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AMA submission to Senate Community Affairs Legislation Committee inquiry into the Social Services Legislation Amendment (No Jab, No Pay) Bill 2015

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The Australian Medical Association (AMA) is a strong supporter of routine infant and child immunisation. It is a proven, cost effective public health measure that reduces the spread of communicable disease. Immunisation provides a level of protection for the individual receiving the vaccination.

When most people within the community are vaccinated for a particular disease, 'herd immunity' can be established. This provides additional protections in terms of decreasing the prevalence and circulation of disease which, in turn, protects vulnerable individuals who can't be immunised, such as newborns and people with weakened immune systems. This is why governments have a public health obligation to encourage routine immunisation.
In Australia, the National Immunisation Program Schedule provides guidance on the types and timing of the various vaccines that are recommended and funded by Government. Immunisations are typically recommended at birth, 2, 4, 6, 12 and18 months of age, and again at four years. These vaccines are regulated by the Therapeutic Goods Administration. They are rigorously tested in human clinical trials to ensure that they are safe before they are made available. Once they are available and included in the Schedule the vaccines continue to be monitored for safety (including the reporting of any adverse events).

As recently as 50 years ago, infections like polio (poliomyelitis) were encountered in epidemic proportions in Australia. For many of those affected, this resulted in permanent disability through paralysis and even death. Due to mass immunisation in the 1950s and 1960s the last case of wild polio was reported in Australia 1972. As a result, we now tend to forget about how terrible these vaccine preventable disease outbreaks were and how many young lives were tragically lost. It is a historical lesson that we should not forget when making decisions about immunisation of the next generation of Australians.

Decreasing immunisation rates

Despite the strong evidence supporting routine childhood immunisation, an increasing number of Australian children are not receiving the recommended vaccines. This is a major concern leading to the re-emergence of vaccine preventable diseases which may result in life long complications and even death.

The National Health Performance Authority (NHPA) reports on childhood immunisation in *Healthy Communities Immunisation rates for children 2012-13*. The Report found:

- 26,456 of one year olds were not fully immunised;
- 22,495 of two year olds were not fully immunised; and
- 26,051 of five year olds were not fully immunised.

While overall immunisation rates were relatively high (91% for one year olds; 92% for two year olds and 90% for five year olds), the numbers of infants and children that are not immunised is still a concern. The NHPA Report reveals that some geographic areas had immunisation rates far lower than the national averages. For example, immunisation rates in the Richmond Valley (coastal NSW) area had immunisation coverage rates of below 80% at one and five years of age (increasing to only 81% at two years of age). The catchment areas with low immunisation rates are more prone to outbreaks of vaccine preventable illness. For example, the World Health Organisation recommends immunisation rates of greater than 93 – 95% for all districts within a country to ensure the elimination of measles.

Consistent with the NHPA Report, data also shows that the number of children with a formally recorded conscientious objection has been increasing, from 4271 in 1999 to 30,880 in 2012. There is also an additional group of children who have never been registered with the Australian Childhood Immunisation Register. These children have no recorded immunisation history. In 2012 this group was estimated to comprise of at least 2,219 at one year olds; 2,229 at two year olds and 2,134 at five year olds.

While the data does not provide a detailed insight into the reasons why a growing number of children are not being immunised, the data does confirm decreasing immunisation rates that renders the children themselves and the broader community at an increased risk of outbreaks of vaccine preventable disease.

Access to Government payments

It is likely that the increase in children with a formally recorded conscientious objection is partly attributable to the introduction of requirements that children be fully immunised in order for their families or carers to be eligible for some social support payments (Family Tax Benefit Part A Supplement, Child Care Benefit payment and the Child Care Rebate). A technicality in this approach was that parents who formally registered a conscientious objection were deemed to have an approved exemption and could continue to access these payments.

Up to date immunisation has been a requirement for a number of family payments for some time. The *Social Services Legislation Amendment (No Jab, No Pay) Bill 2015* simply seeks to remove the option of registering as a conscientious objector and remaining eligible for the payments. The AMA supports the removal of exception as a measure to increase childhood immunisation rates.

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

The Bill does not mandate childhood immunisation. Some parents will continue to hold strong anti-vaccination views. While this is unfortunate, parents continue to have the choice. However their choice now impacts on their eligibility for Centrelink payments. This disincentive may result in some parents reassessing their 'conscientious objection' or anti-vaccination stance. Preliminary data suggests that this may already be occurring. This is certainly welcome, but continued monitoring of immunisation data is essential.

Role of the General Practitioners in medical exemption for immunisation

The AMA supports the proposed amendment within the Bill that will see general practitioners, rather than the broader group of 'recognised immunisation providers' being required to provide the certification that a child has a medical contraindication for immunisation. It is not expected that many children will require this type of certification, but it is important that it is completed by a qualified medical practitioner.

The Bill also introduced a new requirement that general practitioners are required to certify that a child does not require a particular vaccine because they have already contracted a disease and have developed a natural immunity. Again, it is appropriate that this type of certification is completed by a qualified medical practitioner.

Vaccination delivered according to the Immunisation Schedule is free for families. Programs of catch-up vaccinations are usually not free. Families who decide to engage in a program of catch-up vaccination, in order to access the relevant family payments, may encounter significant cost. This is a disincentive. While it is not the focus of the current Inquiry, there is a view among AMA members that programs of catch up vaccination for children should also be paid for by Government. Common sense indicates that the cost incurred by the Government will be offset by the hospital costs for the management of any associated disease.

Vulnerable children

While the AMA is generally supportive of the intent of the Bill, in terms of encouraging parents to reconsider their choice not to immunise their child, disadvantaged or at risk children may be disproportionately affected by the measure in terms of it potentially reducing their access to childcare (via reductions in childcare related fees or payments). Vulnerable children, or children deemed to be at risk, can gain significant benefits from engaging in quality childcare and preschool activities. In some instances, regular childcare and preschool participation can reduce the impact of problematic and unstable home environments. High rates of immunisation among all groups of children, including those that are vulnerable, is critical, but it is also essential that the impacts of the Bill are monitored to ensure that vulnerable, or at risk, children are not being increasingly disadvantaged in terms of reduced access to quality childcare and preschool.

Cost savings produced by the Bill

The Explanatory Memorandum states that the Bill is expected to produce savings of $508.3 million over the forward estimates. This figure should be considered with significant caution. The savings generated by this Bill will decrease if the measure is successful. That is, if an increasing number of parents do reconsider their conscientious objection to immunisation,

and as a result chose to have their children immunised, the savings produced by the Bill will decrease.

Any savings that result from the Bill should be directed at initiatives that seek to further increase childhood immunisation. This could include investment in relevant research, consideration of international approaches to increasing immunisations, utilisation of small financial incentives, provision of mobile immunisation services, funding 'catch-up' programs and increasing education and awareness about the benefits of childhood immunisation, particularly during the antenatal period.

Areas that continue to have low immunisation rates

One criticism of the proposed Bill is that it will not impact on those families who do not currently access any family support payments. The data from the NHPA Immunisation Reports confirms that some areas known to be associated with higher incomes are among those observed to have lower childhood immunisation rates. However, other measures (such as the No Jab, No Play initiative) which allows for childcare and preschool providers to require attendees to be fully immunised may provide some incentive for these families to reconsider their immunisation choice.

However, it is critical that immunisation data continues to be monitored in order to assess the effectiveness of the various measures that have been put in place to increase childhood immunisation. If data reveals geographic pockets with lower childhood immunisation rates, more tailored measures may need to be implemented.

Summary

The AMA supports efforts to increase immunisation rates among children. The benefits of routine childhood immunisation extends from vaccinated children through to the broader community. The AMA believes that every effort should be made to put an end to vaccine preventable disease and death in Australia. As a result, immunisation rates must remain high, across all areas of the country.

The *Social Services Legislation Amendment (No Jab, No Pay) Bill 2015* removes an exception that allowed parents to continue accessing a number of Government payments that were intended to be dependent on children being up to date with their immunisations. As a result, many parents may reconsider their decision to not immunise their child. Hopefully, many of these parents will change their stance, and decide to provide their child with the benefits of immunisation. However, we are aware that some parents are unlikely to change their position. It is vital that there is continued monitoring of childhood immunisation data in order to consider the effectiveness of this measure. The Government must also remain alert to the possibility of unintended consequences, including higher rates of children not being immunised in areas associated with higher incomes, and disadvantaged children having reduced access to childcare and preschool.

Any savings generated from the Bill should be directed towards research and other activities that continue to boost childhood immunisation rates.

A representatives of the AMA would be happy to expand on any of the comments made in this submission should the AMA be invited to appear at any related committee hearing.

16 OCTOBER 2015

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