




Speech By  
**Hon. Cameron Dick**

**MEMBER FOR WOODRIDGE**

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Record of Proceedings, 29 October 2015

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

 **Hon. CR DICK** (Woodridge—ALP) (Minister for Health and Minister for Ambulance Services) (5.24 pm), in reply: I thank all members who have contributed to this debate and have taken the opportunity to put their support for vaccination on the parliamentary and public record. I think we are privileged to have so many members in this House who have professional medical and clinical experience, whether as nurses, paramedics or doctors, and I thank them for sharing their professional expertise. But I also thank members for sharing their personal experience with preventable illness. This bill is about ensuring that preventable illness can be eliminated, as far as possible, from our community. On that point I want to share one fact about vaccination in the control of disease. Since the introduction of vaccination for children in Australia in 1932, death from vaccine preventable conditions has fallen by 99 per cent despite a threefold increase in the Australian population. If people do not think vaccinations work, they should remember that figure.

As I said earlier in the debate, immunisation is one of the most successful public health interventions introduced in Australia. I thank the shadow minister and those members opposite for their support for this legislative measure. We often are very willing in our debates in this House to hold to our positions very passionately—that is why we are here—but very often we have debates like this where people very thoughtfully put their views on the record and we have a consensus around important measures for public health and other measures for our Queensland community that we know on a bipartisan basis are in the best interests of our state. I thank all members, including the opposition, for their support.

It is essential that the 95 per cent immunisation coverage target is met if we are to prevent the transmission of highly contagious diseases such as measles. As the member for Greenslopes reminded us, achieving herd immunity will protect the most vulnerable in our community—that is, young children who are not fully immunised and those who cannot be vaccinated. Queensland's rates of immunisation are high, but could be higher. I think we can do more. In August this year I announced the Immunise to 95 initiative, which aims to achieve 95 per cent immunisation coverage for Queensland children aged five years and under. The project, which commenced on 1 October 2015, focuses on children who are overdue for immunisation. If a child is overdue for immunisation 13HEALTH will endeavour to contact the parents to encourage them to see their healthcare provider and have their immunisation status brought up to date. I say that to respond to some of the issues raised during the debate around what are the other actions of the government. The Immunise to 95 initiative will help close the immunisation gap for Indigenous children. This is particularly important, as demonstrated by the member for Thuringowa whose insight as a former flight paramedic highlighted the potentially tragic consequences for children in rural and remote communities not immunised against vaccine preventable diseases.

I would like to briefly address a couple of matters raised earlier. A point of clarification first. A number of speakers have indicated that 15,000 children are unvaccinated while others have referred to

35,000. To clarify, the figure of 15,000 relates to three age cohorts: one, two- and five-year-old children. However, when one looks at the population of children five years old and younger, it is estimated that up to 35,000 children are not fully immunised.

The member for Caloundra asked why the immunisation strategy is not currently on the department's website. The strategy is being updated to reflect various changes, including these legislative changes and the Immunise to 95 initiative. That will be put up on the website when the parliamentary process is completed around this legislation. The member for Caloundra also raised concerns regarding red-tape impacts on early childhood education and care services. A childcare centre need only check an immunisation history statement obtained by the parents from the existing national register to determine whether the child's immunisation status is up to date. No further assessment is required. The Department of Health and the Department of Education and Training are working closely with early childhood education and care peak provider bodies to ensure smooth implementation. This will include the development of resources for services, parents and health providers.

I note that the member for Currumbin asked that I give consideration to allowing parents concerned about the alleged link between autism and childhood vaccines the option to separate vaccination doses. We need to be careful about giving any credence to the connection that some in the community put forward between autism and vaccination. Research indicates that there is no difference in the rates of autism between vaccinated and unvaccinated children. From a public health perspective, it is essential that we follow the national immunisation schedule. I think we need to act on the advice of experts.

I note that US presidential candidate Donald Trump has suggested the same thing. I do have concerns about aligning anything with Donald Trump.

**Mr Minnikin** interjected.

**Mr DICK:** I take the interjection from the member for Chatsworth. I will not comment on Donald's hair because of the interjection from the member for Chatsworth.

I do think we need to be careful about giving any credence to that because that has caused great concern in our community—unrealistic and improper concern in our community. I am not saying the member for Currumbin is doing that at all. I do think we need to be careful about anything that gives any sort of substance to those in the community who put not only children but also families, communities and all of us at risk because of the argument that people should not be immunised.

The member for Moggill raised the issue of antimicrobial resistance. This is outside the scope of the bill. However, I would encourage the member for Moggill to write to me about those issues. I thank him for his support of the bill and the medicinal cannabis trial at the Lady Cilento Children's Hospital.

I thank the other members of the House for their contributions. I thank the member for Nudgee for her contribution and her work on the committee's inquiry into the bill, along with other government members including the members for Greenslopes and Thuringowa. I thank the member for Nudgee for reminding members that the bill has the flexibility to accommodate vulnerable children whose immunisation status may be unknown or not up to date. It is not the intention of the legislation to disadvantage vulnerable children.

The member for Lockyer asked whether the legislation should apply to school-age children. In my view, there is no need to do that at this time. The national immunisation program is designed to ensure that most children are fully immunised by the time they reach school age. That is the five-year immunisation point I was talking about earlier. Where children who have not been immunised attend school they will benefit from the herd immunity of their peers and are eligible to have their immunisations brought up to date.

The member for Buderim asked whether these laws are enough. It is important to recognise that this legislation is intended to be discretionary. It is a start. I have said previously that the department will do a review in two years time. If there are any perverse outcomes or any outcomes that are inappropriate we will look to strengthen the laws should we have the great privilege of forming government at that time or in the future.

It is also worth mentioning the amendments to the Health Ombudsman Act. These changes will address a drafting anomaly ensuring that the Health Ombudsman has appropriate powers to conduct important investigations into serious healthcare complaints.

In summary, there is much that we disagree about in this House, but I am greatly encouraged that on this important issue we agree on the need to give Queensland children the best start in life. All children have the right to access quality education and care. The bill delivers on the Palaszczuk government's election commitment to empower early childhood education and care services to decide whether to enrol children based on their immunisation status. It provides flexibility for services to make

decisions in the best interests of children and their families and to consider individual circumstances so that no child is unduly disadvantaged. It strikes the right balance between continued access to quality education and care and sound public health policy.

I again thank the Health and Ambulance Services Committee for its work on this legislation. There is an enormous amount of work that goes into the preparation of legislation. I wish to acknowledge a number of officers of the Department of Health who have assisted with this. I acknowledge the Queensland Health staff who worked to prepare this important legislation, in particular Dr Jeannette Young for her comprehensive presentation to the Health and Ambulance Services Committee and for her leadership. I acknowledge Sonya Bennett, Scott Brown, Gary Boddy from the immunisation program team and David Harmer, Mark Zgrajewski, Kirsten Law, Megan Cole, Paula Cotter from the Legislative Policy Unit in Queensland Health. I thank Lisa McCoy and Ben Gordon from the Department of Education and Training for their significant contribution. I also thank Barnaby Kerdel and Stephanie Challen for their contribution to this important health measure. I commend the bill to the House.