




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

 **Dr ROWAN** (Moggill—LNP) (3.30 pm): I rise to address the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015. Preventing the spread of potentially life-threatening infectious diseases via vaccination programs is an important public health measure which has delivered significant benefits for many communities not only in Queensland but also around the world. Reducing and eradicating the spread of vaccine preventable infectious diseases must remain a top priority of current and successive governments. There is clear and irrefutable data in relation to vaccine efficacy and safety, with the Therapeutic Goods Administration continuing its evaluation and monitoring of and reporting on the safety of vaccines.

The Health and Ambulance Services Committee of the 55th Parliament received a number of submissions during its deliberations with respect to this legislation. Based on sound evidence, the Health and Ambulance Services Committee has recommended that the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015 be passed. As a doctor and former president of the Australian Medical Association Queensland and the Rural Doctors Association of Queensland, I believe that this is the right thing to do for Queensland. I make this statement based on my years of professional training and clinical experience.

Along with other strategies being implemented by the Australian government, this legislation will assist in ensuring our community has high rates of immunisation, ensuring greater community protections against communicable diseases. As a doctor I have seen firsthand the devastating individual, family and social consequences of infectious diseases such as whooping cough, measles and the life-threatening complications caused by rotavirus and *Neisseria meningitidis*, otherwise referred to as meningococcus.

I take this opportunity to highlight some other matters in relation to communicable and infectious diseases. Not only in Queensland but also across other jurisdictions and internationally, growing antimicrobial resistance to commonly utilised antibiotics and antifungal and antiviral agents not only threatens our way of life but also has the potential to seriously curtail technical medical procedures including organ transplantation, intensive care services and the provision of chemotherapy for various cancers and malignancies. The issue of antimicrobial resistance needs to be viewed as a multifactorial problem, not just general practitioners possibly overprescribing. The use of antibiotics within the agricultural sector along with hospital based strategies to ensure judicious usage and compliance with recommended guidelines also need to be considered.

The Australian government has recently published Australia's first National Antimicrobial Resistance Strategy 2015-2019. This is a well-thought-out strategy and is to be highly commended. From a Queensland government perspective, new approaches could include (1) a statewide summit of key stakeholders using a 'one health' approach so that the agricultural industry's perspective can be

heard alongside that of human healthcare providers; (2) support for a statewide antimicrobial stewardship program to provide assistance for smaller regional centres and their hospitals, given the significant work already progressed in larger tertiary metropolitan hospitals; (3) while statewide surveillance for antibiotic resistance already exists, integration of data from the community, particularly from pathology companies, does not occur but if this did happen Queensland would have a better overall picture; (4) support for innovative projects with the potential for commercialisation in rapid diagnostics and/or the development of new antibiotics; and (5) funding for fellowships within Queensland Health for clinical researchers involved in publishing about translational research in relation to antimicrobial resistance.

All jurisdictions including, Queensland, need to ensure a sufficiently large percentage of their populations have been vaccinated to achieve herd immunity. Vaccination is the most effective method of preventing the spread of infectious diseases. It should be remembered that widespread immunity due to vaccination is largely responsible for the worldwide eradication of smallpox.

There are a number of community groups that exist which question the validity, safety and scientific evidence with respect to the value of individual and community vaccination programs. I believe they are misguided at best. The antivaccination movement was given greater impetus following the publishing of the fraudulent paper of Andrew Wakefield in the *Lancet* in 1998. This fraudulent paper alleged that the measles-mumps-rubella, MMR, vaccine was linked to the onset of autism spectrum disorder. The article was widely criticised for its lack of scientific rigour and basis, with it further being discovered that fraudulent data was used in the preparation of the paper which was submitted for publication. The *Lancet* fully retracted the paper in 2010 and Andrew Wakefield was struck off the United Kingdom's medical register for the fraud he had perpetrated.

The World Health Organization coordinated the global eradication efforts in relation to smallpox. Whilst the World Health Organization year 2000 target for the eradication of polio was not reached, it is still incredibly close. Measles will be the next target. However, new and emerging infectious diseases remain problematic and are of concern. Infectious diseases such as dengue, Japanese encephalitis, melioidosis, bat associated viruses such as lyssavirus and Hendra virus, and other diseases such as SARS and avian influenza, Ebola and Middle East respiratory syndrome are all causing concern in our global community.

An ongoing understanding of disease emergent threats involves a range of research fields and disciplines including vector biology and ecology, host vector pathogen interactions and the prevalence and transmission of various pathogens. Research in these fields allows for knowledge to be developed to potentially keep track of diseases and develop comprehensive strategies to reduce their human impacts.

Since the introduction of vaccination for children in Australia in 1932, deaths as a result of vaccine preventable diseases have decreased by 99 per cent. This is despite population growth since that time in all jurisdictions across Australia. Vaccines are safe, given that rigorous clinical trials are undertaken prior to them being made available for clinical use. The Therapeutic Goods Administration maintains the Database of Adverse Event Notifications, which lists all adverse event reports made in Australia for all medicines including vaccines. The ability to deliver vaccine programs is one of the most important public health measures and is often rated as one of the foremost significant developments in modern medicine alongside sanitation, the development of antibiotics and the ability to deliver anaesthesia for surgical procedures.

I take this opportunity to thank the chair of the committee, Leanne Linard MP, the member for Nudgee; the deputy chair, Ros Bates MP, the member for Mudgeeraba; and my fellow committee members for their thorough work and commitment to this important area of health policy with respect to vaccinations. I also acknowledge the committee secretariat staff, Mr Brook Hastie, Ms Kathleen Dalladay, Ms Emily Booth and Ms Clare Keyes. The eventual passage of the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015 will allow for a comprehensive multidepartmental implementation plan to commence and continue, benefiting all residents in my electorate of Moggill and Queenslanders generally.

There are some matters which require bipartisan support. Vaccination is one of them and medicinal cannabis is another. I take this opportunity to acknowledge the announcement today of \$3 million in 2016 for a medicinal cannabis trial at the Lady Cilento Children's Hospital. I offer my support to this cross-jurisdictional trial for treatment resistant childhood epilepsy. I also offer my support for the proposed regulatory changes allowing Sativex to be used as an adjuvant treatment for the symptomatic relief of neuropathic pain and spasticity in multiple sclerosis patients. I commend the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015 to the House.