



Speech By
Jann Stuckey

MEMBER FOR CURRUMBIN

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

 **Mrs STUCKEY** (Currumbin—LNP) (4.12 pm): I rise to make my contribution to the debate on the Public Health (Childcare Vaccination) and Other Legislation Amendment Bill 2015. As the honourable members have heard from the shadow minister, the honourable member for Caloundra, the LNP will be supporting the bill.

The purpose of the bill before us today 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 not up to date with their scheduled immunisation. The terms in this bill before us today are very similar to a bill introduced by the opposition spokesperson in 2013. In essence, this bill is as much about access as it is about vaccination which leads to full immunisation.

Our world is quickly becoming a global village with really nasty germs mutating and creating megaviruses and superbugs. New diseases are evolving and resisting current trends. That is why the target of 95 per cent immunisation to reach what is termed herd immunity is so important and why governments at both a state and federal level are bringing in measures to assist in reaching this target. Once this target is reached, not only are those who are immunised protected, but so are those who are not. One cannot argue against the importance of vaccinating for known diseases with proven, preventative properties, which is why we must never forget the severity and past prevalence of the diseases that we vaccinate against today.

My vocation as a paediatric nurse many, many, many years ago gave me a special insight into the scale and deadliness of these diseases. Diphtheria is seldom, if ever, seen post vaccination, but in 1921—and I have to say that I was not nursing quite that long ago—in the USA there were 15,200 deaths from 206,000 confirmed cases.

An opposition member interjected.

Mrs STUCKEY: Florence is my middle name. Polio epidemics have occurred through the millennia. In 1949 there were 2,720 deaths from polio in the USA alone. Post vaccination the incidence is close to zero.

My cherished elderly Adelaide neighbour contracted polio as an infant and lived her whole life as a spinster with a pronounced limp and a partly paralysed leg. Simple vaccination, not available back then, would have prevented this.

In my years nursing at the Adelaide Children's Hospital I witnessed two deaths from measles—one a four-year-old with encephalitis at the time of infection and one a 13-year-old who developed subacute sclerosing pan encephalitis, some eight years after the initial infection. I shall never forget those children or their grieving families for as long as I live.

One year our hospital was overflowing with pertussis, whooping cough, patients. Many patients were bedded in corridors. Our own tiny son had a case of whooping cough before he was fully vaccinated, but thankfully he did not require hospitalisation.

Among my saddest memories I include nursing a number of children who had contracted haemophilus meningitis but had survived. Their heart and lungs were fine, but their brains were dead. Most days the devastated parents would visit, stroke and kiss their child gently and wonder whether a twitch of an eye or a limb would signal some recognition or awakening. Invariably, this was not the case.

Tetanus is never seen post vaccination. Our hospital had one case of this where, due to a language barrier, a booster dose was not administered. Full recovery was made following artificial ventilation for a week. Another was a three-year-old girl from Port Augusta who had sucked on an icy pole stick that had fallen in the dirt. She too made a full recovery after her ordeal. Not every child was so fortunate.

With regard to pneumococcus, in 1996, before inclusion in the immunisation schedule, in the USA alone there were 5,000 cases of pneumonia, seven million of otitis media and 3,000 of meningitis. In my nursing days the gastro ward was usually full with children hospitalised with rotavirus gastroenteritis. This seldom occurs post vaccination. Mumps virtually never occurs and rubella is very rare post vaccination.

Why then, honourable members, would people choose not to vaccinate? This bill does not address this question. However, it should be asked. Perhaps the reasons have been highlighted most in the autism community. Autism was virtually unheard of in Australia 30 years ago, but today we see an alarming increase in the incidence of varying degrees across the autism spectrum, with an estimated one in 90 children affected, with four times more prevalence in males. It is very easy to be a sceptic about the frequency and diagnosis of this truly puzzling illness until you meet some of the children and their families who are affected by it.

A paper that was mentioned by the honourable member for Moggill by a British gastroenterologist in 1998 entitled 'Ileal-lymphoid-nodular hyperplasia, non-specific colitis and pervasive developmental disorder in children' was met with very keen interest by the autism community and severe criticism by the medical fraternity. The doctor was later struck off.

In the rare cases of regressive autism, vaccination has been considered by some to be one of the triggers. Within the years following this paper the mercury based preservative used in vaccines was changed. Despite all this, there is still an inherent and somewhat understandable unease regarding vaccination in infants who have older siblings with autism and booster vaccines in autistic children.

Perhaps separating the vaccines and administering them on separate days may allay parents' fear and increase vaccination rates within this community. I would like to suggest to the minister that parents are given the option to have the vaccines administered on separate days, which may possibly increase those rates in some sectors of our communities.

Vaccination has helped us to become an enviable First World country and to avoid the killer epidemics seen in other countries. We have an obligation to our children to keep it that way, and this bill helps to do that.