




Speech By
Mark Furner

MEMBER FOR FERNY GROVE

Record of Proceedings, 29 October 2015

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

 **Mr FURNER** (Ferry Grove—ALP) (4.33 pm): I also stand to commend the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015 to the chamber today. The bill delivers on the commitments of this government to better protect young and vulnerable Queenslanders from vaccine preventable conditions. It will amend the Public Health Act 2005 to clearly protect approved childcare centres if they decide to exclude children whose immunised status is not up to date. The bill will also amend the Health Ombudsman Act 2013 to ensure that the Health Ombudsman has the information-gathering powers necessary to perform their duties effectively.

Vaccination is a critically important public health strategy and is a key health priority of the government. We live in a lucky country. Some other countries around the world are not as fortunate as ours. We are a small world, and with many visitors and many migrants coming to our country it is important that we make sure, despite the fact we are an island nation, we protect our most vulnerable, our children.

I was privileged and very fortunate to travel to a number of countries in my previous career, and I might just touch on some of the experiences I had with immunisation and health in those countries for the benefit of the chamber this afternoon. I start, firstly, with Afghanistan. I travelled there in my capacity as chair of the defence committee when I was in the Senate. I recall travelling through Kabul and seeing young children walking to school through the dusty and dirty streets of the capital of Afghanistan and I wondered what their future would be as children in that country. For the benefit of the chamber, I note that Afghanistan has chronic disease rates, with 30 per cent of people dying as a result of chronic disease. There are changes happening in that country. The joint strike force of many nations has made fundamental changes, not only through health but through education and other circumstances, to make that a better country.

I was also very fortunate to travel to a number of African countries on a study leave journey. I went to Mozambique and Tanzania to study water sanitation. At that time, the Australian government was funding AusAID into those countries. You would know, Deputy Speaker Barton, that water sanitation is a major priority in many of those countries, as it is in this country as well. We need to ensure that water is appropriate and purified because water often causes many diseases in children and adults as they come into contact with it—whether it be through showering, drinking, washing their cooking implements or other contact. It was a real privilege to see the benefits that the then Australian government was achieving from the AusAID funding into Mozambique and Tanzania.

In terms of water sanitation, I also reflect on the many times I have been to Indigenous communities—and certainly the health minister would be aware of this—and have seen the effects on our Indigenous children when they have come into contact with water. It is extremely imperative that we as the government in Queensland act on this bill. It is great to see bipartisan support for this bill so

that it will pass through the House this afternoon and we can make sure our most prized possessions, our children, are protected in our communities.

Immunisation has long been recognised as one of the most successful public health interventions introduced into Australia, enabling community health to be maintained and protected by the reduction and eradication of preventable conditions. Queenslanders support immunisation. I reflect back on the time when my parents made sure when I was going to school that I was appropriately immunised for the variety of diseases that were around in those days. It is great to see that there has been eradication of many diseases in the time that children have been attending school in this state.

High childhood immunisation rates in Queensland of approximately 92 per cent are validation. That it is a very high and appropriate percentage for the children of our state. However, over 15,000 Queensland children aged under five are not fully immunised, which falls short of the 95 per cent target required to achieve herd immunity for diseases such as measles. Herd immunity prevents the transmission of highly contagious conditions such as measles and protects those who are not immunised such as babies who are too young to be immunised and people who are immunosuppressed. Labor has long recognised this is a problem we need to address. During the 54th Parliament when in opposition and in her capacity as shadow minister, the member for Bundamba, who was on her feet previously, introduced a private member's bill in similar terms to this bill. It would have empowered childcare centres to refuse enrolments from children who are not vaccinated. Sadly, the then government chose to vote it down and the private member's bill offered no alternative legislative change in this area. I am proud, as I am sure are all of us parliamentarians, to stand in this chamber as part of this government that is now prepared to make reforms that are aimed at improving immunisation rates in our community.

The bill makes a number of amendments to the Public Health Act 2005 to promote immunisation and protect children and their families and those who work with children against vaccine preventable conditions. The bill also authorises approved early childhood education and care services to exercise a discretion to refuse, cancel or place a condition on the enrolment or attendance of a child whose immunisation status is not up to date. Currently the Public Health Act 2005 protects a childcare centre from liability where the centre excludes a child with a contagious condition or if the child is at risk of contracting such a condition. A childcare centre is also free to exclude a child solely on the basis they are not fully immunised. However, such a decision does not attract any legislative protection from liability. The bill does not require the childcare centre to exclude a child. Instead, the bill protects the centre from liability if, after following a prescribed process, a child's enrolment or attendance is refused or cancelled on the basis of their immunisation status. This process involves the childcare centre requesting the parent provide an immunisation history statement. The statement issued by the Australian Childhood Immunisation Register specifically notes whether or not the child's immunisation status is up to date.

There are many ways in which such a statement may be obtained including online or at a Medicare office should a parent have difficulty obtaining the statement or if they prefer to only deal with their local healthcare provider, and that may occur in remote Indigenous communities. The bill extends the meaning of an immunisation history statement to include a statement about a child's immunisation history given by a recognised immunisation provider.

As honourable members can see, this bill puts sensible criteria in place, not strict enforcement around children, but also makes sure there is a process which can occur in a methodical way to ensure not only that the children and their families are protected, but also that the childcare providers can ensure we have a community and an environment in which our best, valuable and considerably innocent children in our communities are protected to the maximum level. That is why I stand here today in commending this bill to the House.