




Speech By
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MEMBER FOR MULGRAVE

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PUBLIC HEALTH (EXCLUSION OF UNVACCINATED CHILDREN FROM CHILD CARE) AMENDMENT BILL

 **Mr PITT** (Mulgrave—ALP) (8.09 pm): I rise tonight to make a brief contribution to this debate in support of the Public Health (Exclusion of Unvaccinated Children from Child Care) Amendment Bill 2013. The objective of this bill is to empower parents and child-care directors to protect children in their care from vaccine-preventable diseases. The Public Health (Exclusion of Unvaccinated Children from Child Care) Amendment Bill 2013 gives the person in charge of an education and care service or child-care service the option to refuse to allow children who are not age-appropriately immunised to enrol in the child-care facility or to participate in particular activities or services provided by the facility.

Many child-care centres already obtain details of a child's immunisation status prior to enrolment. However, currently in Queensland child-care centres do not have the power to refuse enrolment on the basis of immunisation status. The care of children at home and in the community is a process of negotiation about levels of risk and the maintenance of a safe environment. Better informed child-care staff, management boards and parents will make better decisions about the health and wellbeing of children in their care. As a proud and engaged father of three wonderful kids, I know this for a fact.

This bill was considered by the Health and Community Services Committee and a public hearing and public briefing were held in order to gauge community responses to the bill. A number of people made written submissions and also gave verbal evidence to the hearings and the differing views on the bill were thoroughly ventilated and explored. The shadow minister for health has taken many of the concerns into account and has circulated amendments that, sadly, appear to have not been read by some of those opposite, but they may well provide parents who have a conscientious belief that their child should not receive a vaccination to still be able to enrol their child. However, there is a requirement for them to consult an authorised practitioner and to have a certificate stating that the practitioner has explained to the parent the benefits and risks associated with vaccination for vaccine-preventable conditions and has informed the parent of the potential. That is only right. Parents who wish to enrol their child in a child-care service without being vaccinated should at least be informed of the consequences for their child and other children in the service.

There is also capacity for a doctor to give a certificate stating that the child should have an exemption for the vaccination because of a medical contra-indication to vaccination. The amendments also recognise that parents may for a variety of reasons—and this could include illness of the child or a number of other reasons—not be quite up to date with the vaccinations for vaccine-preventable conditions that are appropriate to the child's age under the *Australian immunisation handbook*. Parents will be able to furnish the person in charge of the centre with a certificate given by an authorised practitioner stating that the child is following an approved vaccination catch-up schedule.

When it comes to childhood vaccination, I think this is a little bit like what happens in the United States where you make sure that you get voters out to vote. It is the same with kindy programs. I think

plenty of parents are sometimes not aware or are unable to get the information they need to follow a vaccination program or to enrol their child in a kindergarten program. Sadly, I think there is a very small minority of people who are conscientious objectors to vaccination—and that is their choice as a parent. But in this case, I think this is about ensuring that we have the largest number of children possible vaccinated. That is why I think this bill has so much merit.

Childhood vaccination is of considerable importance in my electorate. Some of the communities in my electorate have low rates of childhood vaccination compared to that of other parts of the state and this can sometimes particularly be the case in remote Indigenous communities. That is why I want to speak briefly about the importance of vaccination for Indigenous children. As members will be aware, the health status of Indigenous Australians and their access to healthcare services is not the same as it is for other Australians. I can speak from firsthand experience. My wife is an Aboriginal Australian. My children are Indigenous. Although we provide them with the best care possible, there will be some things that they will be susceptible to that they may not otherwise have been. The gap—a health gap that we must be committed to closing—includes higher rates of infant and child mortality for Indigenous children. A significant contribution to this lower health status is lower cover with vaccination programs to provide immunity to preventable diseases including diphtheria, haemophilus influenza type B, measles, meningococcal infection, mumps, whooping cough, poliomyelitis, rubella and tetanus.

Today in Canberra the Prime Minister delivered this year's *Closing the gap* report. The report covers areas such as life expectancy, education and unemployment and aims to breach the divide between Indigenous and non-Indigenous Australians by 2030. I encourage all members of this House to read and reflect on this report. The Prime Minister stated that the targets to halve the gap in child mortality within a decade and to have 95 per cent of remote children enrolled in preschool are on track. Much of the hard work to achieve those results has been done by the Indigenous controlled health sector, such as the Gurriny Yealamucka Health Service at Yarrabah, which is led by CEO Sue Andrews. I am sure that the Minister for Health would acknowledge that Gurriny is one of the leaders in community controlled health. Other services such as Mamu Health in Far North Queensland are also doing wonderful work. I certainly look forward to seeing Gurriny health transitioning to full community control, hopefully by mid-2014. There is much that other healthcare services could learn from how these Indigenous managed health services meet local community needs. I also want to commend Selwyn Button and all at QAIHC for the work that they are doing.

This bill is a further example of the priority that Labor gives to public health services that protect communities and promote good health. Although efficient hospital wards and emergency departments are important components of a well-managed health system, ignoring the basics of child vaccination, free sexual health services and effective health promotion programs will always mean that our hospitals will be overrun with preventable and expensive admissions. I am disappointed that yet again we have had a bill that may not be passed because it was not introduced by the government. I would like to see a time where any government of the day uses the committee system to add value to a bill and put forward sensible amendments that would see an important initiative like this one pass and in operation sooner rather than later. I commend the bill to the House.