HEALTH AND COMMUNITY SERVICES COMMITTEE

Members present:

Mr SA Holswich MP (Acting Chair)
Ms RM Bates MP
Dr AR Douglas MP
Mr JD Hathaway MP
Mr DE Shuttleworth MP

Staff present:

Ms S Cawcutt (Research Director)
Mr K Holden (Principal Research Officer)

BRIEFING—INQUIRY INTO THE PUBLIC HEALTH (EXCLUSION OF UNVACCINATED CHILDREN FROM CHILD CARE) AMENDMENT BILL 2013

TRANSCRIPT OF PROCEEDINGS

WEDNESDAY, 21 AUGUST 2013

Brisbane

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Committee met at 8.43 am

ACTING CHAIR: Good morning ladies and gentlemen and welcome. I declare this public briefing of the Health and Community Services Committee open. My name is Seath Holswich. I am the member for Pine Rivers. This morning I am standing in for Mr Trevor Ruthenberg, the member for Kallangur, who is unable to attend the hearing. The members of the committee here today are: Ms Ros Bates, member for Mudgeeraba; Dr Alex Douglas, member for Gaven; Mr John Hathaway, member for Townsville; and Mr Dale Shuttleworth, member for Ferny Grove. Mr Jon Krause, the member for Beaudesert, is unable to join us this morning.

This briefing is part of the committee's inquiry into the Public Health (Exclusion of Unvaccinated Children from Child Care) Amendment Bill 2013. The bill is a private member's bill introduced by the member for Bundamba, Mrs Jo-Ann Miller. Mrs Miller is ordinarily the deputy chair of this committee. However, this morning she appears at this briefing in her capacity as the member who introduced the bill. She is here to assist the committee by informing us about different aspects of the bill.

I remind those present that these proceedings are similar to parliament and are subject to the Legislative Assembly's standing rules and orders. Under the standing orders, members of the public may be admitted to or excluded from the hearing at the discretion of the committee. Mobile phones or other electronic devices should now be turned off or switched to silent.

Hansard is making a transcript of this morning's proceedings. The committee intends to publish the transcript of today's proceedings unless there is good reason not to. I welcome to the briefing this morning Mrs Jo-Ann Miller, the member for Bundamba, and Mr Greg Fowler, health policy adviser with the office of the Leader of the Opposition.

FOWLER, Mr Greg, Health Policy Adviser, Office of the Leader of the Opposition

MILLER, Mrs Jo-Ann, Member for Bundamba

ACTING CHAIR: Mrs Miller and Mr Fowler, I invite you now to address the committee on the bill for up to 15 minutes. Then we will follow with questions.

Mrs Miller: Thank you very much, Acting Chair. As members of the committee are aware, I introduced into the parliament the Public Health (Exclusion of Unvaccinated Children from Child Care) Amendment Bill 2013. Child vaccination is considered by the US center for disease control, which is the global leader in public health science, to be one of 10 most successful health measures of the 20th century. Child vaccination has, according to the World Health Organisation, saved millions of children's lives. Because of this success, we tend to forget the thousands of Australian infants and children of our grandparents' generation whose deaths and disabilities were avoidable.

On 11 April 2013 the National Health Performance Authority published in its healthy community series a report entitled 'Immunisation rates for children in 2011-12'. I have a copy here which I would like to seek leave to table for the benefit of the committee.

ACTING CHAIR: Leave is granted for it to be tabled.

Mrs Miller: This report is the most comprehensive and current research data on child vaccination in Australia. While it has generally found high rates of child immunisation, it identified in 2011-12 that there were 32 of the 325 statistical areas in which children who had not been fully immunised were most at risk of being exposed to contagious diseases such as measles and whooping cough. In these areas the percentage of children fully immunised was 85 per cent or less in at least one of three age groups. In contrast, the percentage of children fully immunised was 95 per cent or more in at least one of three age groups in 77 of the 325 statistical areas.

The research rang alarm bells among public health professionals as those statistical areas that had immunisation rates below many central Africa countries were in areas with good access to free vaccination services. This report was the impetus for the Public Health (Exclusion of

Unvaccinated Children from Child Care) Amendment Bill 2013. Now members of the committee are aware that simultaneously similar legislation was developed in New South Wales following a very strong media campaign for government action.

In relation to the vaccination rates, I have this document to table for the benefit of everyone. There is a copy for everyone.

ACTING CHAIR: Leave is granted for that document to be tabled.

Mrs Miller: The areas are Brisbane inner, Cairns north, Coolangatta, the Gold Coast north, the Gold Coast hinterland, Holland Park, Kenmore, Brookfield, Moggill, Maroochydore, Tallebudgera, Nambour, Pomona, Narangba, Noosa, Port Douglas, Daintree, the Sunshine Coast hinterland, Surfers Paradise, Tablelands east and Kuranda. They are the areas where the rate is basically equivalent to the rate in African countries.

It is important to note that the bill does not make child vaccination compulsory. It does not prevent children accessing school or child care if they are unvaccinated. It does not make the child-care centre responsible for child vaccination. What it does is legally empower child-care centres not to accept unvaccinated children. It is their choice if they want to do that. It does provide exceptions on medical grounds if a child-care centre chose to limit enrolments to vaccinated children. It encourages child-care centres to discuss the importance of vaccination to prevent life-threatening infectious diseases. As we all know, in child-care centres they very strongly teach hand washing to all their little children. They are very strong when it comes to toilet training. That is already accepted as a public health role for child-care centres.

It also amends regulations to the Public Health Act to expand the schedule of vaccine preventable diseases from just measles to include eight other infectious diseases. It also compliments the federal policy initiative announced on the weekend which is to tie family tax rebates to child vaccination.

The New South Wales Public Health Act 2010 regulates nine vaccine preventable diseases in child-care facilities. These include diphtheria, influenza, measles, meningococcal C, mumps, pertussis—which is whooping cough—poliomyelitis, rubella and tetanus. The New South Wales parliament has made a number of amendments to their bill which is relevant to this bill.

In the spirit of what these parliamentary committees are about and for the new members of parliament, I point out that the parliamentary committees that you sit on operate in a spirit whereby we are trying to get the best legislation. I am very open to any suggestions as to where you think the bill may be improved. I simply want to make sure that the bill is the best possible that can be presented to parliament in the hope that we can increase child vaccination rates. Thank you very much.

ACTING CHAIR: We will open up to questions from the committee. I call the member for Ferny Grove.

Mr SHUTTLEWORTH: Thank you for your presentation. I have two questions. At the public hearing on Monday the health and safety officer of the Nurses Union presented to us. That raised a significant area of concern around liability for child-care centres. In your presentation you reiterated that there is a choice. It seems as though that choice would be diminished significantly if there was a view taken that by doing so they would not be providing a safe environment for their workers and the children. What is your view on that? Would you consider somehow addressing this with that officer or others to ensure that there is not that liability placed on centres or the directors?

Mrs Miller: There is always liability placed on any workplace under the Work Health and Safety Act and the Work Health and Safety Regulations. This involves the implementation of two pieces of legislation—this bill and the Work Health and Safety Act. It is up to each child-care centre to work out the implementation of this bill, if it becomes law, in association with the Work Health and Safety Act.

The committee can ask the Queensland Nurses Union or whoever back to discuss those liability issues further. I agree with you that there are issues that were raised, but it is whether or not the committee wants to investigate the implementation of the legislation. That would have to be a decision of the committee. This piece of legislation does not invalidate the Work Health and Safety Act and regulations.

Mr SHUTTLEWORTH: I did have a second question. It is not so much a follow-up question; it is a new topic. The other major concern that was raised by a number of people on Monday was around the capacity of parents to undertake a conscientious objection. It seems that certainly religious and medical exemptions are currently in existence in the bill. Is there any consideration around including conscientious objections?

Mrs Miller: If the committee feels that it should include conscientious objections, I am happy for that to be included in a report to the parliament.

Dr DOUGLAS: I have a couple of questions. Thanks very much—this is a very progressive step. I was very interested in the presentations earlier and also something that came up in what you were saying just before. It is actually about the criteria for someone registering a child in a child-care centre and, to all intents and purposes, child-care centres have an effective amount of high federal funding. We run a comprehensive system of governance whereby we link these whole-of-government systems.

I put it to you that vaccination is not unlike actually just putting your name down—recording your name, your date of birth and your address. It is like a key element of that statement, isn't it? It is an essential part. If you extend that into the wider system, we are funding methods to improve these systems. We also collect data on people's names, the dates of birth and the percentage of vaccinations. It seems to me that in some ways it is a critical criteria for admission to a centre which attracts any funding at all from government, isn't it? So if you do not have it then theoretically they should not be admitted, should they?

Mrs Miller: This bill gives the child-care centres the option. My understanding is that in practice most child-care centres do ask the question whether or not the children are vaccinated. They have forms that have that on there now.

Dr DOUGLAS: That is right.

Mrs Miller: Whether or not it should be linked to the federal child-care assistance is obviously a matter for the federal government. But over the weekend we saw the federal government talk about linking vaccination to family tax benefits. My bottom line is that I believe we have to, as a public health initiative, make sure that as many of our children as possible are vaccinated. It is as simple as that.

Dr DOUGLAS: I can see that. But you are really completing part of the overall loop. This is just another part of it. That is really it, in essence. Under the original proposal, taking out the conscientious objections—I could go on at length about those. As a doctor, I have heard some quite unbelievable presentations with regards to those—it is on medical grounds and is it religious objections?

Mrs Miller: Just medical at the moment, and conscientious objections would include religious grounds as well.

Dr DOUGLAS: There are not too many religions that exclude vaccinations, but there are a couple of medical grounds. It is interesting. Are you aware that in medical terms if a child is treated for malignancy we then have to revaccinate them, because, as a result of their treatment, they actually have to be vaccinated again? So they are at risk themselves as well as the other children. So this is more common. It is the opposite way than possibly what is more commonly thought of.

Having said that, what that really leads me to is the extension of that. I am concerned that medically, if parents are not being made aware that there are unvaccinated children that are registered, we have a problem. Under the privacy laws, they do not divulge information regarding their child's problem. The reality is that there are a lot of children who have low allergenic capacity, so their immune status is not very good. That is a result of a variety of things, but it is just a modern world. By the parents not knowing and not being given the option, we have a major problem. Had you thought of that when you were contemplating this bill?

Mrs Miller: Yes, and I had spoken to people in the child-care industry. There are certainly issues in relation to privacy. The child-care operators, as I understand, are not allowed to disclose that information under the national privacy laws. I do not think there is any way of getting around that.

Dr DOUGLAS: So this is a default step really in some ways, isn't it? It closes off that potential loop because of the issues of privacy.

Mrs Miller: The privacy issues, as I understand it, preclude a child-care centre operator or manager from divulging basically any health issues in relation to children at that centre to other people.

Dr DOUGLAS: So you are endorsing what I am saying.

Mrs Miller: Yes.

Dr DOUGLAS: This covers the default option. It does, doesn't it?

Mrs Miller: No child-care centre, Dr Douglas, can divulge any information about someone else's child to a third party. It is unlawful.

Dr DOUGLAS: Right.

Mr SHUTTLEWORTH: Is that only if identification was made?

Mrs Miller: No. They would not do it in practice. I think it would be unethical as well. I cannot imagine any child-care centre operator, if another mum or dad came in and asked about a specific child, actually divulging any information about that other child.

Mr SHUTTLEWORTH: Would there be any capacity for the centre to indicate that there was a child who was not, say, without identifying the child but generically indicate?

Mrs Miller: It would be up to the child-care centre operator themselves. But I think once you open that door the next question is: who is the child? Do you see what I am saying? It is a fine line to walk for child-care centre operators, I think. The information is collected now. Child-care centre operators collect this information. But, again, it is up to the child-care centre operators as to how much information lawfully and ethically they wish to give out.

ACTING CHAIR: I am conscious of the short time frame we have here. We will move on to the member for Mudgeeraba.

Ms BATES: Thanks, Jo, for your presentation. I just wanted to clarify something you said about hand washing in child-care centres which obviously is a really important step to prevent the spreading of disease. But diseases are spread by inoculation, ingestion or inhalation, and most of these childhood communicable diseases are spread by droplet infections. Yes, it is great that they wash their hands but, unless they are all going to be walking around with masks on, they are still going to be able to pass on diseases to each other—to other kids or to the staff.

My question is in relation to little babies in child care. For those babies who are under two months of age who obviously have not had their vaccines, can you elaborate on that for me? At the hearing earlier this week the point was also raised about children who have actually contracted diseases and therefore have their own antibody immunity to them. If they are under two months of age or 12 months of age, then the only way to prove that would be by a blood test, which would also increase the cost for parents putting their kids into child care.

Mrs Miller: Yes, and I also think that many parents would be very reluctant to have their children undergo blood tests. I will pass on to Greg Fowler to answer that question.

Mr Fowler: I am a lecturer at the School of Population Health at the University of Queensland as well as Health Policy Adviser to the Office of the Leader of the Opposition. I think one of the potentials to improve the quality of this piece of legislation is to look at the age relevant schedule. So the immunisation schedule is not specified in the bill at the moment. I think that is something which we should look at, clearly. So where a child is too young to be vaccinated, we need to ensure that there is no belief that that child could be excluded from child care on that basis. That is my first response.

There are a few other issues around the exemption based upon conscientious beliefs, which I think the committee might choose to consider. How that has been managed in New South Wales is that a Medicare form is required to be completed by a medical practitioner or by a child health nurse, and that provides an opportunity for a parent to discuss their concerns about immunisation before they choose to be a conscientious objector. I think that is a useful way to contain some of the issues which are really behind the declining rates in some communities. Did you want me to respond to your other issue? Can you repeat that for me?

Ms BATES: Was that about the blood tests? Is that what you wanted me to ask again?

Mr HATHAWAY: The natural immunity.

Mr Fowler: Sure. The New South Wales legislation now includes certificates where a doctor can provide a certificate that a child has natural immunity because of exposure to a disease. It is part of the condition for a medical exemption. If you have a natural immunity because of exposure, then that is grounds for you to not have the vaccination for a particular condition.

Ms BATES: The only other thing about that is that there are hundreds and hundreds of diseases in children which cause rashes. With no disrespect to my medical counterparts, children can be diagnosed with rubella and they may not necessarily have rubella because there are a lot of different diseases that mimic it. Most of the diseases have coryza—the runny nose, runny eyes and what not—and it is not for quite some time during that prodromal period that the actual disease is identified. Alex might want to talk a little more on this. But you could be in a situation where as a

parent you thought your child had contracted german measles and therefore developed immunity, because that is what the doctor had diagnosed at the time and put on a form, to then find out that your kid has rubella three weeks later because they had had another disease.

Mr Fowler: So immunisation is about relative risk, as I am sure you are aware, and about the herd immunity process. So if we can, as a community, lift coverage rates up towards 93 per cent or 95 per cent as an ideal, then those circumstances would reduce the risk for that individual who may have thought that they had actually had exposure and they had not. There would be less risk of diseases spreading. So the intent of the bill is really to address some substantial misinformation that has been circulated in the community about the relative risk of immunisation. In our parents' and grandparents' generation it was normal practice to vaccinate. We did not have systems in place to deal with people who were unvaccinated because everybody was vaccinated. What is unfortunately happening now is that because of misinformation—and some of that is malicious information which we heard on Monday—we need to take public health initiatives to try to ensure that we do not slip backwards into a Third World condition where children are exposed to life-threatening infectious diseases.

Mrs Miller: I just wanted to bring up one thing in relation to child-care centres. Babies in child-care centres have their own room as well, which is required under the child-care laws. I have been in child-care centres where there have been babies at four days old, but they are isolated from the other children. They are in the nursery area, which I think is good as well. The whole idea behind this bill, honestly, is to increase the vaccination rates. We all love our kids. As members of parliament, we have a duty of care, I believe, to make sure that all kids have the best possible health outcome. The idea behind this legislation as well is to present to the parliament hopefully a bipartisan view in relation to this issue. If there are any amendments that are suggested, I am more than happy to take that on board. I think that this could be maybe like an initiative of this committee whereby we can go back to the parliament with a whole view that this is good for the people of Queensland and the children.

Mr HATHAWAY: Jo-Ann, this is more of a comment, but I would like to elicit some comment from you. How will this practically apply on the ground? We heard from Ms Berry, I think it was, about the complexities of trying to work out stages of kids' vaccination, particularly missed vaccinations, catch-ups and all that sort of thing. So, whilst I think I support your approach, I am just worried about how they will do it on the ground to say, 'You are actually unvaccinated and we cannot enrol you,'—that sort of thing.

Mrs Miller: There are processes in place in the child-care centres. Again, that is an implementation issue. I will refer to my colleague, Greg.

Mr Fowler: The New South Wales legislation has made provisions for catch-up schedules so that where the documentation is maintained—the records are required to be maintained by a child-care centre—if a child is not in the normal sequence of vaccinations, then they can actually get a certificate from a medical practitioner to say that they are in the process of catching up to those. So it is not a matter that the child will be excluded because they do not have the age appropriate vaccinations dead on the day. They will know that, whatever month it is, there is a process of some flexibility for enabling people to get up to speed. That means that they are not excluded if they have that catch-up schedule in place. Child-care centres maintain records about their children now already. Many child-care centres maintain registers of vaccination already. I think there is an opportunity for us to increase community awareness of the national vaccination schedule and to ensure that that is a normal part of normal business in any child-care or educational facility.

Ms BATES: Jo, you mentioned before that little babies are separated from other kids in the child-care centre but they are not separated from each other.

Mrs Miller: No.

Ms BATES: They could be bringing in diseases from their older siblings as well.

Mrs Miller: Yes, that is exactly right.

ACTING CHAIR: The time allocated for this briefing on the Public Health (Exclusion of Unvaccinated Children from Child Care) Amendment Bill 2013 has expired. Thank you to the member for Bundamba and to Mr Fowler for your assistance today. I now declare this briefing closed.

Committee adjourned at 9.10 am