



Please note: This is a new document and still under review. The Regulatory Gatekeeping Unit welcomes your feedback to: [regulatorygatekeeping@finance.wa.gov.au](mailto:regulatorygatekeeping@finance.wa.gov.au)

The Preliminary Impact Assessment (PIA) assists agencies in clarifying the policy problem and options, and identifying the need for a more detailed Regulatory Impact Statement. A PIA must be completed for all regulatory proposals being considered by government agencies and statutory bodies unless an **exclusion category applies**. The PIA should be completed early in the policy development process, and progressively updated where appropriate.

<b>Name of the proposal:</b>	Proposed regulations relating to the immunisation status of children. To be made under Part 9 (notifiable infectious diseases) of the <i>Public Health Act 2016</i> (s.142).	
	At this stage, it is intended to include these immunisation status regulations within the proposed infectious disease regulations for which compliance advice has been previously received (RG1424; 2015/03904).	
<b>Agency:</b>	Department of Health (DOH)	
<b>Contact officer:</b>	[REDACTED]	
<b>Regulatory instrument/s:</b>	Subordinate	Title: Regulations relating to immunisation status of children
<b>Regulatory implementation:</b>	Executive Council	Decision Maker: Minister
<b>Current stage of policy development:</b>	Early planning	Time taken: 60 minutes

#### SECTION 1 – STATEMENT OF THE PROBLEM / REASON FOR CHANGE

<p><b>1.1 What is the nature and size of the problem? Alternatively, what is the reason for change?</b></p>	<ol style="list-style-type: none"> <li>1. According to the Australia Immunisation Register, approximately 10% of children less than 5 years of age in WA are not fully vaccinated.</li> <li>2. The estimated population of children less than 5 years of age in WA is 150,000.</li> <li>3. Therefore, approximately 15,000 children in WA lack evidence that they have been fully vaccinated for age according to the National Immunisation Program schedule.</li> <li>4. Many of these children are still being enrolled in WA childcare settings and almost 100% will ultimately be enrolled in school.</li> <li>5. A review of vaccine preventable disease outbreaks in child care settings revealed that outbreaks occur in unimmunised populations. <a href="http://www.cdc.gov/pertussis/outbreaks/guide/downloads/chapter-08.pdf">http://www.cdc.gov/pertussis/outbreaks/guide/downloads/chapter-08.pdf</a></li> <li>6. There is strong evidence of the effectiveness of vaccination requirements for child care and school attendance in increasing vaccination rates and in decreasing rates of vaccine-preventable disease and associated morbidity and mortality.</li> <li>7. Vaccination requirements for child care and school attendance are based on studies demonstrating effectiveness in a variety of settings, for an array of recommended vaccines, and in populations ranging in age from early childhood to late adolescence. See <a href="http://www.thecommunityguide.org/vaccines/RRrequirements_school.html">http://www.thecommunityguide.org/vaccines/RRrequirements_school.html</a>.</li> <li>8. WA currently lags behind several other jurisdictions in Australia in implementation of rigorous childcare and school enrolment and attendance immunisation requirements.</li> <li>9. The <i>WA School Education Act 1999</i> includes provisions that a person enrolling a child at a school is to provide information about the vaccination status of the child upon request at school enrolment, but this requirement is not universally enforced. <a href="http://www.austlii.edu.au/cqj-bin/sinodisp/au/legis/wa/consol_act/sea1999170/s16.html">http://www.austlii.edu.au/cqj-bin/sinodisp/au/legis/wa/consol_act/sea1999170/s16.html</a></li> <li>10. Similarly, the <i>Education and Care Services National Law Regulations 2012 (Western Australia)</i>– states “The health information to be kept in the enrolment record for each child enrolled at the education and care service is — ... (f) the immunisation status of the child”, but this requirement is also inadequately monitored. <a href="https://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_12946_homepage.html">https://www.slp.wa.gov.au/legislation/statutes.nsf/main_mrtitle_12946_homepage.html</a></li> <li>11. In 2014, other jurisdictions in Australia began enacting laws colloquially called “No Jab No Play”. At present NSW, VIC, and QLD all have laws that require children to be up-to-date on their vaccinations for childcare / school attendance.</li> <li>12. In the jurisdictions with “No Jab, No Pay” the regulations regarding immunisation status reporting are authorised under public health legislation, as opposed to education legislation.</li> <li>13. These new public health laws and regulations strengthen requirements already contained in existing national education and childcare services legislation.</li> <li>14. In WA, the new <i>Public Health Act 2016</i>, Part 9 Division 8, includes language consistent with the National Public Health Partnership “Model Provisions for Certification of Immunisation Status on School and Childcare Entry” (2000). The provisions of the <i>Public Health Act 2016</i> provide a framework for action to be taken to limit and prevent the spread of an outbreak of a vaccine</li> </ol>
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	<p>preventable notifiable infectious disease in a school, kindergarten or child care centre. Relevant information will be required to be provided to the Chief Health Officer so that unvaccinated children can be quickly identified and excluded during the period of an outbreak.</p> <p>15. The "Model Provisions for Certification of Immunisation Status on School and Childcare Entry" constitute "best practice" and foster national harmonisation of immunisation certification provisions.</p> <p>16. Regulations relating to the immunisation status of children (s 142 of the <i>Public Health Act 2016</i>) will operate in conjunction with the <i>School Education Act 1999 (WA)</i> (the 'Schools Act') and associated regulations.</p> <p>17. Updating WA public health regulations on immunisations and school enrolment is necessary to minimise the risk of serious diseases spreading in schools and provide clarity regarding expectations on schools and carers.</p>	
1.2 What evidence is there to substantiate the problem?	<p>Immunisation coverage rates for children in WA are publically available.  <a href="http://www.myhealthycommunities.gov.au/our-reports/immunisation-rates-for-children/february-2016">http://www.myhealthycommunities.gov.au/our-reports/immunisation-rates-for-children/february-2016</a></p>	
1.3 Why is there a need for government action? (select one or more and explain)	<input type="checkbox"/> Regulatory Failure <input type="checkbox"/> Market Failure <input checked="" type="checkbox"/> Public safety <input type="checkbox"/> Social/Equity/Justice <input type="checkbox"/> Other	<p>There is a greater risk of outbreaks of vaccine preventable disease in child care settings and schools when significant proportions of the children are unimmunized. This risk can be reduced by fostering high rates of vaccination coverage in childcare and school settings.</p>
<b>SECTION 2 – OUTCOMES</b>		
2.1 What are the desired outcomes?	<p>Greater childhood immunisation coverage rates with a concomitant decline in vaccine preventable disease.</p>	
2.2 Does the proposal seek to reduce regulatory burden on business, community or government?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<p>Please provide details about how regulatory burden is reduced.</p> <div style="border: 1px solid black; background-color: #d9ead3; padding: 5px; text-align: center; margin-top: 10px;"> <b>Red tape reduction savings estimate: \$</b> </div>
<b>SECTION 3 – CONSULTATION</b>		
3.1 List the stakeholder groups (business, community and government) likely to be affected, directly or indirectly, and details of any preliminary consultation.	<ol style="list-style-type: none"> <li><b>The WA Department of Education (DOE)</b>– consultation has been ongoing for many years including 7 Oct and 25 Nov 2016 (See - <a href="http://www.health.wa.gov.au/diseasewatch/vol17_issue3/immunisation.cfm">http://www.health.wa.gov.au/diseasewatch/vol17_issue3/immunisation.cfm</a>) – DOE is supportive of Option 2 below, pending clarification of confidentiality issues.</li> <li><b>WA Association of Independent Schools</b> – (7 Nov 2016) Supportive of Option 3, pending clarification of confidentiality issues.</li> <li><b>Department of Local Government and Communities</b> – (7 Oct 2016) Supportive of developing requirements.</li> <li><b>Australian Childcare Alliance WA</b> (21 Nov 2016) Supportive of Option 3 and would like to include an option that childcare centres could exclude children not up-to-date for vaccinations from attendance</li> <li><b>Outside School Hours Care Western Australia</b> (30 Nov 2016) Supportive of Option 3</li> <li><b>Australian Community Children's Services</b> (30 Nov 2016) Supportive of Option 3</li> <li><b>Early Childhood Australia WA</b> (30 Nov 2016) Supportive of Option 3</li> <li><b>Outside School Hours Care Western Australia</b> (30 Nov 2016) Supportive of Option 3</li> <li><b>Department of Education Services</b> – by telephone (8 Nov 2016) Supportive of Option 3</li> </ol>	
3.2 Outline the concerns raised and how they might be addressed.	<ol style="list-style-type: none"> <li>The major issue raised is that any new regulations enabling child-parent information to be provided to DOH will need to be compatible with Commonwealth privacy laws. This can be addressed for example by adopting the language and approach used in jurisdictions in which similar legislation is in place, thus enabling the regulations to operate in conjunction with existing privacy requirements.</li> <li>DOE indicated there is a legal requirement that children must be enrolled in school once they reach Grade 1 age – so how a requirement to be enrolled in school could be compatible with mandatory exclusion for non-vaccination seems legally problematic to them. This might be addressed by not invoking mandatory exclusion.</li> </ol>	
3.3 Have Small Business Development Corporation been consulted regarding small business impacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<p>The Australian Childcare Alliance WA is a consortium of private and some non-profit childcare businesses and their board has expressed support for Option 2 below with a provision that indicates a childcare provider can exclude unvaccinated children from attendance.</p>

PROBLEM	SECTION 4 – OPTIONS	SECTION 5 – IMPACT ANALYSIS	SECTION 6 – ASSESSMENT
	4.1 Describe the policy options considered to address the problem or meet the objectives.	5.1 Summarise the benefits (positive impacts) on businesses, community and government of each option (nature and extent), providing evidence and quantification where possible.	5.2 Summarise the costs (negative impacts) on businesses, community and government of each option (nature and extent), providing evidence and quantification where possible (e.g. compliance costs, administrative costs).
<b>Problem/reason for change...</b>  <b>Immunisation coverage for WA children is sub-optimal and childcare/school immunisation requirements are a powerful tool for improving rates and preventing illness.</b>	<b>Option 1:</b> Status Quo – Childcare centres and schools have existing requirements in their own legislation and regulations to collect immunisation information when a child enrolls but there is no requirement to share this information with DOH, no routine auditing, and no consequences for noncompliance.	Childcare centre and schools expend minimal resources reviewing and recording immunisation records for children enrolled or attending their facilities.	Parents of unvaccinated children are not encouraged to have their child vaccinated at childcare/school enrolment; the result is lower childhood vaccination rates overall with a greater incidence of illness and death in community. Since childhood immunisations save 5 dollars for every dollar expended, society has unnecessary financial loss. <a href="http://pediatrics.aappublications.org/content/113/4/577.long">http://pediatrics.aappublications.org/content/113/4/577.long</a>
	<b>Option 2:</b> Create regulations in WA which mirror the “No Jab No Play” programs in place in NSW, QLD and VIC.	Children in childcares and schools would have to be fully vaccinated or they would be excluded from enrolling or attending these facilities. Vaccination coverage of children in these facilities should increase.	There can be a lot of paperwork, effort and angst associated with excluding unvaccinated kids from child care/school. Envision considerable childcare and school staff time would be involved in enforcing exclusion of under-vaccinated children. Furthermore, on 1 Jan 2016 the Commonwealth government made it a requirement under the “No Jab, No Pay” initiative that children under the age of 20 years need to be fully immunised, as per the National Immunisation Program Schedule, for their parents to be eligible to receive the Family Tax Benefit Part A end of year supplement, the Child Care Benefit and the Child Care Rebate. So it is unclear how much more mandatory childcare exclusion policies will provide an increased benefit in terms of improved childhood vaccination rates. Also, there is a legal requirement that children must be enrolled in school once they reach Grade 1 age – so how a requirement to be enrolled in school could be compatible with mandatory exclusion for non-vaccination seems legally problematic. There are also potential ethical issues in not respecting views of some religious organisations and there is the possibility of inadvertent negative impact on the child and their family if parents must forgo work

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			to care for children who aren't able to be enrolled in childcare or school.	
	<p><b>Option 3:</b> Require and robustly monitor submission of immunisation records at child care/school enrolment and link children who are not fully vaccinated for age to immunisation services.</p>	<p>It is anticipated that you would get almost all the benefit of increased childhood immunisation rates without the downside of mandatory school exclusions in option 2 above. That is because most parents (97-98%) actually want to have their children protected through vaccinations and when the parents are made aware that their child is overdue, and they have ready access to immunisation services, they will catch their child up. Only about &lt; 2% of parents in WA are vaccine refusers and there are diminishing returns in terms of the population benefit after immunisation rates reach 95% because 'herd immunity' is established. It would also help ensure childcares and schools fulfil their existing obligations to collect and maintain immunisation records for the children they enrol.</p>	<p>Successful implementation of option 3 would likely require that the new regulations enable the following:</p> <ul style="list-style-type: none"> <li>• childcare centres and schools could be audited to ensure compliance with universal collection of immunisation records upon enrolment and that there could be penalties for non-compliance</li> <li>• contact details for parents of children who are not fully vaccinated would be provided to the Department of Health for follow-up</li> <li>• children whose parents continue to refuse to provide the child's immunisation records (even if unvaccinated) to the school or child care could be refused from attending child care/school for a specified period</li> <li>• WA DOH establishing an effective mechanism for providing parents of children who are not fully vaccinated with acceptable options for getting their child immunised.</li> </ul>	<p><b>Preferred Option.</b></p> <p>Best net benefit to cost ratio. The end result will be that childhood vaccination rates will rise, preventing illness and ultimately saving health resources, without invoking the potential adverse consequences of denying a small number of children the benefits of early childhood education or creating lower household incomes in these families because parents were unable to attend work without childcare.</p>