

Public Consultation regarding South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill

A simplified guide to responding to the guiding questions

Closing date: Friday 28 June 2019 5.00PM ACST

SA Health has published a large amount of information about the government's public consultation for a 'No job no Play' law on its Consultation Hub.

1 SA Health Reviews and Consultations Page

<https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Reviews+and+consultation/Consultation+on+Early+Childhood+Services+and+Immunisation/>

Two documents have been provided on the SA Health Reviews and Consultation page and are linked below.

- Your Say Consultation Page
- [No Jab No Play Discussion Paper](#)
- [Frequently Asked Questions](#)

2 Your Say – Consultation Page

<https://yoursay.sa.gov.au/decisions/immunisation/about>

3 Join the Online Discussion forum

<https://yoursay.sa.gov.au/discussions/early-childhood-services-and-immunisation-do-you-agree-that-with-rare-exception-children-in-sa-should-be-fully-vaccinated-for-age-as-a-condition-of-enrolment-into-early-childhood-services>

4 Making a submission

You can make a submission in one of two ways:

- [Online form](#)
- Email: HealthCommunicableDiseases@sa.gov.au

The following guide is a simplified version of the 'Guiding Questions' document and is intended to make it easy for citizens who support vaccine freedom of choice to have a say in vaccination policy in South Australia, by answering 11 questions. You do not have to respond to all questions, and instead you may prefer to respond to only those questions that are relevant to you.

Questions 1 – 3: Personal Details

Question 1: What is your postcode?

Question 2: Do you identify as Aboriginal or Torres Strait Islander

Question 3: If you wish, please provide your name and contact details

Question 4: Do you agree that, with rare exception, children in SA should be fully vaccinated for age as a condition of enrolment into childcare services and kindergarten programs?

Explanation

Options 2a, 2b, 3a, 3c requires that a child must have received all prescribed vaccines to be able to access childcare services or kindergarten.

Recommended Response



No

Question 5 - If you said yes, which of the options in the Discussion Paper do you consider to be the best (i.e. option 1, 2a, 2b, 3a or 3b)? Please provide your reasons.

No alternative proposal to increase vaccination rates is necessary. The following strategies are already in place to maximise vaccination rates:

- Federal 'No Jab No Pay' legislation, effective from 01 January 2016 acts as a reminder to those parents who do not object to vaccination.
- South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill which received assent on 9th May 2019, but has not yet commenced. The potential benefits from this bill to achieve the Government's goal of increasing vaccination rates has not yet been realised.

Option 1 is the preferred option and is already law in South Australia, although has not yet commenced. Parents will be required to provide a vaccination history/status to childcare services, kindergartens and schools when enrolling their child, but the child is not required to be vaccinated. This vaccination history/status information may be used by the Chief Public Health Officer and/or SA Health to temporarily exclude unvaccinated children during an outbreak of notifiable (so-called) vaccine-preventable diseases.

The Chief Public Health Officer will also have the power to prevent incompletely vaccinated children from **attending** a childcare service, kindergarten or school in the event they have been exposed to a so-called vaccine-preventable disease in places outside of the school grounds, and who could, by continuing to attend school, allegedly put other children at risk of exposure. This has been common practice for at least 20 years, even though it is only just now becoming law. It should also be noted that the Chief Public Health Officer's powers under the Public Health Act, must be exercised according to the principle of proportionality.

Option 1:

- recognises the precautionary principle and undone science regarding the safety of vaccination in a genetically diverse population, by stopping short of mandating the procedure
- recognises that vaccination is not compulsory in Australia, and that parents are best placed to make medical decisions for their children in conjunction with their preferred health care provider, without government intrusion
- recognises there is no evidence that incompletely vaccinated, but otherwise healthy children, pose a risk to other children and adults
- recognises that parents who make a conscious decision to not vaccinate, or selectively vaccinate, are genuinely acting in the best interests of their children, and will have come to this decision based on multiple sources of information, including direct observation of harm following previous vaccinations, pre-existing medical conditions, and family/genetic history
- preserves universal access to childcare services and kindergarten programs
- serves as a reminder to those parents who were already intending to vaccinate their child according to the schedule, but does not penalise those children whose parents have chosen to not vaccinate, or selectively vaccinate their children

Question 6: If you said no or unsure, what do you suggest as an alternative proposal or activity to improve immunisation rates among young children?

Suggested alternatives to Options 1, 2a, 2b, 3a, or 3b

Under the precautionary principle, Options 2a – 3b should be amended to include the following **two** exemptions:

(1) Conscientious objection to vaccination – based on a personal, philosophical, religious or medical belief that one or more prescribed vaccinations should not take place.

- A 2017 WA Health discussion paper noted there was little evidence that the federal No job No Pay law, which abolished conscientious objection to vaccination, has had any substantive impact on vaccination rates in young children.

https://avn.org.au/wp-content/uploads/2019/03/20170809_Talking-points_Options-for-improving-childhood-vacc-rates..._Redacted.pdf

- Parents with a conscientious objection to vaccination are extremely unlikely to be coerced by 'No Job No Play' (Options 2a – 3b), therefore the law will only serve to punish children and families, rather than contributing to the Government's goal of increasing vaccination rates. <https://newsroom.unsw.edu.au/news/health/taking-big-stick-vaccine-conscientious-objectorsmight-backfire>

- In a study of parents attending a specialist vaccination clinic in Melbourne, Forbes and colleagues (2015) found that when compared with pre-clinical parental positions on vaccination, there was a trend for the children of conscientious objectors to remain unvaccinated. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5054782/>

- Between the years 2016 and 2017 inclusive, the New South Wales No Job No Play law, included a provision for conscientious objection exemptions. As the Australian Immunisation Register no longer records conscientious objection, the New South Wales Ministry of Health created a state-based form for this purpose. A link to this form is provided below, and could be easily adapted for use in South Australia.

<https://avn.org.au/vaccination-objection-for-enrolment-in-child-care-in-nsw/>

- To address any concern that parents may register an objection to vaccination for frivolous reasons, parents could be required to register an objection yearly, instead of once only. This strategy is recommended by Australian experts in public health.

<http://onlinelibrary.wiley.com/doi/10.1111/jpc.13472/full>

(2) Medical contraindication to vaccination – non-prescriptive and based on a doctor's clinical judgement in each individual case.

- The Australian Immunisation Register (AIR) does not currently accept certified medical exemptions unless they meet arbitrarily narrow contraindication criteria, which infringes the clinical autonomy of doctors. The contraindication criteria used by the AIR is also inconsistent with both manufacturers recommendations and U.S. recommendations. A

copy of the U.S. Vaccine Information Statements, which list contraindications to vaccination, are available at the link below for comparison with contraindications permitted by the AIR. <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

The current medical exemption form provided by the AIR is so restrictive that it effectively abolishes almost all medical exemptions. Therefore an additional provision should be included to allow doctors to certify medical contraindication exemptions by writing a letter. This will prevent children from being denied enrolment into childcare or kindergarten services if the AIR refuses to accept a medical exemption.

Question 7: Do you agree that children on an approved catch-up schedule should be permitted to enrol?

Recommended Response



Yes

Question 8: To assist in meeting the proposed immunisation requirements, what resources and/or support should the SA Health provide to persons in charge of child care services, families and/or immunisation providers?

Suggested comments

Experience from Victoria shows that the Department of Health & Human Services and the Department of Education have actively misled childcare services and kindergartens about the provisions and scope of the No Jab No Play law in that state. As a result, children have been denied enrolment in circumstances where they were eligible to be enrolled.

- SA Health should ensure that all information and advice it provides regarding vaccination policies is accurate and does not seek to mislead parties who rely on that information.
- Health Departments in Australia have a history of misleading the general public. See for example, the website page linked below. The heading creates an incorrect perception that children are required to be vaccinated for enrolment in school.
<https://ww2.health.wa.gov.au/Media-releases/2017/Up-to-date-immunisations-essential-for-2018-school-enrolments>
- The term 'immunisation' should be replaced with vaccination in all materials published by the SA Health, because use of that term as a proxy for vaccination, is inherently misleading. People who are vaccinated against a targeted disease may or may not be immunised against that disease.
<https://www.healthdirect.gov.au/immunisation-or-vaccination-whats-the-difference>
- SA Health publications should not use biased, negative language that further entrenches a negative view of incompletely vaccinated children, and their parents.

Question 9: Do you agree with any of the listed advantages and disadvantages in the Discussion Paper? Please provide evidence to support your views (eg. any likely overall financial impacts).

Additional advantages and disadvantages

- This policy cannot hope to “reinforce the shared responsibility of the whole community for achieving and maintaining higher immunisation rates.” The Australian Government has done very little research into what motivates people to vaccinate or whether punishing policies have any influence on vaccination rates.
- These measures are not likely to direct vaccine hesitant parents towards discussion with immunisation providers. As public health experts repeatedly publish (such as Julie Leask - <https://croakey.org/no-jab-no-play-vaccination-rules-should-be-fair-to-all-children/>), offering a Conscientious Objection form is more likely to increase contact with immunisation providers.
- The policy does not demonstrate that “SA Health is confident in the safety and effectiveness of vaccines.” Rather, the policy increases mistrust and a loss of faith in the Government to write good legislation.
- SA Health has no evidence that further increases in vaccination rates will lead to any reduced risk of Vaccine Infectious Diseases (VIDs).

Question 10: Can you identify any additional advantages and disadvantages not included in the Discussion Paper? Please include evidence of any likely impacts.

Additional advantages and disadvantages

Additional disadvantages of Option 2a, 2b, 3a, 3b include:

- Has the potential to create an incorrect perception that vaccination is mandatory for enrolment in child care services and kindergarten programs.
- Even though Option 1 is the most appropriate option in comparison, politicians may feel pressured into supporting Option 2a, 2b, 3a, or 3b, due to the confected outrage of extremist mandatory vaccination lobbyists, such as Light for Riley, who seek to unnecessarily punish incompletely vaccinated children and their parents; and the ensuing orchestrated media campaign from their corporate media supporters. Women are disproportionately disadvantaged by this policy due to the greater likelihood of the mother staying at home and delaying her return to the workforce.
- Will force some parents into using unregulated child minding, putting children at risk.
- No Jab No Play is a socially divisive policy which legitimises the dehumanisation and hatred of incompletely vaccinated children and their parents
- The policy fixates on vaccination rates, while ignoring: (1) overall health outcomes in children in terms of chronic disease and disability; and, (2) important social determinants of health such as inclusion, socialisation and early childhood education
<https://www.aihw.gov.au/getmedia/11ada76c-0572-4d01-93f4-d96ac6008a95/ah16-4-1-social-determinants-health.pdf.aspx>
- The Australian Immunisation Handbook states that for consent to be legally valid, it must be given voluntarily in the absence of undue pressure, coercion or manipulation, and the

Medical Board of Australia Code of Conduct requires that consent to medical procedures be voluntary. Option B (No Jab No Play) violates valid consent by requiring coercive clinical practices. <https://avn.org.au/haire2018/>

- Imposes an additional burden on families whose children have already been adversely affected by unacknowledged harms of vaccination
- Exposes children to foreseeable risks of adverse reactions due to the effective abolition of medical contraindication exemptions by the AIR
- Creates an incorrect perception and false sense of security that the exclusion of incompletely vaccinated children will prevent disease outbreaks, even though large numbers of fully vaccinated children are being notified with diseases such as Whooping Cough, Mumps, and Chickenpox. Increasing already high vaccination rates will not change this state of affairs. See for example:
 - Mumps outbreaks in large numbers of fully vaccinated children in Western Australia [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(18\)30498-5/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(18)30498-5/fulltext)
 - Chickenpox outbreak in large numbers of vaccinated children attending a childcare centre in Queensland – index case was also vaccinated <https://avn.org.au/wp-content/uploads/2018/01/A-Prof-Stephen-Lambert-Break-through-Chickenpox.mp4>
 - Associate Professor Anne Koehler (member of ATAGI’s Pertussis Working Party) reported high rates of Whooping Cough in fully vaccinated children <https://avn.org.au/wp-content/uploads/2018/10/Dr-Ann-Koehler-slides-updated-high-quality.pdf>

Exemption

Question 11: Do you support the provision of exemptions to the immunisation enrolment requirements for vulnerable and/or disadvantaged children?

Recommended Response

 **Yes**

Question 12: Are the proposed categories in the Discussion Paper of vulnerable and disadvantaged children which should be exempt from the immunisation enrolment requirements appropriate?

Recommended Response

 **Other**

Suggested Response

Unlike every other state which has implemented or proposed No Jab No Play legislation, the SA Discussion Paper has not included any consideration for disadvantaged groups. The disadvantaged categories in other states include:

- Aboriginal or Torres Strait Islanders (ATSI)
- Child at risk that has a current exemption from Child Care Subsidy vaccination requirements under the federal No Jab No Pay law
- Child under a care and protection order
- Child living in crisis or emergency accommodation
- Child that has been evacuated due to there being a State of Emergency (e.g. natural disaster)
- Child who is in someone else's care due to exceptional circumstances (such as illness)
- Child whose parents have a Health Care Card or similar
- Children who are refugees, migrants or asylum seekers

These proposed exemptions categories should be included as a minimum, but don't extend far enough. As noted previously, exemptions from the vaccination requirement should also be available for the the following reasons:

- (1) Conscientious objection to vaccination – based on a personal, philosophical, religious or medical belief that one or more prescribed vaccinations should not take place
- (2) Medical contraindication to vaccination – non-prescriptive and based on a doctor's clinical judgement in each individual case

Other General Questions

Question 13: Can you identify any additional regulatory proposals that should be considered or any other way of achieving higher immunisation rates for young children in SA? Please provide details as well as supporting evidence where possible.

South Australia already has a number of strategies in place for increasing vaccination rates. Further regulation, or use of taxpayer funds to promote vaccination cannot be justified.

Question 14: Do you have any additional comments in relation to the proposed Bill to strengthen immunisation enrolment requirements for child care services and kindergarten programs?

Include personal circumstances specific to your situation.

You should include here, any personal stories about how you will be negatively affected by exclusion from early learning services, such as:

- losing your child's place at a private school (with long waiting lists) due to your child being ineligible for enrolment in the kindergarten year at that school***
- having to resign from your employment or delay your return to work to look after your child***
- having to abandon study to look after your child***
- being forced into using unregulated childcare services which may not be safe***
- being unable to obtain a medical exemption for your child/children***