




Speech By
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MEMBER FOR THURINGOWA

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**PUBLIC HEALTH (CHILD CARE VACCINATION) AND OTHER LEGISLATION
AMENDMENT BILL**

 **Mr HARPER** (Thuringowa—ALP) (3.01 pm): It is good to get up and continue the good discussion on the childcare vaccination bill. I think we need to look at a bit of the history of childhood vaccinations in Australia to understand this a little better. Since the introduction of childhood vaccination for diphtheria in 1932 and the widespread use of vaccines to prevent tetanus, pertussis, which is more commonly known as whooping cough, and poliomyelitis in the 1950s, deaths in Australia from vaccine preventable diseases have declined by more than 99 per cent. It is important, however, that the downward trend in morbidity and mortality from these vaccine preventable diseases is maintained and carefully monitored and that changes are interpreted in relation to the vaccine coverage.

I congratulate the minister for bringing this bill into the parliament. The primary objective of the bill is to increase childcare vaccination rates and to also give the person in charge of an approved education and childcare service the option to refuse, cancel or place a condition on enrolment or attendance of a child who is not vaccinated or not up to date with their scheduled immunisations. The committee received 45 submissions on this bill and they were published on the committee's web page. A public hearing was held and there was good consultation all around.

The World Health Organisation describes vaccination as 'the process by which a person is made immune or resistant to an infectious disease'. For the benefit of fellow members of the House, I will quote from Queensland's Chief Health Officer, Dr Jeannette Young, because I believe she best summed up immunisation with her comments. She said—

Immunisation has long been regarded as one of the most successful public health interventions introduced in Australia, enabling community health to be maintained and protected by reducing and eradicating vaccine preventable diseases.

Nobody wants to see an unwell and sick child spreading an otherwise preventable disease to other children in childcare centres. History demonstrates what can occur to populations with the spread of disease, such as rubella and other well-documented plagues—they have wiped out millions of people around the world. Vaccination is a key health priority in the modern age and rightfully remains a key priority for the Queensland government. It is generally recognised as a simple, safe and effective way of protecting people by reducing the incidence of vaccine preventable disease.

The Minister for Health and Minister for Ambulance Services said it right during his introductory speech when he said that Queenslanders support childhood vaccination with the evidence showing that vaccination rates are at 92 per cent. However, the fact that we have 15,000 children who are unvaccinated means we still have some work to do to increase the target rate to 95 per cent. There are of course some people who cannot, for medical reasons, receive vaccinations, such as newborns, pregnant women or immunocompromised individuals. However, with herd immunity—that is, the greater population being vaccinated—this cohort of people still receives some protection because the spread

of contagious diseases, such as influenza, measles, mumps, rotavirus and pneumococcal disease, is relatively contained within the broader population.

I believe more can be done to protect our children—through education of parents and communities that childhood vaccination is vital in preventing serious illness in children. This is particularly so in rural and remote communities, where data shows that the percentage of fully immunised Aboriginal and Torres Strait Islander children is lower than in the general child population. That is something I saw in my years as a flight paramedic, having retrieved serious ill children from remote communities in the north. Sometimes the outcome of these cases is tragic, with the child succumbing to an illness that could otherwise have been prevented. Many infants and children from rural and remote communities suffer as a result, so I congratulate the Minister for Health on his commitment in introducing this bill and, in particular, on closing the gap on Indigenous health with his record announcement of \$200 million of funding over the next four years which was delivered in this year's state budget. I would, therefore, recommend that part of that funding goes towards educating and providing more services around education in child vaccination services in these particular areas of North Queensland to further close the gap on Indigenous health.

I would like to speak about those who oppose vaccination, and I respect that everyone has a right to have their views heard. However, as I have said, given my experience in paramedicine over the last 25 years, I have relied on evidence based research, as have many in the Queensland Ambulance Service. For example, the Australian immunisation handbook 10th edition demonstrates a number of diseases, effects of same and side effects of vaccine.

I wish to share with the House the example of meningococcal infection, which causes septicaemia and meningitis. One in 10 patients die. This is a terrible disease which we have seen take young lives. Those who survive can have long-term permanent problems, such as loss of limbs or brain damage. By contrast, when given the vaccine to prevent meningococcal infection, one in 10 have some local swelling, redness or pain at the injection site, fever or irritability. Serious side effects are very rare.

I think on a risk benefit analysis, it is clear to me that we need to ensure that our children are vaccinated—like mine are. We want to protect our children with vaccinations. I just want to add a bit on the meningococcal vaccine. It is currently available. It is not funded by the Commonwealth so I hope that the federal health minister, Sussan Ley, takes note of the good work that we are doing here in Queensland on improving the vaccination rates. We are certainly doing our bit to improve those rates. The federal government can certainly do their bit by providing funding for that particular vaccine for meningococcal. I implore the Commonwealth to do that. Again, I have retrieved sick babies and have seen babies and young children with meningococcal disease or septicaemia and it is horrible.

The Queensland Ambulance Service carries a specific antibiotic called ceftriaxone to combat the disease. When it reproduces inside a child it is quite devastating. That is probably one drug I wish that the Queensland Ambulance Service did not have to carry. Let's get some further funding from the federal government for meningococcal. It is \$130 a shot and it is needed, particularly in those rural and remote communities.

I would like to acknowledge the good work done by all members on the Health and Ambulance Services Committee on this bill, our chair, the secretariat and all those who participated in the public hearings on the important issue of vaccination. I commend the bill to the House.