

The Senate

Community Affairs
Legislation Committee

Social Services Legislation Amendment
(No Job, No Pay) Bill 2015 [Provisions]

November 2015

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ISBN 978-1-76010-309-5

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44th Parliament

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ABBREVIATIONS

ACIR	Australian Childhood Immunisation Register
AMA	Australian Medical Association
ANAO	Australian National Audit Office
CCB	Child Care Benefit
CCR	Child Care Rebate
CO	Conscientious objector
DET	Department of Education and Training
DHS	Department of Human Services
DoH	Department of Health
DSS	Department of Social Services
FTB-A	Family Tax Benefit Part A
GP	General Practitioner
HPV	Human papillomavirus
ICCPR	International Covenant on Civil and Political Rights
PHAA	Public Health Association of Australia
PJCHR	Parliamentary Joint Committee on Human Rights
RACP	Royal Australasian College of Physicians

LIST OF RECOMMENDATIONS

Recommendation 1

2.88 The committee recommends that the Government consider an initial review after 12 months to assess the immediate impact of the Bill and a full evaluation of the impact and effectiveness of the Bill after three years of implementation.

Recommendation 2

2.89 The committee recommends that the Government consider the educational and communication strategies to improve vaccination rates proposed by submitters to this inquiry.

Recommendation 3

2.90 The committee recommends that the Government investigate a means of continuing to monitor conscientious objection if the Bill is passed.

Recommendation 4

2.91 The committee encourages the Government to investigate the merits of a national vaccine compensation scheme.

Recommendation 5

2.92 The committee recommends that the Bill be passed.

Chapter 1

Introduction

Referral

1.1 On 17 September 2015, the Senate referred the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015 to the Senate Community Affairs Legislation Committee for inquiry and report by 9 November 2015.¹

Conduct of the inquiry

1.2 Details of the inquiry, including a link to the Bill and associated documents, were placed on the committee's website. The committee also wrote to 31 organisations and individuals, inviting submissions by 16 October 2015.

1.3 The committee received over 2000 pieces of correspondence related to the inquiry, which included submissions, form letters and short general statements. The majority of the correspondence received was from individuals who oppose the bill.

1.4 On 28 October 2015 the committee determined to publish the following statement on the inquiry page:

The committee has received a large volume of submissions in relation to this inquiry and wishes to assure submitters that each piece of correspondence to the inquiry is being read and considered. The committee has decided to publish all submissions from organisations and a representative sample of the submissions received from individuals. Owing to the sensitive and personal nature of many submissions, the committee has decided that the representative sample will be drawn from those for which it has received clear advice from the submitter supporting publication. The committee has decided not to publish submissions comprising short or general statements, form/campaign letters and petitions, but has noted the concerns raised in them.

1.5 The committee published 550 submissions, including 25 submissions received from organisations. The committee also published two samples of form letters. The committee considered and noted all other unpublished correspondence.²

1.6 The committee held a public hearing in Brisbane on 2 November 2015.

Background

1.7 The *A New Tax System (Family Assistance) Act 1999* (Family Assistance Act) requires that children are up to date with the National Immunisation Program Schedule in order for parents or guardians to be eligible for Family Tax Benefit Part A

1 *Journals of the Senate*, No. 118–17 September 2015, p. 3147.

2 Consistent with its resolution of 28 October 2015, the committee notes that any correspondence it did not publish as a submission is not covered by Parliamentary privilege and not listed in Appendix 1.

(FTB-A) supplement, Child Care Benefit (CCB) and Child Care Rebate (CCR).³ Legislation has linked social security payments to immunisation requirements since 1998 for child care payments and 2012 for FTB-A supplement.⁴ The Family Assistance Act provides that a child may meet the immunisation requirements despite not being immunised if they meet certain exemption categories, including where an individual or adult has a conscientious objection. Under the Act, an individual is considered to have a conscientious objection to a child being immunised if:

... the individual's objection is based on a personal, philosophical, religious or medical belief involving a conviction that vaccination under the latest edition of the standard vaccination schedule should not take place.⁵

1.8 In the 2015-16 Budget, the Government announced it would seek to introduce 'No Jab, No Pay' rules that would remove immunisation exemption categories for access to CCB, CCR and FTB-A supplement. As part of this measure, the Government announced it would provide a \$26 million boost to the Immunise Australia program 'to encourage doctors and immunisation providers to identify and vaccinate children in their practice who are overdue'.⁶

Purpose and key provisions of the Bill

1.9 This Bill seeks to amend the Family Assistance Act to tighten the immunisation requirements for children to be eligible for the CCR, CCB and FTB-A supplement payments. These changes would commence on 1 January 2016.⁷

Removal of exemption categories

1.10 The Bill proposes to remove the current exemption categories for meeting the immunisation requirement on the basis of a conscientious objection and on religious grounds.⁸ The Bill also proposes to remove the Minister's power to determine by legislative instrument a class of persons to be exempt from or meet the immunisation requirements.⁹

3 Explanatory Memorandum (EM), p. 2.

4 *Child Care Legislation Amendment Act 1998* (Cth), accessed 6 October 2015; *Family Assistance and Other Legislation Amendment Act 2012*, (Cth), accessed 6 October 2015.

5 *A New Tax System (Family Assistance) Act 1999*, s. 5.

6 Budget 2015, 'Supporting Australian Families', *Budget Paper 1: Budget Strategy and Outlook*, http://www.budget.gov.au/2015-16/content/bp1/html/bp1_bs1-04.htm (accessed 5 November 2015).

7 EM, p. 2.

8 EM, p. 2. Currently the only exemption on religious ground is given to children of members of the Church of Christ, Scientist.

9 EM, p. 2.

1.11 The Bill provides for new circumstances in which a person may meet the immunisation requirements on the basis of a medical contraindication, natural immunity or participation in a vaccine study.¹⁰

Changes to eligibility monitoring

1.12 Currently eligibility for the FTB-A supplement is checked at ages one, two and five and eligibility for child care payments is checked each year up to age seven. This Bill proposes that eligibility for all payments is checked each year until the child is 20.¹¹

Changes to the 63-day grace period

1.13 Currently when a notice is issued that a child has not met eligibility for social security payments a 63-day grace period is given for that child to commence vaccination including commencing a catch-up schedule.¹² Those who are currently registered, which includes those registered as conscientious objectors, will continue to receive the 63-day grace period.¹³

1.14 This Bill proposes to remove the grace period for new customers applying for the first time for social security payments.¹⁴ However, the Department of Human Services will advise the individual that if they visit a General Practitioner and 'commence a catch-up schedule for the child, the requirement to be immunised will be considered to be met'.¹⁵

New immunisation requirement for Special Child Care Benefit

1.15 The Bill proposes adds a requirement that children at risk of abuse and neglect need to meet the vaccination schedule for the child care provider to receive the Special Child Care Benefit.¹⁶

10 EM, p. 3.

11 EM, p [ii].

12 EM, p. 6.

13 Department of Education and Training, answer to question on notice, 5 November 2015 (received 6 November 2015).

14 Department of Education and Training, answer to question on notice, 5 November 2015 (received 6 November 2015).

15 Department of Education and Training, answer to question on notice, 5 November 2015 (received 6 November 2015).

16 EM, p. 7.

Related legislation

Federal legislation

1.16 This Bill complements two recently passed immunisation-related Bills: the Australian Immunisation Register Bill 2015 and Australian Immunisation Register (Consequential and Transitional Provisions) Bill 2015. The Bills will:

- expand the Australian Childhood Immunisation Register (ACIR) from children under seven years of age to children under 20 years of age, commencing 1 January 2016; and
- expand ACIR to become the Australian Immunisation Register to create a whole of life vaccination register, commencing from late 2016.¹⁷

1.17 The Government has also introduced legislation to the House of Representatives seeking to gradually phase out the FTB-A supplement by 2018.¹⁸

State legislation

1.18 Some state governments have recently introduced legislation to tighten immunisation requirements for child care centres – these measures are known as 'No Jab, No Play'. The Parliamentary Library's Bills Digest for the Bill outlines the status of such legislation in three states:

New South Wales

New South Wales introduced immunisation requirements for enrolment in childcare facilities from 1 January 2014. The legislation allows for conscientious objectors to still be enrolled but unvaccinated children can be excluded in the event of an outbreak of a vaccine preventable disease.

Queensland

The Queensland Government introduced legislation to Parliament in July 2015 to allow the managers of childcare services the option to refuse, cancel or place a condition on the enrolment or attendance of a child who is not vaccinated or up to date with applicable immunisation schedules. There are no exemptions for conscientious objectors.

Victoria

The Victorian Parliament is currently considering legislation which will require children to be fully immunised in order to attend childcare and kindergarten (preschool) from 1 January 2016. There will no exemptions for conscientious objectors, only for those with medical reasons and for certain

17 A Grove, *Australian Immunisation Register Bill 2015 [and] Australian Immunisation Register (Consequential and Transitional Provisions) Bill 2015*, Parliamentary Library, Bills Digest No. 25, 2015-16, 1 October 2015, p. 3.

18 Parliament of Australia, 'Social Services Legislation Amendment (Family Payments Structural Reform and Participation Measures) Bill 2015', Australian Parliament Website, <http://parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;query%3DID%3A%22legislation%2Fbillhome%2F5557%22> (accessed 4 November 2015).

disadvantaged and vulnerable children, who will be provided with 16 weeks to meet vaccination requirements.¹⁹

1.19 Submitters raised concerns that the Bill is a response to a campaign by the Daily Telegraph since 2013 petitioning state and federal governments to take action to improve vaccination rates. The campaign sought to have state governments give child care centres the power to exclude unvaccinated children from their centres and for the federal government to withhold child care rebates and family tax benefit to conscientious objectors.²⁰

1.20 Submitters to this inquiry have expressed concerns about state legislation, particularly where conscientious objection has been removed as an exemption category for the immunisation requirements.

Financial implications

1.21 The Explanatory Memorandum notes that the Bill is expected to produce savings of \$508.3 million over the forward estimates.²¹

Consideration by other committees

1.22 The Parliamentary Joint Committee on Human Rights (PJCHR) found the Bill engages and places limits on the right to freedom of thought, conscience and religion as set out in article 18 of the International Covenant on Civil and Political Rights and sought advice from the Minister on whether the measures were justifiable.²² The PJCHR had not published the Minister's response prior to the tabling of this report.

Acknowledgement

1.23 The committee thanks those individuals and organisations that made submissions and gave evidence at the public hearing.

Note on references

1.24 References to the committee *Hansard* are to the *Proof Hansard*. Page numbers may vary between the proof and official Hansard transcript.

19 M Klapdor, *Social Services Legislation Amendment (No Jab, No Pay) Bill 2015*, Parliamentary Library, Bills Digest No.36, 2015-16, 22 October 2015, p. 7.

20 <https://www.change.org/p/nsw-state-government-and-australian-federal-government-support-our-campaign-to-stop-the-spread-of-disease-by-vaccination> and <http://www.news.com.au/national/no-jab-no-play-campaign-launched-to-ban-unvaccinated-kids-from-childcare-centres-and-preschools/story-fcynjr2-1226635256015>.

21 EM, p. [ii].

22 Parliamentary Joint Committee on Human Rights, *Human Rights Scrutiny Report: Twenty-ninth report of the 44th Parliament*, 14 October 2015, pp 31–33.

Chapter 2

Key issues

2.1 This inquiry attracted a large volume of submissions and correspondence from individuals who held serious concerns about the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015 (Bill). The majority of the submitters were concerned about the Bill's measure to remove conscientious objection as an exemption category for eligibility for social security payments.

2.2 The key concerns raised by submitters and witnesses were:

- efficacy of the Bill in increasing vaccination rates;
- impact on disadvantaged families;
- suitability of proposed exemption categories;
- need for a vaccination injury compensation scheme;
- impact on child care providers; and
- accuracy of the Australian Childhood Immunisation Register data.

2.3 The committee also received some submissions that supported the proposed measures, suggesting they would increase vaccination rates and improve public health outcomes. For example, Friends of Science in Medicine stated in their submission that the Bill is 'feasible, acceptable to the community, ethical and legal.'¹ Furthermore, The Parenthood, a group of 35,000 parent members said in their submission that the Bill 'sends a strong signal to all parents that vaccinations are necessary and safe'.²

2.4 The Department of Social Services (DSS) submitted that:

The Australian Government considers that immunisation is an important health measure for children and their families as it is the safest and most effective way of providing protection against diseases.³

Efficacy of increasing vaccination rates

2.5 A large number of submitters and witnesses raised questions as to whether the Bill will achieve the desired result of increased vaccination rates.⁴

2.6 The Explanatory Memorandum of the Bill states that savings of \$508.3 million over the forward estimates are expected as a result of this Bill.⁵ Submitters said that the anticipated savings suggests that the Government expects the Bill will not

1 *Submission 316*, p. 4.

2 *Submission 324*, p. 2.

3 *Submission 319*, p. 1.

4 See, for example: *Submission 317*, p.3; *Submission 344*, p.1; *Submission 318*; *Submission 327*; *Submission 344*.

5 EM, [ii].

persuade some families to vaccinate resulting in a reduction in social security payments.⁶ DSS told the committee they expect that in 2016–17 around 10, 000 families will lose an average of \$7,000 in child care payments and 75,000 families will lose the FTB-A supplement, which is currently \$726.35.⁷

Conscientious objectors

2.7 The Bill's proposed measures seek to address the growing rate of conscientious objectors (COs) and the risk this poses to young children and the broader community.⁸

2.8 The committee notes that the percentage of children registered as COs has steadily increased from 0.23 per cent of total children in 1999 to 1.77 per cent in 2014. This equated to 39,523 children in 2014.⁹ The Australian Medical Association (AMA) has expressed concern about the growing rate of conscientious objection to vaccination in Australia.¹⁰

2.9 Vaccination rates for one and two year olds have remained steady between 89-92 per cent for more than a decade and for five year olds have increased from 74 per cent in 2005 to 92 per cent in 2014.¹¹ However, the AMA says this is below the recommended 95 per cent needed to maintain herd immunity.¹² Herd immunity helps to protect babies who are too young to be immunised as well as the elderly and the immunocompromised, 'such as people undergoing cancer treatment, transplants, or those with allergies to vaccine components'.¹³

6 See, for example: *Submission 327*, p. 4; *Submission 318*, p. 3; *Submission 416*, p. 2.

7 Ms Catherine Halbert, Group manager, Payments Policy Group, Department of Social Services, *Proof Committee Hansard*, 2 November 2015, p. 47.

8 The Hon Scott Morrison, MP (former Minister for Social Services), *No jab – no play and no pay for child care*, media release, 12 April 2015, <http://www.liberal.org.au/latest-news/2015/04/12/no-jab-no-play-and-no-pay-child-care> (accessed 30 October 2015).

9 Department of Health, 'ACIR - National Vaccine Objection (Conscientious Objection) Data', <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/acir-cons-object-hist.htm> (accessed 3 November 2015).

10 Australian Medical Association, 2015, 'Immunisation – why there is no room for complacency', <https://ama.com.au/ausmed/immunisation-%E2%80%93-why-there-no-room-complacency> (accessed 28 October 2015).

11 Department of Health, 'ACIR - Annual Coverage Historical Data', <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/acir-ann-cov-hist-data.htm> (accessed 3 November 2015).

12 Dr Richard Kidd, Australian Medical Association, *Proof Committee Hansard*, 2 November 2015, p. 20.

13 *Submission 282*, p. 4; Dr Kidd, *Proof Committee Hansard*, 2 November 2015, p. 20.

2.10 Furthermore, evidence to the committee suggests that COs exist in clusters across the country,¹⁴ and that the vaccination rates of the communities in which they reside are much lower than the state or national average.¹⁵ The AMA submitted that these areas are more prone to outbreaks of vaccine preventable diseases.¹⁶ Northern Rivers Vaccination Supporters is a community group from a region with some of the lowest rates of immunisation nationally, such as the Byron Bay Shire where the vaccination rate for 5 year olds in 2012–13 was 66.7 per cent.¹⁷ Their submission discussed the impact of low vaccination rates:

In the Northern Rivers the 'chink in the armour' is a perfect storm of dense clusters of unvaccinated children congregating together in a child care centre, putting the whole region at risk of subsequent outbreaks. This is already happening, and we see this with frequent outbreaks of Pertussis in our region. This has already proved fatal to those too young to be vaccinated themselves.¹⁸

2.11 The committee received submissions from COs stating that the Bill will not influence their decision to vaccinate.¹⁹ Furthermore, submitters argue that families who can afford to relinquish social benefits will not be easily motivated to change their position as a result of the Bill.²⁰

2.12 Associate Professor Julie Leask, told the committee that about half of all COs would be very difficult to influence.²¹ She said that for the other half (those who could be influenced) evidence suggests that 'strategies that focus at the immunisation provider level are very important'.²² DSS told the committee that the rate of objection

14 Associate Professor Julie Leask, *Proof Committee Hansard*, 2 November 2015, p. 43; Dr Sue Ieraci, Executive Member, Friends of Science in Medicine, *Proof Committee Hansard*, 2 November 2015, p. 13.

15 National Health Performance Authority, *Healthy Communities: Immunisation rates for children 2013–13*, p. 35, http://www.myhealthycommunities.gov.au/Content/publications/downloads/NHPA_HC_Report_Imm_Rates_March_2014.pdf (accessed 3 November 2015).

16 *Submission 544*, p. 2.

17 National Health Performance Authority, *Healthy Communities: Immunisation rates for children 2013–13*, p. 35, http://www.myhealthycommunities.gov.au/Content/publications/downloads/NHPA_HC_Report_Imm_Rates_March_2014.pdf (accessed 3 November 2015).

18 *Submission 263*, p. 1.

19 See, for example: *Submission 412*; *Submission 9*; *Submission 172*; *Submission 279*; *Submission 370*.

20 See, for example: *Submission 318*, p. 2, *Submission 169*; *Submission 187*; *Submission 33*.

21 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 43.

22 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 43.

to vaccination is expected to decline slightly, from 1.8 per cent in 2015–16 to 1.5 per cent in 2018–19 as a result of the Bill.²³

2.13 The AMA submitted that they support the removal of the conscientious exemption category as a measure to increase vaccination rates in children.²⁴ The AMA also stated that preliminary data suggests that some conscientious objectors may already be reconsidering their position because of the measures proposed in the Bill.²⁵ The Northern Rivers Vaccination Supporters told the committee that as a direct result of the proposed legislation, vaccine-hesitant parents have approached the group seeking more information about vaccination.²⁶

2.14 DSS told the committee that allowing conscientious objection to vaccinations is contradictory to its position that 'immunisation is an important public health policy'.²⁷ The Government has also stated that the policy will give confidence to parents who vaccinate their children and send them to child care centres.²⁸

Expanding eligibility range

2.15 The committee heard that this Bill would also further encourage vaccination rates in all children by requiring that children are up to date with their vaccinations each year until they turn 20.²⁹ This will capture parents who receive Child Care Benefit and Child Care Rebate for children aged eight to 20, some of which will be before-and after-school care, and those receiving FTB-A supplement and who have not fully vaccinated their children, whether or not they are registered as a CO.³⁰

23 Department of Social Services, answer to question on notice, 2 November 2015 (received 6 November 2015).

24 *Submission 544*, p. 2.

25 *Submission 544*, p. 3.

26 Mrs Heidi Robertson, Northern Rivers Vaccination Supporters, *Proof Committee Hansard*, 2 November 2015, p. 11.

27 Ms Catherine Halbert, Group Manager, Payments Policy Group, Department of Social Services, *Proof Committee Hansard*, 2 November 2015, p. 47.

28 The Hon Scott Morrison MP, *No jab – no play and no pay for child care*, media release, 12 April 2015, <http://www.liberal.org.au/latest-news/2015/04/12/no-jab-no-play-and-no-pay-child-care> (accessed 30 October 2015).

29 EM, p [ii]; Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 40.

30 EM, p [ii].

2.16 DSS provided the committee with a table of children expected to fail the immunisation requirement to receive FTB-A supplement by year of age³¹:

	2015-16	2016-17	2017-18	2018-19
Age 1*	3,100	2,800	2,500	2,100
Age 2*	3,200	2,900	2,500	2,200
Age 3	7,100	6,300	5,500	4,600
Age 4	7,200	6,400	5,500	4,600
Age 5*	3,200	2,900	2,500	2,200
Age 6	8,200	6,400	5,500	4,600
Age 7	8,100	6,500	5,500	4,600
Age 8	8,500	6,100	5,700	4,500
Age 9	9,400	6,500	5,500	4,900
Age 10	10,000	6,900	5,600	4,600
Age 11	14,600	7,700	6,400	5,100
Age 12	16,300	10,900	7,100	5,700
Age 13	14,800	12,300	10,100	6,300
Age 14	18,500	11,200	11,500	9,200
Age 15	23,200	13,600	10,200	10,200
Age 16	20,500	15,300	11,300	8,200
Age 17	20,200	12,400	11,600	8,300
Age 18	8,000	5,900	4,600	4,200
Age 19	400	300	300	200
Total	204,500	143,300	119,400	96,300

2.17 Some submitters were supportive of the expansion of the eligibility requirements to be checked each year up to age 20.³² DSS told the committee that the majority of families who immunise their children as a result of this Bill are expected to do so as a result of eligibility being checked each year until age 20.³³

Alternative measures to increase vaccination rates

2.18 Submitters and witnesses suggested that the Government implement other means of increasing vaccination rates, including addressing access issues, improving education about vaccines and a national vaccine reminder system.³⁴

31 Department of Social Services, answer to question on notice, 2 November 2015 (received 6 November 2015). * denotes: At age 1, 2 & 5 the numbers affected reflect vaccination objections only as there is an existing immunisation requirement at those ages.

32 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 40; *Submission 282*; *Submission 324*; *Submission 316*.

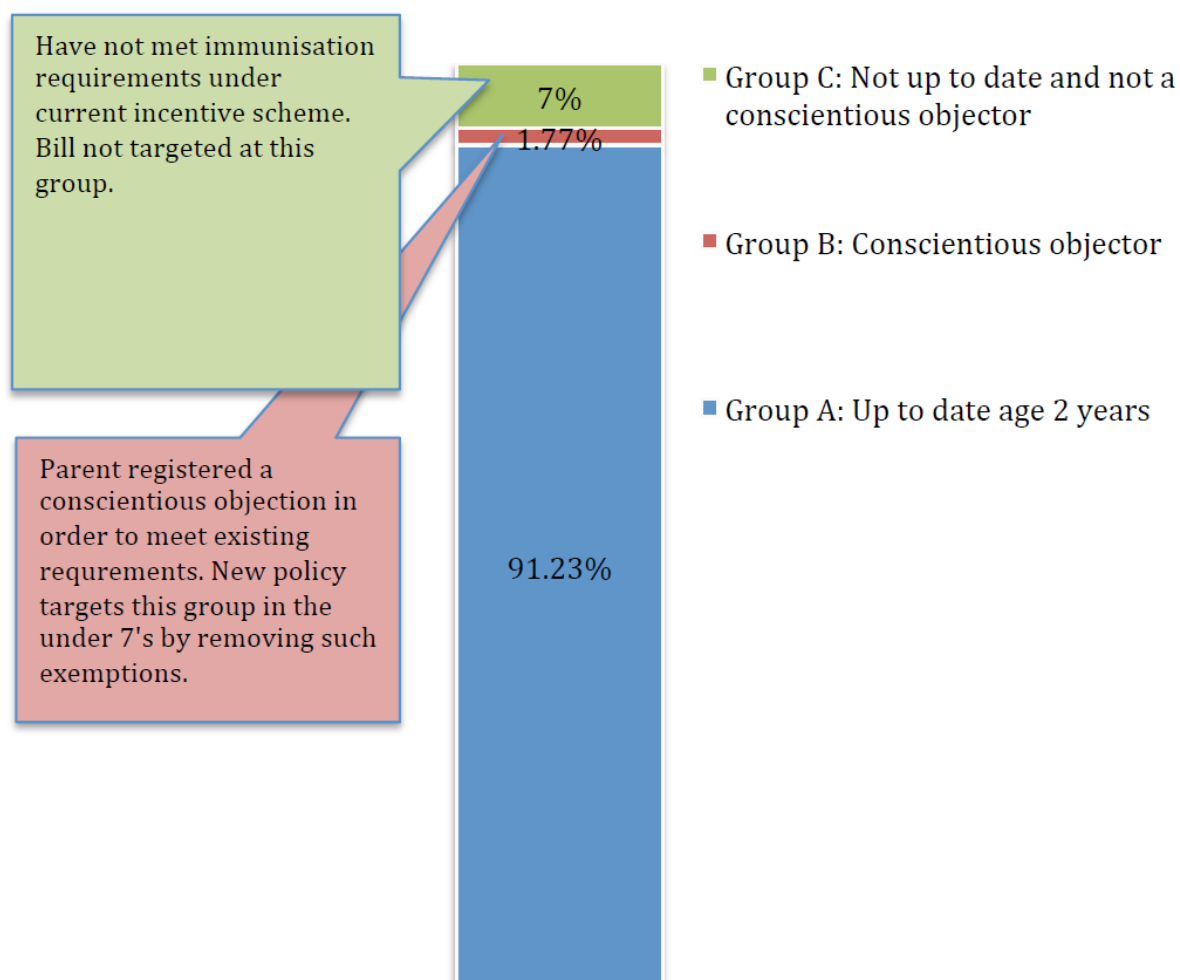
33 Department of Social Services, answer to question on notice, 2 November 2015 (received 6 November 2015).

34 *Submission 344*, pp 1–2.

Targeting unvaccinated children who are not registered conscientious objectors

2.19 Submitters and witnesses presented the committee with evidence that COs account for only a small portion of the total number of families who do not vaccinate (See Figure 1). As noted in Figure 1, unvaccinated children who are not registered as COs account for 7 per cent and COs account for 1.77 per cent of all children under 24 months in 2014 according to the Australian Childhood Immunisation Register (ACIR). Professor Leask submitted that these children are not fully vaccinated for a range of reasons including: incorrect data in ACIR; they are children of 'silent' unregistered objectors; and practical barriers to vaccination. Professor Leask told the committee that neither the current legislation that attaches vaccination to social security payments nor the proposed Bill have or will influence this group.³⁵

Figure 1 Vaccination status of children aged 24 months, 2014 according to the Australian Childhood Immunisation Register



Source: *Submission 327*, p. 2.

2.20 The Public Health Association of Australia (PHAA) told the committee that the Government should seek to address the structural and practical barriers to vaccination that exist, including socioeconomic reasons that children are not vaccinated.³⁶ The Royal Australasian College of Physicians (RACP) suggested home visiting programs would be one way of overcoming practical barriers to vaccination.³⁷

Communication and education strategies

2.21 Some submitters expressed concern that some immunisation providers do not possess extensive knowledge on vaccinations.³⁸ The PHAA told the committee this was crucial to successfully engage with vaccine hesitant parents.³⁹ Professor Leask suggested that the Government consider the value of increasing vaccination training in the medical curriculum.⁴⁰

2.22 Professor Leask also recommended that the Government investigate the following strategies to reduce the incidence of vaccine refusal:

- parent peer-advocate training in regions with higher rates of vaccine refusal;
- competitively awarded funding for local community campaigns designed by and for each community;
- inclusion of education about vaccination in high school core curriculum; and
- funds to support more access to immunisation nurse accreditation training and better access to, and incentivisation of, training and updates for midwives.⁴¹

2.23 Professor Leask suggested that Primary Health Networks could play a key role in education and training about vaccinations at a community level.⁴²

2.24 Evidence provided to the committee indicates that there is significant confusion as to which vaccines are mandatory for eligibility. The committee notes the different information provided on the each of DSS,⁴³ the Department of Human Services (DHS)⁴⁴ and the Department of Health (DoH)⁴⁵ web sites. The committee

36 *Submission 317*, pp 5–7.

37 *Submission 344*, pp 1–2.

38 See for example: *Submission 265*, p. [1]; *Submission 193*, p.2; *Submission 404*; *Submission 436*, p. 19; *Submission 491*; *Submission 511*, p. 3.

39 *Submission 317*, pp 5–7.

40 *Submission 327*, p. 7.

41 *Submission 327*, p. 7.

42 *Submission 327*, p. 7.

43 <http://www.humanservices.gov.au/customer/subjects/immunising-your-children>

44 <https://www.dss.gov.au/our-responsibilities/families-and-children/benefits-payments/strengthening-immunisation-for-young-children/strengthening-immunisation-for-children-frequently-asked-questions>

45 <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/nips>

notes that on the DHS website it states that 'most of the immunisations on the National Immunisation Program Schedule are linked to family assistance payments'.⁴⁶

2.25 The committee notes that the Government has announced \$26 million in funding for Immunise Australia, as part of a 'balanced carrot and stick approach'.⁴⁷ The funding will include: incentive payments to immunisation providers who identify under-vaccinated children and initiate a catch-up schedule; improving public vaccination records and reminder systems; and communication strategies to promote the benefits of vaccinations.⁴⁸

2.26 The PHAA told the committee that implementing a successful reminder system would have obstacles, as contact details for parents may be incorrect due to the fact that vaccination providers are no longer able to update address details of their patients in ACIR – parents have to contact DHS directly.⁴⁹

2.27 DSS, the lead agency for this legislation, told the committee communication activities are a joint responsibility of DoH, DHS, The Department of Education and Training (DET) and DSS. DSS has been tasked with the following communication activities:

- child care centres will be sent an e-kit via the Child Care Management System. It will include a printable PDF poster the centres can display and immunisation specific text that they can send out to all their families in newsletters and questions and answers;
- Members of Parliament and Senators will be sent a similar e-kit that will also include a shell release;
- a social media campaign that targets families with children under 20. The Facebook campaign will direct families to the Department of Human Services website www.humanservices.gov.au/immunisation, which is the key source of all information relating to immunisation and No Jab No Pay measure;
- the social media campaign will complement the activities of the Department of Health, Department of Human Services and the Department of Education (noting that all families that do not meet the immunisation requirements and receive child care payments will get a letter from Centrelink before their payments are affected letting them know what to do and when); and

46 <http://www.humanservices.gov.au/customer/subjects/immunising-your-children>

47 The Hon Sussan Ley MP, Minister for Health, *\$26m booster to Immunise Australia*, media release, 21 April 2015, <https://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-ley044.htm> (accessed 4 November 2015).

48 The Hon Sussan Ley MP, Minister for Health, *\$26m booster to Immunise Australia*, media release, 21 April 2015, <https://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2015-ley044.htm> (accessed 4 November 2015) .

49 Mrs Angela Newbound, Co Convenor, Immunisation Special Interest Group, Public Health Association of Australia (PHAA), *Proof Committee Hansard*, 2 November 2015, p. 46.

- additional communication activities for early 2016 may be deployed as required to ensure the community and stakeholders understand their obligations under the changes.⁵⁰

2.28 The committee sought clarification on the detail of the Government's education campaign for vaccination but has not been provided information on the activities and budget of the other departments.

Impact on disadvantaged families

2.29 Submitters were concerned that the Bill unfairly and disproportionately affects low-income families whilst simultaneously not addressing the barriers to vaccination that may exist for families who are not opposed to vaccination.⁵¹

2.30 Submitters argued that the Bill is unfair because only wealthy families could afford to exercise their objection to vaccinating their children.⁵²

Children of conscientious objectors

2.31 Where the measures in the Bill are unable to persuade parents to vaccinate, submitters and witnesses have raised concerns that this may lead to further disadvantaging children of COs.⁵³

2.32 Submitters argued that children should not be further disadvantaged by the choices made by their parents.⁵⁴ The Law Institute of Victoria's submission raised concern that the Bill may have the unintended consequence of further disadvantaging the children of parents who choose to forgo the social security benefits.⁵⁵

2.33 Inspired Family Day Care Service is a national child care service provider that does not support the Bill, argued that the Bill infringes on a child's right to education:

By refusing child care assistance to non-vaccinated, partially vaccinated and conscientious objectors, the Commonwealth is determining who may or may not attend child care, in particular further marginalising at risk and low socio-economic families and creating a cycle of non-access for educational engagement.⁵⁶

50 Department of Social Services, answer to question on notice, 2 November 2015 (received 6 November 2015).

51 See, for example: *Submissions 317; Submission 340; Submission 321; Submission 264; Submission 326; Submission 344.*

52 See, for example: *Submission 33; Submission 159; Submission 169; Submission 187; Submission 313; Submission 315; Submission 402.*

53 Dr Anne Kynaston, Member, Royal Australasian College of Physicians, *Proof Committee Hansard*, 2 November 2015, p. 21; See Submissions 318, 344, and 326.

54 See, for example: *Submission 97*, p. 2; *Submission 248; Submission 252; Submission 353; Submission 549*, p. 17.

55 *Submission 318*, p. 2.

56 *Submission 236*, p. 1.

2.34 However the committee also heard that in areas where vaccination rates are well-below the national average, parents of young children are avoiding mothers groups for fear of the risk posed by unvaccinated children. As a result, those children are missing out on 'valuable social interactions' and the parents are missing out on valuable support groups.⁵⁷ The AMA told the committee that 'all children have the right to be protected from vaccine preventable diseases' but urged the Government to monitor the impacts of the Bill to ensure that children are not being increasingly disadvantaged by reduced access to child care.⁵⁸

2.35 The committee inquired into the analysis that DSS undertook into the demographic of those affected by the Bill, such as their income levels and geographic dispersion. DSS told the committee that they did not have sufficient data to determine the income levels of COs or provide meaningful analysis of the geographic dispersion of those affected by the Bill.⁵⁹

Changes to the 63-day grace period

2.36 The National Welfare Rights Network told the committee that they were concerned about the Bill's proposed changes to the 63-day grace period, whereby under the proposed Bill, there is no grace period for children who are applying for the first-time for child care payments. However, once the child commences a catch-up schedule they are considered eligible for payments. National Welfare Rights Network submitted that this potentially disadvantages these families who may be new foster parents, adopted parents or grandparent guardians, if they face a delay in visiting a general practitioner to commence a catch-up schedule.⁶⁰

Evaluation of the Bill's impact

2.37 Submitters suggested that the Government monitor the impact of the Bill on vaccine hesitant families and vaccination rates.⁶¹ Professor Leask recommended a full evaluation of the policy's impact in 2018–19 on:

- vaccine refusing families on low incomes;
- vaccine confidence;
- immunisation providers and primary care service delivery;
- vaccination rates;
- refusal rates;
- child care arrangements of vaccine refusers;

57 Mrs Heidi Robertson, Northern Rivers Vaccination Supporters, *Proof Committee Hansard*, 2 November 2015, p. 11.

58 *Submission 544*, pp 2–3.

59 Department of Social Services, answer to question on notice, 5 November 2015 (received 6 November 2015).

60 *Submission 545*, pp 4–6.

61 *Submission 544*, p. 3. and *Submission 327*.

- outbreaks; and
- any other impacts.⁶²

Suitability of proposed exemption categories

2.38 The committee heard concerns about the removal of conscientious objection as an exemption category and issues about the medical exemption category.

Removal of conscientious objection category

2.39 Submissions to the inquiry indicated a range of reasons as to why people conscientiously object to vaccination. These can be generally divided into four broad categories:

- concern for the safety and/or efficacy of vaccines;⁶³
- those who were unable to obtain a medical exemption where they believe it is warranted;⁶⁴
- religious beliefs that are not recognised by the Government;⁶⁵ and
- ethical reasons such as the use of animal products.⁶⁶

2.40 Many submitters states that conscientious objection is based on considered personal beliefs and circumstances which inform people's decision not to vaccinate their children.

Concern for safety and efficacy

2.41 Submissions expressed concern about the safety of vaccines and argued that the Bill may put children at risk of injury by encouraging parents to vaccinate.⁶⁷ Other submitters told the committee that they hold concerns about the efficacy of vaccines and the regulatory requirements necessary to have a vaccine approved. As a result, some parents have chosen to partially vaccinate their children while others have never vaccinated.⁶⁸

62 *Submission 327*, p. 7.

63 See, for example: *Submission 2*; *Submission 9*; *Submission 49*; *Submission 109*; *Submission 120*; *Submission 135*; *Submission 204*; *Submission 285*; *Submission 371*; *Submission 390*; *Submission 426*; *Submission 446*.

64 See, for example: *Submission 107*; *Submission 111*; *Submission 123*; *Submission 269*; *Submission 290*; *Submission 314*; *Submission 389*; *Submission 397*; *Submission 400*; *Submission 410*.

65 See, for example: *Submission 165*; *Submission 185*; *Submission 213*; *Submission 329*; *Submission 333*; *Submission 386*; *Submission 406*; *Submission 432*.

66 See, for example: *Submission 223*; *Submission 272*; *Submission 391*; *Submission 402*; *Submission 439*.

67 See, for example: *Submission 3*; *Submission 103*; *Submission 119*; *Submission 240*; *Submission 392*; *Submission 433*; *Submission 549*, pp 20–23; *Submission 436*, pp 14–18.

68 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 42.

2.42 Submitters and witnesses were particularly concerned about the safety of administering multiple vaccines in a short period of time and called for evidence that shows the safety of the national vaccine schedule as a whole.⁶⁹ The AMA told the committee that 'the human body can cope with multiple antigens being exposed all at the same time and develop quite good immunity without any ill effects'.⁷⁰

2.43 Some submitters claimed that Australia's immunisation schedule has more vaccines that are given at a younger age than other developed nations, notably Japan. Submitters and witnesses told the committee that Japan does not vaccinate children under two years of age and have ceased the Human papillomavirus (HPV) vaccine.⁷¹ However, evidence from the World Health Organisation that was provided to the committee refutes these claims, showing that Japan's vaccine schedule does include these types of vaccines.⁷²

2.44 Submitters and witnesses were particularly concerned about the safety and effectiveness of the pertussis (whooping cough) vaccine. The committee heard a range of concerns about the vaccine that included:

- the number of booster shots needed for effectiveness;
- the accuracy of information about the seriousness of the disease;
- adverse reactions to the vaccine;
- that whooping cough is more prevalent today than in previous years⁷³;

2.45 The AMA told the committee that the pertussis vaccine gives a high level of protection but is not 100 per cent effective and is not lifelong; rather the vaccine greatly enhances the immune system but the vaccinated person can still catch the disease. Because of this, babies are targeted as early as possible along with their families as an 'imperative'.⁷⁴

2.46 The RACP told the committee that in older versions of the pertussis vaccine, there were cases of children having a 'dramatic colour change', and RACP noted that the newer vaccines do not produce this reaction.⁷⁵

2.47 The committee sought information from DoH regarding the effectiveness of the pertussis vaccine. DoH advised that information is publicly available from the Pharmaceutical Benefits Advisory Committee.⁷⁶

69 See, for example: *Submission 41*; *Submission 117*; *Submission 251*; *Submission 251*; *Submission 339*; *Submission 394*; *Submission 404*; *Submission 436*, p. 27.

70 Dr Kidd, *Proof Committee Hansard*, 2 November 2015, p. 22.

71 See, for example: *Submission 16*; *Submission 139*; *Submission 188*; *Submission 410*.

72 Dr Rachel Heap, *Additional Information*, World Health Organisation, 'WHO vaccine-preventable disease: monitoring system. 2015 global summary', <http://tinyurl.com/pndnknq>

73 See, for example: *Submission 277*; *Submission 278*.

74 Dr Kidd, *Proof Committee Hansard*, 2 November 2015, p. 24–25.

75 Dr Kynaston, *Proof Committee Hansard*, 2 November 2015, p. 23.

2.48 Many submitters raised concerns about the safety of vaccines that are not mandatory for eligibility of social security payments. Of particular concern were the Hepatitis B vaccine given at birth⁷⁷ and the HPV vaccine to 10 to 15 year olds.⁷⁸ Hepatitis B is a mandatory vaccination for babies at two months, four months and either six or 12 months but is not mandatory for newborns.⁷⁹ The RACP told the committee that the Hepatitis B vaccine is recommended in physiologically stable babies and that it is not offered to very premature babies.⁸⁰ RACP told the committee that the HPV vaccine is very safe and they have no concerns.⁸¹

2.49 In a written question on notice to DoH on 5 November, the committee sought clarification of the information that the Department of Health provides on its website about the Hepatitis vaccine. A response had not been received at the time of tabling.

2.50 Submitters and witnesses told the committee that the true number of adverse reactions to vaccines was much higher than reported.⁸² One submitter referred the committee to a media release by the Therapeutic Goods Administration in 2014 that says:

It is generally acknowledged that adverse events [for medicines and vaccines] are under-reported around the world, with estimates that 90-95% of adverse events are not reported to regulators.⁸³

2.51 The AMA told the committee that depending on the severity you are considering, the risk of a severe reaction to a vaccine can be somewhere between one in a million and one in 100,000.⁸⁴

2.52 DoH told the committee that serious adverse events are recorded by the Therapeutic Goods Administration. DoH said that in 2014–15 of the 10.8 million

76 Ms McNeill, *Proof Committee Hansard*, 2 November 2015, p. 49.

77 See, for example: *Submission 17*; *Submission 127*; *Submission 132*; *Submission 258*; *Submission 357*; *Submission 418*.

78 See, for example: *Submission 325*, p. 8; *Submission 139*; *Submission 186*; *Submission 254*; *Submission 393*; *Submission 453*.

79 Department of Human Services, 'Standard vaccination schedule for family assistance' <https://www.dss.gov.au/our-responsibilities/families-and-children/benefits-payments/strengthening-immunisation-for-young-children/strengthening-immunisation-for-children-frequently-asked-questions> (accessed 9 November 2015).

80 Dr Kynaston, *Proof Committee Hansard*, 2 November 2015, p. 42.

81 Professor Christian Gericke, Royal Australasian College of Physicians, *Proof Committee Hansard*, 2 November 2015, p. 25.

82 See, for example: *Submission 114*, p. 3; *Submission 292*; *Submission 271b*, p. 13; *Submission 349*.

83 Therapeutic Goods Administration, 'New web service helps consumer reporting of 'side effects'', 24 September 2014, <https://www.tga.gov.au/media-release/new-web-service-helps-consumer-reporting-side-effects> in *Submission 349*, p. 6.

84 Dr Kidd, *Proof Committee Hansard*, 2 November 2015, p. 21.

doses administered under the National Immunisation Program, there were 243 serious adverse events reported or 0.002 per cent.⁸⁵

Medical exemption category

2.53 Submitters told the committee that as the Bill proposes to remove conscientious exemption, there needs to be greater scrutiny of what they perceive to be the narrowness of the medical exemption category. The committee heard that some people are COs because they are unable to receive a medical exemption for their child where they believe it is warranted. This group tend to believe that vaccines are safe and effective, but that their own child falls into the small percentage of children who suffer adverse events that should warrant a medical exemption.⁸⁶

2.54 Submitters expressed concern about the restrictiveness of receiving a medical exemption for their child and also indicated that doctors can be reluctant to give medical exemptions in some situations.⁸⁷ Submitters told the committee reasons they as parents or guardians had sought medical exemption but were denied included:

- the child had a severe reaction to a different vaccine;⁸⁸
- the child's siblings severely reacted to certain vaccines;⁸⁹ and
- a family history of severe reactions to vaccines.⁹⁰

2.55 Under the proposed Bill, medical exemptions can be approved by a general practitioner. The committee notes that currently medical exemption can be approved by a medical practitioner for the following medical contraindications:

- unstable neurological disease;
- encephalopathy within 7 days after a previous vaccination;
- immediate severe acute allergic or anaphylactic reaction after any previous vaccination;
- malignant disease and/or immunosuppressive therapy and/or immune suppression; and
- allergy to preservative or antibiotic contained in the vaccines;
- OR

85 Ms Felicity McNeill, First Assistant Secretary, Department of Health,, *Proof Committee Hansard*, 2 November 2015, p. 50.

86 See, for example: *Submission 164; Submission 45; Submission 123; Submission 261; Submission 214; Submission 314.*

87 See, for example: *Submission 107; Submission 111; Submission 123; Submission 269; Submission 290; Submission 314; Submission 389; Submission 397; Submission 400; Submission 410.*

88 See, for example: *Submission 164; Submission 45.*

89 See, for example: *Submission 123; Submission 261.*

90 See, for example: *Submission 214; Submission 314; Submission 107.*

-
- the child has other non-permanent contraindication and vaccination is deferred.⁹¹

2.56 In regards to a family history of severe reaction to vaccines, the AMA told the committee that 'anaphylactic reactions tend to be one-off', idiosyncratic and do not generally run in families.⁹²

2.57 The AMA told the committee:

The AMA recognises that the Australian Immunisation Handbook (currently 10th Edition, updated in June 2015) a key document in terms of providing guidance to GPs [General Practitioners] about exemptions to immunisation. Contrary to what the earlier witnesses indicated, the Handbook provides information on a range of contraindications and precautions that need to be taken with certain groups such as those who are at risk of anaphylaxis, those who are immunocompromised, those who are receiving immunoglobulin or other blood products etc. This material is contained in sections 4.9.9 Contraindications and 4.9.10 Precautions. Further material on at risk groups or possible exemptions is also provided under each listed individual disease names.

It is also critical to recognise that GPs will also use their clinical judgement in assessing children who are eligible for a medical exemption. As Dr Kidd testified, medical exemptions are rare, but with the guidance provided by the Immunisation Handbook, and their own clinical judgement, GPs are well equipped to identify the small number of children who should not receive vaccination.⁹³

2.58 DoH told the committee that they are looking to strengthen and clarify to vaccine providers and the broader community what is an acceptable medical exemption including what types of allergic reactions warrant a medical exemption.⁹⁴ Part of this process includes consulting with the General Practitioner Roundtable, National Immunisation Committee and DHS.⁹⁵

2.59 The committee sought further explanation about the types of medical contraindications that warrant a medical exemption from DoH. A response had not been received at the time of tabling.

91 Department of Human Services, *Australian Childhood Immunisation Register: Immunisation Exemption, Medical Contraindication*, Medicare form, <http://www.humanservices.gov.au/spw/health-professionals/forms/resources/immul1-1310en.pdf> (accessed 4 November 2015).

92 Dr Kidd, *Proof Committee Hansard*, 2 November 2015, p. 23.

93 Australian Medical Association, answer to question on notice, 2 November 2015 (received 6 November 2015).

94 Ms McNeill, *Proof Committee Hansard*, 2 November 2015, p. 55.

95 Ms McNeill, *Proof Committee Hansard*, 2 November 2015, p. 55.

Allegations of coercion

2.60 Submitters expressed the view that the significant loss of financial benefits, particularly for low-income families who are COs, would be tantamount to removing the choice of parents to give free, informed consent to the vaccination of their children.⁹⁶ Submitters referred to the Australian Immunisation Handbook that states that vaccinations must only be administered 'in the absence of undue pressure, coercion or manipulation'.⁹⁷ Submitters also suggested that the proposed measure contravened a number of human rights conventions, including the Universal Declaration of Bioethics and Human Rights and the International Covenant on Civil and Political Rights (ICCPR).⁹⁸

2.61 Article 6 of the Universal Declaration of Bioethics and Human Rights states:

Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be express and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice.⁹⁹

2.62 The Parliamentary Joint Committee on Human Rights (PJCHR) found the Bill engages and places limits on the right to freedom of thought, conscience and religion as set out in article 18 of the ICCPR and has sought advice from the Minister on whether the measures are justifiable.¹⁰⁰

2.63 The AMA submitted that some parents will continue to hold strong views against vaccination but that they will continue to have the choice to vaccinate.¹⁰¹ DSS submitted that the limitation of some rights is 'necessary and proportionate to the legitimate aim of promoting the right to physical and mental health'.¹⁰² In regards to article 18 of the ICCPR, DSS said:

...these freedoms may be subject to limitations as prescribed by law and which are necessary to protect public health or the fundamental freedoms of others. The objection to vaccination can limit the rights of others to

96 See, for example: *Submission 13*; *Submission 158*; *Submission 188*; *Submission 549*, p. 17.

97 <http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook10-home~handbook10part2~handbook10-2-1#2-1-3>

98 See, for example: *Submission 3*; *Submission 88*; *Submission 177*; *Submission 257*; *Submission 442*; *Submission 432*; *Submission 455*. Submitters also reference the Nuremberg Code, which relates to the conduct of physicians carrying out experiments on human subjects and the level of consent needed to do so.

99 http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html (accessed 4 November 2014).

100 Parliamentary Joint Committee on Human Rights, *Human Rights Scrutiny Report: Twenty-ninth report of the 44th Parliament*, 14 October 2015, pp 31–33.

101 *Submission 544*, p. 3.

102 *Submission 319*, p. 4.

physical and mental health. As the most effective method of preventing infectious diseases, vaccination provides a necessary protection of public health.

Further, these families continue to have the right to uphold their conscientious or religious belief by electing not to receive child care benefit, child care rebate or the family tax benefit Part A supplement.¹⁰³

Vaccination injury compensation scheme

2.64 Submitters and witnesses suggested that Australia establish a vaccination injury compensation scheme.¹⁰⁴ The RACP advocate for the introduction of a compensation scheme and provided the committee with the following statement:

Since immunisation benefits the population as well as the individual, it is entirely just and reasonable that society as a whole accepts vaccine damage compensation for affected individuals and their families. This has long been the case in New Zealand; it is yet to be accepted in Australia. The RACP strongly supports introduction of an Australian no fault vaccine compensation scheme, either as part of a national disability scheme or injury insurance scheme, or separately.¹⁰⁵

2.65 Submitters and witnesses argued that because vaccinations carry a small risk of serious adverse reaction the Government should compensate the small number of individuals who experience a severe adverse reaction in the interests of protecting the broader community.¹⁰⁶ Furthermore, some submitters argued that the Bill coerces parents to vaccinate and therefore it is an ethical necessity to provide an accompanying vaccine compensation scheme.¹⁰⁷

2.66 The World Health Organisation reports that 19 countries currently have a vaccine compensation scheme and considers them 'an important component for successful vaccination programs'.¹⁰⁸

Impact on child care providers

2.67 Childcare Alliance Australia told the committee that they sought reassurance from the Government that child care providers will not be financially impacted by the Bill, particularly during the transition phase.¹⁰⁹

103 *Submission 319*, p, 4.

104 See, for example: *Submission 317a*, p.2; *Submission 327*; *Submission 238*; *Submission 321*; *Submission 317*.

105 Dr Kynaston, *Proof Committee Hansard*, 2 November 2015, p. 26.

106 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 41.

107 *Submission 326*, p. 2.

108 Looker, C. and Kelly, H., 2011, *Bulletin of the World Health Organization* 2011;89:371-378. doi: 10.2471/BLT.10.081901, <http://www.who.int/bulletin/volumes/89/5/10-081901/en/> (accessed 27/10/2015).

109 *Submission 343*, p. 1.

2.68 DET told the committee that 'consultation with the child care sector and families was undertaken by DSS during June and July 2015.'¹¹⁰ DET also informed the committee that they will distribute information about the Bill 'directly to child care providers when the Bill passes the Senate'.¹¹¹ DET further said:

...there is not expected to be a lengthy delay in approval of an individual's eligibility for Child Care Benefit and a child care service's ability to claim that payment on behalf of the family when the child commences child care. In the interim, the child care service can charge the family the full fee.¹¹²

Accuracy of the Australian Childhood Immunisation Register data

2.69 Submitters and witnesses expressed concerns about the accuracy of data in the ACIR as well as the capacity to continue to monitor COs if the Bill is passed.

Inaccurate records

2.70 A number of submitters and witnesses raised concerns that not all the vaccines a child has received have been recorded properly in ACIR, resulting in fully vaccinated children being recorded as ineligible for social security payments.¹¹³

2.71 Associate Professor Julie Leask told the committee she has been involved in research that suggested that an estimate of between '18 per cent and 50 per cent of those who are shown as not up to date on the register might actually be up to date.'¹¹⁴ The submission from NSW Health noted this can occur due to data transfer errors or from the fact that prior to 2015, 'vaccines given after seven years of age, including those in high school programs, were not able to be recorded on the [ACIR].'¹¹⁵ Associate Professor Leask told the committee the issue this creates is that some children received catch-up vaccines after the age of seven and therefore they are not recorded.¹¹⁶

2.72 PHAA said that targeted data cleansing has been undertaken by divisions of general practice, Medicare Locals and primary health networks which has revealed a number of inaccuracies. PHAA told the committee of one example recently in South Australia:

110 Department of Education and Training, answer to question on notice, 5 November 2015 (received 6 November 2015).

111 Department of Education and Training, answer to question on notice, 5 November 2015 (received 6 November 2015).

112 Department of Education and Training, answer to question on notice, 5 November 2015 (received 6 November 2015).

113 See: Mrs Newbound, *Proof Committee Hansard*, 2 November 2015, p. 39; *Submission 317*, p. 6 and *Submission 327*.

114 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 45.

115 *Submission 345*.

116 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 46.

...a total of 886 Aboriginal children aged under seven years were identified on ACIR reports as not fully immunised. After an extensive data cleaning exercise was undertaken, 395 records were corrected, resulting in children confirmed as fully immunised. With this proposed policy, these families would have been financially penalised not because their child was not fully immunised but because of a flawed database.¹¹⁷

2.73 Submitters and witnesses referred the committee to a recent report by the Australian National Audit Office (ANAO). In June 2015 the ANAO released a report into the audit of the administration of the ACIR. The report said that while overall the DHS' administration of ACIR has been 'generally effective', there 'remains scope to strengthen ACIR quality and control framework' and that 'maintaining ACIR data quality remains an ongoing business risk for the department'.¹¹⁸ ANAO recommended:

To contribute to ACIR data integrity and improve the efficiency of information processing, Human Services should establish a pathway for the resolution of persistent and known data synchronisation issues between ACIR and other departmental ICT systems, incorporating a planned process and timetable. There would also be benefit in the department working with PMS suppliers to identify options for addressing errors arising during data exchanges between the ACIR and provider systems.¹¹⁹

2.74 ANAO also reported that while DHS relies on providers and parents to assist in maintaining the accuracy of ACIR, DHS has not clearly and consistently 'communicated its expectations on the key role played by parents and immunisation providers'.¹²⁰

2.75 The committee notes that the Bill proposes to increase the age and frequency that eligibility for social security payments is checked. PHAA expressed concern that 'the current structures in place to record immunisation would struggle to cope with the expanded requirements that the Bill will place on it'.¹²¹ Furthermore, PHAA told the committee that inaccurate data can lead to children having unnecessary vaccines that

117 Mrs Newbound, *Proof Committee Hansard*, 2 November 2015, p. 39.

118 Australian National Audit Office (ANAO), Administration of the Australian Childhood Immunisation Register, ANAO report, 46, 2014–15, ANAO, Canberra, 2015, pp 19–20, http://www.anao.gov.au/~media/Files/Audit%20Reports/2014%202015/Report%2046/AuditReport_2014-2015_46.pdf (accessed 29 October 2015).

119 ANAO, Administration of the Australian Childhood Immunisation Register, ANAO report, 46, 2014–15, ANAO, Canberra, 2015, p. 20, http://www.anao.gov.au/~media/Files/Audit%20Reports/2014%202015/Report%2046/AuditReport_2014-2015_46.pdf (accessed 29 October 2015).

120 ANAO, Administration of the Australian Childhood Immunisation Register, ANAO report, 46, 2014–15, ANAO, Canberra, 2015, p. 19, http://www.anao.gov.au/~media/Files/Audit%20Reports/2014%202015/Report%2046/AuditReport_2014-2015_46.pdf (accessed 29 October 2015).

121 *Submission 317*, pp 5–7.

are a wasted cost and a painful experience for the child.¹²² PHAA told the committee ACIR was 'in urgent need of an upgrade'.¹²³ Associate Professor Leask recommended a delayed start to the Bill to enable the required changes to be put in place.¹²⁴

2.76 DoH assured the committee that the Government is aware of the concerns raised about data accuracy and that as part of the rollout of the Australian Immunisation Register will be providing additional support to assist with 'data cleansing', that is, to make the data more accurate. DoH is also investigating the interaction between vaccine providers' software and DHS to improve the accuracy of data collection.¹²⁵

2.77 DHS notified the committee that in response to the ANAO report, DHS have developed a Quality Strategy Plan, and they expect the actions of the plan will be implemented before 1 January 2016.¹²⁶ DHS further provided the committee with the following response about how it intends to improve the accuracy of ACIR:

In accordance with the phased expansion of the Australian Childhood Immunisation Register (ACIR) into a Whole of Life Australian Immunisation Register (AIR), a range of improvements will be implemented to the Register's functions and operations. This includes new functionality to enable providers to correct errors online through the AIR secure site, such as correction of an incorrect dose number or incorrect vaccine recorded. This will begin to be implemented in September 2017.¹²⁷

2.78 Professor Leask recommended that the Government undertake a 'full review of the implementation issues in 2017 with subsequent amendments to legislation as needed'.¹²⁸

Monitoring conscientious objection

2.79 Submitters and witnesses were concerned that the Bill will effectively mean that COs will not be recorded on ACIR and therefore not recorded by the Government.¹²⁹ PHAA told the committee this information is important for policymakers when planning communication strategies.¹³⁰ Associate Professor Leask

122 Mrs Newbound, *Proof Committee Hansard*, 2 November 2015, p. 39.

123 Mrs Newbound, *Proof Committee Hansard*, 2 November 2015, p. 39.

124 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 41.

125 Ms McNeill, *Proof Committee Hansard*, 2 November 2015, p. 48.

126 Department of Human Services, answer to question on notice, 5 November 2015 (received 9 November 2015).

127 Department of Human Services, answer to question on notice, 5 November 2015 (received 9 November 2015).

128 *Submission 327*, p. 7.

129 Mrs Newbound, *Proof Committee Hansard*, 2 November 2015, p. 40; Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 41.

130 Mrs Newbound, *Proof Committee Hansard*, 2 November 2015, p. 40.

added that monitoring COs is important to 'detect early warnings of a dip in confidence and address that at local levels'.¹³¹

2.80 Furthermore, Associate Professor Leask said in her submission that state and territory governments have relied on the ACIR records of COs when applying COs exemption to state and territory legislation regarding access to child care centres. Submitters and witnesses suggested that the Government finds an alternative means of counting conscientious objection.¹³²

Committee view

2.81 The committee notes that vaccination is a highly emotive issue. The committee wishes to reaffirm that the role of the committee is to consider and report on the evidence provided that engages with the proposed legislation and related policy issues. The committee does not make its considerations based on the number of submissions received, but on considerations of the concerns raised. The committee reaffirms that all issues raised in submissions and correspondence received by the committee have been considered.

2.82 The committee notes that there is confusion about what vaccinations are required for a child to be considered eligible for social security payments. The committee suggests that the departments work together to create clearer and more coherent communication about immunisation requirements.

2.83 The committee acknowledges that education and communication play a key role in reducing vaccination refusal rates and increasing vaccination rates. The committee notes the Government's budget commitment to communication strategies and encourages the Government to consider the strategies proposed by submitters to this inquiry.

2.84 The committee acknowledges concerns raised by the PJCHR and submitters, that the Bill risks infringing upon the human rights of parents making decisions about their children's health and the rights of children to access child care services and early childhood education. However, the committee is satisfied that these infringements are necessary and fairly outweighed by the rights of all members of the community to health and that vaccination is a critical and important health measure. However, the committee suggests that the Government monitor the impact of the Bill on disadvantaged families.

2.85 The committee notes the concerns raised by submitters and witnesses of possible unintended consequences of the Bill and considers that there is merit in conducting an initial review after 12 months to assess the immediate impact of the Bill and an evaluation of the impact and effectiveness of the Bill after three years of implementation.

2.86 The committee expects that DHS will meet their target of implementing the plan developed in response to the ANAO report and that DHS should examine a

131 Associate Professor Leask, *Proof Committee Hansard*, 2 November 2015, p. 41.

132 *Submission 327*, p. 7; *Submission 317*.

means of monitoring conscientious objection in the community. The committee considers these issues should be addressed prior to the implementation of the Bill.

2.87 The committee acknowledges that vaccination carries a small risk of severe adverse reactions. The committee recognises that Australia, unlike other developed countries, does not have a national vaccine injury compensation scheme and encourages the Government to examine the merits of such a scheme.

Recommendation 1

2.88 The committee recommends that the Government consider an initial review after 12 months to assess the immediate impact of the Bill and a full evaluation of the impact and effectiveness of the Bill after three years of implementation.

Recommendation 2

2.89 The committee recommends that the Government consider the educational and communication strategies to improve vaccination rates proposed by submitters to this inquiry.

Recommendation 3

2.90 The committee recommends that the Government investigate a means of continuing to monitor conscientious objection if the Bill is passed.

Recommendation 4

2.91 The committee encourages the Government to investigate the merits of a national vaccine compensation scheme.

Recommendation 5

2.92 The committee recommends that the Bill be passed.

Senator Zed Seselja

Chair

Additional Comments by the Australian Greens

1.1 The Australian Greens strongly support vaccination as an evidence-based approach to population health. Immunisation is one of the great success stories of modern medicine and public health. Vaccinating against illness and disease is the easiest way a GP can protect all ages of society from vaccine-preventable infectious disease.

1.2 Vaccination against preventable disease is a proven method of reducing the incidence of - and deaths from - diseases such as measles, tetanus, diphtheria, and *Haemophilus influenza* type B. Australia's comprehensive vaccination program means that the occurrence of vaccine-preventable diseases (VPD) is now very rare.

1.3 This, coupled with substantially improved vaccination rates in the last 20 years means Australia has an excellent record of achievement in the prevention of disease through immunisation. Vaccines protect against a range of viral diseases, bacterial infections, insect-borne and parasitic infections, and blood borne infections and Australia has an excellent record of achievement in the prevention of disease through immunisation.

1.4 The Bill requires that families are up to date with their immunisations in order for parents or guardians to be eligible for Family Tax Benefit Part A (FTB-A) supplement, Child Care Benefit (CCB) and Child Care Rebate (CCR).

1.5 In the 2015-16 Budget, the Government announced it would seek to introduce 'No Jab, No Pay' rules that would remove immunisation exemption categories for access to CCB, CCR and FTB-A supplement. As part of this measure, the Government announced it would provide a \$26m boost to the Immunise Australia program 'to encourage doctors and immunisation providers to identify and vaccinate children in their practice who are overdue'.

1.6 This Bill doesn't remove the right to make a conscientious decision not to immunise. We all have that choice. What it does do is put a financial cost to that decision. The disincentive of no longer being eligible for Centrelink payments may result in some parents reassessing their 'conscientious objection' or anti-vaccination stance.

1.7 There are some people, who for one reason or another aren't fully vaccinated. The majority of these families are not conscientious objectors. In fact of the roughly eight percent who don't have vaccines Professor Julie Leask told the inquiry that at the moment, 1.52 per cent register as a conscientious objection. In her opinion, the remaining 6.5 per cent could perhaps benefit from other measures. The best way to tackle these people is through supporting local health professionals and of course education.

1.8 Professor Leask told the inquiry that there needs to be strategies to tackle those who at present don't have fully vaccinated children. She said these should target people at the margins of vaccine acceptance—the hesitant parents, the fence-sitters—

with community-based interventions, provider-based interventions, which we are working on at the moment, incentivising the interaction between those parents and the healthcare system, which currently happens by that obligation to get their forms signed by a provider, and looking at the prenatal environment, where parents are making decisions about vaccination, and raising awareness of the existence of adverse events clinics in the major capital cities.

1.9 We note that the Government has made a provision for \$26m in funding for Immunise Australia that will include incentive payments to GPs who identify under-vaccinated children and initiate a catch-up schedule, improving public vaccination records and reminder systems and communications strategies to promote the benefits of vaccinations. We welcome this recognition of the importance of these reminder and recall strategies and look forward to seeing evidence of how these measures have led to increasing the numbers of population vaccinated, reducing barriers to access, improving the reliability of the Immunisation Register and their capacity to target Aboriginal and Torres Strait Islander communities.

1.10 The Bill provides that a child meets the immunisation requirements if a GP has certified in writing that the immunisation of the child would be medically contraindicated under the specifications set out in the Australian Immunisation Handbook.

1.11 Likewise if the child has - in the opinion of the GP - contracted a disease or diseases and, as a result, has developed a natural immunity.

1.12 Of course it is also critical that GPs are able to use their clinical judgement in assessing children who are eligible for a medical exemption. As Dr Kidd testified, medical exemptions are rare, but with the guidance provided by the Immunisation Handbook, and their own clinical judgement, GPs are well equipped to identify the small number of children who should not receive vaccination.

Recommendation 1

1.13 The Senate recognises the critical importance that GPs remain able to use their clinical judgement in assessing children who are eligible for medical exemption.

1.14 We agree with the AMA's view that:

All children have the right to be protected from vaccine preventable diseases. This includes infants who are too young to be immunised as well as those infants and children who are medically unable to receive immunisations. Immunising as many infants and children as possible affords these vulnerable infants and children the protection they deserve.

1.15 Under the current system, in order to register as a vaccine refuser (and still receive government payments), parents must discuss the risks of their decision with a health professional. Health professionals report that occasionally this discussion ends in the parent changing their mind and consenting to receipt of at least some recommended vaccines. We do have some concerns that removing the incentive for such an encounter deprives health professionals with the opportunity to encourage parents to reconsider their decision.

1.16 We heard in the inquiry evidence from the AMA's Dr Richard Kidd who said the rates of severe reaction - depending upon what severity you are talking about, are somewhere between one in a million and one in 100,000. We were told that yes, there are minor reactions that are fairly common, like some redness and pain at the injection site, but, in terms of severe anaphylactic reactions or other severe reactions, they are very, very rare.

1.17 We are pleased to see that the AMA have provided more detail about how the Australian Immunisation Handbook (currently 10th Edition, updated in June 2015) provides clinicians with guidance about exemptions to immunisation. We note that the Handbook provides information on a range of contraindications and precautions that need to be taken with certain groups such as those who are at risk of anaphylaxis, those who are immunocompromised, those who are receiving immunoglobulin or other blood products etc. We note that further material on at risk groups or possible exemptions is also provided under each listed individual disease name.

1.18 We are, however, concerned about the accuracy and the quality of the data upon which the requirements for immunisation are enforced. The policy has used the Australian Childhood Immunisation Register, (ACIR), data as the prime data source. We acknowledge concerns expressed by Public Health Association Australia around flaws in this current system that were developed in the 1990s. We note that in relation to the credibility of the ACIR, as part of the ANAO's performance audit of the ACIR in 2014-15 the ANAO has reported that:

Overall Human Service's administration of the ACIR has been generally effective. The department has generally met or exceeded performance targets. These targets include measurements for data accuracy.

1.19 In evidence submitted on notice the Department of Human Services wrote that:

In accordance with the phased expansion of the ACIR into a Whole of Life Australian Immunisation Register (AIR), a range of improvements will be implemented to the Register's functions and operations. This includes new functionality to enable providers to correct errors online through the AIR secure site, such as correction of an incorrect dose number or incorrect vaccine recorded. This will begin to be implemented in September 2017.

1.20 This is concerning. The Australian Greens can't understand why we would have a scheme that is reliant upon quality data to see who is and isn't fully vaccinated if the systems aren't going to be fully ready until 2017.

Recommendation 2

1.21 The Senate agrees to delay implementation of the legislation until 1 January 2018 so that data systems are ready to provide confidence that immunisation data is accurate and providers are resourced to undertake extensive history checking and be able to correct errors online through the AIR secure site, such as correction of an incorrect dose number or incorrect vaccine recorded.

1.22 The Public Health Association of Australia (PHAA) told the committee that the Government should seek to address the structural and practical barriers to vaccination that exist, including socioeconomic reasons that children are not vaccinated. We would like to see evidence from the \$26m investment in addressing this issue that these structural and practical barriers are being addressed. We note that the Royal Australasian College of Physicians (RACP) suggested home visiting programs would be one way of overcoming practical barriers to vaccination.

Recommendation 3

1.23 The Senate recognises the need for supportive systems to help reduce barriers to access, improve the reliability of the Immunisation Register and further strategies that are specific to Aboriginal and Torres Strait Islander communities. That in doing so it accepts that reminder and recall strategies should include a national immunisation reminder system, catch-up campaigns, local initiatives to improve coverage, home visiting programs and actions to address access barriers to health care.

1.24 Finally, evidence provided to the committee indicated that there is significant confusion as to which vaccines are mandatory for eligibility. There appears to be different information provided on each of DSS, the Department of Human Services (DHS) and the Department of Health (DoH) web sites. The Australians Greens are concerned that notes on the DHS website states that 'most of the immunisations on the National Immunisation Program Schedule are linked to family assistance payments'. We would like to seek clarification as to what is and what isn't mandatory for eligibility.

Recommendation 4

1.25 The Senate calls on the Australian Government to clarify which vaccines are mandatory for eligibility for being up to date with the National Immunisation Program Schedule and make this clear on all their relevant websites and publicly available material.

Senator Richard Di Natale

APPENDIX 1

Submissions and additional information received by the Committee

Submissions

- 1** Ms Camilla Mutton
- 2** Name Withheld
- 3** Ms Julia Rudakova
- 4** Mr and Mrs Dean and Angela Kelly (plus a supplementary submission)
- 5** Ms Kari Edwards
- 6** Ms Rebekah Hayden
- 7** Ms Louisa Kenzig
- 8** Ms Judith Magee
- 9** Ms Eliza Blackwood
- 10** Ms Anna Harpley (plus a supplementary submission)
- 11** Ms Linda Masaoka
- 12** Name Withheld
- 13** Mr Ben Kilpatrick
- 14** Name Withheld
- 15** Ms Belinda Moore
- 16** Mrs and Mr Breanna and Brock Gravener
- 17** Ms Stacey O'Toole
- 18** Name Withheld
- 19** Mrs Danielle Cornthwaite
- 20** Ms Stephanie Bailey
- 21** Mr Ian Haig
- 22** Name Withheld

- 23 Mr Bela Lantos (plus a supplementary submission)
- 24 Pat Dryland
- 25 Ms Natalie O'Connor
- 26 Mrs Ingrid Handberg
- 27 Name Withheld
- 28 Mr Darryl O'Bryan
- 29 Mr Craig Poulton
- 30 Name Withheld
- 31 Ms Lindy Boyko
- 32 Name Withheld
- 33 Ms Kathryn Wilkes
- 34 Ms Maria Garcia
- 35 Ms Samantha Malopito
- 36 Name Withheld
- 37 Name Withheld
- 38 Name Withheld
- 39 Ms Leah Orbison
- 40 Mr Shanan Rose (plus a supplementary submission)
- 41 Name Withheld
- 42 Name Withheld
- 43 Ms Katherine Clarke
- 44 Mr Michael O'Neill
- 45 Mrs Rebecca Taylor (plus an attachment)
- 46 Ms Kathryn Mellick
- 47 Ms Karen Armstrong
- 48 Name Withheld
- 49 Ms Marie Crawford

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- 50 Ms Leanne Clark
- 51 Ms Pamela Atkinson
- 52 Ms Lana Sampson
- 53 Dr Robyn Stephenson
- 54 Mr Dennis Stanbridge
- 55 Mr Jerry Rides
- 56 Ms Elizabeth Kim Wright-Smith
- 57 Name Withheld
- 58 Mr Ian White
- 59 Name Withheld
- 60 Mr Robin Spark
- 61 Mrs Elaine and Mr David Dunstone (plus an attachment)
- 62 Mr Don Chisholm
- 63 Mrs Rixta Francis
- 64 Ms Marguerite Lane
- 65 Mr Peter Stevens
- 66 Ms Angela Bayc
- 67 Name Withheld
- 68 Ms Tiffany Bryant
- 69 Mr Evan Rogers
- 70 Mr Roy Dixon
- 71 Ms Leanne Hawkins (plus two attachments)
- 72 Name Withheld
- 73 Name Withheld
- 74 Ms Bev Pattenden
- 75 Mr Philip Andrews
- 76 Ms Deanne Payze

- 77 Ms Genevieve Searle
- 78 Name Withheld
- 79 Ms Cate Vardanega
- 80 Mrs Lisa and Mr Michael Watson
- 81 Name Withheld
- 82 Mr David Hibble
- 83 Name Withheld
- 84 Mr William Douglas
- 85 Name Withheld
- 86 Ms Jane Simson
- 87 Mr Marcus Lovett
- 88 Name Withheld
- 89 Mr Trevor Wilson
- 90 Mr Scott Cooper-Johnston
- 91 Ms Leanne Cooper
- 92 Chris Jones
- 93 Ms Terry Georgeson
- 94 Mr Mike Trafford
- 95 Aysha Rajah
- 96 Truus Bakker
- 97 Ms Hayley Quach
- 98 Name Withheld
- 99 Ms Catherine Christoforatos
- 100 Ms Fiona Brunt-Roache
- 101 Ms Judith Cousins
- 102 Confidential
- 103 Ms Kara Kovacs

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- 104** Mr Ben Baker
- 105** Ms Maya Melamed
- 106** Ms Simone Seeley
- 107** Mrs Emily Van Werkhoven
- 108** Ms Jodie Dearsley
- 109** Ms Emma Sutherland
- 110** Ms Anna Drake
- 111** Ms Stephanie Luck
- 112** Ms Lisette Grady
- 113** Name Withheld
- 114** Name Withheld
- 115** Ms Teagan van Raalte
- 116** Ms Emily Prince
- 117** Ms Norma Love (plus an attachment)
- 118** Name Withheld
- 119** Ms Ivy Young
- 120** Name Withheld
- 121** Name Withheld
- 122** Ms Judi Mckinna
- 123** Name Withheld
- 124** Ms Carol Salmond
- 125** Name Withheld (plus an attachment)
- 126** Name Withheld
- 127** Ms Ann Marie and Mr David Klarich
- 128** Avigael Ester
- 129** Ms Karen Bell
- 130** Confidential

- 131 Ms Anne Devine
- 132 Ms Danielle Eastlake
- 133 Ms Noni Boon
- 134 Ms Tracey Hargreaves
- 135 Ms Rebecca Freer
- 136 Ms Elizabeth Hobley
- 137 Name Withheld
- 138 Name Withheld
- 139 Name Withheld
- 140 Name Withheld
- 141 Name Withheld
- 142 Ms Heather Grima
- 143 Ms Melanie Turner
- 144 Name Withheld
- 145 Mr Berny Doherty
- 146 Ms Natasha Horvath
- 147 Mr Stephen Bell
- 148 Mrs Katerina Pretty
- 149 Mr Benjamin McAvoy
- 150 Ms Helen Durrant (plus an attachment)
- 151 Ms Paula Cummins
- 152 Dr Stefan Aeberhard
- 153 Mr Greg French
- 154 Mr Scott and Mrs Leanne Montague
- 155 Ms Jacqueline Konjic
- 156 Ms Jan Roberts
- 157 Mrs Laurel Cameron

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- 158 Mrs Amanda Taylor
- 159 Name Withheld
- 160 Mr Mark Postles
- 161 Name Withheld
- 162 Name Withheld
- 163 Mrs Jodie Turner
- 164 Name Withheld
- 165 Name Withheld
- 166 Ms Bridget Melling-Williams
- 167 Mrs Kaye Marskell
- 168 Ms Anthea O'Sullivan-Kovacevic
- 169 Name Withheld
- 170 Mrs Hollie Baker
- 171 Miss Satya Crichton
- 172 Name Withheld
- 173 Ms Georgia Hamilton
- 174 Name Withheld
- 175 Ms Kelly Hunt
- 176 Ms Paulette Cole
- 177 Ms Carlie Tilton
- 178 Ms Cheryl Gilbert
- 179 Ms Elizabeth Sandstrom
- 180 Ms Silvana Frassanito
- 181 Ms Katrina Dixon
- 182 Miss Emily Turner
- 183 Name Withheld
- 184 Mrs Bridget Toohey

- 185** Name Withheld
- 186** Name Withheld
- 187** Name Withheld
- 188** Name Withheld
- 189** Ms Kate Ogden
- 190** Dörte Planert
- 191** Ms Belinda Southerden
- 192** Name Withheld
- 193** Name Withheld
- 194** Ms Amanda Delaney
- 195** Ms Louise Walton
- 196** Ms Sonja Hardy
- 197** Name Withheld
- 198** Ms Sylvia Cooper
- 199** Name Withheld
- 200** Mr Michael Browne (plus a supplementary submission)
- 201** Mr Daniel Turner (plus a supplementary submission)
- 202** Mr Peter Bazeley (plus an attachment)
- 203** Name Withheld
- 204** Name Withheld
- 205** Mrs Karen Gregg
- 206** Mr Brindley Buultjens
- 207** Ms Sarah O'Grady
- 208** Mother Catherine Bell
- 209** Name Withheld (plus two attachments)
- 210** Ms Mary Smith
- 211** Ms Tara Hoy

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- 212 Name Withheld
- 213 Name Withheld
- 214 Ms Kristy Naphali
- 215 Mr David and Mrs Nicole Drozd
- 216 Name Withheld
- 217 Name Withheld
- 218 Ms Jinny Koh
- 219 Mr Joe Reilly
- 220 Mr Alan Laurie
- 221 Ms Simone Ingle
- 222 Ms Dorothy Hamilton
- 223 Name Withheld
- 224 Name Withheld
- 225 Name Withheld
- 226 Mr Melville Miranda
- 227 Ms Elizabeth Mason
- 228 Ms Samantha Bladon
- 229 Ms Aimee Mason
- 230 Name Withheld
- 231 Mrs Katerina Di Luca
- 232 Ms Tracy Kubitzky
- 233 Mr Micheal Kubitzky
- 234 Ms Jaclyn Knoll
- 235 Name Withheld
- 236 Inspired Family Day Care
- 237 Name Withheld
- 238 Health Policy Initiative

- 239** Name Withheld
- 240** Miss Candice Mizzi
- 241** Mrs Erin Davie
- 242** Confidential
- 243** Mr Todd Naphthali
- 244** Name Withheld
- 245** Ms Elizabeth Steensma
- 246** Mrs Joanne Parker (plus eleven attachments)
- 247** Name Withheld
- 248** Name Withheld
- 249** Name Withheld (plus an attachment)
- 250** Name Withheld
- 251** Name Withheld
- 252** Dr Jereth Kok
- 253** Dr Catherine Clinch-Jones
- 254** Ms Lucija Tomljenovic
- 255** Name Withheld
- 256** Ms Michelle Collins
- 257** Name Withheld
- 258** Ms Julienne O'Connor
- 259** Ms Elizabeth Downey
- 260** Ms Martine Robertson
- 261** Ms Cassandra Merrigan
- 262** Mr Ian Birchall
- 263** Northern Rivers Vaccination Supporters
- 264** Australian Skeptics Inc
- 265** parents4kids

-
- 266 Ms Valentina Smith
- 267 Mrs Annika Jaensch
- 268 Ms Rebecca Norton
- 269 Name Withheld
- 270 Mr Brenden Edis
- 271 Ms Gabi Giacomini (plus two attachments)
- 272 Miss Victoria Orchard
- 273 Ms Lauren Horton
- 274 Mrs Annette McKeown
- 275 Ms Elisabeth Francois
- 276 Ms Alannah Erck
- 277 Ms Sally Clark
- 278 Miss Thea Parry
- 279 Name Withheld
- 280 Name Withheld
- 281 Mr Graham Moon
- 282 Stop the AVN
- 283 Mrs Hannah van Didden
- 284 Name Withheld
- 285 Name Withheld
- 286 Dr Pavel Kalinov
- 287 Dr Tetyana Obukhanych
- 288 Mr Don Want
- 289 Name Withheld
- 290 Name Withheld
- 291 Name Withheld
- 292 Mrs Kim Sheppard

- 293** Name Withheld
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- 302** Name Withheld
- 303** Name Withheld
- 304** Name Withheld
- 305** Mr Gerald Burns
- 306** Mr Phillip Chua
- 307** Name Withheld
- 308** Mr Glenn Richardson
- 309** Ms Donna Russo
- 310** Ms Martha Paitson
- 311** Mrs Vanessa Hotten
- 312** Mrs Allison Plokhooy (plus an attachment)
- 313** Ms Jenny Gretgrix
- 314** Dr Abigail Abbott
- 315** Ms Lyn Tuckett
- 316** Friends of Science in Medicine
- 317** Public Health Association of Australia (plus an attachment)
- 318** Law Institute of Victoria
- 319** Department of Social Services

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- 320** Catholic Women's League of Australia
- 321** Australian Vaccination-skeptics Network Incorporated
- 322** Catholic Women's League of South Australia Inc.
- 323** No Forced Vaccines
- 324** The Parenthood
- 325** FamilyVoice Australia
- 326** Professor Paul Ward
- 327** Assoc Professor Julie Leask
- 328** Dr Isaac Golden
- 329** Name Withheld
- 330** Name Withheld
- 331** Ms Brooke Leys
- 332** Name Withheld
- 333** Mr Timothy Rose
- 334** Name Withheld
- 335** Name Withheld
- 336** Mr Stuart White
- 337** Name Withheld
- 338** Name Withheld
- 339** Miss Christine Jessop
- 340** Mr Michael Broer
- 341** Name Withheld
- 342** Name Withheld
- 343** Australian Childcare Alliance
- 344** The Royal Australasian College of Physicians
- 345** NSW Government Health
- 346** Citizens Concerned with Vaccination Legislation and Safety

- 347 Ms Meryl Dorey
- 348 Name Withheld
- 349 Name Withheld
- 350 Dr Suzanne Humphries
- 351 Ms Lisa Creak
- 352 Ms Janet Devlin
- 353 Ms Renee Hardy
- 354 Name Withheld
- 355 Mr Tony Hooper
- 356 Ms Dianne Eastley
- 357 Ms Sabine Wolf
- 358 Ms Natasha Walker
- 359 Ms Barbara Leinster
- 360 Robyn Dale
- 361 Ms Kerrie White
- 362 Ms Amanda Quinn
- 363 Name Withheld
- 364 Ms Lauren Taylor
- 365 Ms Maria Jose Lopez Alvarez
- 366 Mrs April Simon
- 367 Ms Jenny Anspach
- 368 Name Withheld
- 369 Name Withheld
- 370 Name Withheld
- 371 Name Withheld
- 372 Ms Jasmine Scheidler
- 373 Miss Suzanne Green

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- 374 Ms Diane McCann
- 375 Ms Domenica Bambino
- 376 Ms Debra Lyn
- 377 Ms Lisa El Etraby
- 378 Name Withheld
- 379 Ms Kirryn Hardy
- 380 Ms Susanna Searle
- 381 Name Withheld
- 382 Name Withheld
- 383 Ms Jane Cahill
- 384 Ms Francine Smith
- 385 Mrs Poppy Atheis
- 386 Mr Mathew and Ms Karen Nelson
- 387 Mr Roger Conroy
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- 400 Name Withheld

- 401 Mr John Ward
- 402 Ms Giselle Tonee
- 403 Mrs Jasmine Yuswak
- 404 Name Withheld
- 405 Ms Kate Hunt
- 406 Ms Danielle Vicary
- 407 Name Withheld
- 408 Mr John Payne
- 409 Name Withheld
- 410 Name Withheld
- 411 Name Withheld
- 412 Ms Sarah Bayliss
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- 414 Name Withheld
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- 416 Name Withheld
- 417 Ms Sarah and Mr Cameron McLachlan
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- 423 Name Withheld
- 424 Name Withheld
- 425 Ms Elizabeth Hart
- 426 Name Withheld
- 427 Ms Samantha Wisteria

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- 428 Name Withheld (plus seven attachments)
- 429 Name Withheld
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- 433 Name Withheld
- 434 Name Withheld
- 435 Dr Kevin Coleman
- 436 Mrs Sarah Foskett
- 437 Name Withheld
- 438 Name Withheld
- 439 Mr Nick Farrow
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- 444 Name Withheld
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- 448 Mrs Karen Stanley
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- 461 Name Withheld
- 462 Name Withheld
- 463 Ms Sharon Reid
- 464 Name Withheld
- 465 Name Withheld
- 466 Name Withheld
- 467 Name Withheld
- 468 Ms Judy Wilyman (plus an attachment)
- 469 Name Withheld
- 470 Mrs Val Dani
- 471 Mr Leo Leung
- 472 Mrs Daniele Presser
- 473 Ms Rachel O'Brien
- 474 Name Withheld
- 475 Name Withheld
- 476 Mrs Fiona Lippey
- 477 Mrs Vicki O'Leary
- 478 Name Withheld
- 479 Name Withheld
- 480 Name Withheld
- 481 Mrs Lisa Rose

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- 482 Name Withheld
- 483 Name Withheld
- 484 Name Withheld
- 485 Name Withheld
- 486 Ms Valerie Foley
- 487 Name Withheld
- 488 Mr Jesse Sleeman
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- 494 Name Withheld
- 495 Name Withheld
- 496 Name Withheld
- 497 Name Withheld
- 498 Mr and Mrs Greg and Catherine Hughes
- 499 Mr Michael Vlcek
- 500 Name Withheld
- 501 Mr Stephen Peterson
- 502 Name Withheld
- 503 Ms Helena Smirnis
- 504 Name Withheld
- 505 Name Withheld
- 506 Name Withheld
- 507 Name Withheld (plus two attachments)
- 508 Name Withheld

- 509 Mr Herbert Nathan
- 510 Name Withheld
- 511 Name Withheld
- 512 Ms Layla Bell
- 513 Name Withheld
- 514 Ms Melissa Fletcher and Mr Maximo Lluna
- 515 Name Withheld
- 516 Name Withheld
- 517 Mrs Dita Desauer
- 518 Name Withheld
- 519 Mrs Emma White
- 520 Dr Mark Donohoe
- 521 Ms Angelica Ploutos
- 522 Name Withheld
- 523 Name Withheld
- 524 Name Withheld
- 525 Name Withheld
- 526 Name Withheld
- 527 Mr Jan Sowden
- 528 Name Withheld
- 529 Name Withheld
- 530 Name Withheld
- 531 Mrs Danielle Butters
- 532 Name Withheld
- 533 Name Withheld
- 534 Miss Miranda Coish
- 535 Name Withheld

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- 536 Mr Steve and Ms Madeleine Thorsteinsen
- 537 Name Withheld
- 538 Name Withheld
- 539 Name Withheld
- 540 Name Withheld
- 541 Mr Paul Hercus
- 542 Consumer Rights and No-Tolls Party
- 543 Immunisation Alliance of Western Australia
- 544 Australian Medical Association
- 545 National Welfare Rights Network
- 546 Uncle Max Harrison
- 547 Mr Norm Dixon OAM
- 548 Name Withheld
- 549 Ms Bronwyn Hancock
- 550 Name Withheld

Additional Information

- 1 Information about medical exemptions, from Friends of Science in Medicine, received 2 November 2015
- 2 World Health Organization vaccine-preventable diseases: monitoring system 2015 global summary, from Northern Rivers Vaccination Supporters, received 3 November 2015
- 3 Recommendations on hepatitis B immunisation, by the National Health and Medical Research Council, from Liça Bienholz, received 4 November 2015
- 4 Additional information to a line of questioning at the public hearing, from Public Health Association of Australia, received 5 November 2015

Answers to Questions on Notice

- 1** Answers to Questions taken on Notice during 2 November public hearing, received from Department of Education and Training, 5 November 2015
- 2** Answers to Questions taken on Notice during 2 November public hearing, received from Department of Education and Training, 5 November 2015
- 3** Answers to Questions taken on Notice during 2 November public hearing, received from Australian Medical Association, 6 November 2015
- 4** Answers to Questions taken on Notice during 2 November public hearing, received from Department of Social Services, 6 November 2015
- 5** Answers to Questions taken on Notice during 2 November public hearing, received from Department of Social Services, 6 November 2015
- 6** Answers to Questions taken on Notice during 2 November public hearing, received from Royal Australasian College of Physicians, 6 November 2015
- 7** Answers to Questions taken on Notice during 2 November public hearing, received from Department of Education and Training, 6 November 2015
- 8** Answers to Questions taken on Notice during 2 November public hearing, received from Department of Human Services, 9 November 2015

Form Letters

- 1** Form Letter Type 1, received from approximately 703 individuals
- 2** Form Letter Type 2, received from approximately 52 individuals

APPENDIX 2

Public hearings

Monday, 2 November 2015

Christie Conference Centre, Brisbane

Witnesses

Australian Vaccination-skeptics Network Inc.

BEATTIE, Mr Greg, Member

TOMLJENOVIC, Dr Lucija, Guest Speaker

DOREY Ms Meryl, Private capacity

Citizens Concerned with Vaccination Legislation and Safety

BURNUM-BURNUM, Mrs Marelle, Member of Delegation

DALE, Ms Christine, Member of Delegation

KEMP, Mrs Debbie Patricia, Member of Delegation

SMITH, Mr Brett, Member of Delegation

Northern Rivers Vaccination Supporters

GAYLARD, Mrs Alison, Founding Member

HEAP, Dr Rachel, Community Representative

ROBERTSON, Mrs Heidi, Community Representative

Stop the Australian (Anti-) Vaccination Network

CUNNINGHAM, Mr John Edward, Administrator

HAWKES, Dr David, Administrator

STOKES, Dr Patrick, Administrator

Friends of Science in Medicine

IERACI, Dr Sue, Executive Member

BIENHOLZ, Ms Lisa, Private capacity

HAINES, Ms Merylyn, Private capacity

KENT, Mr Phil, Private capacity

LEONFORTE, Ms Jane, Private capacity

LIPPEY, Ms Fiona, Private capacity

WANT, Mr Don, Private capacity

WANT, Mrs Ann, Private capacity

WILSON, Mr Trevor, Private capacity

Australian Medical Association

KIDD, Dr Richard, Federal Councillor, and Deputy Chair, AMA Council of General Practice

Royal Australasian College of Physicians

GERICKE, Professor Christian, Member

KYNASTON, Dr Anne, Member

HANSENSMITH, Ms Rebecca, Private capacity

HARRISON, Mr Maxwell Dulumunmun, Elder of Yuin Nation, Private capacity

HUTTON, Anthony Leigh, Private capacity

LAHN, Mrs Allona Arlene, Private capacity

PRINS, Joy, Private capacity

TRAFFORD, Mr Michael William, Private capacity

Australian Childcare Alliance

BRIDGE, Ms Gwynn, President

MINSON, Ms Anna, Executive Officer

The Parenthood

BRISKEY, Ms Jo, Executive Director

BARKER, Dr Ruth, Parent Member

Inspired Family Day Care

AVENALL, Ms Katchia, Scheme Manager and Pedogical Leader

Public Health Association of Australia

NEWBOUND, Mrs Angela Marie, Co Convenor, Immunisation Special Interest Group

LEASK, Associate Professor Julie, Private capacity

Department of Social Services

HALBERT, Ms Catherine, Group Manager, Payments Policy Group

Department of Health

McNEILL, Ms Felicity, First Assistant Secretary