overloading or weakening their children's immune system, they had 'heard' 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.

## **Vaccination of Persons at Occupational Risk -The Nursing Workforce**

Nurses work to promote good health, prevent illness, and provide care for the ill, disabled and dying. Most nurses work in an area of clinical practice such as medical and surgical, aged care, critical care, perioperative, midwifery, emergency, general practice, community health, mental health, family and child health, rehabilitation and disability, rural and remote health and occupational health and safety.

Because they come into contact with such a broad spectrum of the population, nurses are at an increased risk of contacting vaccine-preventable diseases. The QNU contends that employers should have in place a comprehensive program that includes a vaccination policy, current staff vaccination records, provision of information about vaccine-preventable diseases and the management of vaccine refusal. Employers should take all reasonable steps to encourage non-immune workers to be vaccinated, however employers must also accept a nurse's personal choice not to participate.

Vaccination effectively leads to 'elimination' of a hazard under the hierarchy of control. This is the most effective mechanism in reducing workplace illness from a communicable disease through contact in the workplace.

The QNU also recognises that individuals have the right to make personal choices about immunisation. Once a nurse has adequate information to enable an informed decision and still refuses vaccination, it is their right to do so even though this action may place the nurse at increased risk. In this circumstance the employer may utilise reasonable adjustment mechanisms to manage the role of that nurse.

We accept this same principle for those parents who do not immunise their children, but also note that in doing so they may place others at risk.

The QNU would be pleased to expand on this submission at the public hearing in August.

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