




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

 **Ms BATES** (Mudgeeraba—LNP) (3.10 pm): I rise to make a contribution to the debate on the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015. The purpose of this bill is to amend the Public Health Act 2005 to give the person in charge of 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 is not up to date with their scheduled immunisations. Currently, the Public Health Act does not require parents to provide information about their child's immunisation status at enrolment or empower those in charge of a service to refuse to enrol a child or place conditions on their enrolment if they are not immunised.

Immunisation remains one of the most successful public health interventions introduced in Queensland. As not only the deputy chair of the Health and Ambulance Services Committee but also a registered nurse, I know that immunisation is crucial to making sure our kids are healthy. Immunisation allows for communities to be protected from outbreaks of sickness and particularly in the case of early childhood it allows us to feel as confident as possible in our ability to place our kids into the care of institutions such as early childhood centres.

Whether it is to boost immunity or to protect against travel, occupational or lifestyle risks, it should be recognised that the need for accessible vaccinations is lifelong and begins at childhood. That is why we must allow for the administrators of early childhood centres in Queensland to have the discretion to remove or suspend the enrolment of kids who have not been vaccinated and who do pose a risk to the health of other kids in their care. This in turn will also provide a greater incentive for parents to make sure their children are immunised to allow them to continue with their early childhood education.

When considering this bill, it is important to note the history of immunisation policy in Queensland and how successive parliaments have set about to boost vaccination rates in this state. Historically, immunisation and vaccination policy has been largely bipartisan, and this bill continues with this tradition. In the past both sides of this House have recognised that a healthy society requires elected representatives of all political persuasions to work on common-sense solutions to increase the rates of immunisation in Queensland. When the LNP was in government a \$3 million incentive was implemented to improve vaccination rates in a bid to inspire local strategies to protect young Queenslanders. Announced by the Leader of the Opposition during his outstanding tenure as the Minister for Health, we said that while our statewide vaccination rates were amongst the best in Australia, we need to plan new strategies to lift rates of inoculation to a new level. Recognising that local health services are the most effective way to address a large number of health issues, a key plank of our vaccination strategy for Queensland was a bonus system to reward hospital and health boards for effective strategies that boost local rates. Our policy gave local hospital and health services that improved vaccination rates a share in \$3 million in additional funding. This was to be achieved in a variety of ways like outreach services and tailored reminders aimed at parents and individual communities.

At that time our vaccination rates were exceeding the national rates in a number of categories including in early childhood but we knew that we needed to do more. With Queensland being home to a wide range of communities, climates and cultures, we tackled this issue through effective local strategies based on local knowledge. Similarly, the comprehensive vaccination and immunisation policy we took to the 2015 state election recognised that immunisation is the most cost-effective way to prevent outbreaks, illnesses, hospitalisations and death from diseases like measles, whooping cough and diphtheria.

At the time we said we want Queenslanders to have the lowest incidence of preventable disease in Australia, and this still holds firm today. Our strategy was to help parents keep better track of their kids' immunisation needs and to make vaccines more accessible for everyone by enabling community pharmacists to administer them. We set a target of 95 per cent coverage for children at key milestones, and the bill we are debating today also recognises that a 95 per cent target is necessary to achieve herd immunity which prevents the transmission of highly contagious conditions.

The history of this issue is particularly important in relation to this bill as during the tenure of the former LNP government, a similar private member's bill was introduced with the same primary objective of this bill. It was different in a number of ways to the bill we debating today. Members may recall that as a member of the former health and community services committee at the time, I did raise a number of concerns about the private member's bill and as a result the former committee recommended that that bill not be passed. The concerns I raised included the ability of parents to prove that their children had acquired immunities and how we can deal with babies who were too young to have gone through vaccination protocols at the time their parents enrolled them in childcare facilities. With the federal government's no jab, no play legislation coming into effect, which largely changed the landscape by strengthening immunisation requirements and decreasing the extent to which conscientious objections can be raised, my concerns have largely been addressed. It is with this in mind that this bill received a bipartisan recommendation from the committee that the bill be passed.

We want the positive legacy of the former LNP government in relation to vaccinations and immunisations to be continued so we can achieve our 95 per cent herd immunity target, which is what this bill sets out to do. This recommendation comes after a thorough committee review process during which we heard from a number of health experts about the importance of vaccination and the way they can help to make the community safer from sickness. I am aware that many Queenslanders feel strongly about vaccinations and there are some in the community who are ideologically opposed to vaccinations, believing them to be potentially unsafe.

During the committee process opponents raised allegations about neurotoxins and other substances in vaccinations, the interactive effects of vaccines, allergies and the research behind widely used vaccines. In response, the Chief Health Officer, Dr Jeannette Young, noted the strong evidence which exists to assure the committee that vaccines were both safe and effective. She emphasised that the majority of submissions which opposed the bill had been made by individual members of the public and that many of the concerns were largely nonspecific. Not only that, but she noted worldwide there has been estimated that immunisation programs prevent approximately 2.5 million deaths each year and that due to immunisation, diseases such as diphtheria, tetanus, haemophilus influenzae type B and poliomyelitis do not occur or are extremely rare in Australia.

As a nurse I was pleased to see Dr Young reassure the community of the safety of vaccines, noting that they have been trialled extensively and that in the vast majority of cases no side effects exist. In addition to the committee's consultation, as the member for Mudgeeraba I have been consulting widely with childcare centres in my electorate to see how they would respond to this legislation and how federal policies are impacting their administrative practices. In my electorate I have approximately 28 early childhood centres and I make every effort to visit these centres regularly to hear their concerns. In most cases, as I have heard from them on a number of occasions, the centre staff told me that the new requirements will be catered for and the systems that they operate within can be changed to accommodate legislative changes, particularly if these proposed changes give more power to early childhood providers in relation to their children's health.

In turn, as we debate this bill today, it is important that we acknowledge the importance of vaccinations to our community, particularly as early childhood education remains incredibly important to our kids. In turn, we need to ensure that proper safeguards are in place to ensure the health and wellbeing of our kids whether they are at home or in the care of an early childhood centre in our community. As I have said, this is an area of policy which has always received bipartisan support, whether under the former LNP government, which introduced a number of common-sense methods to increase vaccination rates at a local level, or through this bill, which has received the support of the Health and Ambulance Services Committee.

As a mother of three children, one of whom faced some serious difficulties when receiving her vaccinations as a result of allergies, I want to ensure that the kids of today are given the care they need to withstand the diseases that they can routinely face in everyday life. On a personal note, when my daughter was very young she was diagnosed as a superallergy baby. Among those allergies she had a very severe egg allergy which resulted in anaphylactic shock. Back then—24 years ago—most of those were egg based. I had to make the decision as to whether or not she was vaccinated.

She also had a hole in the heart at the time, so every time my daughter had a vaccination she went to the OR and had them done with an anaesthetist. I would be down in the children's ward waiting to hear 'respond blue, theatre' because I knew it would be my daughter. But with all of the other issues that she had to face, I took the informed decision to vaccinate her. At around the same time in Melbourne in the early 1980s there was a huge pertussis outbreak and there were a number of children who had had severe reactions. I think there was one death as a result of the pertussis vaccination, so that led to a whole campaign to stop newborns or neonatals and babies under six weeks of age from having their injections. I will never forget being in the paediatric unit at Box Hill Hospital, and every one of our single rooms was filled with babies under six weeks of age with pertussis. Luckily no child died, but that was as a result of a bit of a scare campaign. I do understand that one per cent of the population really do have a medical reason for not being vaccinated—I was one of those one per cent with my own child—and I took the decision to protect her from other diseases.

I would also like to thank local childcare operators when I have been out and about in my local area for the time that they took to provide me with their insights into childcare vaccination requirements, and I look forward to continuing to work with them to foster even better and healthier early learning environments for our kids.