



Department for Health and Wellbeing
South Australia

Early Childhood Services and Immunisation Discussion Paper

Public consultation summary
and analysis of responses

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Background

The [Early Childhood Services and Immunisation Discussion Paper](#) presented options for a second phase South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill and was released for public consultation from Friday 31 May to Friday 28 June 2019. Feedback was able to be provided via letter, email, Survey Monkey, or yourSAy.

The Discussion Paper presented three broad options for consideration for the phase two legislation, and invited responses from stakeholders to 11 questions.

The following options were presented:

- > **Option 1 – Pause:** Proposes to fully implement the Phase 1 Bill (passed) before considering the need for further change. The Phase 1 Bill requires parents or guardians to provide immunisation records to their child's early childhood service, and gives the Chief Public Health Officer (CPHO) the power to request those records if satisfied that there is an outbreak, or risk of an outbreak, of a vaccine preventable disease (VPD) at the service. In the event of an outbreak of a VPD at an early childhood service, the Phase 1 Bill will allow the CPHO the power to exclude a child from the service.
- > **Option 2 – At enrolment:** Develop a second Bill (the Phase 2 Bill) to amend the *South Australian Public Health Act 2011* to require children to be up-to-date with immunisation (or on a recognised immunisation catch-up program) to be able to enrol in early childhood services (unless medically exempted or meeting other prescribed exclusion criteria).
 - Option 2a – All children under 3 years.
 - Option 2b – All children under 6 years.
- > **Option 3 – At enrolment and ongoing:** Develop a second Bill (the Phase 2 Bill) to amend the *South Australian Public Health Act 2011* to require children to be up-to-date with immunisation (or on a recognised immunisation catch-up program), to be able to enrol and to maintain their enrolment ongoing (unless medically exempted or meeting other prescribed exclusion criteria).
 - Option 3a – All children under 3 years.
 - Option 3b – All children under 6 years.

The responses are summarised below.

Number of responses

680 responses were received (608 through Survey Monkey, 41 through yourSAy, and 31 through either letter or email). It was noted that some people made submissions through more than one channel, and it is not feasible to determine if Survey Monkey responses were made more than once by any individual.

Discussion Paper questions

Q1. What is your postcode?

Of the 680 responses, 50 were identifiable as coming from interstate residents. It was assumed that all yourSAy responses were from South Australia (SA).

Fourteen written submissions were from non-SA residents or national organisations and 36 respondents on Survey Monkey did not give South Australian postcodes.

Q2. Do you identify as Aboriginal or Torres Strait Islander?

Seven people (1.17%) identified as Aboriginal and/or Torres Strait Islander. Their responses mirrored those of the wider population, with 3 opposed to stronger measures, and 4 supporting them.

Q3. If you wish, please provide your name and contact details:

The majority of Survey Monkey and yourSAy respondents did not provide their full name or contact details.

Q4. Do you agree that, with rare exception, children in SA should be fully vaccinated for age as a condition of enrolment into early childhood services?

	Yes	No	Other/ unsure	Total
Survey Monkey	312 (1)*	283 (35)*	13	608
yourSAy	22	17	2	41
Letter/ email	12 (1)*	17 (13)*	2	31
Total	346 (50.8%)	317 (46.6%)	17 (2.5%)	680

* () indicates number included this group who did not give a South Australian postcode

Of those who said that they supported or did not support the proposal, 52.2% supported and 47.8% did not support the proposal. If this analysis was restricted to known/assumed South Australian residents, 56.1% supported and 43.9% did not support.

Many of those who did not support the proposal stated that it would remove parental choice, that it was an enforced medical procedure, that it was coercive and discriminatory, or that it violated the rights of children.

A range of negative views about vaccines were presented, with many claiming vaccines had not been adequately safety-tested, contained poisons, were detrimental to children's health, and that there were conspiracies between the pharmaceutical industry, medical professionals, and government which covered up vaccine safety issues.

A number of people questioned why (assumedly infectious) children with HIV or hepatitis B were allowed to attend early childhood services when unvaccinated children would not be allowed.

Q5. If you said yes, which of the options in the Discussion Paper do you consider to be the best (i.e. option 1, 2a, 2b, 3a or 3b)? Please provide your reasons.

Option	Number of responses	Percentage
1	21	7%
2	3	1%
2a	19	7%
2b	32	11%
3	4	1%
3a	51	18%
3b	155	54%

Note: A small number of respondents indicated support for more than one option

Those who supported immunisation but wanted no further restrictions suggested requiring parents to provide records would prompt many into getting their children vaccinated if not up to date. Many felt that further restrictions were discriminatory and would penalise children for their parents' decisions, and a few were concerned that excluding unvaccinated children from kindergarten/ preschool would limit their chances of getting into highly sought after schools. The importance of early learning to later educational and sociological development was referred to frequently.

Some people considered that option 2 would achieve the most benefit while imposing less administrative burden on parents and facilities. A number of people indicated that the Commonwealth No Jab No Pay requirements were effective in keeping children's vaccinations up to date for the majority, and questioned whether the excess workload on early childhood service operators in obtaining records throughout the enrolment year could be justified.

Only about 25% of those who wanted unvaccinated children to be excluded favoured limiting this to the younger cohort, where the impact on socialisation and educational development might be considered less critical than in the 4 – 6 year old group.

The majority of those who supported stronger measures preferred the strongest option, option 3b, which would require all children under 6 years be fully immunised (or on a recognised catch-up program) to be able to enrol and to maintain their enrolment ongoing (unless medically exempted or meeting other prescribed exclusion criteria). Reasons given mainly involved the risk from unvaccinated older children, as there is mixing of children from very young babies up to six year olds in many early childhood services, consistency of messaging about the importance of vaccination, and the importance of children entering formal schooling fully vaccinated. A number of respondents wanted immunisation requirements to be extended to staff, and to primary and secondary school children.

Q6. If you said no or unsure, what do you suggest as an alternative proposal or activity to improve immunisation rates among young children?

Of those who said 'no' or 'unsure', the majority did not suggest an alternative proposal to improve immunisation rates. Most in this group were strongly opposed to any vaccination. Others suggested that a reduced number of vaccines or varied immunisation schedule based on parental preferences should be accepted, while others considered that homeopathic 'vaccines' should be included in calculation of vaccination rates.

Some suggested that more efforts to provide education about vaccines would be more likely to achieve higher rates. A number of respondents suggested that education about vaccination should be provided in secondary schools, so that young people were educated about vaccines before starting their families.

Many responders who opposed any vaccinations cited doubts about the validity of any facts and data, with references to conspiracy, government and medical profession corruption by big pharma, and claim that vaccine safety issues are either not reported or are covered up.

Q7. Do you agree that children on an approved catch up schedule should be permitted to enrol?

Answer	Number of responses	Percentage
Yes	349	58%
No	70	12%
Unsure	40	7%
Other	138	23%

There was clear majority support for allowing children on an approved catch up schedule to enrol.

Most of those who were answered 'no' or 'other' to this question had the position that no child should have to be vaccinated to enrol or attend, though some respondents expressed caution that the catch up option might be exploited to get around immunisation requirements, and indicated there must be proof that the child was adhering to and completing the catch up program. A smaller number (12%) considered that children should not be allowed to enrol until the catch up program had been completed.

People who were unsure did not give reasons.

Q8. To assist in meeting the proposed immunisation requirements, what resources and/or support should SA Health provide to persons in charge of early child care services, families, and/or immunisation providers?

Responses have been grouped into categories as follows.

A. Resourcing

- > It was apparent multiple respondents had the misconception that early childhood services staff would be required to interpret immunisation records to determine whether or not a child is fully vaccinated or not; however, 'up to date' or otherwise is reported on the Immunisation History Statement. Multiple respondents expressed concerns about the need for additional resources and education and training of early childhood services staff.
- > The requirement for assistance from SA Health for early childhood services if needed when having to refuse enrolment of or subsequently exclude under-vaccinated children; perhaps a need for joint meetings with families, directors of early childhood services and SA Health.

B. Legal

- > There was some concern that staff would require protection against intimidation and bullying, and would require a clear legal mandate to enforce exclusions. Many apparently linked respondents (i.e. long responses with identical wording) claimed the Victorian government misled parents around entry requirements when introducing its legislation, so it will be essential that clear and accurate information is provided to early childhood service staff as well as parents.

C. Education and information - respondents requested:

- > Education, discussion, and information, in multiple languages, on all media platforms and especially television and social media.
- > More information countering anti-vaccination arguments, in plain language from medical experts.
- > The wording of SA Health materials should not be biased against those who do not believe in vaccination.
- > To be given actual vaccine product inserts when their children are vaccinated, with full disclosure of side effects.
- > A phone hotline for information, dispute resolution, advice, provided by SA Health for the transitional period.
- > The vaccination requirements are conveyed to parents at ante and postnatal encounters and included in the information pack when a new baby goes home from hospital.
- > Education and special counselling for vaccine refusers.
- > Access to immunisation records should be easier, with more information on how to access them.
- > The changes be presented as a 'carrot' rather than a stick, i.e. will improve health protection for children and still allow them to access education whereas they may have missed out on the health benefits of vaccination without these measures.

D. Vaccine compensation scheme

- > A number of respondents mentioned the need for a vaccination compensation scheme for children who suffer severe adverse effects following vaccination.

E. Access to vaccination

- > Many respondents conveyed difficulty accessing free vaccination in a timely manner, particularly in small country towns.

- > Demand for local government councils to provide many more vaccination clinics, and for SA Health to provide free extended hours immunisation services.
- > Requests for lists of general practices that will bulk bill for vaccinations to be made available.
- > Better education of general practitioners about vaccination, so they can confidently discuss vaccines with vaccine hesitant parents.
- > Strong demand for mobile vaccination services, catch up clinics, qualified Child and Family Health Service (CaFHS) or other vaccination nurses to visit early childhood services pre-enrolment, at enrolment, each semester to provide vaccinations.

Q9 & Q10. Do you agree with any of the listed advantages and disadvantages – please provide evidence to support your views (e.g. any likely overall financial impacts). Can you identify any additional advantages and disadvantages? Please include evidence of any likely impacts.

Very few respondents provided evidence to support their views, although some did provide details of the financial disadvantage they would incur if they had to stay home to care for their children.

Examples of responses include:

- > It is discriminatory, will not improve health, will cost government and early learning childhood services a lot, and is not likely to convert vaccine hesitant parents.
- > There would be disadvantage of loss of access to early learning for children of vaccine refusing parents; others agreed that this will be a disadvantage but advantages outweigh disadvantages.
- > Financial disadvantage for (mostly) women who would have to stay home to look after their children; however one single mother said this was not important, while others pointed out that the financial costs of caring for sick children, the costs for parents of other children who have to stay home if they get infected, and the costs of dealing with outbreaks are also considerable.
- > Some mentioned financial costs for services, but others pointed out that people accept the additional costs incurred with first aid training and background checks for staff. One early childhood service board member said that absence associated with illness is a far greater drain on the efficiency and efficacy of the sector than enrolment issues.
- > Disadvantages do not outweigh the permanent disability or death that could come from preventable disease. It is not appropriate for vulnerable children to be put at risk by people who do not understand the science of vaccination.
- > Making it essential for children to be vaccinated to attend child care and kindy would send a message to parents who are hesitant about vaccinations that it is important and safe, and might help to relieve the anxiety of some parents who think it is a risky decision.
- > It would bring our policies in line with the Eastern states, so objectors won't look to move here to avoid the policy. It creates greater consistency around such an important public health issue.
- > Some talked about vaccines being poisons, and suggested that this is "all about money".

Q11 & Q12. Do you support the provision of exemptions to the immunisation enrolment requirements for vulnerable and/or disadvantaged children as described? Are the proposed categories in the Discussion Paper of vulnerable / disadvantaged children which should be exempted appropriate?

- > The exemptions were supported by 44.43%, opposed by 19.38%; and 36.19% were unsure or other.
- > The majority of those who did not express support were opposed to any vaccination and wanted exemptions broadened, e.g. to include all children, conscientious objection, religious exemption, more medical exemptions, philosophical or scientific objection.
- > A number of respondents considered that vulnerable and disadvantaged children needed the requirement to be vaccinated most as they often did not have a responsible adult to make good decisions for them.
- > The Child and Family Health Service of the Women's and Children's Health Network advised that all nurses working with children in emergency/foster care have immunisation skills and would be able to ensure these children are vaccinated.

Q13. Can you identify any additional regulatory proposals that should be considered or any other way of achieving higher immunisation rates for young children in SA? Please provide details as well as supporting evidence where possible.

Suggestions included:

- > Medicare levy surcharge for non-vaccinators, remove healthcare entitlement cards, no Centrelink money or other government payments.
- > Require governments to publish information about children harmed by vaccinations.
- > Include education about vaccines in high school curriculum so that people know about vaccines when they become parents.
- > Mandatory immunisation.
- > Campaign rather than enforce, financial incentives rather than penalties.
- > Should go further and be required for schools.
- > Shutting down anti-vaccination websites.
- > Vaccination required for staff in early learning centres.
- > Count homeoprophylaxis in vaccination rates.
- > Fines for not immunising.
- > Further education and empathetic support for families that are vaccine cautious, with comment that policies like these get them immediately off-side.

Q14. Do you have any additional comments in relation to strengthening immunisation enrolment requirements for early childhood services?

- > Reiteration of many statements by those opposed to vaccination.
- > Need to improve immunisation rates among immigrants.
- > Counter the negative comments that circulate in the press about the dangers of vaccination; these must be answered specifically by medical professionals.

Professional group responses

Responses were specifically invited from leaders of a number of professional groups, government departments, and organisations including Chief Executive Officers of South Australian Primary Health Networks and Local Health Networks, Department for Child Protection, Department for Education, Education Standards Board (SA), Aboriginal Health Council of SA, Aboriginal Health Strategy of SA Health, Commissioner for Children and Young People (SA), Australian Literacy Educators Association, Health Consumers Alliance of South Australia, Royal Australian College of General Practitioners, Rural Doctors Association of Australia, Royal Australasian College of Physicians, and the Australian Medical Association.

Responses received are summarised below.

Association of Independent Schools of South Australia

- > Represents 104 independent schools and 41 associated early learning centres.
- > Of those who provided feedback, all supported the general intent with the majority supporting option 3b.
- > Some concern about children of conscientious objectors not being included in prescribed exclusion criteria.
- > Some concern about additional administrative burden.

Australian Childcare Alliance SA

- > Represents about 100 childcare centres in SA.
- > Fully supports option 2, rejects option 3 due to the excessive administrative burden though it is likely that the amount of follow up by staff was overestimated.
- > Does not support exemption of vulnerable/disadvantaged children as they also need the protection of immunisation.

Australian Medical Association (SA)

- > Acknowledges and endorses the South Australian Government's 'robust commitment' to protecting children through increasing the immunisation rates throughout SA.
- > Endorses option 3b.
- > Recommends that the South Australian Government provides a source of readily understood educational material to counteract the effect of overtly misleading and unscientific notions.
- > Urges the SA Government to establish an appropriate and flexible service comprising, perhaps mobile, catch-up centres that would visit schools, childcare services and other locations to facilitate and make it easier for families.

Australian Nursing and Midwifery Federation (SA Branch)

- > Represents >21,000 nurses, midwives, personal care assistants in SA.
- > Supports option 3b.

- > Agrees with all the advantages, encourages safeguards/ further strategies so that parents of disadvantaged children can be appropriately educated so that the children are not disadvantaged by inability to attend early childhood services.
- > Agrees that Aboriginal and Torres Strait Islander children, children under guardianship, or otherwise vulnerable and disadvantaged children are not exempt from the requirements proposed.
- > Advocates an extension of the proposed law to 'no-jab, no-school', and urges the government to introduce strong laws that support vaccination for school children from 6 to 16 years of age.
- > Urges the South Australian government to include influenza vaccinations in both the immunisation schedule and the proposed legislation.
- > Supports travelling immunisation clinics staffed by vaccination nurses.

Child and Adolescent Health Community of Practice (WCHN)

- > Supports option 3b.
- > Some concern raised about children of conscientious objectors and how legislating immunisation requirement for early learning centre attendance could enhance their anti-immunisation stance which would lead to further isolation of their children.
- > Says this is a well thought out strategy and should be enhanced with a well presented media campaign.

Department for Child Protection

- > Supports option 3b.
- > If the age of required immunisation is under 3, but not children from 3 up to 6, the logic for this is not clear and may be more confusing for parents than a straightforward requirement that any child engaged in early childhood services must be vaccinated. Also, this approach does not clearly communicate government's intention that all children are immunised unless medically exempted or meeting other prescribed exclusion criteria.
- > The evidence from other jurisdictions does not appear strong that this legislation will make the required difference to immunisation rates.
- > Australia is signatory to the UN Convention on the Rights of the Child (the Convention; UN CRC). Consideration should be given to how the Convention applies to the current proposal and whether South Australia would be fulfilling its responsibilities under the Convention in implementing the current proposal as it stands. For example, Article 2.2 provides that: *States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.*
- > Need additional means to ensure that children who are not vaccinated for reasons other than medical necessity are not isolated, disadvantaged, put at risk or left in vulnerable or at risk situations with reduced scrutiny and support from public agencies as a result of exclusion from early education services.
- > Need an approach that sanctions parents and not their children for actions of the parents.

Public Health Association Australia

- > Considers option 1 acceptable.
- > Considers SA rates high enough.
- > Does not support efforts that will disadvantage individual children socially or financially or impede access to health or education.

- > Recommends improving the quality of recording on the AIR, pre-vaccination reminder systems, home visiting programs, increased after-hours access to services, more timely access to special immunisation service clinics.
- > Inequities currently exist for individuals who live in Australia but who are ineligible for Medicare; should ensure all children living in Australia have access to tax-payer funded NIP program vaccines.

Royal Australasian College of Physicians

- > Supports option 1.
- > Early childhood education should not be seen as a policy lever by which to improve immunisation, but as an outcome that is at least equally as important as immunisation.
- > Recommends that early childhood educators should be fully immunised according to the NIP schedule before they can commence work in an early childhood setting.
- > Need to foster a culture of vaccination acceptance, and a culture of understanding about the benefits of vaccination.
- > Need ready vaccination availability at multiple opportunities and in varied settings, along with ongoing education (including myth-debunking), and persuasive, non-punitive examples of the benefits of vaccination.

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