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LAID ON TABLE

19 October 2018

The Hon Stephen Wade
Minister for Health and Wellbeing
Level 9, 11 Hindmarsh Square
Adelaide SA 5000

Via Email: stephen.wade@parliament.sa.gov.au
ministerforhealth@sa.gov.au

Dear Minister Wade

**South Australian Public Health (Immunisation and Childhood Care Services)
Amendment Bill 2017**

Thank you for your letters of 11 October and 12 July 2018 on the subject of 'No Jab, No Play' legislation in South Australia.

The Paediatrics & Child Health Division represents 4,500 Fellows and Trainees of The Royal Australasian College of Physicians (RACP). Paediatricians and other physicians have extensive knowledge about immunisation related to their specific areas of expertise and about development in early childhood. We have consulted with paediatricians, immunisation experts in Australia and New Zealand and public health physicians to offer further clarity around the RACP's position on 'No Jab, No Play' legislation in Australian jurisdictions.

We strongly support childhood immunisation, because of overwhelming evidence that immunisation is a highly effective preventative health measure. This means that the RACP supports evidence-based measures aimed at achieving as close to 100% vaccine coverage as possible as a government priority. Further information on our views around immunisation is available in our Immunisation Position Statement (attached).

Equally, optimum growth and development in early childhood must remain a key priority of all governments. This includes a specific focus on the affordability of, and access to, early childhood education. The importance of pre-school childhood education in maximising beneficial health and development outcomes for children during their school years is supported by strong evidence.¹ This means that lack of access to early childhood education is highly detrimental, especially from three to four years of age and especially if compounded by financial vulnerability.

Measures to maximise protection against vaccine-preventable diseases work best when viewed in tandem with measures to maximise access to early childhood education. Artificially excluding children who are not fully immunised and their families from their normal lived environments (which includes early childhood education) is unlikely to be effective. Those children will still live in their communities and most will interact with fully vaccinated children, while their development suffers from lack of access to early childhood education.

The National Immunisation Program Schedule calls for a large proportion of immunisation to have occurred before the age of two years. This results in fully vaccinated 3 and 4-year-old children having significant protection against vaccine preventable diseases. Whilst the highest immunisation coverage rates across the schedule age points should be pursued, there is evidence that lower uptake can be sufficient to reduce the risk of measlesⁱⁱ and pertussis disease at a population and individual child level in older pre-school age children.ⁱⁱⁱ Additionally, the risk of severe illness resulting from pertussis is highest for children under the age of 6 months, with hospitalisations much higher for this group than for children aged 6 months to 4 years. Likewise, the risk of death from pertussis (whilst still being low across the board in Australia) is highest, and in the last decade, exclusively seen in babies <12 months of age.^{iv, v, vi}

While recent Australian Immunisation Register (AIR) data suggests that there has been a small increase in immunisation coverage since implementation of the 'No Jab, No Play' and 'No Jab, No Pay' legislation, a formal evaluation of the full impact of these policies has not been conducted. High quality evidence relating to both beneficial and detrimental effects of the impact of these policies is the only way to strike the appropriate balance in achieving the best possible outcomes for pre-school children. We recommend that impact evaluations should be conducted as a matter of urgency in those States (Victoria, New South Wales and Queensland) that have already enacted legislation. 'No Jab, No Play' policies should not be legislated in other states until these evaluations are complete and further information of the full impact of these policies is available.

Therefore, the RACP recommends that:

1. States and Territories in Australia with 'No Jab, No Play' policies urgently commission independent reviews of the effect of the 'No Jab, No Play' on equity of access to early childhood education.
2. South Australia and other States or Territories do not implement 'No Jab, No Play' policies until reviews have been undertaken and published.

For further information, please contact Alex Lynch, Senior Policy and Advocacy Officer, on +61 2 9256 9632 or at Alex.Lynch@racp.edu.au.

Yours sincerely



Professor Paul Colditz
President
Paediatrics and Child Health Division

Attachment: RACP Immunisation Position Statement

ⁱ OECD (2016), "What are the benefits from early childhood education?", Education Indicators in Focus, No. 42, OECD Publishing, Paris, <https://doi.org/10.1787/5jlwqwr76dbq-en>.

ⁱⁱ Schlenker, T. (1992). Measles herd immunity. The association of attack rates with immunization rates in preschool children. *JAMA: The Journal of the American Medical Association*, 267(6), pp.823-826.

ⁱⁱⁱ Radke, S., Petousis-Harris, H., Watson, D., Gentles, D. and Turner, N. (2017). Age-specific effectiveness following each dose of acellular pertussis vaccine among infants and children in New Zealand. *Vaccine*, 35(1), pp.177-183.

^{iv} Pillsbury, A, Quinn HE, McIntyre PB . Australian vaccine preventable disease epidemiological review series: pertussis,2006–2012 (2014). Epidemiology of pertussis in Australia. Communicable Diseases Intelligence - Volume 38 Number 3 Quarterly report. Available at:

[http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3803-pdf-cnt.htm/\\$FILE/cdi3803.PDF](http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdi3803-pdf-cnt.htm/$FILE/cdi3803.PDF)

^v Quinn, HE Pertussis control in Australia – the current state of play (2014). Epidemiology of pertussis in Australia. Communicable Diseases Intelligence - Volume 38 Number 3 Quarterly report. Available at:

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^{vi} Australian Government Department of Health (2014). Epidemiology of pertussis in Australia. Communicable Diseases Intelligence - Volume 38 Number 3 Quarterly report. Available at:

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