SA Health

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

Consultation Discussion Paper

May 2019

Government of South Australia

SA Health

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We acknowledge the assistance of the Department of Health, Western Australia, in sharing a consultation paper developed for similar legislation in that state.

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Summary

The SA Government is putting forward two Amendment Bills to the *South Australian Public Health Act 2011* (the Act) to increase protection of children enrolled in early childhood services against vaccine preventable diseases (VPD).

The first Bill (Phase 1) of the Government's Early Childhood Services and Immunisation legislation aims to improve the ability to prevent and control outbreaks of VPDs in early childhood services, and was introduced to Parliament on 21 March 2019 as the South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill (the Phase 1 Bill). The Phase 1 Bill passed the Legislative Council on 4 April 2019 and the House of Assembly on 1 May 2019.

The Phase 1 Bill, once enacted, will require 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 VPD. The Phase 1 Bill also enables the CPHO to exclude a child from the premises, during an outbreak of VPD, if the child has been diagnosed with a VPD or is at material risk of contracting the VPD.

This will provide our public health officers with more support to prevent and contain an outbreak of VPD, however, there is no provision for routine exclusion of children who are not up-to-date with vaccinations (or on a recognised immunisation catch-up program).

A public consultation to inform the Phase 2 Bill is currently being undertaken by SA Health, seeking stakeholder feedback on a range of options to further strengthen protection of children against VPD.

The Phase 2 Bill will provide for exclusion of unvaccinated children from enrolment in and potentially attendance at early childhood care and services.

The information gathered from this consultation will assist to identify issues of concern, and assist to develop any additional options or proposals for reform not already identified.

The Discussion Paper to guide the consultation proposes a range of options that require, with rare exception, children in South Australia (SA) to be up-to-date[1] with vaccinations (or on an approved catch-up program) as a condition of enrolment and potentially attendance at early childhood services. Early childhood services include non-compulsory services such as childcare, kindergarten and early learning centres.

This Discussion Paper outlines the public health issues, provides background information to the development of the immunisation policy itself, investigates the experience of similar legislation in other Australian jurisdictions, and explores each of the proposals which may be included in the Phase 2 Bill in terms of anticipated impacts to the early education and care industry, families and the state government.

1 Up-to-date means the child has received all vaccinations that the child is able to receive but is not necessarily fully vaccinated for age as some vaccinations (such a rotavirus) have maximum age cut offs, and if the child has a delayed commencement of vaccinations is older than this the child is unable to receive the vaccination.

The following options are presented:

Options - Enrolment

- **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 CPHO the power to request those records if satisfied that there is an outbreak, or risk of an outbreak, of a 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[2] (unless medically exempted or meeting other prescribed exclusion criteria[3]).
    - 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.

Introduction of any of the proposals in Options 2a, 2b, 3a and 3b into legislation may require consideration of some operational and legal requirements to support implementation, such as offences for which penalties may be issued. Consequential amendments to other legislation e.g. Education and Early Childhood Services (Registration and Standards) Regulations 2011 may be required.

Options – Exemption

- Whether some categories of children might be exempted from the vaccination requirements for enrolment or attendance in early childhood services, and what categories would be included.

Invitation to make a submission

You are invited to participate in this public consultation by conveying your views or by responding to the Guiding Questions under the Options and the Proposals. The Guiding Questions facilitate the consultation process by providing a framework for submissions. You do not have to respond to all questions, and instead you may prefer to respond to only those questions that are relevant to you.

In providing your response, please explain the reasons behind your comments and where possible provide evidence to support your views e.g. statistics, publications, examples.

2 Early childhood services are non-compulsory childhood education and care services.

3 There will be rare circumstances where incompletely vaccinated children will be able to be enrolled and remain in attendance at early learning facilities; these are identical to those accepted under the Commonwealth No Jab, No Pay legislation: A New Tax System (Family Assistance) Act 1999.

Please note:

- Your feedback forms part of a public consultation process, and the Government may quote from your comments in future publications. If you prefer your name and/or organisation to remain confidential, please indicate this requirement in your submission.
- Submissions made as part of the consultation may be subject to Freedom of Information requests, and you are advised not to include any personal or confidential information that you would not want in the public domain.

At the conclusion of the consultation process, the submissions received will be included in an analysis of the impacts of the various options and proposals. Based on consideration of that analysis, recommendations will be made as to the preferred option and proposals to be implemented, to achieve the desired public health outcomes.

Guiding questions for consultation

Enrolment

1. 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?
2. If so, which of the described options do you consider to be the best (i.e. option 1, 2a, 2b, 3a or 3b)? Please provide your reasons.
3. If no or unsure, what do you suggest as an alternative proposal or activity to improve immunisation rates among young children?
4. Do you agree that children on an approved catch-up schedule should be permitted to enrol?
5. 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?
6. Do you agree with the listed advantages and disadvantages? Please provide evidence to support your views, including any likely overall financial impacts.
7. Can you identify any additional advantages and disadvantages? Please include quantitative evidence of any likely impacts.

Exemption

8. Do you support the provision of exemptions to the immunisation enrolment requirements for vulnerable and/or disadvantaged children as described?
9. Are the proposed categories of vulnerable and disadvantaged children which may be exempt from the immunisation enrolment requirements, appropriate?

General questions

10. 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.
11. Do you have any additional comments in relation to the proposed Phase 2 Bill to strengthen immunisation enrolment requirements for early childhood services?

How to Make a Submission

There are three ways in which you can respond to the Guiding Questions and submit your response:

Online	YourSAy consultation webpage: yoursay.sa.gov.au/immunisation
Email	HealthCommunicableDiseases@sa.gov.au
Post	Early Childhood Services and Immunisation Consultation Communicable Disease Control Branch Health Regulation and Protection Division Department for Health and Wellbeing PO Box 6 Rundle Mall Adelaide SA 5000

Closing Date

The closing date for submissions is **Friday 28 June 2019 at 5pm (ACST).**

Aim

This Early Childhood Services and Immunisation Discussion Paper outlines the public health issues to be addressed, the current provision of childhood immunisation programs in SA under the National Immunisation Program (NIP), and the experience of the implementation of similar No Jab No Play (NJNP) legislation in other Australian jurisdictions.

This Discussion Paper explains the proposals being offered for public consultation. The proposals are feasible and practical options to further strengthen requirements for immunisation in children attending early childhood services.

Introduction

The SA Government is committed to improving SA's overall immunisation coverage and reducing pockets of under-immunisation.

The SA Government is introducing legislation aimed at strengthening immunisation and protection from VPD for children in early childhood services in two phases. The first Bill will enhance the capacity of public health agencies to respond to outbreaks of VPDs. The Phase 1 Bill passed the Legislative Council on 4 April 2019 and the House of Assembly on 1 May 2019. The second phase, on which this consultation is focussed, presents options for further measures, which would require that, with rare exception, children in SA will need to be up-to-date with vaccinations (or on a recognised immunisation catch-up program) as a condition of enrolment into early childhood services, before the compulsory education period, unless medically exempted or meeting other prescribed exclusion criteria.

In March 2017 the then Prime Minister Hon. Mr Malcolm Turnbull called for all state and territory governments to exclude unvaccinated children from early childhood services. Queensland, Victoria and New South Wales (NSW) have already introduced legislation with similar underlying policy objectives, and in Western Australia similar legislation is being developed. The intent of the SA legislation is broadly consistent with the legislation introduced in these other states.

These proposed changes will build upon the improvements in immunisation coverage already achieved through the *Commonwealth No Jab, No Pay legislation (A New Tax System (Family Assistance) Act 1999)*.

Public health and immunisation

Immunisation is a safe and effective way of protecting individuals against serious VPDs. Immunisation not only protects individuals from life-threatening diseases, but can also reduce the spread of disease within a community, a phenomenon often referred to as indirect protection or 'herd immunity'. The higher the proportion of people who are immune to a VPD, the fewer opportunities a disease has to spread. Creating herd immunity is important for protecting individuals who cannot be directly immunised themselves, whether because they are too young to receive the vaccine or because they have a medical contraindication.

The purpose of the proposed amendments to the Act is to mitigate the risk of VPDs spreading among children attending early childhood services, and by extension, the wider community, by ensuring that, with rare exception, all children enrolled in these services meet the immunisation requirements. The rationale for the immunisation policy is that if young children do not receive their recommended vaccinations, they are at increased risk of serious illness. If a substantial number of children are unvaccinated, there is an increased risk of VPDs spreading within early childhood services settings, and potentially, the wider community. While the Commonwealth's existing No Jab No Pay policy aims to achieve high immunisation rates among children attending childcare services, for children who do not

attend a childcare service, kindergarten programs are usually their first entry point into early childhood services and the broader school system. In this regard, enrolment into kindergarten programs offer an additional check point, occurring at a critical age for a child to receive the recommended vaccinations on the NIP childhood schedule (birth to four years). This policy aims to promote the recommendations of the NIP childhood schedule, by ensuring that by the time children reach preschool / kindergarten or during the year they turn 4, they have completed their NIP childhood schedule.

Australia has a vaccination coverage target of 95 percent, as for some highly critical VPDs, such as measles, at least 95 percent the population must be fully immunised to effectively prevent outbreaks. Recent large national[4] and international[5] [6] [7] outbreaks have demonstrated the rapidity of spread of measles when immunisation rates are below this critical level, even in developed countries such as Australia, European countries, and the United States of America. Seventy-two deaths from measles were recorded in children and adults in Europe in 2018.

The 95 percent immunisation rate is important to protect our community through production of herd immunity for certain VPDs, providing protection for those who are too young to be vaccinated and those who are unable to be vaccinated for medical reasons (see Factors influencing immunisation coverage).

Many vaccines produce excellent herd immunity, allowing elimination of deadly smallpox, and near elimination of poliomyelitis. In Australia, rubella, endemic measles, diphtheria, and meningococcal C disease have almost disappeared due to our successful vaccination programs, but there is always a risk of resurgence of these diseases if our immunisation rates fall below high levels. While full herd immunity does not result from all vaccines, due to the nature of the disease itself, vaccinations still provide protection against severe disease and death. This is well demonstrated with pertussis (whooping cough) vaccine, where cases are still reported, but hospitalisations are much reduced in vaccinated children, and no deaths have occurred in children from pertussis in SA since 2001.

The immunisations recommended in the Australian childhood immunisation schedule are provided at no cost under the National Immunisation Program[8] (NIP), and SA Health's immunisation program continues to deliver diverse initiatives which aim to increase access to immunisation services across the state. However, according to data in the Australian Immunisation Register (AIR), in some areas of SA, childhood immunisation rates fall short of the national immunisation coverage target of 95 percent[9]. Immunisation coverage among SA children remains lower than some other Australian jurisdictions with state-wide immunisation coverage in the assessed age groups between 91.60 percent and 95.00 percent depending on the group; in some areas coverage is as low as 81.48 percent. In addition, SA continues to experience cases of VPD.

[4] https://www.smh.com.au/national/travellers-targeted-in-measles-campaign-as-health-minister-urges-check-of-immunisation-history-20190408-p51bwl.html (accessed 9 Apr 2019)

[5] Measles cases in 2019. CDC. https://www.cdc.gov/measles/cases-outbreaks.html (accessed 9 Apr 2019)

[6] International Federation of Red Cross and Red Crescent Societies. Millions of children at risk as death toll rises in Philippines measles outbreak. https://reliefweb.int/report/philippines/millions-children-risk-death-toll-rises-philippines-measles-outbreak (accessed 9 Apr 2019)

[7] Measles in Europe: record number of both sick and immunized. WHO. http://www.euro.who.int/en/media-centre/sections/press-releases/2019/measles-in-europe-record-number-of-both-sick-and-immunized (accessed 9 Apr 2019)

[8] *National Immunisation Program;* Department of Health, Commonwealth of Australia. Available at: https://beta.health.gov.au/initiatives-and-programs/national-immunisation-program

[9] Beard FH *et al. No Jab, No Pay and vaccine refusal in Australia: the jury is out. MJA* 206(9) 2017:381-3.

Cases of vaccine preventable diseases in SA

Almost all VPD[10] are also notifiable conditions under the Act. Notifiable conditions are conditions in which the law in SA requires doctors and laboratories to notify people diagnosed with these infections or diseases to SA Health (see Table 1). The number of disease notifications is monitored by the Communicable Disease Control Branch (CDCB) of SA Health. Children under five years have some of the highest disease rates for a number of VPDs.

Influenza is the most commonly notified VPD. Due to waning immunity and changes in the circulating vaccine strain, influenza vaccine is recommended annually. NJNP legislation does not cover influenza.

Pertussis (whooping cough) is the second most commonly notified VPD in SA and nationally. Pertussis infections follow a cyclical pattern, with outbreaks usually every four to five years. While pertussis vaccine, like the infection itself, does not provide complete protection against infection, it provides excellent protection against severe disease and death[11]. Deaths in children from pertussis in Australia are rare, and tend to be limited to infants who are unvaccinated, particularly those too young to be eligible for immunisation. In 2015, people under 15 years of age had a notification rate 4.6 times higher than those aged 15 years or older.

Rotavirus infection is the most common cause of severe diarrhoea in infants and children worldwide. There were over 4 000 cases of the illness from 2014 to 2018 in SA, with most cases (70%) being in children. Since the introduction of the rotavirus vaccination in 2007, both rotavirus-specific and all-cause hospital presentations for gastroenteritis have reduced by more than 70% nationally[12].

Chickenpox (varicella) is a viral infection caused by the varicella-zoster virus. Symptoms include fever and cold-like symptoms followed by a blistering rash. Shingles follows a previous chickenpox infection and occurs when the body's immunity to the virus drops and the virus becomes active again after being in a resting phase in the spinal cord. There has been over 16 500 cases of varicella infection in SA from 2014 to 2018, with over 2 400 cases due to chickenpox. Varicella vaccine for chickenpox was included on the NIP in 2005. Most hospitalisations from varicella infection are now in children < 18 month of age who are too young to be vaccinated.[13]

There were 755 cases of invasive pneumococcal disease reported from 2014 to 2018 in SA, with at least 89% hospitalised, and 31 deaths. Twenty-eight percent of the cases occurred in children under the age of six years. Of these children, the majority had bacteraemia[14] (83%), often secondary to pneumonia, though 14 had meningitis[15], and eighteen percent of the children were unvaccinated. Available pneumococcal vaccines do not protect against all known strains of pneumococcus, but do protect against the most common strains causing infection.

There were 159 cases of invasive meningococcal disease in SA from 2014 to 2018, with 7 deaths over this period. Children under 6 years of age comprised 28 percent of the cases and almost 60% of deaths were in this age group. The majority of cases were due to meningococcal B (83%). SA has had the highest rate of invasive meningococcal B infection in Australia. The SA Government introduced a state-funded meningococcal B program for young South Australians in 2018 as meningococcal B vaccine is

[10] Human papillomavirus is a VPD which is not also a notifiable condition.

[11] Australia's notifiable disease status, 2015: Annual report of the National Notifiable Diseases Surveillance System NNDSS Annual Report Working Group Commun Dis Intell (2018) 2019;43(https://doi.org/10.33321/cdi.2019.43.6) Epub 15/03/2019

[12] Australian Immunisation Handbook https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/rotavirus Accessed 6/5/2019.

[13] Australian Immunisation Handbook https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/varicella-chickenpox Accessed 6/5/2019.

[14] Presence of the bacterium in the blood

[15] Inflammation of the meninges, the lining of the spinal cord and brain

not included on the NIP. Meningococcal B vaccination would not be required in NJNP legislation. Meningococcal ACWY vaccine has been included on the NIP for infants since July 2018.

The annual number of mumps cases is generally low in SA, but in 2017 there was an outbreak of mumps amongst young Aboriginal people living in remote SA, having spread from outbreaks occurring in Western Australia over the previous two years.

There were 34 cases of measles notified in SA from 2014 to 2018. Measles cases notified in SA from 2014 to 2018 were associated with infections acquired overseas (16 cases), and subsequent local transmission usually able to be linked to these cases (18 cases). Almost all cases were in people who were unvaccinated or had received only one dose of measles vaccine. Cases ranged in age from 9 months to 54 years, and local transmission was frequently to unvaccinated siblings, although some cases were infected in the community including in healthcare settings. The most commonly affected age group was 20 to 30 year olds (11 cases) followed by 10 to 20 year olds (8 cases), and during the years 2014 to 2018 all of the cases infected overseas had acquired their infections in southeast Asia.

Table 1: Notified VPD by number of notifications and rate per 100,000 population for selected VPDs, 2014-2018, SA

	Year									
	2014		2015		2016		2017		2018	
Disease	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Influenza	11050	654.6	15659	923.3	7851	460.2	28486	1649.4	5927	342.0
Pertussis	505	29.9	1297	76.5	1943	113.9	1786	103.4	716	41.3
Rotavirus	808	47.9	1127	66.5	447	26.2	1362	78.9	496	28.6
Varicella (chickenpox)	350	20.7	459	27.1	427	25.0	499	28.9	688	39.7
Invasive pneumococcal infection	133	7.9	126	7.4	136	8.0	213	12.3	147	8.5
Invasive meningococcal infection	32	1.9	30	1.8	27	1.6	36	2.1	34	2.0
Mumps	14	0.8	38	2.2	19	1.1	63	3.6	11	0.6
Measles	16	0.9	4	0.2	11	0.6	1	0.1	2	0.1
Rubella	2	0.1	2	0.1	0	0.0	0	0.0	0	0.0

Source: South Australian Notifiable Diseases Database, and Australian Bureau of Statistics estimated resident population for each year.

Early childhood services

Early childhood services include both early childhood care and early childhood education services, although the distinction between the two is unclear.

On 12 December 2018, the Council of Australian Governments (COAG) acknowledged that high quality learning in the early years of life has an important influence on educational and whole of life outcomes. In recognition of this, leaders agreed to a set of Early Learning Reform Principles[16] which sets out jurisdictions' mutual interest in supporting children's outcomes and a shared commitment to the provision of high quality early learning services.

Most research into the benefits of early learning has been international and focussed on 4 – 6 year olds, and has demonstrated that high quality early childhood education is associated with positive outcomes, including health outcomes. Research into the benefits of universal access for those aged 3 and under is ongoing, though there are demonstrated clear benefits for disadvantaged children[17].

Early childhood education is important in preparing children for further levels of education, and improving their ability to acquire the fundamental skills, such as cognitive, social and emotional skills, required for future education and professional lives. Early childhood education is associated with better school performance and better future professional achievement. The importance of access to early education is enunciated in the 2018-2019 National Partnership Agreement on Universal Access to Early Childhood Education[18]. This partnership agreement aims to facilitate the following outcomes:

a. all children, including vulnerable and disadvantaged children, have access to, and participate in, an affordable, quality early childhood education program;
b. all Indigenous children have access to, and participate in, an affordable, quality early childhood education program; and
c. all Indigenous four-year-olds in remote communities have access to early childhood education.

Under the Phase 1 Bill, an early childhood service is defined as a service for the education or care (or both) of a child under the age of 6 years such as childcare, family day care, pre-school, kindergarten and early learning centre services, but does not include the following services:

a. the provision of primary education provided at or in connection with a primary school;
b. a service comprising a person engaged by a parent or guardian of a child to babysit the child in the child's home;
c. a babysitting, playgroup or childminding service that is organised informally by the parents or guardians of the children concerned;
d. a service provided for a child by a family member of the child or friend of the family of the child personally under an informal arrangement where no offer to provide that service was advertised;
e. a service principally conducted to provide tuition to 1 child or a number of children who ordinarily reside together;
f. a service principally conducted to provide instruction in a particular activity (such as sport, dance and music);

[16] Australian Education Senior Officials Committee paper 2018 https://www.coag.gov.au/sites/default/files/communique/early-learning-reform-principles.pdf

[17] OECD Education in focus. https://www.oecd-ilibrary.org/docserver/5jlwqvr76dbq-en.pdf?expires=1555560244&id=id&accname=guest&checksum=477734605A3F56503BC5FD9805A91A7C Accessed 18/4/2019

[18] *2018-2019 National Partnership on Universal Access to Early Education*, Department of Education and Training, Commonwealth Government. Available at: https://www.education.gov.au/national-partnership-agreements

g. a service where a parent or guardian of each child remains on site and is available to care for their child if required;

h. a service comprising out of school care;

i. care provided to a child by a person in accordance with a parenting order under the *Family Law Act 1975* of the Commonwealth or the *Family Court Act 1997* of the Commonwealth;

j. care provided to a child under the *Children and Young People (Safety) Act 2017*;

k. any other service, or service of a kind, prescribed by the regulations.

The proposed legislative changes will not apply to compulsory schooling; in SA, all children must be enrolled in and attending school by their sixth birthday.

Immunisation in South Australia

Immunisation regulation in South Australia

South Australian Public Health Act 2011

Section 38 of the Act (Immunisation services) covers requirements in relation to immunisation:

a. In addition to its other functions, a council[19] must provide, or support the provision of, immunisation programs for the protection of public health within its area.

b. Services associated with the provision of immunisation programs will be provided with the support of the Department.

c. The Minister must take reasonable steps to enter into and maintain a memorandum of understanding with the Local Government Association about the provision of immunisation services and support under this section.

Education and Care Services National Regulations and Department for Education policies

Under Regulation 162(f) of the Education and Care Services National Regulations, approved providers are required to keep particular health information in a child's enrolment record. The immunisation status of a child is included in that information although facilities are not specifically required to keep a copy of the immunisation records under the Regulations.

In addition, the Education and Care Services National Regulations require approved providers of education and care services to take reasonable steps to prevent the spread of an infectious disease in the event of an outbreak. In addition, each parent must be notified of the outbreak. This requirement also applies to a family day care service (Regulation 88). Approved providers are also required to have policies and procedures in place in relation to dealing with infectious diseases, including procedures complying with Regulation 88 (Regulation 168(2)(c)). There is also a requirement to display certain information that is clearly visible from the main entrance. This includes a notice stating there has been an occurrence of an infectious disease at the premises (Regulation 173(2)(g)).

The Department for Education's 'Protecting children against vaccine preventable diseases procedure' requires the public education sector to ask parents and carers enrolling a child in a Government preschool, rural care, occasional care, family day care or respite care service to provide evidence of their child's immunisation status. The procedure commenced term 1 2017 and is mandatory.

[19] Council means a council within the meaning of the *Local Government Act 1999.*

Immunisation services

Immunisation services for children in SA are delivered through a range of immunisation providers:

- state government organisations including community health centres, Child and Youth Health clinics,
- local government immunisation clinics,
- general practice, and
- non-government organisations including Aboriginal community controlled health services, and the Royal Flying Doctor Service.

Vaccines are provided under the National Immunisation Program (NIP) and state funded programs. Immunisations administered are recorded in multiple sites. The vaccine receives a record of vaccines administered, the immunisation provider keeps a record of vaccines administered (in hard copy or on an electronic database), and the immunisation provider reports vaccines administered to the Australian Immunisation Register (AIR). Parents and caregivers are able to obtain, from the AIR, a copy of the immunisation status of their child which includes the vaccines administered and whether or not the child is up-to-date with vaccinations. This statement is called an Immunisation History Statement. The vaccinations on the NIP childhood schedule (birth to four years) that would be relevant for this legislation[20] are:

- at 2 months (but recommended to be given at 6 weeks):
    - a combined injection for diphtheria, tetanus, pertussis (whooping cough), hepatitis B, poliomyelitis (polio), *Haemophilus influenzae t*ype b (Hib)
    - an injection for pneumococcal disease
- at 4 months:
    - a combined injection for diphtheria, tetanus, pertussis, hepatitis B, polio, Hib
    - an injection for pneumococcal disease
- at 6 months:
    - a combined injection for diphtheria, tetanus, pertussis, hepatitis B, polio, Hib
    - an injection for pneumococcal disease
- at 12 months:
    - a combined injection for measles, mumps, rubella (MMR)
    - an injection for pneumococcal disease
    - an injection for meningococcal ACWY disease
- at 18 months:
    - an injection for Hib
    - a combined injection for measles, mumps, rubella, varicella (chickenpox) (MMRV)
    - a combined injection for diphtheria, tetanus, whooping cough (pertussis)
- at 4 years:
    - a combined injection for diphtheria, tetanus, pertussis, polio.

[20] This list does not include rotavirus vaccines and special immunisations for Aboriginal children and medically at risk children, as they are not assessed for No Jab No Pay requirements. Meningococcal B is a state funded program and not included as it is not assessed for No Jab No Pay requirements.

Children who have not received all of the vaccines on the NIP childhood schedule at the scheduled age points are in most cases able to undertake a catch-up schedule. This catch-up schedule is developed by the immunisation provider in accordance with the Australian Immunisation Handbook.

An approved catch-up schedule allows six months for the individual to catch-up on outstanding vaccinations, must be recorded in the individual's AIR record by the immunisation provider, and can only be recorded once on a child's AIR Immunisation History Statement.

Children who have a registered medical contraindication or natural immunity to a particular vaccination under section 9(c) of the *Australian Immunisation Register Act 2015* (Cth) are recorded as up-to-date on the Immunisation History Statement.

Community support for vaccination

The majority of parents are supportive of vaccination. Vaccination refusers account for less than 2% of all families in SA. Nationally 1.34% of children were registered on the Australian Immunisation Register as vaccine conscientious objectors[21] prior to the introduction of the No Jab No Pay policy.

Support for the SA immunisation program comes from a variety of government agencies. At the Commonwealth level, the NIP provides the vaccines while the National Partnership on Essential Vaccines prescribes the benchmarks for focusing jurisdictional immunisation initiatives. At a state level, the Immunisation Section, CDCB, SA Health, aligns local priorities and activities with the objectives of National Partnership on Essential Vaccines, and develops additional strategies for responding to state-specific issues.

A South Australian Immunisation Strategy is planned.

State funded immunisation programs

SA Health provides additional free vaccinations for a small number of programs that are not part of the NIP. These are primarily for small groups of at risk people, where the scale is not large enough to apply for inclusion in the NIP, where a vaccine has not been included in the NIP but state health authorities consider there is need, or where rapid responses to increasing rates of diseases are needed. These programs include post-exposure rabies prophylaxis, meningococcal B vaccination for children and young adults, influenza vaccination for children aged from 6 months to less than five years, vaccination of contacts of cases for some notifiable conditions, vaccination measures for outbreak control, and vaccination of individuals at high risk of hepatitis B acquisition.

The National Immunisation Program

Immunisation services are underpinned by the NIP, which was established by the Commonwealth, and the state and territory governments in 1997. The NIP aims to increase national immunisation coverage to reduce the incidence of VPDs in Australia; and was established to improve buying power for vaccines, and to introduce consistency to the vaccination schedule and vaccine related activities. The NIP provides free vaccines for eligible individuals against multiple disease groups, ensuring those most at risk are protected.

The NIP determines the series of immunisations for Australians recommended at specific age points, from birth through to adulthood, and which are provided free under this Commonwealth program.

If children fall behind in vaccinations, they can undertake an approved catch-up schedule which is managed by their immunisation provider in accordance with the Australian Immunisation Handbook[22].

[21] *Australian Immunisation Register – National vaccine objection (conscientious objection) data*; Department of Human Services; Commonwealth Government, 2016.

National Partnership on Essential Vaccines

The National Partnership on Essential Vaccines (NPEV) is a partnership between the Commonwealth and the state and territory governments, and is based on a mutual interest in improving outcomes in vaccination, and the need to work in collaboration to achieve those outcomes. The objective of the NPEV is to protect the Australian public from the spread of VPDs through the cost-effective and efficient delivery of immunisation programs, with this largely being met through activities of the NIP. The following five performance benchmarks have been agreed:

1. An increase in vaccination coverage rates for 60 to ≤63 month olds relative to the baseline (where a state achieves a coverage rate for the year of 95% or higher, it will be deemed to have met the benchmark).
2. An increase in the vaccination coverage rates for Aboriginal and Torres Strait Islander people in at least two of the following three cohorts: 12 to ≤15 month; 24 to ≤27 month; and 60 to ≤63 month, relative to the baseline (where a state achieves a coverage rate for the year of 95% or higher for a particular cohort, it will be deemed to have met the target for that cohort).
3. An increase in the vaccination coverage rate for both adolescent boys and adolescent girls for human papillomavirus (HPV), relative to the baseline.
4. An increase in vaccination coverage rates for 60 to ≤63 month olds in four of the ten lowest vaccination coverage SA3[23] geographical areas, relative to the baseline. States will notify the Commonwealth by August of each year of the four areas to be targeted that year.
5. An annual decrease in the wastage and leakage rate for agreed vaccines, relative to the baseline (where a state achieves a wastage and leakage rate of 5% or lower, it will be deemed to have met the benchmark).

The current agreement expires on 30 June 2021, or on completion of the project, including final performance reporting and processing of final payments against performance benchmarks or project milestones.

Immunisation rates in SA

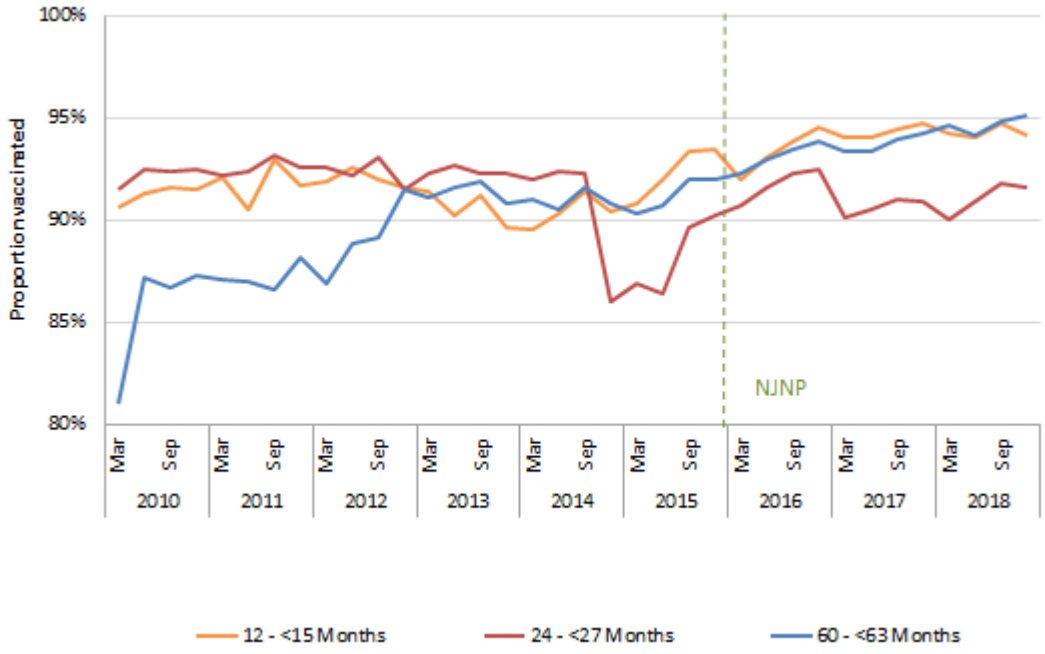
Immunisation providers report vaccinations administered to the Commonwealth Government's Australian Immunisation Register (AIR). This information is used to calculate immunisation coverage. Quarterly reports are produced from the AIR database detailing childhood immunisation coverage by jurisdiction for three age groups (12 to ≤15 months, 24 to ≤27 months, and 60 to ≤63 months). The data presented in Figure 1 to Figure 10 was obtained from these quarterly AIR reports.

From 2010 onwards, immunisation coverage in SA has improved as shown by the proportion of children fully vaccinated, by quarter and age group in Figure 1. The introduction of the Australian government's No Jab No Pay policy in January 2016 may have contributed to the steady increases in vaccination coverage rates. In data extracted from the AIR on 31 December 2018, SA is below the target of 95% immunisation coverage for two of the three age groups reported in AIR.

[22] *Australian Immunisation Handbook*; Department of Health, Commonwealth Government. Available at: https://immunisationhandbook.health.gov.au/

[23] Statistical Areas Level 3 (SA3) are spatial regions designated by the Australian Bureau of Statistics. There are 358 such regions in Australia. https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1270.0.55.001~July%202016~Main%20Features~Statistical%20Area%20Level%203%20(SA3)~10015

Figure 1: Immunisation coverage for children 12 to ≤15 months, 24 to ≤27 months and 60 to ≤63 months of age in SA, March 2010 to September 2018



Source: AIR
** Note the precipitous decline in 2 year olds was the result of changes to the definition of fully vaccinated at that age-point, i.e. from quarter ending 31 December 2014, meningococcal C (given at 12 months), and dose 2 measles, mumps, rubella (MMR) and dose 1 varicella (given as MMRV at 18 months) was included in the definition of fully immunised for the 24-27 month cohort.*

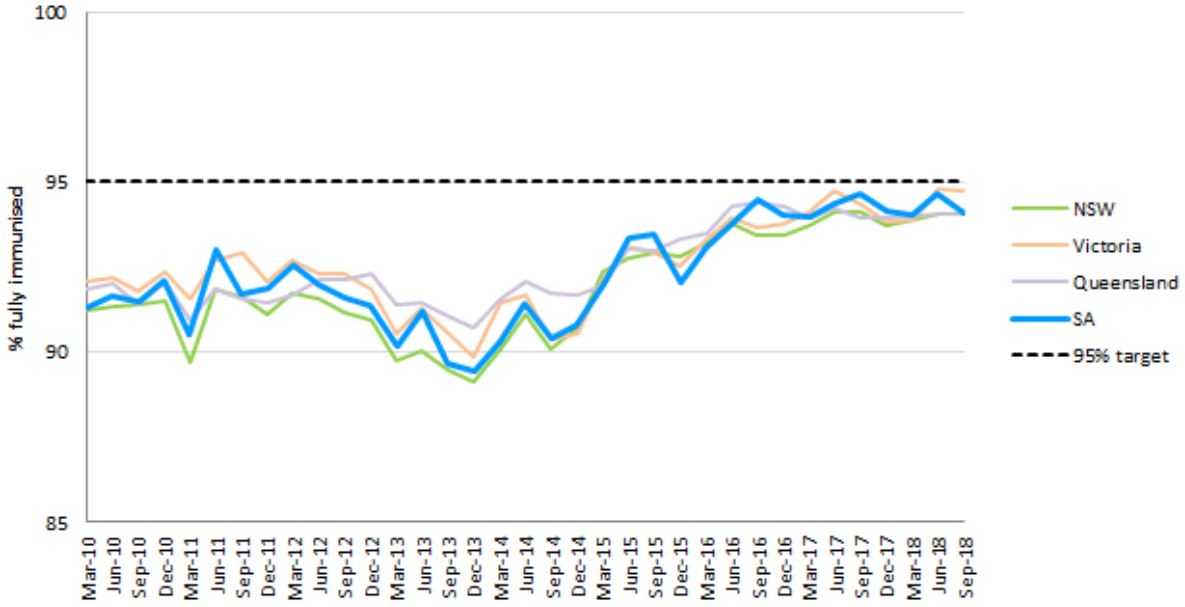
Immunisation rates for children in the 12 to ≤15 month and 24 to ≤27 month age groups in SA have been generally consistent with their counterparts in NSW, Victoria and Queensland where NJNP policies have been established (see Table 2, Figure 2 and Figure 3), whereas for the 60 to ≤63 month age group, the SA immunisation rate has been lower than these jurisdictions, until the introduction of the No Jab No Pay policy which has seen the gap closing (see Figure 5).

Table 2: Proportion of children aged 12 to ≤15 months, 24 to ≤27 months and 60 to ≤63 months of age who are fully immunised (%) by state or territory, as of December 2018

	ACT	NSW	Victoria	Queensland	SA	Tasmania	NT
12 - ≤15 months	96.31%	94.04%	94.74%	94.07%	94.11%	93.85%	93.28%
24 - ≤27 months	92.75%	90.66%	91.54%	91.42%	91.63%	91.51%	88.83%
60 - ≤63 months	94.46%	94.43%	95.42%	94.51%	95.13%	95.80%	93.82%

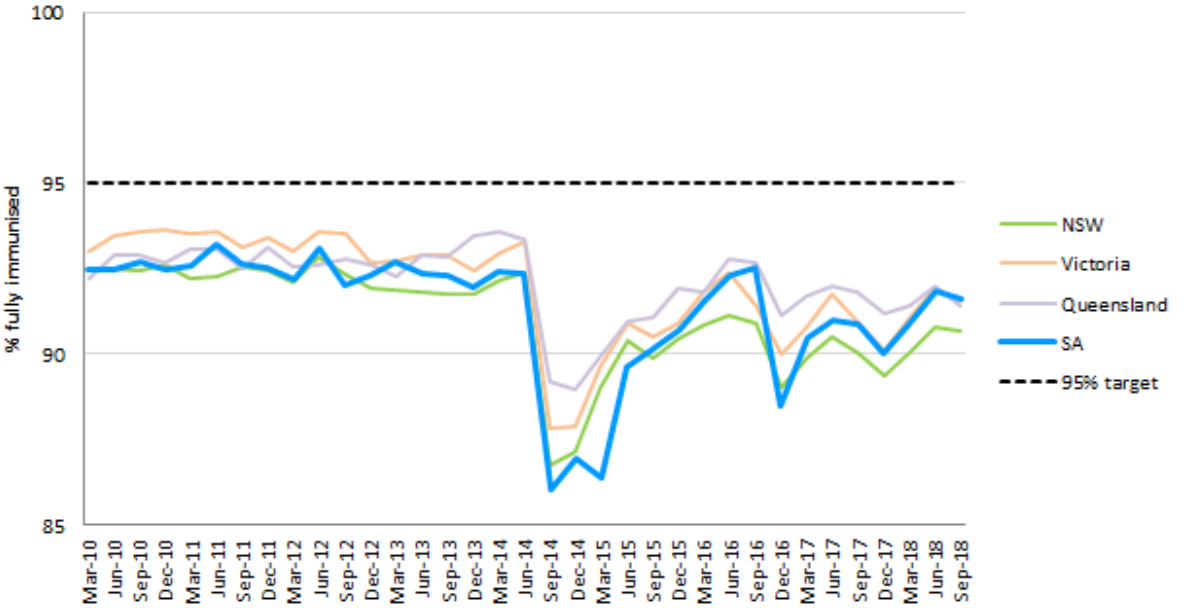
Source: Australian Immunisation Register

Figure 2: Proportion of children aged 12 to ≤15 months who are fully immunised (%) by state in SA and states with implemented No Jab No Play policies



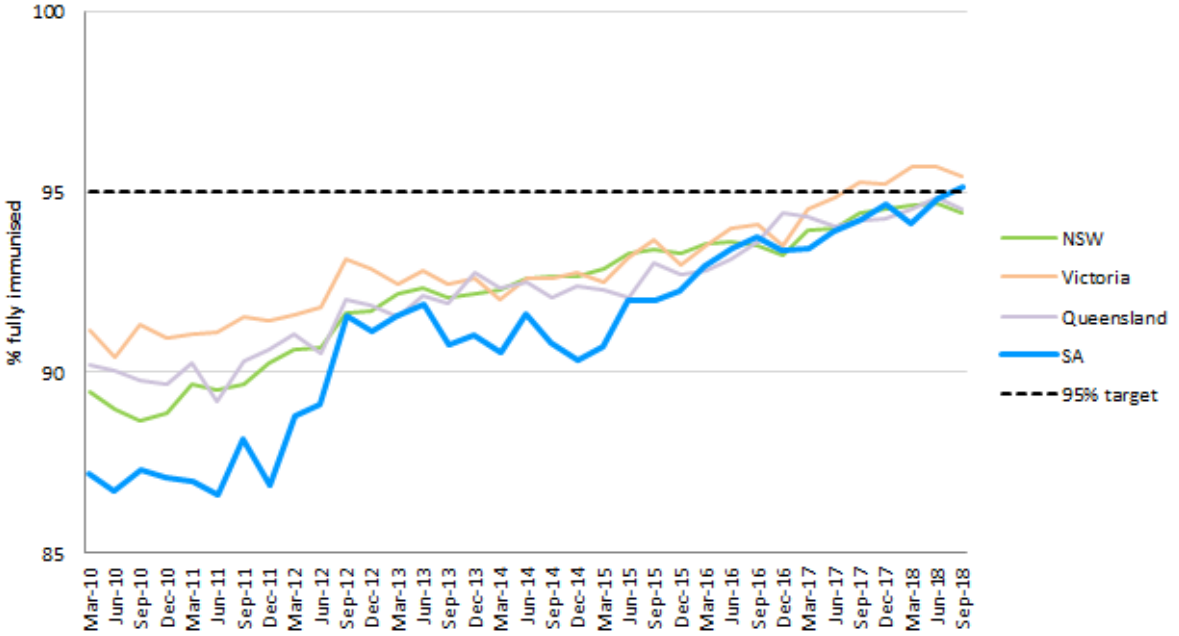
Source: Australian Immunisation Register

Figure 3: Proportion of children aged 24 to ≤27 months who are fully immunised (%) by state in SA and states with implemented No Jab No Play policies



Source: Australian Immunisation Register

Figure 4: Proportion of children aged 60 to ≤63 months who are fully immunised (%) by state in SA and states with implemented No Jab No Play policies

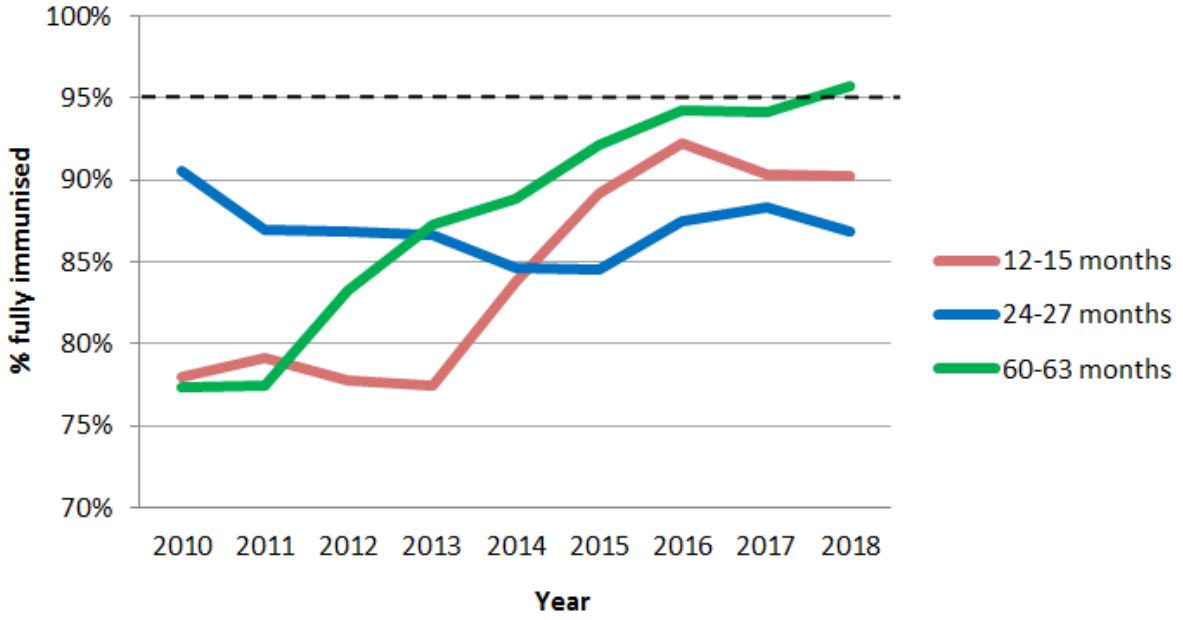


Source: Australian Immunisation Register

Historically immunisation rates in Aboriginal and Torres Strait Islander children in SA have been much lower than in the general population, with gaps of up to 10% in coverage. In 2014 concomitant with the introduction of a targeted program by the Immunisation Section, CDCB there was a dramatic improvement in immunisation rates in the Aboriginal and Torres Strait Islander population, and these rates have been enhanced by other programs introduced by the Australian Government and by efforts within Aboriginal community controlled health services.

Immunisation coverage in Indigenous children is now generally higher than in non-Indigenous children, exceeding 95% for most of the past three years, suggesting that the introduction of NJNP legislation in South Australia is unlikely to disadvantage Aboriginal and Torres Strait Islander children. This high rate of reported immunisation is dependent on significant data cleaning undertaken by the Immunisation Section CDCB, whereby staff review on a daily/weekly basis immunisation records for Aboriginal and Torres Strait Islander children and work directly with immunisation providers to ensure data is correct and reported accurately.

Figure 5: Proportion **of children aged 12 to ≤15 months, 24 to ≤27 months and 60 to ≤63 months of age who are fully immunised by Aboriginal status and year, SA**

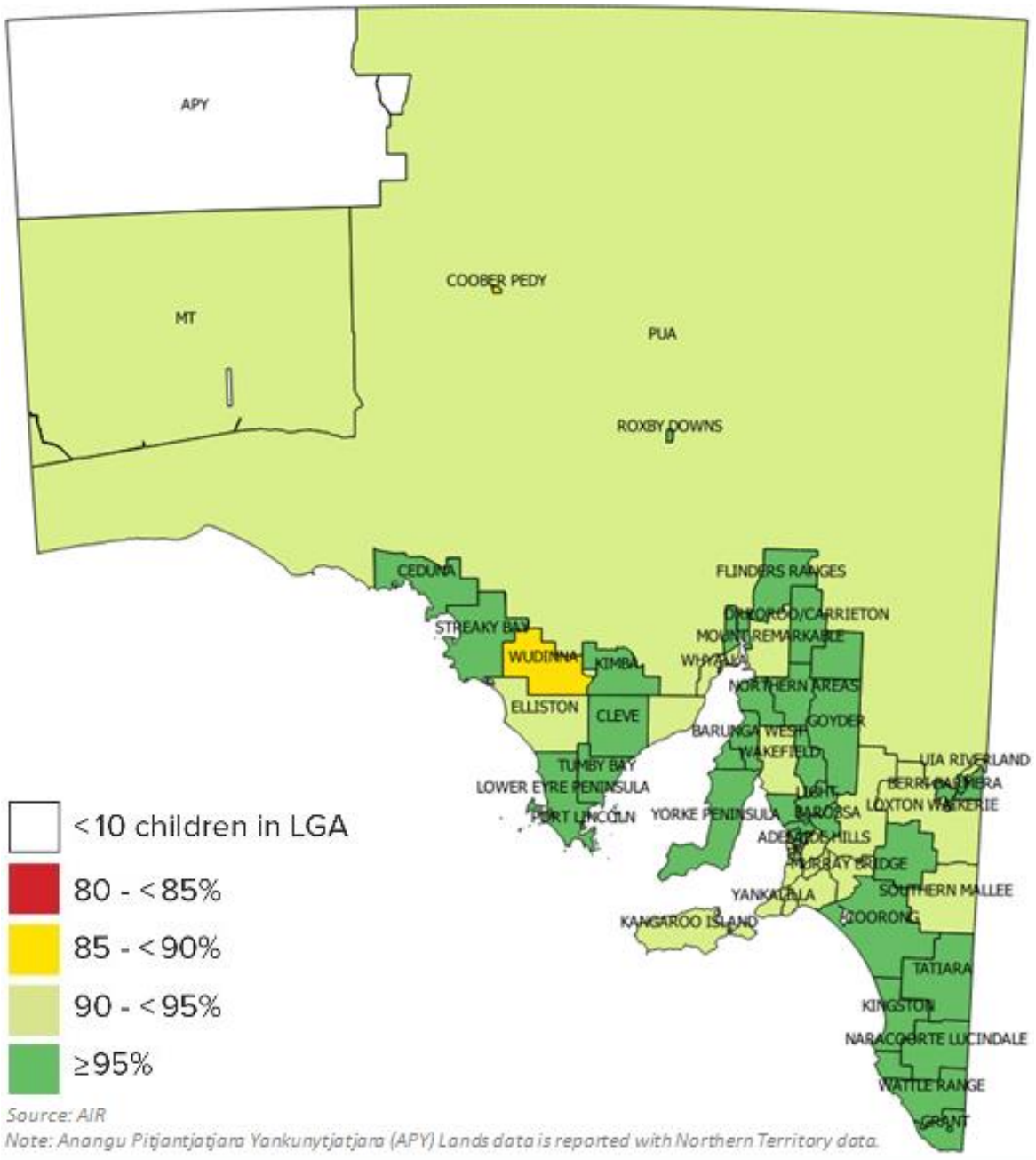


Source: AIR
Annualised data for all children for the March, June, September, and December assessment quarters
**From quarter ending 31 December 2014, meningococcal C (given at 12 months), and dose 2 measles, mumps, rubella (MMR) and dose 1 varicella (given as MMRV at 18 months) was included in the definition of fully immunised for the 24-27 month cohort.*

Immunisation coverage varies by region. Data extracted on 31 December 2018, show immunisation coverage in SA varies across local government area (LGA) for children aged 60 to ≤63 months (see Figure 6 and Figure 7), with the lowest coverage being in central Adelaide (84.4% of 109 children).

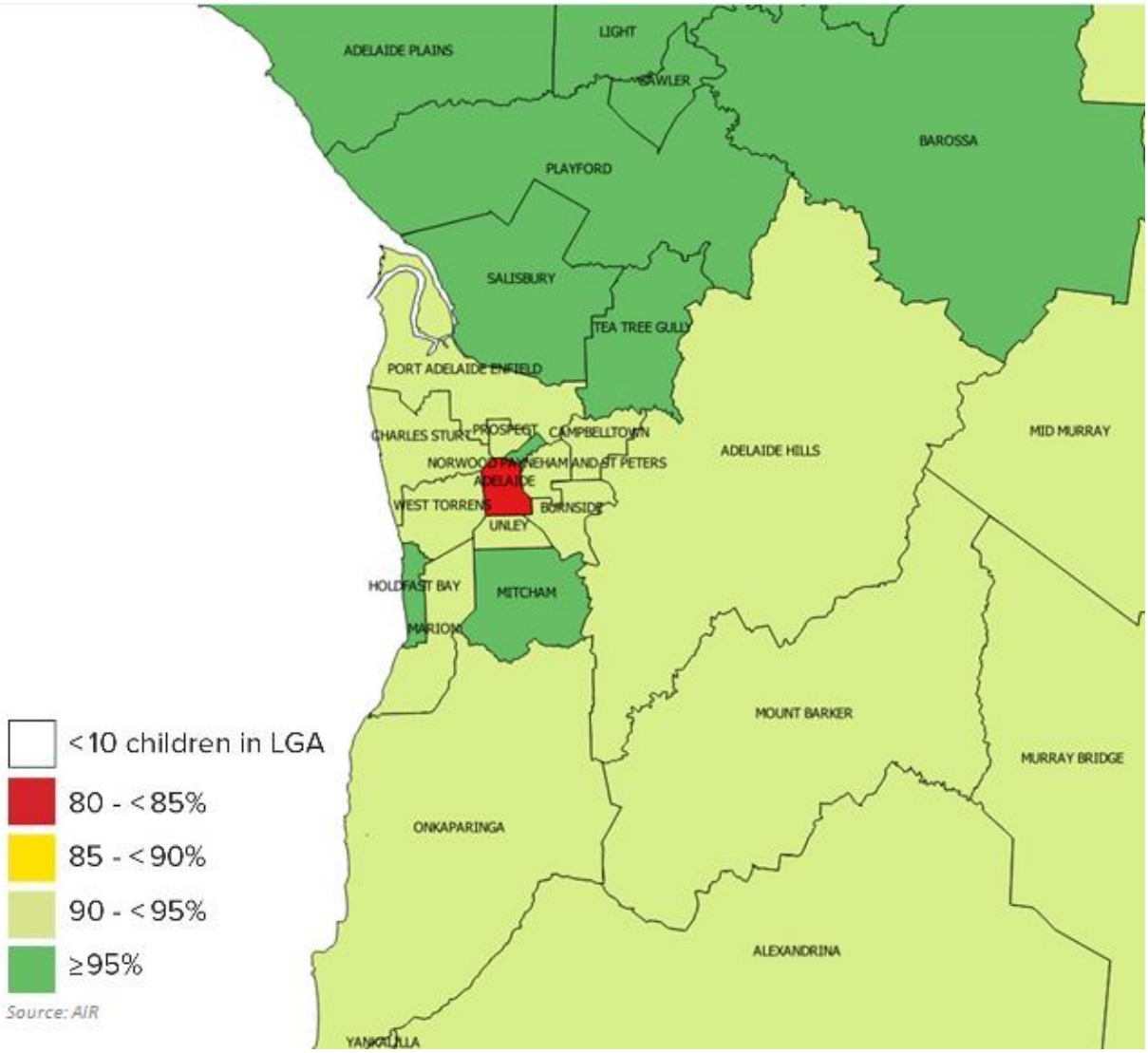
A very large area of SA is included in the unincorporated areas, where no local government councils exist. These areas tend to be sparsely populated, with immunisation services provided through the Royal Flying Doctor Service, and immunisation coverage is 90 to 95%. Most regional areas have immunisation coverage above 90%, with seven LGAs (Barunga West, Cleve, Flinders Ranges, Karoonda East Murray, Kimba, Orroroo/ Carrieton, and Robe) currently achieving 100% immunisation coverage in the 60 to ≤63 months age group, for cohorts ranging from 8 to 32 children.

Figure 6: Proportion of children fully vaccinated at 60 < 63 months of age in SA, by LGA, data extracted 31 December 2018



Source: AIR
Note: Anangu Pitjantjatjara Yankunytjatjara (APY) Lands data is reported with Northern Territory data.

Figure 7: Proportion of children fully vaccinated at 60 < 63 months of age in SA, by metropolitan LGA, data extracted 31 December 2018



Source: AIR

Factors influencing immunisation coverage

While SA has generally high immunisation rates, data indicate that at least one in twenty children is not fully vaccinated. The reasons that some young children are not fully vaccinated for age are multi-factorial. While parental objection is commonly thought to play a major role, the proportion of the overall population strongly opposed to vaccination is small, with little evidence that it is increasing. Data from the Australian Childhood Immunisation Register[24] indicated that a baseline of 0.23 percent of parents were registered as 'conscientious objectors' in 1999; this rose to 1.77 percent by December 2014 as people realised they could register and still receive certain family payments. While the AIR no longer records objection to vaccination, it is likely to be relevant to fewer than two percent of children.

Vaccine hesitancy is more common than vaccine refusal. The World Health Organization (WHO) has named vaccine hesitancy as one of their top 10 threats to global health for 2019[25], however vaccine

[24] The precursor to the Australian Immunisation Register; the Australian Childhood Immunisation Register collected immunisation data for children under 7 years.

[25] World Health Organization. *Ten threats to global health in 2019*. https://www.who.int/emergencies/ten-threats-to-global-health-in-2019

hesitancy tends to be influenced by clinician communication, with favourable outcomes. For other children, a range of logistic and socioeconomic barriers[26] may need to be overcome.

Circumstances which may result in delayed or non-vaccination of a child include:

- parents who are vaccine refusers
- parents who are vaccine hesitant
- children who are in emergency care, e.g. foster care or crisis accommodation
- socioeconomic disadvantage, including low maternal education (although immunisation uptake in the most deprived areas has been found to be higher than in the most advantaged areas[27])
- children in large families
- children not using formal child care
- Aboriginal and Torres Strait Islander children (though SA currently has high Indigenous vaccination rates)
- children in the care of an adult who is not their parent
- low social contact and service information
- parents with psychological distress
- children whose parents were not born in Australia.

Additionally, there are medical reasons why a child may be not be vaccinated and these children are considered to have a medical exemption to vaccination. Medical exemptions[28] to vaccination include persons who:

- had anaphylaxis after a previous dose of a specific vaccine
- had anaphylaxis after exposure to any component of a specific vaccine
- have a significant immunocompromise (applicable to live attenuated vaccines only e.g. MMR)
- have natural immunity through prior infection (applicable to hepatitis B, measles, mumps, rubella and chickenpox only).

People may have a serious allergy to a specific vaccine, or be immunocompromised due to illness (e.g. leukaemia, cancer, HIV) or medical treatments (e.g. high-dose steroids or chemotherapy). The occurrence of true medical contraindications to immunisation is rare. In SA currently there are around 70 children under the age of six years who have medical contraindications to vaccination[29]. Some of these children have medical contraindications which are not permanent, e.g. currently undergoing treatment for leukaemia or other childhood cancers and they are expected to be able to be vaccinated when recovered. Some of these children have severe inherited immunodeficiency disorders and are unlikely to ever be able to safely receive some vaccines, in particular live attenuated vaccines. Severe allergy to a vaccine is very rare, and most children who have had a severe reaction to one vaccine can safely receive most other vaccines. There is a Special Immunisation Service Clinic held at the Women's and Children's Hospital where children who have experienced a severe reaction to a vaccine can be assessed by a paediatric immunologist, and receive later vaccinations under close medical supervision if appropriate.

[26] Pearce A *et al. Barriers to childhood immunisation: Findings from the Longitudinal Study of Australian Children. Vaccine* 2015; 33(29): 3377–3383

[27] National Health Performance Authority. Healthy Communities: Immunisation Rates for Children in 2012–13. Sydney: National Health Performance Authority;2014.

[28] Immunisation medical exemptions; Department of Human Services, Commonwealth Government. Available at: https://www.humanservices.gov.au/individuals/enablers/immunisation-medical-exemptions/40531

[29] Unpublished data from the Australian Immunisation Register; Department of Human Services, Commonwealth Government; accessed 8 April, 2019.

Children who have medical contraindications to vaccination for medical reasons are also those who are most in need of protection against VPD through herd immunity.

Parents of some children with cancers are so concerned about the risk of VPDs posed to their children by unvaccinated children that support organisations such as the Childhood Cancer Association run separate playgroups for children undergoing treatment[30]. These playgroups would not be impacted by the Phase 2 Bill as the children would all have recognised medical contraindications to vaccination.

Strategies for improving immunisation coverage

Decades of experience from industrialised countries including Australia has demonstrated that while standard community health initiatives, which promote the benefits of immunisation and provide vaccination reminders to both parents and healthcare providers can improve childhood immunisation rates, these strategies have been insufficient to achieve and maintain 95% immunisation coverage.

More can be done to reduce the incidence of VPDs in SA, and the government has a responsibility to take measures, as appropriate, to protect individuals and the community from serious infectious disease. Currently, the SA Government is proposing to strengthen immunisation regulations pertaining to early childhood services as a means to mitigate the risk of illness and death from VPDs.

No Jab No Pay

Introduced in January 2016, No Jab, No Pay is a Commonwealth policy that aims to increase immunisation rates among children aged under five years. The policy stipulates that only parents of children who are up-to-date according to the NIP Schedule, are on a recognised catch-up schedule, or have an approved medical exemption, can receive the Child Care Subsidy[31].

The relevant vaccinations are those under the NIP childhood schedule for administration before age five (and are able to be caught up); to qualify for payments the vaccinations must be recorded on the AIR.

This policy eliminated vaccination objection (on non-medical grounds) as a valid exemption from immunisation requirements. The impact of this legislation on catch-up vaccination for the second dose of MMR vaccine in children was analysed using AIR data. Results suggested that of the approximately 110,000 children and adolescents who received a catch-up of the second dose of MMR following the No Jab No Pay legislation, many were likely to have received it due to the legislation[32].

As this policy only applies to families who are eligible to receive these Commonwealth Government benefits, it disproportionately affects those from lower socioeconomic groups.

[30] https://childhoodcancer.asn.au/families/education-support/

[31] *Immunisation requirements*; Department of Human Services, Commonwealth Government; February 2019. Available at: https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy/who-can-get-it/immunisation-requirements

[32] Hull, B., Hendry, A., Dey, A., & Beard, F. *Adolescent and child vaccination catch-up activity post 'No Jab No Play', abstract from 16th National Immunisation Conference 2018.*

No Jab No Play: interstate models

Three other Australian jurisdictions have introduced legislation to enact a NJNP immunisation type policy.

Since 2016, NJNP type legislation has been implemented in Queensland, Victoria and New South Wales, with each state implementing varied policies across the early childhood education and care services (non-compulsory services).

New South Wales' and Victoria's policies broadly require that children have an up-to-date immunisation status according to their AIR Immunisation History Statement or an approved exemption, as a condition of enrolment into early childhood education and care services.

In Victoria, enrolment can commence for children who meet the set criteria for 'experiencing vulnerability and disadvantage'. In Queensland, the legislation empowers services to refuse enrolment/attendance, cancel an enrolment/attendance or conditionally accept an enrolment/attendance if a child's immunisation status is 'not up-to-date'.

Table 3 shows the main features of the NJNP policies in these states.

While improved immunisation coverage has been experienced in the states which have implemented these measures, the relative impact of these policies is unable to be measured in isolation from ongoing changes in overarching national immunisation policies (such as the national No Jab No Pay policy) and other program activities in these jurisdictions.

Table 3: Features of the No Jab No Play policies implemented in other Australian jurisdictions

Features	Queensland[33]	Victoria[34]	New South Wales[35]
Policy	Under the *Public Health Act 2005* (QLD), early childhood education and care services can refuse, cancel or conditionally accept enrolment/ attendance of children who are 'not up-to-date' with their scheduled vaccinations. Services who act honestly in making decisions on the enrolment or attendance of children based on their immunisation status are not liable either civilly or criminally or under an administrative process.	Under the *Public Health and Wellbeing Act 2008* (VIC), all children are required to be fully vaccinated for age to be enrolled in early childhood education and care services.	Under the *Public Health Act 2010* (NSW), directors of early childhood education and care services cannot enrol children unless an approved form has been provided indicating that the child is fully immunised for their age OR has a medical contraindication to vaccination/ natural immunity OR is on a recognised catch-up schedule.
Introduced	January 2016	January 2016	January 2018
Early childhood education and care services	Child care services Kindergartens The legislation only applies to early education and care services approved under the *Education and Care Services National Law (Queensland) 2011* or the *Queensland Education and Care Services Act 2013.* Unregulated services are not covered.	Child care services including long day care, family day care, occasional care Kindergartens Does not include services for school-age children such as outside school hours care and vacation care programs, nor to casual occasional care such as crèches.	Any service providing education and care to children on a regular basis as defined under the *Children (Education and Care Services National Law Application) Act 2010,* including long day care, family day care, occasional care and preschool (the year before kindergarten). Does not include services providing care on an ad hoc, temporary or casual basis or children enrolled in formal schooling e.g. attending outside school hours care.
Provision of an Immunisation History Statement	Parents may be asked to provide an Immunisation History Statement when enrolling their child. This can be the AIR Immunisation History statement or a letter from a recognised immunisation provider.	A current AIR Immunisation History Statement must be provided that indicates the child is age appropriately immunised in order to have an enrolment confirmed.	A current AIR Immunisation History Statement must be provided that indicates the child is age appropriately immunised to have an enrolment confirmed.

[33] *Vaccination legislation for ECEC services;* Queensland Health, Queensland Government. Available at: https://www.health.qld.gov.au/public-health/schools/immunisation/legislation

[34] *No jab, no play*; Department of Health & Human Services, State Government of Victoria. Available at: https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play

[35] *Strengthening vaccination requirement for child care*; NSW Health, NSW State Government. Available at: https://www.health.nsw.gov.au/immunisation/pages/vaccination_enrolment.aspx

Queensland

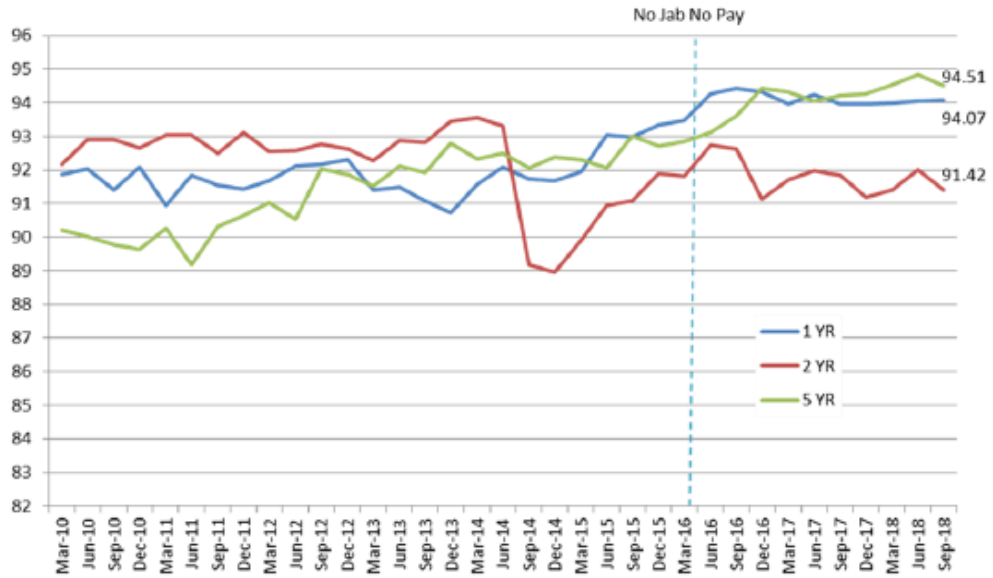
Under Queensland's NJNP policy, early childhood services can refuse, cancel or conditionally accept enrolment/ attendance of children who are not up-to-date with their scheduled vaccinations. Children identified as vulnerable and/or disadvantaged are not a prescribed exemption category under Queensland's NJNP legislation. Instead, the legislation provides services the flexibility to accommodate these children whose immunisation status may be unknown or not up-to-date. The Queensland Government recognises the importance of both immunisation and high quality education and care for all children, and it is not the intention of the legislation to disadvantage vulnerable and/or disadvantaged children[36].

No major issues were encountered during implementation of the Queensland NJNP policy, which Queensland Health largely attributes to the collaborative working relationship between Queensland Health and Department of Education. At the time of the legislation's development, Queensland Health worked very closely with representatives from the Queensland Department of Education's Early Childhood Division and the early childhood sector's peak bodies on the implementation of the legislation. This included the development of a comprehensive resource handbook for early education and care services. Queensland Health reports there have been no operational issues with the legislation, currently in its third year.

Queensland's childhood immunisation rates have improved in recent years, as shown by the proportion of children fully vaccinated, by quarter and age group in Figure 8. It is not possible to attribute this increase in coverage to any one initiative, and Queensland Health considers that collectively No Jab No Pay, NJNP and Immunise to 95 (which is an initiative to follow up children overdue for immunisation) have all contributed to higher immunisation rates among children aged 5 years and under.

South Australia does not intend to follow this model.

Figure 8: Immunisation rates for children aged one, two and five years in Queensland, March 2010 – September 2018



Source: Australian Immunisation Register Quarterly Data

[36] *Queensland Vaccination Legislation – A Handbook for Early Childhood Education and Care Services*; Queensland Health, Queensland Government. Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0017/440351/qld-vac-leg.pdf

Victoria

In Victoria, all children are required to be fully vaccinated for age to be enrolled in early childhood education and care services.

Implementation of Victoria's NJNP legislation has experienced some operational issues and further amendments to the legislation have been undertaken. These amendments included limiting evidence of immunisation status to the AIR Immunisation History Statement, and requiring parents to maintain a current copy of this statement at the service for the duration of their child's enrolment.

The first of these amendments arose as a result of a medical practitioner who assisted parents who were vaccine refusers. The medical practitioner was found to have provided numerous medical certificates fraudulently stating a child could not be vaccinated on medical grounds, and, following investigation, the practitioner was disbarred from practising medicine by the Australian Health Practitioner Regulation Agency's Medical Board.

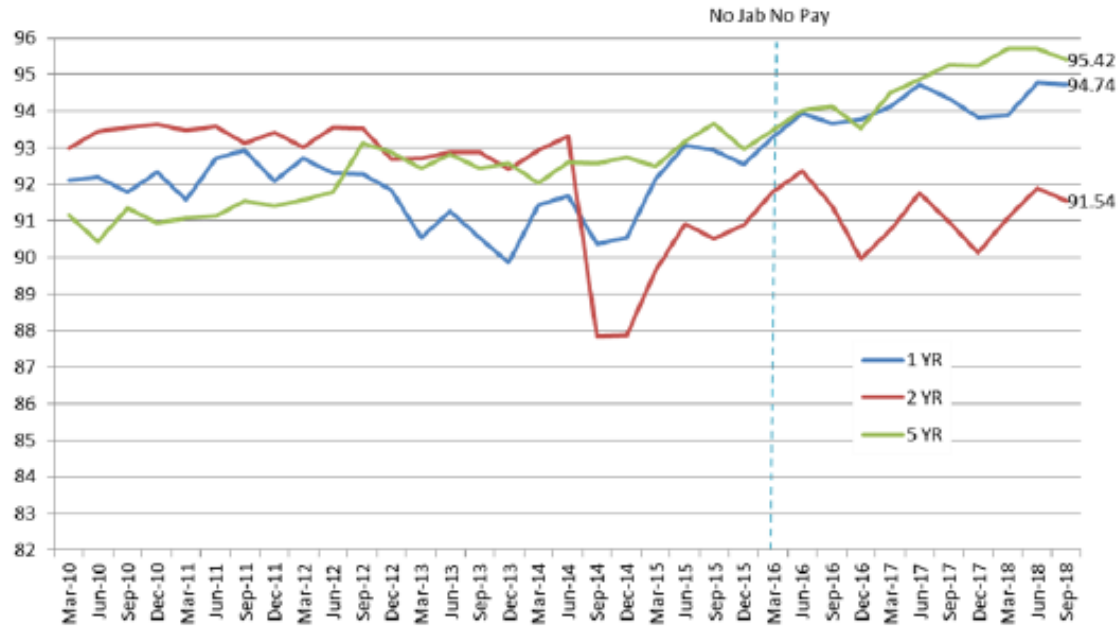
There has also been a concern that exploitation of the grace period can occur. The grace period in Victoria allows 16 weeks for children identified as vulnerable and/or disadvantaged to catch-up on immunisations. Anecdotally, a small number of vaccine refusers who qualify for the grace period have enrolled their children under the grace period with no apparent intention to vaccinate. This issue will be examined in a review of the legislation due to be tabled in the Victorian Parliament in 2020.

In November 2018, regulations were introduced to require the parents/guardians of children attending early education and care services to regularly provide the service with evidence that their child remains up-to-date with immunisations while attending the service. Early childhood services are required to take reasonable steps to obtain a current Immunisation History Statement, with the regulations specifying an interval of no greater than seven months between provision of current AIR Immunisation History Statements. Children of parents/guardians who do not meet this requirement are not excluded from attending the early childhood service. The intent of this amendment is to provide an additional reminder mechanism for parents to maintain their child's immunisations.

Victoria has also reported a misconception that the NJNP legislation is designed to reduce the incidence of VPDs occurring among children attending early childhood education and care facilities, thereby making these environments safer. However, there are existing measures in place for preventing or limiting the spread of VPDs at these services, and the intent of the NJNP legislation is to encourage immunisation of children while still allowing vulnerable and/or disadvantaged children who may also be under-vaccinated, access to the lifelong benefits of early childhood education and care, and to provide their families with support to become vaccinated.

Since the implementation of Victoria's NJNP legislation in addition to the Commonwealth's No Jab No Pay in early 2016, an increase in immunisation rates among children under five years has been experienced, as shown by the proportion of children fully vaccinated, by quarter and age group in Figure 9.

Figure 9: Immunisation rates for children aged one, two and five years in Victoria, March 2010 – September 2018



Source: Australian Immunisation Register Quarterly Data

New South Wales

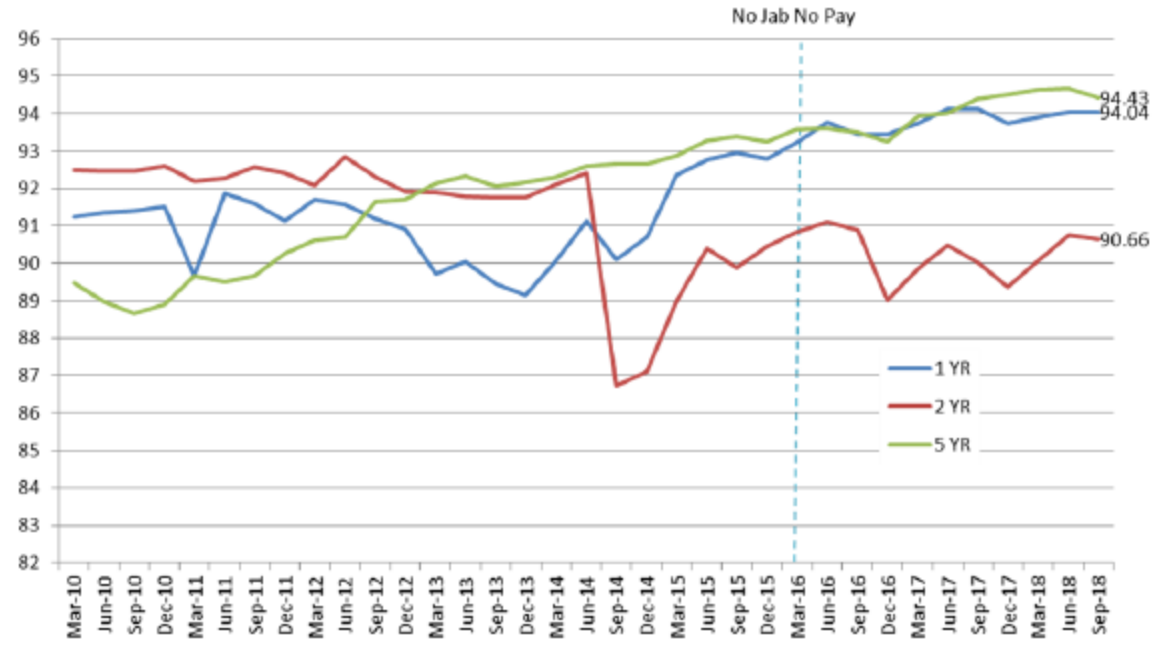
Directors of early childhood education and care services cannot enrol children unless an approved form has been provided indicating the child is fully immunised for their age, or has a medical contraindication to vaccination/ natural immunity, or is on a recognised catch-up schedule.

NSW has had legislation on vaccination enrolment requirements in early education and care services since the 1990s. In 2014, these requirements were strengthened to prevent the enrolment of children unless they were fully vaccinated for age (as recorded on the AIR), on a recognised catch-up schedule, had a registered conscientious objection, or had a medical exemption. Four years later, NSW removed conscientious objection to vaccination as an exemption under NJNP legislation.

There are current discussions around the potential need for further amendments to the *Public Health Act 2010* (NSW) and regulation in 2019 to align NJNP exemptions with those prescribed under the Commonwealth Secretary's authority under No Jab, No Pay.

In NSW, there has been an increase in immunisation coverage in children aged under five years of age since 2014 (see Figure 10). These improved immunisation rates have occurred in the broader context of state wide immunisation promotion initiatives, as well as other program and policy changes e.g. No Jab No Pay.

Figure 10: Immunisation rates for children aged one, two and five years in New South Wales, March 2010 – September 2018



Source: Australian Immunisation Register Quarterly Data

Proposals for strengthening immunisation regulation

The SA Government is currently planning further action to increase childhood immunisation coverage. It is proposing a policy that acknowledges the shared responsibility of the whole community for achieving and maintaining higher immunisation rates across the SA community, regardless of a family's financial situation. The proposed policy will apply to all children irrespective of family income and means-tested benefits. In this regard, the proposed SA policy will extend immunisation requirements beyond children already covered by the Commonwealth's No Jab No Pay regulations.

In addition to amendments to the Act, providing effective referral pathways for families of under immunised children would help ensure children do not remain unvaccinated due to lack of access to immunisation services.

It is acknowledged that for all options, children of unwavering vaccine-refusing parents are likely to remain unvaccinated and so vulnerable to VPDs.

Proposal 1

Option 1 - Pause

Option 1 proposes to fully implement the Phase 1 Bill 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 CPHO the power to request those records if satisfied that there is an outbreak, or risk of an outbreak, of a 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.

To determine the impact of the Phase 1 Bill, monitoring and evaluation will be required, such as:

- Assessing the level of compliance with provision of an Immunisation History Statement at enrolment for all children.
- Assessing the currency of immunisation records for all children enrolled at an early childhood service.
- Assessing the timeliness of provision of enrolment information, contact details of a parent or guardian, and immunisation records to CPHO when required for control of a VPD.
- Assessing the numbers of children who are enrolled at early childhood services who are not up-to-date with immunisations at the time of enrolment and at time points as specified by the CPHO.
- Collating implementation issues experienced by providers of early childhood services.
- Measuring of immunisation rates in South Australia following implementation of the legislation.

Advantages

- Immunisation coverage in South Australia is already high, with most children enrolled in early childhood services already fully vaccinated.
- There is likely to be some improvement in childhood immunisation rates without adversely affecting access to early childhood services such as child care services or kindergarten.
- The Phase 1 Bill permits the provision of information to SA Health as requested by the CPHO when there is an outbreak or risk of an outbreak of VPD, which will enable more rapid public health response to outbreaks of VPDs.
- Early childhood services will be required to have information systems which are able to store and retrieve immunisation information if required in a VPD outbreak.

- The Phase 1 Bill permits exclusion of children who are at material risk of acquiring the VPD, as requested by the CPHO when there is an outbreak of a VPD at the service.
- Under-vaccinated children can continue to enrol in and attend early childhood services without disruption to their early education and socialisation.

Disadvantages

- SA's immunisation rate may remain /fall below the national target.
- The slightly higher risk of illness and death from VPDs may remain for children vulnerable to certain VPDs (those who cannot be vaccinated or who cannot respond to vaccinations for medical reasons).
- There will be administrative costs for early childhood services associated with recording and retrieving (on request) the Immunisation History Statements of children in their service. Many services already record immunisation status.
- Children who are not up-to-date are not excluded from early childhood services, thus children vulnerable to certain VPDs (those who cannot be vaccinated or who cannot respond to vaccinations for medical reasons) are not provided additional protection due to herd immunity.
- Children of vaccine-refusing parents are likely to remain unvaccinated and so vulnerable to VPDs.
- SA has around 1200 early childhood services, including 13 registered family day care centres and the remainder centre-based facilities. There will be resourcing costs for the SA Government in monitoring compliance.

Option 2 – At Enrolment

Option 2 proposes to develop a second Bill to amend the Act (phase 2 Bill) 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[37] (unless medically exempted or meeting other prescribed exclusion criteria[38]).

- Option 2a **–** All children under 3 years (i.e. would not apply to kindergarten or preschool).
- Option 2b – All children under 6 years (i.e. would apply to all early childhood services).

Option 3 – At Enrolment and Ongoing

Option 3 proposes to develop a second Bill to amend the Act (phase 2 Bill) 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 in early childhood services (unless medically exempted or meeting other prescribed exclusion criteria).

- Option 3a **–** All children under 3 years (i.e. would not apply to kindergarten or preschool).
- Option 3b – All children under 6 years (i.e. would apply to all early childhood services).

[37] Early childhood services are non-compulsory childhood education and care services

[38] There will be rare circumstances where incompletely vaccinated children will be able to be enrolled and remain in attendance at early learning facilities; these are identical to those accepted under the Commonwealth No Jab, No Pay legislation: *A New Tax System (Family Assistance) Act 1999*.

Options 2 and 3 discussion

Under options 2 and 3 of the Phase 2 Bill early childhood services would only be able to enrol a child who:

1. is up-to-date with vaccinations as per the Immunisation History Statement, or
2. is undertaking an approved catch-up schedule, or
3. has an approved medical exemption recorded on the AIR, or
4. is an exempt child as specified by the CPHO.

Under options 2 and 3 it would be an offence for a person in charge of an early childhood service to fail to comply with this immunisation enrolment requirement, with a penalty fine (to be determined).

Children undertaking an approved catch-up schedule have an immunisation status on their AIR record as 'not up-to-date'. Similar to the exempt children described above, these children will still be permitted to enrol, however the parent or guardian will need to inform the early childhood service they are undertaking an approved catch-up schedule under the guidance of an immunisation provider and in accordance with the Australian Immunisation Handbook.

Exemptions are discussed in more detail under Proposal 2.

It is not proposed that a 'grace period' be included in the phase 2 Bill. Rather, any legislation being introduced would include adequate time before enactment for parents or guardians to have their children vaccinated, and the implementation would be accompanied by an appropriate public communications campaign involving the SA Government as well as the early childhood services industry.

Option 2a

This proposal would require that very young children (i.e. under 3 years), unless medically exempted, to be up-to-date with vaccinations or on an approved catch-up in order to enrol in early childhood services such as childcare or family day care. It will not apply to children entering preschool or kindergarten.

Advantages

- Requires very young children (i.e. less than 3 years) to be up-to-date with vaccinations, on an approved catch-up program, or to meet strict exemption criteria to be enrolled in early childhood services.
- Reinforces the shared responsibility of the whole community for achieving and maintaining higher immunisation rates in order to better protect those who cannot be vaccinated (herd immunity).
- Is likely to result in an increase in the number of children aged less than 3 years who are up-to-date with their vaccinations, which will contribute to SA meeting the NPEV benchmarks.
- Provides an incentive for parents to ensure their child is fully immunised.
- Demonstrates that SA Health is confident in the safety and effectiveness of vaccines, which may reassure those in the community who are hesitant about having their children vaccinated. This confidence is based on sound scientific and epidemiological evidence.
- The measures are also likely to direct vaccine hesitant parents toward discussions with immunisation providers.
- Excludes only a small number of children (less than 2% of all families in SA) from early childhood services.
- Higher immunisation rates in children should translate to reduced risk of VPD within early childhood services and the entire community.

- Provides consistency in immunisation requirements for children aged less than 3 years attending early childhood services, as it applies to all children and not only those affected by the Commonwealth Government's No Jab No Pay policy.
- Targets a point in time when a child is most vulnerable to VPDs, as many children first enter early childhood services at a time when their immune systems are still developing. These children (particularly younger children) will have close physical contact with other children and carers through regular daily activities and play, they often put objects in their mouths, and they may not always cover their coughs or sneezes[39]. This advantage is more important in those younger than 3 years.
- CPHO has discretion to provide an alternative immunisation certificate for any child where the CPHO is satisfied that special circumstances exist.
- May increase protection of staff and other visitors to child care services and kindergarten programs from VPDs.

Disadvantages

- Children of vaccine-refusing parents will miss out on the educational opportunities of attending early childhood services. These children may be at a greater risk of long-term adverse impacts on healthy development and academic achievement. This can be particularly disadvantageous for children who are already at a socioeconomic disadvantage.
- Children of vaccine-refusing parents will miss out on early childhood services, which can be important in identifying children at risk of child abuse or neglect.
- Parents of excluded children will need to consider alternative care options for their child, such as reducing parental working hours to stay at home and care for their child. This may result in a decrease in income or unemployment and exacerbate disadvantage for these children and families.
- Increased administrative burden on the SA Government to monitor and enforce the exclusion of under-vaccinated children and address ongoing concerns of parents and child care staff, and to support immunisation of under-vaccinated children.
- The changes might have limited impact on immunisation rates in SA, given small increases in immunisation rates that have been observed following the implementation of NJNP policies in the other jurisdictions (and these cannot be definitively attributed to NJNP policies as other policies have occurred concurrently).
- There is no requirement for children to continue to remain up-to-date throughout their attendance at the early childhood service e.g. a child could be enrolled at 6 weeks of age and receive the vaccines due at the first schedule point (6 weeks of age) but not receive any subsequent vaccines.
- There is the potential for loss of income for early childhood services, when an application for enrolment is denied as the child does not meet the immunisation enrolment requirements.
- Early childhood services may face confrontational situations when informing families that a child who does not meet the immunisation enrolment requirements cannot be enrolled.
- Increased administrative burden for early childhood services in ensuring that parents or caregivers provide evidence of vaccination as part of the enrolment process.
- Increased administrative burden on parents and caregivers in providing Immunisation History Statements to the early childhood service.

[39] *Staying Healthy: Preventing infectious diseases in early childhood education and care services, 5th Ed*., 2012, National Health and Medical Research Council, Commonwealth Government. Available at: https://nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services

Option 2b

This proposal would require children under 6 years, unless medically exempted, to be up-to-date with vaccinations, or on an approved catch-up program, in order to enrol in childcare services such as childcare, family day care, preschool and kindergarten. This extends the proposal up to the age of compulsory education.

Advantages

- Requires children (i.e. less than 6 years) to be up-to-date with vaccinations, on an approved catch-up program, or to meet strict exemption criteria, in order to be enrolled in early childhood services.
- Is likely to result in an increase in the number of children aged less than 6 years who are up-to-date with their vaccinations which will contribute to SA meeting the NPEV benchmarks.
- Reinforces the shared responsibility of the whole community for achieving and maintaining higher immunisation rates in order to better protect those who cannot be vaccinated (herd immunity).
- Provides an incentive for parents to ensure their child is fully immunised.
- Demonstrates that SA Health is confident in the safety and effectiveness of vaccines, which may reassure those in the community who are hesitant about having their children vaccinated. This confidence is based on sound scientific and epidemiological evidence.
- The measures are also likely to direct vaccine hesitant parents toward discussions with immunisation providers.
- Excludes only a small number of children (less than 2% of all families in SA) from early childhood services.
- Higher immunisation rates in children should translate to reduced risk of VPD within early childhood services and the entire community.
- Provides consistency in immunisation requirements for children aged less than 6 years attending early childhood services, as it applies to all children and not only those affected by the Commonwealth Government's No Jab No Pay policy.
- For children who do not attend childcare or family day care, kindergarten programs are usually their first entry point into the school system. Requiring children to be up-to-date for enrolment into kindergarten programs would offer an additional check point, occurring at a critical age for a child to receive the recommended vaccinations on the NIP childhood schedule (birth to four years).
- Targets a point in time when a child is most vulnerable to VPDs, as many children first enter early childhood services at a time when their immune systems are still developing, and children (particularly younger children) will have close physical contact with other children and carers through regular daily activities and play, they often put objects in their mouths, and they may not always cover their coughs or sneezes[40]. This advantage is more important in those younger than 3 years.
- CPHO has discretion to provide an alternative immunisation certificate for any child where the CPHO is satisfied that special circumstances exist.
- May increase protection of staff and other visitors to child care services and kindergarten programs from VPDs.

[40] *Staying Healthy: Preventing infectious diseases in early childhood education and care services, 5th Ed*., 2012, National Health and Medical Research Council, Commonwealth Government. Available at: https://nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services

Disadvantages

- Children of vaccine-refusing parents will miss out on the educational opportunities of attending early childhood services. These children may be at a greater risk of long-term adverse consequences to healthy development and academic achievement. The impact of exclusion of older children from preschool / kindergarten may have a more detrimental effect on education and development of social skills than for the younger age group. This can be particularly disadvantageous for children who are already at a socioeconomic disadvantage.
- Children of vaccine-refusing parents will miss out on early childhood services, which can be important in identifying children at risk of child abuse or neglect.
- Parents of excluded children will need to consider alternative care options for their child, such as reducing parental working hours to stay at home and care for their child. This may result in a decrease in income or unemployment and exacerbate disadvantage for these children and families.
- Increased administrative burden on the SA Government to monitor and enforce the exclusion of under-vaccinated children and address ongoing concerns of parents and child care staff, and to support immunisation of under-vaccinated children.
- The changes might have limited impact on immunisation rates in SA, given small increases in immunisation rates that have been observed following the implementation of NJNP policies in the other jurisdictions (and these cannot be definitively attributed to NJNP policies as other policies have occurred concurrently).
- There is no requirement for children to continue to remain up-to-date throughout their attendance at the early childhood service.
- There is the potential for loss of income for early childhood services, when an application for enrolment is denied as the child does not meet the immunisation enrolment requirements.
- Early childhood services may face confrontational situations when informing families that a child, who does not meet the immunisation enrolment requirements, cannot be enrolled.
- Increased administrative burden for early childhood services in ensuring that parents or caregivers provide evidence of vaccination as part of the enrolment process.
- Increased administrative burden on parents and caregivers in providing Immunisation History Statements to the early childhood service.

Option 3a

This proposal would require that very young children (i.e. under 3 years), unless medically exempted, to be up-to-date with vaccinations or on an approved catch-up program in order to enrol in early childhood services such as childcare or family day care.

In addition, this proposal requires the child to remain up-to-date with vaccinations in order to continue to attend the early childhood service. Children who do not remain up-to-date with vaccinations would be denied service. The penalty for providing service to a child who does not meet with vaccination requirements is with the early childhood service.

It will not apply to children entering preschool or kindergarten.

Advantages

- Requires very young children (i.e. less than 3 years) to be up-to-date with vaccinations, on an approved catch-up program, or to meet strict exemption criteria to be enrolled in early childhood services.
- Reinforces the shared responsibility of the whole community for achieving and maintaining higher immunisation rates in order to better protect those who cannot be vaccinated (herd immunity).

- Is likely to result in an increase in the number of children aged less than 3 years who are up-to-date with their vaccinations which will contribute to SA meeting the NPEV benchmarks.
- Provides an incentive for parents to ensure their child is fully immunised.
- Demonstrates that SA Health is confident in the safety and effectiveness of vaccines, which may reassure those in the community who are hesitant about having their children vaccinated. This confidence is based on sound scientific and epidemiological evidence.
- The measures are also likely to direct vaccine hesitant parents toward discussions with immunisation providers.
- Excludes only a small number of children (less than 2% of all families in SA) from early childhood services.
- Higher immunisation rates in children should translate to reduced risk of VPD within early childhood services and the entire community.
- Provides consistency in immunisation requirements for children aged less than 3 years attending early childhood services, as it applies to all children and not only those affected by the Commonwealth Government's No Jab No Pay policy.
- Targets a point in time when a child is most vulnerable to VPDs, as many children first enter early childhood services at a time when their immune systems are still developing, and children (particularly younger children) will have close physical contact with other children and carers through regular daily activities and play, they often put objects in their mouths, and they may not always cover their coughs or sneezes[41]. This advantage is more important in those younger than 3 years.
- CPHO has discretion to provide an alternative immunisation certificate for any child where the CPHO is satisfied that special circumstances exist.
- Improves the ability of early childhood services to provide the safest possible environment for children in their care authority by requiring them to exclude children who do not meet the immunisation requirements.
- Requires children under 3 years of age to continue to remain up-to-date throughout their attendance at the early childhood service.
- May increase protection of staff and other visitors to child care services and kindergarten programs from VPDs.

Disadvantages

- Children of vaccine-refusing parents will miss out on the educational opportunities of attending early childhood services. These children may be at a greater risk of long-term adverse consequences to healthy development and academic achievement. This can be particularly disadvantageous for children who are already at a socioeconomic disadvantage.
- Children of vaccine-refusing parents will miss out on early childhood services, which can be important in identifying children at risk of child abuse or neglect.
- Parents of excluded children will need to consider alternative care options for their child, such as reducing parental working hours to stay at home and care for their child. This may result in a decrease in income or unemployment and exacerbate disadvantage for these children and families.

[41] *Staying Healthy: Preventing infectious diseases in early childhood education and care services, 5th Ed*., 2012, National Health and Medical Research Council, Commonwealth Government. Available at: https://nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services

- Increased administrative burden on the SA Government to monitor and enforce the exclusion of under-vaccinated children and address ongoing concerns of parents and child care staff, and to support immunisation of under-vaccinated children.
- The changes might have limited impact on immunisation rates in SA, given small increases in immunisation rates that have been observed following the implementation of NJNP policies in the other jurisdictions (and these cannot be definitively attributed to NJNP policies as other policies have occurred concurrently).
- Children who do not remain up-to-date will be required to no longer attend the early childhood service. This will be difficult for the early childhood service to enforce, and may be difficult for the impacted child and family and for other children and families who attend the service.
- There is the potential for loss of income for early childhood services, when an application for enrolment is denied as the child does not meet the immunisation enrolment requirements.
- Early childhood services may face confrontational situations when informing families that a child, who does not meet the immunisation enrolment requirements, cannot be enrolled; and when a child who does not continue to meet the immunisation requirements is not able to continue attendance.
- Increased administrative burden for early childhood services in ensuring that parents or caregivers provide evidence of vaccination as part of the enrolment process and for continuation of attendance.
- Increased administrative burden on parents and caregivers in providing Immunisation History Statements to the early childhood service.

Option 3b

This proposal would require children under 6 years, unless medically exempted, to be up-to-date with vaccinations or on an approved catch-up program in order to enrol in childcare services such as childcare, family day care, preschool and kindergarten. This extends the proposal up to the age of compulsory education.

In addition, this proposal requires the child to remain up-to-date with vaccinations in order to continue to attend the early childhood service. Children who do not remain up-to-date with vaccinations would be denied service. The penalty for providing service to a child who does not meet with vaccination requirements is with the early childhood service.

Advantages

- Requires children less than 6 years to be up-to-date with vaccinations, on an approved catch-up program, or to meet strict exemption criteria to be enrolled in early childhood services.
- Reinforces the shared responsibility of the whole community for achieving and maintaining higher immunisation rates in order to better protect those who cannot be vaccinated (herd immunity).
- Is likely to result in an increase in the number of children aged less than 6 years who are up-to-date with their vaccinations which will contribute to SA meeting the NPEV benchmarks.
- Provides an incentive for parents to ensure their child is fully immunised.
- Demonstrates that SA Health is confident in the safety and effectiveness of vaccines, which may reassure those in the community who are hesitant about having their children vaccinated. This confidence is based on sound scientific and epidemiological evidence.
- The measures are also likely to direct vaccine hesitant parents toward discussions with immunisation providers.
- Excludes only a small number of children (less than 2% of all families in SA) from early childhood services.

- Higher immunisation rates in children should translate to reduced risk of VPD within early childhood services and the entire community.
- Provides consistency in immunisation requirements for children aged less than 6 years attending early childhood services, as it applies to all children and not only those affected by the Commonwealth Government's No Jab No Pay policy.
- Targets a point in time when a child is most vulnerable to VPDs, as many children first enter early childhood services at a time when their immune systems are still developing, and children (particularly younger children) will have close physical contact with other children and carers through regular daily activities and play, they often put objects in their mouths, and they may not always cover their coughs or sneezes[42]. This advantage is more important in those younger than 3 years.
- CPHO has discretion to provide an alternative immunisation certificate for any child where the CPHO is satisfied that special circumstances exist.
- Improves the ability of early childhood services to provide the safest possible environment for children in their care authority by requiring them to exclude children who do not meet the immunisation requirements.
- Requires children under 6 years of age to continue to remain up-to-date throughout their attendance at the early childhood service.
- May increase protection of staff and other visitors to child care services and kindergarten programs from VPDs.

Disadvantages

- Children of vaccine-refusing parents will miss out on the educational opportunities of attending early childhood services. These children may be at a greater risk of long-term adverse consequences to healthy development and academic achievement. The impact of exclusion of older children from preschool / kindergarten may have a more detrimental effect on education and development of social skills than for the younger age group. This can be particularly disadvantageous for children who are already at a socioeconomic disadvantage.
- Children of vaccine-refusing parents will miss out on early childhood services, which can be important in identifying children at risk of child abuse or neglect.
- Parents of excluded children will need to consider alternative care options for their child, such as reducing parental working hours to stay at home and care for their child. This may result in a decrease in income or unemployment and exacerbate disadvantage for these children and families.
- Increased administrative burden on the SA Government to monitor and enforce the exclusion of under-vaccinated children and address ongoing concerns of parents and child care staff, and to support immunisation of under-vaccinated children.
- The changes might have limited impact on immunisation rates in SA, given small increases in immunisation rates that have been observed following the implementation of NJNP policies in the other jurisdictions (and these cannot be definitively attributed to NJNP policies as other policies have occurred concurrently).
- Children who do not remain up-to-date will be required to no longer attend the early childhood service. This will be difficult for the early childhood service to enforce, and difficult for the impacted child and family, and for other children and families who attend the service.

[42] *Staying Healthy: Preventing infectious diseases in early childhood education and care services, 5th Ed*., 2012, National Health and Medical Research Council, Commonwealth Government. Available at: https://nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services

- There is the potential for loss of income for early childhood services, when an application for enrolment is denied as the child does not meet the immunisation enrolment requirements.
- Early childhood services may face confrontational situations when informing families that a child, who does not meet the immunisation enrolment requirements, cannot be enrolled; and when a child who does not continue to meet the immunisation requirements is not able to continue attendance.
- Increased administrative burden for early childhood services in ensuring that parents or caregivers provide evidence of vaccination as part of the enrolment process and for continuation of attendance.
- Increased administrative burden on parents and caregivers in providing Immunisation History Statements to the early childhood service.

Proposal 2

Proposal 2 aims to prescribe the categories of children for which exemptions to immunisation requirements for enrolment into early childhood services apply.

Exemptions will be prescribed and will be consistent with those approved for the national No Jab No Pay requirements, i.e. a recognised medical exemption, or have an alternative immunisation certificate from the CPHO where the CPHO is satisfied that special circumstances exist.

Approved exemptions under the No Jab No Pay requirements[43] include when:

- The child has a medical contraindication
    - anaphylaxis after a previous dose of a vaccine
    - anaphylaxis after a dose of any component of a vaccine
    - has a significant immunocompromise – for live vaccines only.
- The child has natural immunity - applicable for hepatitis B, measles, mumps, rubella and chickenpox only[44].
- The child is a part of an approved vaccine study.
- The vaccine is temporarily unavailable.
- The child is vaccinated overseas and a recognised immunisation provider has determined the vaccines match the NIP childhood schedule and records this information on the AIR.
- The Secretary (of the Commonwealth Department of Human Services) has determined that the child meets the immunisation requirements, which may occur under the following circumstances:
    - Refusal of consent to vaccination
        - The child is in the care of an individual and neither the individual nor their partner has legal authority to make decisions about the medical treatment of the child, and if the child is aged under 14 years, the person with legal authority to make decisions about the medical treatment of the child has refused or failed within a reasonable time, to provide consent to the individual taking actions to enable the child to meet the immunisation requirements.
    - Risk of family violence
        - Taking action to meet the immunisation requirements would result in the individual or the child being at risk of family violence.

[43] Australian Government 2.1.3.40 Immunisation – Approved Exemptions (FTB) See http://guides.dss.gov.au/family-assistance-guide/2/1/3/40 Accessed 6/5/2019.

[44] Australian Government Department of Human Services. Immunisation medical exemptions. https://www.humanservices.gov.au/individuals/enablers/immunisation-medical-exemptions/40531 Date accessed 18/4/2019

- Permanent humanitarian visa holder
    - The individual is a new permanent humanitarian visa holder and has not had the opportunity to immunise their child. Note: an exemption under this category can only be applied for a maximum of 6 months after the child first enters Australia.
- Unacceptable risk of harm to child or another person.
    - Immunisation of the child would result in an unacceptable risk of physical harm to the child or a person administering a vaccination to the child.

It is envisaged that there will be rare situations where it may not be possible for a child to be up-to-date with immunisations for valid reasons other than the contraindications listed above. In such circumstances, it is proposed that the CPHO is able to provide the child with an exemption for a defined period.

Such circumstances may include (but not be limited to):

> A child in need of protection under the *Children and Young People (Safety) Act 2017*.

> A child who is living in crisis or emergency accommodation.

> A child who has been evacuated from their residence due to it being in part of the State in which a state emergency is declared to exist under the *Emergency Management Act 2004*, for example, due to a declared natural disaster.

It is not proposed that certain categories of children, e.g. Aboriginal and Torres Strait Islander children (who currently have high vaccination rates in SA), children under guardianship, or otherwise vulnerable and disadvantaged children be exempted from the requirements proposed, as is the case in some other states.

Rather, SA Health will explore ways to assist under-vaccinated children, in particular those who are identified as being vulnerable and/or disadvantaged, to become up-to-date, in order to provide both the best possible health protection and to avoid compromising their access to early childhood education. In addition to becoming up-to-date with vaccinations this may have an added advantage of getting these children linked to healthcare providers for ongoing care. This will require some additional resourcing for the relevant areas of SA Health. Assistance may include providing immunisation advice and reassurance through to linking parents to community health centres, local council immunisation services, general practices or primary health networks, Aboriginal healthcare services, or other immunisation providers.

Implementation

Following consultation it is intended that a Phase 2 Bill will be introduced into Parliament, unless a decision is made to adopt Option 1. Implementation of the policy will be largely undertaken by SA Health, in collaboration with the Department for Education, Department of Premier and Cabinet, and the Education Standards Board.

Essentially, implementation will comprise legislative process and communications occurring concurrently.

The proposed legislative process is intended to be complete in time for the 2021 school enrolment period. Communication activities will need to be undertaken in the lead up to enable parents, and persons in charge of early childhood services, to be fully prepared for the legislative changes.

A comprehensive Communications Plan will be developed by SA Health, with input from the Department for Education, and the Department of Premier and Cabinet. This plan will aim to ensure that comprehensive communications are provided to all stakeholder groups in a timely manner. Communication messages will provide information and guidance to the various audiences on what the changes mean, and how to meet legal responsibilities and the conditions of enrolment. Stakeholder groups include the general public, families, early childhood services, and immunisation providers. Messages will be created to target these groups using various media such as the Department for Health and Wellbeing website, the Department for Health and Wellbeing Facebook page, email, radio, and press advertising.

Evaluation

Evaluation of the proposed immunisation policy will take a three part approach:

i. Monitoring before, during and after policy implementation:
   a) immunisation rates of SA children at 1, 2, and 5 years of age
   b) these rates by Local Government Area, Aboriginal and Torres Strait Islander status; and
   c) numbers of exempt children, and under-vaccinated children who are subsequently caught up following the provision of referral pathways by SA Health.

ii. Surveillance of the number of notifications of VPDs.

iii. Undertaking a 5 yearly statutory review in accordance with section 111 of the Act.

Desired outcomes:

- Improved immunisation coverage rates of SA children attending non-compulsory early childhood services to ≥ 95%.
- Minimal negative impact experienced by stakeholders.
- Decreased occurrence of VPDs as evidenced by decreased notifications of VPDs.
- Reinforcement of the importance of vaccination for children and the wider community.

List of Abbreviations

The Act	The *South Australian Public Health Act 2011*
AIR	Australian Immunisation Register
CDCB	Communicable Disease Control Branch
CPHO	Chief Public Health Officer
Hib	*Haemophilus influenzae* type B
LGA	Local Government Area
MMR	measles mumps rubella vaccine
MMRV	measles mumps rubella varicella vaccine
NIP	National Immunisation Program
NJNP	No Jab No Pay
NPEV	National Partnership on Essential Vaccines
NSW	New South Wales
Phase 1 Bill	South Australian Public Health (Early Childhood Services and Immunisation) Amendment Bill 2019
Phase 2 Bill	Yet to be developed amendments to the *South Australian Public Health Act 2011* (the current consultation is informing these amendments)
Polio	Poliomyelitis
SA	South Australia
SA Health	The South Australian Department for Health and Wellbeing
VPD	vaccine preventable disease

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This document can be made available in alternative formats on request for a person with disability.

For more information

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