Speech By

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

Mr KELLY (Greenslopes—ALP) (3.20 pm): I wish to speak in support of this bill, and in the interests of public health I urge all members of the House to also support this bill. Like most of the issues we deal with in the Health and Ambulance Services Committee, there are extremely strongly held views about vaccination. As a health practitioner I must go where the evidence leads, and the case for vaccination is strong.

Professor Leask, a social researcher; Beth Mohle of the Queensland Nurses' Union; Dr Jeanette Young, Chief Health Officer and Deputy Director General, Prevention Division, Queensland Health; and Dr Richard Kidd of the Australian Medical Association, all agreed during our hearings that vaccination is effective and its benefits far outweigh the risks. According to Ms Mohle, other than clean water, vaccinations had the most significant impact on people's health during the 20th century. The inquiry into this bill is not, and never was, an inquiry into the effectiveness of vaccination; it is instead a debate about a proposed method to achieve herd immunity in our community. Health professionals accept that vaccination is effective, and this view is supported by the overwhelming majority of the community. I just want to take a moment to remind people about what we are dealing with here.

In our modern society we have forgotten what damage infectious diseases can do. During the inquiry I asked Queensland Health to compile a list of adverse outcomes related to vaccination and compare that to the effects of an infectious disease. I will not go through them all, but a few are instructive. Meningococcal infections will kill one in 10 patients and leave two in 10 with permanent long-term damage such as the loss of limbs or brain damage. I have nursed several patients who have lost all of their limbs as a result of this infection.

I note that there are several types of infections and complete immunisation is not available for all types of meningococcal, although I wish there were, and the number of types of meningococcal that can be immunised against is growing every year. Meningococcal is a devastating disease for the individual and their family; I will never forget those brave people who rebuilt their lives. But I am sure that, like me, they would not want this disease running wild in our community. We can, and we must, immunise against meningococcal C and continue to search for vaccinations against the other strands.

Compare the one-in-10 death rate to the adverse outcomes from meningococcal C vaccination. One in 10 people will experience localised swelling, redness and pain at the injection site. Serious adverse events are extremely rare—in the order of over one in a million—so this certainly does not compare with a 10 per cent death rate. I should say that those serious adverse events are anaphylactic events and they do not result in death. The numbers that result in death are extremely small compared to one in a million.

You can also ask any nurse, and they will tell you that at some point they have cared for someone with post-polio syndrome. Next year will mark 50 years since the introduction of the polio vaccine, and

we are still dealing with the aftermath of polio infections 50 years later. Post-polio syndrome has lifelong impacts on survivors and their families; however, the survivors are the lucky ones. Up to three out of 10 people who contracted polio died from it; a 30 per cent death rate. The adverse outcomes are similar to those from meningococcal vaccination; that is, they are extremely rare and incomparable to the damage done by an unrestrained infectious disease. You only have to look at the Ebola outbreak to see how devastating an infectious disease can be, with a death rate of 50 per cent.

All health interventions involve risks, and parents are constantly called upon to make decisions that involve risking their children's health. This is an extremely difficult thing to do. I often think about the risks involved in general anaesthesia. The rate of mortality for healthy individuals receiving general anaesthesia, according to the Australian College of Anaesthetists website, is about one in 100,000. That is still a high-risk procedure, yet the benefits of modern surgery still far outweigh the risks and parents regularly rely on general anaesthetics for their children's wellbeing.

We know that for vaccines to be effective we need to reach what is called herd immunity, which requires about 95 per cent of the population to be vaccinated. Current rates vary, but in Queensland the rate is currently sitting at about 92 per cent. This small number can make a big difference. Put simply, as the number of unvaccinated people decreases, the number of potential disease carriers increases and so does the number of people who are susceptible to infection. Anything below a herd immunity of 95 per cent means that we dramatically increase the chance of a disease carrier and a disease recipient encountering each other and spreading the disease.

This bill proposes to authorise childcare centres to exclude children who are not up to date with their immunisation schedules. This bill is broadly supported by childcare centre owners, managers and workers. It will respect those children who, for medical reasons, cannot be fully vaccinated. This represents a very small percentage of the population and those children are deemed to be up to date.

Professor Leask argued against taking what some might consider to be a punitive approach, advocating education programs as being more likely to increase vaccination rates. She noted that there is a certain proportion of the population who will never vaccinate their children due to strongly-held convictions. That number is estimated to be somewhere around two per cent. Professor Leask relied on her extensive and academically sound research to back her arguments. She and other witnesses raised concerns about the impacts of excluding children from childcare centres and listed a number of unintended consequences such as the clustering of non-vaccinated children into a single childcare centre.

It should be noted that this bill does not compel parents to vaccinate their children, but it does propose serious consequences for their decisions. Like all members of the committee, I deeply dwelled on Professor Leask's evidence, as she is a great supporter of vaccination with the aim of achieving herd immunity. In my view, there are already numerous initiatives aimed at increasing vaccination that rely on education, encouragement and the provision of free, easily-accessible vaccines. There remains another group of people who are not opposed to vaccination per se but who, for a range of reasons, do not get organised to vaccinate. I believe that this group will be motivated by this legislation to vaccinate their children. Queensland Health has committed to an administrative review two years after the commencement of this legislation. I join with the other committee members in strongly suggesting to the department that during the review they consider whether vaccination provisions, if passed, have resulted in any potential negative unintended consequences.

I would like to thank the committee, particularly those with a non-health background, for working through this legislation diligently. I also take this opportunity to thank the secretariat, particularly research director Brooke Hastie. Brooke is leaving his role in parliament this week, and I thank him for his service and wish him well in the future. I would also like to take this opportunity to acknowledge the chair of our committee, the member for Nudgee, and wish her a happy birthday today.

Honourable members: Hear, hear!

Mr KELLY: As I have said, this bill is not about the efficacy of vaccination. I can name numerous diseases that I would like there to be a vaccine for. The recently developed and implemented HPV vaccination will, and is, protecting many people from cancer. I know there is research being done around vaccines that may have the capacity to significantly curtail autoimmune diseases such as rheumatoid arthritis, lupus and multiple sclerosis, all devastating diseases which I hope we will find a vaccine for sooner rather than later. I doubt that, with a mortality rate of 50 per cent, there would be one person in western Africa who would refuse an Ebola vaccination, and I wish the researchers the best of luck in finding a vaccine for that dreadful disease.

Health professionals constantly have to make difficult decisions. We rely upon ethical frameworks that often require us to balance competing interests to make decisions that can and do have extreme impacts on the lives of people we seek to serve. Often these decisions are made in very short time

frames under extreme pressure. Like the other members of the committee who are involved in health professions, I have brought these skills and this thinking to the consideration of this bill. No healthcare professional takes this responsibility lightly and all of the members of this committee took their responsibility seriously. In the interests of public health, I commend this bill to the House.