Speech By

Leanne Linard

MEMBER FOR NUDGEE

Record of Proceedings, 29 October 2015

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

Ms LINARD (Nudgee—ALP) (3.38 pm): Thank you, Madam Deputy Speaker. I rise to speak in support of the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill. Media coverage earlier this year of infant deaths resulting from vaccine preventable conditions such as whooping cough has highlighted the need for government to continue to take action to protect the public from the health risks associated with vaccine preventable conditions.

The objective of the bill before the House is to promote immunisation to protect children as well as those who work with children from vaccine preventable conditions. Vaccination is an important public health strategy and a key health priority of this government. Immunisation has long been recognised 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.

The majority of people support immunisation and have their children vaccinated, which is validated by the high childhood immunisation rates in Queensland of approximately 92 per cent. Within my electorate of Nudgee, the immunisation rate is closer to 93 per cent. These rates are high and are the product of long-term and concerted public education campaigns at a local, state and federal level and are reflective of a broad acceptance in our community of the merit and importance of immunisation against preventable disease.

Commonwealth research indicates that, since the introduction of vaccination for children in Australia in 1932, death from vaccine preventable diseases has fallen by 99 per cent despite a threefold increase in the Australian population over that period. Beyond our borders, the World Health Organisation strongly supports immunisation as a proven means of controlling and eliminating life-threatening vaccine preventable infectious diseases and estimates that, globally, immunisation prevents between two and three million deaths each year.

Although childhood immunisation rates for Queensland are higher than Australian immunisation rates, they are still below the national and state target of 95 per cent required to achieve herd immunity for diseases such as measles. These statistics indicate that over 15,000 Queensland children aged under five are not fully immunised. For immunisation to provide the greatest benefit, a sufficient number of people need to be vaccinated to halt the spread of bacteria and viruses that cause disease. Herd immunity, while protecting those who are already immunised also protects those who are not, including the most vulnerable and at-risk groups, including children too young to be immunised and those who are unable to be vaccinated owing to a medical reason or who are immunosuppressed.

The bill before the House will amend the Public Health Act 2005 to give an approved education and care service the option to refuse, cancel or place a condition on the enrolment or attendance of a child who is not vaccinated or not up to date with their scheduled immunisations. Under the legislation, an approved education service act includes family day care services, stand-alone kindergarten services

and long day care services and outside school hours care services. It does not apply to nannies, babysitters and playgroups.

A child's immunisation status is said to be up to date if the child is age-appropriately immunised, the child is following an approved immunisation catch-up schedule or the child has not been vaccinated owing to medical contraindication. The amendments mean that, if on request a parent does not provide an immunisation history statement showing that their child's immunisation status is up to date, the person in charge of an approved education and care service will be empowered to make a decision to refuse to enrol a child at their service, conditionally accept enrolment and\or attendance of the child at their service, or cancel the enrolment or refuse attendance of the child at their service. The power provided to approved education and care services is discretionary. It does not prevent a service from allowing unvaccinated children to enrol or attend their service. It also allows for an agreement between the service provider and parent on a reasonable time frame to obtain an immunisation history statement or provide a catch-up schedule approved by a recognised provider if required.

The bill is not seeking to be punitive but instead to encourage immunisation rates sufficient to achieve the broadest protection possible for this vulnerable cohort and, further, to provide approved education and care services with the ability and discretion to respond to parents' wishes for their child to be enrolled in an environment supportive of immunisation and the public health benefits that herd immunity provides. As part of discussions in this regard, many parents and early childhood workers have raised their desire for such an environment with me, the government and fellow members of this House.

The bill seeks to encourage those who do not have a genuine medical reason for not vaccinating to do so. Clause 6 of the bill includes a protection from liability for a person in charge of a service from making the decision to refuse enrolment or attendance. Similarly, protection is also afforded where the person decides to accept enrolment or attendance regardless of immunisation status.

Approved education and care services are encouraged to take into consideration a child's circumstances when utilising their discretionary power under the Public Health Act. If the person in charge of an approved service reasonably believes that a child is a vulnerable child and enrolment or attendance would not be in the best interests of the child, they may choose to enrol or accept attendance if their immunisation status is not up to date or waive the requirement to provide an immunisation history statement. A vulnerable child may be one whose parents have limited literacy, where English is a second language, or is maybe the child of parents in rural and remote areas where distance has prevented children from being fully immunised. Closing the gap in the immunisation rates of Aboriginal and Torres Strait Islander children is also a continuing and important challenge.

The committee received 45 written submissions, many of which were not supportive of the proposed amendments. I appreciate that the issue of childhood vaccination elicits strong emotions on both sides of the debate and I thank those who made a submission on the bill to the committee and who appeared before the committee. Many of the submissions that were received were from those who conscientiously object on the basis of personal philosophical grounds or a medical belief that immunisation should not occur in full or in part. This is often referred to as conscientious objection and is estimated to represent just over two per cent of parents, with Queensland consistently having the highest rate of conscientious objection of all states and territories. Currently, almost 10,000 Queensland children are recorded as being not immunised or fully immunised owing to conscientious objection. Concerns raised by the Australian Vaccination-Skeptics Network included concerns about vaccine safety, the veracity of claims pertaining to herd immunity and a belief that vaccinations significantly contribute to the incidence of chronic disease and disability, particularly in the area of autoimmune disease.

Concern was also raised that the ability to refuse to enrol an unvaccinated child in the interests of public health is discriminatory. The bill's explanatory notes provide—

> The Anti-Discrimination Act 1991 prohibits discrimination on the basis of a number of attributes ... however immunisation status is not a recognised attribute. The Anti-Discrimination Act 1991 also provides a broad exemption for actions which are reasonably necessary to protect public health ... It is therefore considered the possible infringement on individual's rights and liberties presented by the Bill are outweighed by the public health benefits it will achieve.

Advice provided at the committee hearing by Associate Professor Julie Leask of Sydney University raised a number of potential unintended consequences of the legislation. A key concern in her submission was the potential to punish children for the decisions of their parents by restricting their access to educational opportunities afforded by child care. The committee noted in its report that the—

> ... Department of Health has committed to an administrative review two years after commencement to determine whether further amendments are required to enhance the effectiveness of the legislation.
>
> It was a strong suggestion of the committee that the department consider, as part of this review, whether the vaccination provisions have resulted in any potentially negative unintended consequences.

Importantly, supports will be put in place by the Department of Health to assist parents to access immunisation history statements through a range of options, including online and telephone services and through Medicare offices. A media campaign aimed at informing parents and childcare centres of the changes in the bill will also be rolled out by the Department of Health and a telephone service provided to answer questions that parents and childcare centres may have regarding the bill.

This bill promotes immunisation by sending a very clear message to parents that, unless a genuine medical reason exists, childcare centres have the discretion to exclude a child whose immunisation status is not up to date. The proposed changes accord with the Commonwealth policy from 1 January 2016 that families with children who are not immunised and who do not have an approved exemption will not be eligible to receive Commonwealth allowances.

As a mother of two children aged under five years of age, I understand at a personal level the concern and fear that parents can feel in regard to possible side effects of vaccination. As my first child approached the age for his first vaccination, the topic naturally came up with my GP at his normal check. My GP and paediatrician both took the time to discuss and outline the validity of immunisation and to provide me with some reputable empirical sources should I wish to do further reading, which I did.

According to the *Australian immunisation handbook*, about one in 15 children who contract measles develop pneumonia and one in 1,000 develop encephalitis—brain inflammation. The corresponding side effect of the vaccine is about one in 10 will have local swelling, redness or pain at the injection site or fever. About one in 20 develop a non-infectious rash. In regard to pertussis, or whopping cough, about one in 125 babies under the age of six months with whooping cough die from pneumonia or brain damage. About one in 10 will experience local swelling, redness or pain at the injection site or fever from the vaccine. After immunisation, children are far less likely to catch the disease if there are cases in the community and, if those children catch the disease, they are likely to exhibit only mild symptoms. For me, the benefit of protection against these diseases far outweighs the risks of immunisation.

I would like to turn now briefly to the amendments to the Health Ombudsman Act. The bill also contains an unrelated health legislation amendment to the Health Ombudsman Act to expressly empower an authorised person to require a person to attend and answer questions and produce documents in relation to investigations into serious healthcare complaints and offences under the act. Essentially, the amendment will clarify an existing power under the act, following a Supreme Court ruling in Moosawi v Massey that the existing power under the act was not sufficient. In that regard, without full powers the Health Ombudsman will be unable to effective undertake investigations into serious healthcare complaints. The amendments will apply retrospectively to validate notices already issued under the existing provisions to ensure that information obtained and decisions made since the act commenced in 2014 are not invalidated because of defects relating to the issuing of notices.

In closing, I would like to thank my fellow committee members, committee secretariat, Department of Health and all who made a submission to the inquiry for their contributions. I would also like to make special mention of Mr Brook Hastie, outgoing research director for the Health and Ambulance Services Committee, for his valued assistance to the committee and wish him well in the future as he leaves the Parliamentary Service to pursue a new job opportunity. Finally, I thank the minister for his focus on this important public health measure. The Health and Ambulance Services Committee were unanimous in our bipartisan support of this bill. I commend the bill to the House.