



Submission to

The Legal Affairs and Community Safety Committee

Health and Other Legislation Amendment Bill 2016

July, 2016

Introduction

The Queensland Nurses' Union (QNU) thanks the Legal Affairs and Community Safety Committee (the Committee) for the opportunity to make a submission to the inquiry into the *Health and Other Legislation Amendment Bill 2016* (the Bill).

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including registered nurses (RN), registered midwives, enrolled nurses (EN) and assistants in nursing (AIN) 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 in Queensland are members of the QNU.

Our submission only addresses part 4 of the Bill - proposed amendments to the *Public Health Act 2005* - to enable schools to share student information with school immunisation and oral health service providers.

Recommendation

The QNU recommends the parliament passes the amendments outlined in Part 4 of the Bill – Amendment of *Public Health Act 2005*.

Part 4 – Amendment of Public Health Act 2005 (the Act)

Part 4 of the Bill proposes changes to the Act to improve the uptake of the School Immunisation Program and School Dental Program by authorising school principals and their delegates to disclose student information to an immunisation or oral health service provider. The school principal will be able to follow up with parents of students who have not returned their consent form, reconcile returned consent forms against eligible students and make decisions on future strategies to improve consent form return rates for Indigenous children, and children from culturally and linguistically diverse backgrounds.

We note s 213AD (3) of the Bill enables the school principal to refuse to disclose any information about the student if the school principal considers the disclosure is not in the best interests of the student.

Under s 213AD (4) if the school principal refuses to disclose information about one or more students, the school principal must give the school health program provider notice stating how many students have had information withheld for the school health program.

Parents/carers 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).

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/carers 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 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/carers 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.

The QNU supports school immunisation and dental health programs. We also recognise that parental/carer reminders for whatever reason may fail to provide the necessary documentation authorising vaccination or oral health treatment. Parents/carers who choose not to include their children in these programs should be made aware that although it their right not to participate, there are potential risks to them and the community when vaccination does not occur.

For these reasons we give support to the proposed changes in part 4 of the Bill.

References

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