

2015/09: Should families that resist vaccinations be denied government benefits for their children?

What they said...

'Parents who vaccinate their children should have confidence that they can take their children to child care without the fear that their children will be at risk of contracting a serious or potentially life-threatening illness because of the conscientious objections of others...'

Media release from the Social Services Minister, Scott Morrison, and the Prime Minister, Tony Abbott

'It amounts to a form of mandatory vaccination for lower income families, but without a no-fault vaccine injury compensation system implemented alongside'

Dr Julie Leask, Associate Professor at the University of Sydney, School of Public Health and the National Centre for Immunisation Research & Surveillance

The issue at a glance

On April 12, 2015, the federal government announced that parents who refuse to vaccinate their children will not receive government benefits worth up to \$15,000 per child.

Under current laws, families with children who are not immunised can still receive annual childcare rebates and other benefits if they have a personal, philosophical or religious objection. Under the proposed new guidelines 'conscientious objection' to vaccination would no longer be allowed for parents who refuse to vaccinate their children but still want to receive child care payments and family tax benefit supplements. The Prime Minister, Mr Abbott, announced that the regulations will be changed so that most of these exemptions will no longer apply.

In a joint media release from the Social Services Minister, Scott Morrison, and the Prime Minister, Mr Abbott stated, 'The choice made by families not to immunise their children is not supported by public policy or medical research, nor should such action be supported by taxpayers in the form of childcare payments.'

Background

(The following information is taken from the Australian Government's Department of Human Services.

The information can be accessed at <http://www.humanservices.gov.au/customer/enablers/medicare/australian-childhood-immunisation-register/your-childs-immunisation-schedule>)

Australian Childhood Immunisation Schedule

Birth: Hepatitis B

2 months: Diphtheria, Tetanus, Pertussis, Polio, Hib, Hepatitis B, Pneumococcal, Rotavirus

4 months

Diphtheria, Tetanus, Pertussis, Polio, Hib, Hepatitis B, Pneumococcal, Rotavirus

6 months: Diphtheria, Tetanus, Pertussis, Polio, Hib, Hepatitis B, Pneumococcal, Rotavirus

12 months: Measles, Mumps, Rubella, Hib, Meningococcal C

18 months: Measles, Mumps, Rubella, Varicella

4 years: Diphtheria, Tetanus, Pertussis, Polio, Measles (part of the MMR vaccine), Mumps (part of the MMR vaccine), Rubella (part of the MMR vaccine)

Legal status of vaccination in Australia

Currently, vaccination is not compulsory in Australia, so the decision not to vaccinate does not require government registration or justification.

Registering an exemption is voluntary, however, non-vaccinating families eligible, or intending to claim the government benefits linked to childcare or vaccination, are required to register as a conscientious objector or obtain a medical exemption.

Exemptions to vaccination have been more actively pursued in Australia since compliance was linked to receiving government benefits. Exemptions currently cover the following reasons:

1. Personal, philosophical, religious or medical belief that your child should not be immunised.
2. Medical contraindication i.e.; cannot be vaccinated due to high risk of death or serious injury.

Under the Abbott government's new regulations, doctors will be given incentive payments so that parents stick to their children's vaccination schedule, and the one religious exemption to vaccinations will end, as part of a push by the federal

government to boost the immunisation rate.

Social services minister Scott Morrison has announced that the only religious group currently able to claim religious exemptions for vaccinations, Christian Scientists, will no longer be able to do so.

Families will still be able to claim exemptions to vaccinations on medical grounds. Mr Morrison has stated, 'This will remain the sole ground for exemption under the Coalition government.'

From 1 January 2016, 'conscientious objection' will be removed as an exemption category for child care payments (Child Care Benefit and Child Care Rebate) and the Family Tax Benefit Part A end of year supplement.

Immunisation requirements for the payment of FTB Part A end-of-year supplement will also be extended to include children of all ages. Currently, vaccination status is only checked at ages 1, 2 and 5 years.

Internet information

On April 23, 2015, The Guardian published an article by Melissa Davey titled 'Campaign comparing vaccination to rape "repulsive", health minister says'

The report outlines the government's objections to the manner in which some of those opposed to vaccinations have presented its new policy.

The full text can be accessed at <http://www.theguardian.com/society/2015/apr/23/campaign-comparing-vaccination-rprepulsive-health-minister-says>

On April 17, 2015, the ABC's opinion site, The Drum, published a comment by Katie Attwell, a lecturer with the Sir Walter Murdoch School of Public Policy and International Affairs, Murdoch University.

The comment is titled 'Price signal on vaccination behaviour a good move' and argues in favour of the government's decision to create cost incentives for parents to have their children vaccinated.

The full text of this comment can be accessed at <http://www.abc.net.au/news/2015-04-17/attwell-price-signal-on-vaccination-behaviour-a-good-move/6399672>

On April 17, 2015, The Age published an opinion piece by Waleed Aly titled 'In opposing the anti-vaccination movement, a sledgehammer cannot win battle of the needle'

The comment argues that financial coercion may not be the best means of ensuring that immunisation compliance rates increase.

The full text can be accessed at <http://www.theage.com.au/comment/in-opposing-the-antivaccination-movement-a-sledgehammer-cannot-win-battle-of-the-needle-20150416-1mm1w8.html>

On April 14, 2015, The Canberra Times published an opinion piece titled 'Anti-vaccine battle plan all wrong' Written by Jenna Price, the piece argues that financial coercion may not be the best means of ensuring increased vaccination rates.

The full text can be accessed at <http://www.canberratimes.com.au/comment/antivaccine-battle-plan-all-wrong-20150414-1mjyqp.html?rand=6623844>

On April 13, 2015, The Guardian published an article by Melissa Davey titled 'Coalition's "no jab, no pay" policy elicits mixed feelings in health professionals'

The article canvasses a range of opinions on the probable effectiveness of the new government policy regarding vaccinations.

The full text can be accessed at <http://www.theguardian.com/society/2015/apr/13/coalitions-no-jab-no-pay-policy-elicits-mixed-feelings-in-health-professionals>

On April 13, 2015, The Guardian published an opinion piece by Jason Wilson arguing that the government's new policy on vaccinations would not increase vaccination rates but would infringe on parental choice.

The comment is titled 'Everyone is lining up to punish parents who are anti-vaccination. Isn't that worrying?'

The full text can be accessed at <http://www.theguardian.com/commentisfree/2015/apr/13/everyone-is-lining-up-to-punish-parents-who-are-anti-vaccination-isnt-that-worrying>

On April 13, 2015, ABC News ran a report titled 'Vaccination: Expert says "draconian" threats to withhold welfare payments unlikely to get parents to vaccinate kids'

The report canvasses the reservation that a number of medical authorities have about the government's proposal to remove child benefits from families that do not take part in vaccination programs.

The full text of this report can be accessed at <http://www.abc.net.au/news/2015-04-13/no-benefits-for-anti-vaccination-parents/6387914>

On April 11, 2015, Dr Julie Leask, Associate Professor at the University of Sydney, School of Public Health and the National Centre for Immunisation Research & Surveillance, published a comment on her blog Human factors.

The comment is titled 'Will stopping vaccine objectors from accessing payments have its desired impact?'

The full text of this detailed and thought-provoking comment can be accessed at https://juleleask.wordpress.com/2015/04/11/will-stopping-vaccine-objectors-from-accessing-payments-have-its-desired-impact/?hc_location=ufi

On February 19, 2015, The Conversation published an opinion written by Tom Stafford, lecturer in Psychology and

Cognitive Science at the University of Sheffield. The article is titled 'Throwing science at anti-vaxxers just makes them more hardline'. It attempts to explain the nature of the opposition to vaccinations among anti-vaxxers.

The full text can be accessed at <http://theconversation.com/throwing-science-at-anti-vaxxers-just-makes-them-more-hardline-37721>

In 2014 the National Health Performance Authority (NHPA) published 'Healthy Communities: Immunisation rates for children in 2012-13'

The report gives detailed information on immunisation rates as well as looking at particular areas of non-compliance.

The full text can be found at http://www.myhealthycommunities.gov.au/Content/publications/downloads/NHPA_HC_Report_Imm_Rates_March_2014.pdf

In June 2007, the journal Current Opinion in Infectious Diseases published a report by Jan Bonhoeffer titled 'Adverse events following immunization: perception and evidence'

The report concludes 'Currently available vaccines are safe in immunocompetent individuals and there is no evidence to deviate from current immunization schedules.'

The full report can be accessed at <http://lib.ajaums.ac.ir/booklist/955899.pdf>

Arguments that families that resist vaccinations be denied government benefits for their children

1. Vaccinations dramatically reduce the likelihood of children contracting serious diseases

Australia's vaccination program is a major public health initiative protecting the physical wellbeing and preserving the lives of the Australian population.

In a fact file published by the Royal College of Pathologists of Australia in August 2013 it was stated, 'Tens of thousands of deaths of Australian children were prevented, during the 20th century, by immunization and the benefits have been supplemented by the introduction of newer vaccines. Rotavirus vaccine has reduced hospital admissions and deaths from infant diarrhoea, hepatitis B and human papilloma virus vaccines have protected thousands of adults from liver and cervical cancer, respectively, and many others have prevented infections in travellers or people who are at risk of exposure to exotic infections.'

The fact file then surveys the effectiveness of the current Australian vaccination schedule in reducing the incidence of a range of diseases and concludes 'Safe and effective vaccines have saved the lives of millions of children, worldwide, and will continue to do so as long as immunization programs are maintained.'

In an opinion piece published in The Australian, Janet Albrechtsen cited a number of dramatic declines in disease and death attributable to vaccinations. She states, 'Between 1926 and 1935, 4075 people died from diphtheria in Australia. Following a vaccination program, deaths from this disease fell to zero by 1990. There have been two infections since then, both imported..'

Between 1926 and 1935, there were 2808 deaths, mainly among small children and babies, to whooping cough.

Following vaccinations, deaths fell to eight between 1986 and 1990...

Since the introduction of a polio vaccine in 1966, the disease rate fell from 39.1 per 100,000 people (hitting this peak in 1938) to the country being now largely polio-free. According to the Health Department, the last reported case of polio involved a foreign student who contracted the disease in Pakistan.'

2. The risk associated with vaccinations is minimal and the most common accusations made about their dangers are bogus

The health risks associated with immunisation are very small and the risks associated with the diseases the vaccinations attempt to prevent are far greater.

This point was made on the Victorian government's Better Health Channel Internet site in response to a frequently asked question about the safety of vaccines.

'Childhood diseases such as measles and whooping cough (pertussis) are serious and potentially fatal. The risk of complications from disease is much higher than the risks of complications from immunisation.

Parents who are fearful of autism, SUDI or other disease complications may choose not to have their children vaccinated. However, if vaccination levels in the community fall too low, disease epidemics can reappear. People with little first-hand experience of childhood infectious disease can underestimate the effects and complications of infectious diseases.

Some parents worry that the measles mumps rubella (MMR) vaccine can cause brain inflammation (encephalitis), but this risk for the vaccine is around one in one million. On the other hand, one in every 2,000 children who catch measles will experience encephalitis. Of these, one in 10 will die and four in 10 will have permanent brain damage.'

One of the major bogus claims made against immunisation is that it has been linked to autism. The MMR vaccine was first alleged to be a cause of autism in 1998, when Dr. Andrew Wakefield, a British researcher, published a study in The Lancet claiming that 12 children with neurodevelopmental delays he examined had the measles virus in their guts.

Serious ethical problems such as financial ties to trial lawyers and a skewed sample group brought the validity of the study into question. Subsequent studies have failed to replicate Dr. Wakefield's results and he is currently facing professional misconduct charges as a result of this study in front of the United Kingdom's General Medical Council.

Ten of the 13 original authors have since retracted their names from the paper, and The Lancet has discredited its findings.

The United States National Center for Biotechnology Information has published a series of studies demonstrating no link

between vaccinations and autism. One published in 2002 concluded, 'Of the 535 544 children who were vaccinated, 199 were hospitalized for encephalitis, 161 for aseptic meningitis, and 352 for autistic disorders. In 9 children with encephalitis and 10 with meningitis, the disease developed within 3 months of vaccination, revealing no increased occurrence within this designated risk period. We detected no clustering of hospitalizations for autism after vaccination.'

3. Homeopathic and other non-medical preventative measures are not effective

A number of people in Australia consider or use complementary and alternative medicines (commonly referred to as CAM). Complementary medicines are used in conjunction with conventional medicine while alternative medicines are used instead of conventional medicine.

One form of CAM is homoeopathy, which uses highly diluted preparations that are thought to stimulate the body's own healing response to prevent and/or treat a wide range of illnesses.

Some people consider homoeopathy for their child's immunisation rather than conventional vaccination. However, unlike conventional vaccinations, there has been no rigorously tested research to demonstrate the safety or effectiveness of homoeopathic preparations in providing protection against childhood infectious diseases.

In addition, there is no biologically plausible mechanism for how homoeopathy could work to prevent infectious diseases. In April, 2015, the National Centre for Immunisation Research & Surveillance (NCIRS) released a fact sheet titled 'Homoeopathy and Vaccination'. The fact sheet states, 'Although homoeopathic preparations and schedules have been developed claiming to prevent childhood infectious diseases such as pertussis (whooping cough), tetanus, diphtheria, measles, mumps and rubella (German measles), homoeopathic peak organisations still support the need for children to be vaccinated conventionally.'

The NCIRS further states, 'Both the British Homeopathic Association and the Australian Register of Homoeopaths recommend that people should receive conventional immunisation and that homoeopathic preparations "should not be recommended as a substitute for [conventional] immunisation".'

4. Vaccinations are not a private choice; they are a public health measure

Supporters of increased penalties being applied to those parents who do not have their children vaccinated argue that this is not primarily a question of personal choice; rather it is a public health issue.

This point was made in the joint media release issued by the Minister for Social Services, Scott Morrison, and the Prime Minister, Tony Abbott.

The media release states, 'Parents who vaccinate their children should have confidence that they can take their children to child care without the fear that their children will be at risk of contracting a serious or potentially life-threatening illness because of the conscientious objections of others...

The Government is extremely concerned at the risk this [non-vaccination] poses to other young children and the broader community.

The choice made by families not to immunise their children is not supported by public policy or medical research nor should such action be supported by taxpayers in the form of child care payments.'

Some commentators have suggested that a social contract exists among parents to immunize their children not only to provide them individual protection, but also to contribute to the protection of other children who cannot be immunized or for whom the vaccine is not effective.

The proportion of the population that has to be immune to provide this "herd immunity" varies according to the infectiousness of the agent. For poliomyelitis, that proportion is considered to be on the order of 80 per cent, whereas for measles it exceeds 90 per cent.

The primacy of public health concerns over individual freedom of choice has been confirmed in the United States where, in 1922, the Supreme Court addressed the constitutionality of childhood vaccination requirements in *Zucht v. King*.

The Court denied a due process Fourteenth Amendment challenge to the constitutionality of city ordinances that excluded children from school attendance for failure to present a certificate of vaccination holding that 'these ordinances confer not arbitrary power, but only that broad discretion required for the protection of the public health.'

Also in the United States, further authority to compel vaccination of children comes under the doctrine of *parens patriae* in which the state asserts authority over child welfare. In the 1944 case of *Prince v. Massachusetts*, the U.S. Supreme Court summarised the doctrine, noting that 'Neither rights of religion nor rights of parenthood are beyond limitation.

Acting to guard the general interest in youth's well being, the state as *parens patriae* may restrict the parent's control.'

5. Despite general compliance, there is a hard core of parents still refusing to vaccinate their children and others who have their children vaccinated late and/or incompletely

It has been noted that although the vaccination compliance rate in Australia is generally high, there are groups of objectors whose opposition remains fixed. It is also the case that there are particular regions in Australia where immunisation rates are unacceptably high and where public health is at serious risk.

In addition, the popularisation of the anti-vaccination message by hard-core opponents has led to reluctance among some parents resulting in delayed or incomplete courses being administered to children. Such behaviour carries risks for individual children and the community as a whole.

In an opinion piece published in *The Australian* on April 18, 2015, Janet Albrechtsen noted, 'In Australia, up to one in five children in some regions are not fully immunised. In NSW's Richmond Valley region, 17.53 per cent of one-year-olds, 19.69 per cent of two-year-olds and 21.7 per cent of five-year-olds are not fully immunised. Similarly low immunisation rates are recorded in Fremantle, inner-city Adelaide, suburban Darwin, Queensland's Sunshine Coast and the

high-income, highly educated eastern suburbs of Sydney.'

In an opinion piece published on the ABC's opinion site, The Drum, Katie Attwell, a lecturer with the Sir Walter Murdoch School of Public Policy and International Affairs, Murdoch University stated, 'A small core of anti-vaccine activists have attained wide exposure for a range of spurious arguments against vaccines. These include unsupported links to ill health and disorders and claims about vaccine ingredients that ignore the maxim that the size of the dose determines the poison. While this information in the public discourse has not significantly affected vaccination rates, it has contributed to "vaccine hesitancy"...

Vaccine hesitancy also manifests as some parents delaying or refusing certain childhood vaccines, but getting all or most of them by the time children start school. Such decisions are problematic; for example, some parents regard vaccination against chicken pox as unnecessary, yet otherwise healthy Australian children have died from the disease in recent history. However, under the old policy, refusing vaccines for certain diseases was easy and hence had the appearance of being inconsequential.'

Arguments that families that resist vaccinations not be denied government benefits for their children

1. There are some risks associated with the use of vaccinations

The most common side-effects are at the site at which the injection is given where there can be swelling, redness and a small hard lump. Some children may also experience elevated temperatures after a vaccination.

Some vaccines cause a temporary headache, dizziness, fatigue or loss of appetite. Rarely, a child may experience a severe allergic reaction or a neurological side-effect, such as a seizure.

The MMR vaccination is made up of three different vaccines (measles, mumps and rubella) and these can each cause reactions at different times after the injection.

After six to ten days, the measles vaccine starts to work and may cause a fever, a measles-like rash, and loss of appetite.

Two to three weeks after the injection, the mumps vaccine may cause mumps-like symptoms in some children (fever and swollen glands).

The rubella vaccine may cause a brief rash and possibly a slightly raised temperature, most commonly around 12 to 14 days after the injection, but a rash may also rarely occur up to six weeks later.

Anaphylaxis (an extreme allergic reaction which can result in death if untreated) is a rare but well-recognised adverse event following immunisation with allergic sensitisation occurring to a given vaccine's immunogens or excipients (e.g., preservatives, antibiotics and adjuvants). The incidence of anaphylaxis following any vaccine is estimated to be less than one case per 1 million doses.

Opponents of vaccinations tend to claim that the adverse side-effects of immunisations are greater than research substantiates. Whatever the extent of the risks, opponents claim that no parent should be required to subject his or her child to a medication that may have adverse effects.

2. Parents are legally able to determine the medications their children receive

It has been argued that parents are entitled to determine what medications and medical procedures their minor-aged children receive.

In an advice document produced by the Medical Insurance Group of Australia (MIGA) in April, 2010, it was stated, 'In general, a minor (less than 18 years) requires consent from a parent or guardian before treatment can commence, with the exception of an emergency or where treatment is of a minor nature.'

Vaccinations fall within the territory where parental consent must be given. They are neither an immediately life-saving treatment nor a minor procedure.

Where specific state- or territory-based laws exist (in South Australia, New South Wales and the Australian Capital Territory) the youngest age at which a child can agree to treatment on his or her own behalf is 14 in New South Wales. In states and territories where no specific law applies the question is determined by common law.

The common law position relating to a minor's competency to consent to treatment was established by the English House of Lords decision in *Gillick v West Norfolk and Wisbech Area Health Authority* [1986] AC 112.

That case determined that minors may authorise medical treatment when they are old enough and mature enough to decide for themselves, provided they are capable of understanding what is proposed and of expressing their own wishes.

This is commonly referred to as the

Mature Minor or Gillick competent child.

Obviously infants and pre-school-aged children could not be judged competent to determine whether they should be inoculated.

Some critics of the government's proposed withholding of benefits argue that parents should not be financially penalised for taking a decision they are legally entitled to make.

Julie Leask, Associate Professor at the University of Sydney, School of Public Health and the National Centre for Immunisation Research & Surveillance, has stated, 'It amounts to a form of mandatory vaccination for lower income families, but without a no-fault vaccine injury compensation system implemented alongside.'

3. There is general compliance with the vaccination regime

Opponents of taking child benefits from parents who do not vaccinate their children claim this is an unnecessary over-reaction as the vast majority of Australian children are vaccinated.

The Australian Childhood Immunisation Register (ACIR) indicates that as of March 31, 2015, among children aged

between 12 and 15 months 92.9 per cent were immunised in the Australian Capital Territory, 90.7 per cent were immunised in New South Wales, 90.6 per cent were immunised in Victoria, 91.7 per cent were immunised in Queensland, 90.8 per cent were immunised in South Australia, 91.2 per cent were immunised in Western Australia, 90.1 per cent were immunised in Tasmania, 92.2 per cent were immunised in the Northern Territory, while the overall immunisation rate in this age group across Australia is 91 per cent.

For children aged between 24 and 27 months the Australia-wide immunisation rate is 87.6 per cent; while the Australia-wide immunisation rate for children aged between 60 and 63 months is 92.3 per cent.

A clinical professor in paediatric infectious diseases at the University of Sydney, David Isaacs, has noted that despite the number of vaccine objectors, immunisation rates in Australia were still strong; about 97% of families eligible for family tax benefits choose to vaccinate.

Has also stressed that current compliance rates make the government's new policy unnecessary, 'Immunisation rates are steady, at around 92%, and the number of conscientious objectors decreased slightly in the most recent Australian Childhood Immunisation Register survey, from 1.79% to 1.77%. Morrison himself admitted that 97% of children would currently meet the standard for continuing payments.'

4. Attempting to force parents to vaccinate their children will harden the opposition of those who oppose the measure
It has been suggested that attempting to compel parents who object to vaccinations via financial coercions will only increase their opposition.

A clinical professor in paediatric infectious diseases at the University of Sydney, David Isaacs, has stated, 'My suspicion is all you'll do through this policy is alienate anti-vaxxers more and then you'll have a resentful group of suspicious people less likely to listen to government advice.'

The head of the School of Public Health and Community Medicine at the University of New South Wales, Professor Raina MacIntyre, has stated that the policy was unlikely to change the views of hardcore anti-vaccinators.

Professor McIntyre has stated, 'Bringing in something draconian like this is not a very good public health strategy. There's been a lot of research done on hardcore conscientious objectors and it's very hard to change their views. Bringing in this kind of draconian measure is likely to run the risk of driving those parents, who at this stage are just uncertain, to being hardcore refusers themselves.'

There will be resentment of the perception of coercion. These people pay their taxes like the rest of us. They work, they pay taxes. They have an entitlement to those benefits.'

A similar point was made by Waleed Aly in an opinion piece published in The Age on April 17, 2015. Aly wrote, 'Perhaps you will never convince the hardcore anti-vaxxers who will happily sacrifice some welfare payments for their principles in the rare case it comes to that. But between the hardcore groupings are those who are more sceptical of mass vaccination than irascibly opposed. They're the ones broadly sympathetic with the libertarian or anti-corporate concerns at play, but perhaps unsure about the application of these ideas to vaccination. They're the ones who, with the right handling, might just be persuaded.'

But what would someone like that make of this latest piece of political theatre? If you're on the verge of believing this is some form of government control, is anything more likely to tip you over the edge than the government resorting to force? That's the way radical politics works. It gains its strength from the very fact of its mainstream isolation.'

5. Education is a better means of extending compliance

It has been claimed that education is the best means of ensuring that parents have their children vaccinated. It has been suggested that this is the case whether the parents have a conscientious objection because they believe that vaccination is unsafe or whether the parents have failed to have their children vaccinated through neglect or disorganisation.

All groups of parents who have not had their children immunised need to be convinced that their actions are threatening the health of their offspring and other peoples.

In an opinion piece published in The Canberra Times on April 14, 2015, Jenna Price noted that informal education programs that work to shift opinion are the most likely to achieve their ends. She cites an instance where this has occurred. 'Alison Gaylard does it with cups of tea and the occasional glass of wine. She is part of the group which founded the Northern Rivers Vaccination Supporters, six core members who are working in the least vaccinated part of Australia - the area centred on Lismore and Mullumbimby. It's around 50 per cent compliance rate in children aged five and more than half that are official objectors. She and her husband run a small business and have two small daughters who contracted whooping cough in 2012 because the immunity in their area is rock bottom.'

Now she and the NRVS group talk each and every day to ordinary parents. They've moved them from being anti to being open, from partial vaccinators to complete. And they've organised the disorganised onto catch-up schedules.'

Similarly, the spokesman for the Australian Medical Association on the Sunshine Coast, Doctor Wayne Herdy has stated, 'Carrots and education, not threats, should be used by governments to improve vaccination rates.'

Dr Herdy has urged the government to bolster rates through education to encourage parents to act.

Professor Peter McIntyre, a paediatrician with the National Centre for Immunisation Research and Surveillance, has stated in regard to the government's intention to deny child benefits to those parents who do not have their children vaccinated, 'I guess what we'd all like to see though is any decision by parents to vaccinate through a policy like this also underpinned by better information, understanding and appreciation of vaccination and a realisation that it's not a danger to their children.'

Those who argue for education as a means of promoting vaccinations claim it is only a matter of informed common sense. A clinical professor in paediatric infectious diseases at the University of Sydney, David Isaacs, has noted, 'If we

really think immunisations are valuable, which they are, and that the vast majority of people are sensible and want their children vaccinated, which they do, why do we then need draconian measures?'

Further implications

The following questions and answers have been taken from Human factor, the blog of Julie Leask, Associate Professor at the University of Sydney, School of Public Health and the National Centre for Immunisation Research & Surveillance. The full text can be accessed at https://julieleask.wordpress.com/2015/04/11/will-stopping-vaccine-objectors-from-accessing-payments-have-its-desired-impact/?hc_location=ufi

Should parents who fail to abide by the social contract not get benefits?

The payments were not introduced as a vaccination incentive originally. They were introduced with the express purpose of supporting Australian families and were later linked to vaccination. Child care payments support the participation of women in the workforce. No other health behaviours are linked to welfare payments. The vaccine incentives system we have now works well - maximising procedural complexity for non-vaccinators while encouraging all parents to be up to date. It is fair and reasonable.

What would need to be considered if we did have a form of mandatory vaccination?

Vaccination is different to other public health measures where mandates have been successfully imposed. Vaccination is a more invasive intervention that comes with common and minor, and rare serious side effects. Because of these risks, governments that mandate vaccination are obliged to bring in a no fault vaccine injury compensation system. However, there are no indications this will occur.

What is happening to vaccination rates?

They are holding steady at around 92% and have done so for years. The false reporting of our childhood immunisation rates as being on the decline is harmful if it influences parents to believe that this is a trend. Regardless, the gap between ideal and actual vaccination rates has persisted and needs to be addressed.

Vaccine objectors cluster in regions. What can we do about this?

This clustering is a persistent problem, creating a critical mass for outbreaks to be more likely and sustained. Non-vaccination travels with other social norms and group identities. Public health needs to better understand and engage with these communities. Punitive policies will almost certainly make that job more difficult, as they further alienate such communities from the government and medical system.

If this policy won't do much for vaccination rates, what will?

The following actions would bring bigger marginal returns than penalties:

- * enhanced support for doctors, nurses and Aboriginal Community Controlled Health Services providing vaccines
- * implement quality control measures in the ACIR to identify and detect recording errors
- * having a national vaccine reminder system
- * home visiting programs for homebound families
- * funding for migrant and refugee catch up programs
- * enhancing the cultural respect of immunisation services.

We could also focus on adult vaccination rates, which can be very low. A whole of life register would enable providers to know if the person sitting in front of them is due for a vaccine and adults to keep track of their own vaccinations.

Newspaper items used in the compilation of this issue outline

The Age: January 9, 2015, page 8, news item by J Medew, 'Anti-vaccination event venues "bullied" to cancel'.
http://newsstore.fairfax.com.au/apps/viewDocument.ac.jsessionid=C96F805F8EF7C13A48A85920C6A11610?sy=af&pb=all_ffx&dt=selectRange&dr=1month&so=relevance&sf=text&sf=headline&rc=10&rm=200&sp=brs&cls=1295&clsPage=1&docID=AGE150109CG35U57IKS9

The Age: January 8, 2015, page 14, editorial, 'A shot in the arm for free speech' (ref to Sheri Tenpenny).
<http://www.theage.com.au/comment/the-age-editorial/a-shot-in-the-arm-for-free-speech-20150107-12jmcr.html>

The Age: January 7, 2015, page 11, news item by J Medew, 'Calls to block US "anti-vaccine liar"'.
http://newsstore.fairfax.com.au/apps/viewDocument.ac.jsessionid=01E7D4D255BDE301276268FE90F3F148?sy=af&pb=all_ffx&dt=selectRange&dr=1month&so=relevance&sf=text&sf=headline&rc=10&rm=200&sp=brs&cls=1295&clsPage=1&docID=AGE150107B257C6E12CA

The Age: January 21, 2015, page 11, news item (photo of Sherri Tenpenny) by J Medew, 'Vaccine debate puts tour in jeopardy'. (Link is to SMH edition of the 20th)
<http://www.smh.com.au/national/health/antivaccination-campaigner-sherri-tenpennys-tour-in-jeopardy-after-every-venue-pulls-out-of-hosting-her-seminars-20150120-12tywb.html>

The Age: January 28, 2015, page 3, news item by J Medew, 'Parents urged to join fake church to skirt vaccination laws'.
http://newsstore.fairfax.com.au/apps/viewDocument.ac?jsessionid=73C8DB806095DD10BD849D7972E1088E?sy=afr&pb=all_ffx&dt=selectRange&dr=1month&so=relevance&sf=text&sf=headline&rc=10&rm=200&sp=brs&cls=2355&clsPage=1&docID=AGE150128G53GP6GHJG6

The Age: February 1, 2015, page 15, news item (ref to American measles epidemic), 'US on edge as virus spreads'
<http://www.theage.com.au/world/us-on-edge-as-measles-outbreak-spreads-20150131-132lti.html?skin=text-only>

The Herald Sun: March 9, 2015, page 20, comment by Alice Clarke, 'Have your kids vaccinated and help make us all safer'.
<http://www.heraldsun.com.au/news/opinion/have-your-children-vaccinated-and-help-make-us-all-safer/story-fni0ffsx-1227254060951>

The Herald Sun: March 16, 2015, page 28, comment (ref to Taliban campaign) by Rita Panahi, 'New front in a mad war on vaccines'.
<http://www.heraldsun.com.au/news/opinion/new-front-in-a-mad-war-on-vaccines/story-fni0fh1-1227263718386>

The Age: April 11, 2015, page 12, news item by Kenny and Medew, 'Vaccinate children or lose benefits'.
<http://www.smh.com.au/federal-politics/political-news/abbott-government-to-announce-antivaccination-parents-will-lose-benefits-20150411-1mie6x.html>

The Herald Sun: April 7, 2015, page 22, editorial, 'Immunise, or we all pay'.
<http://www.heraldsun.com.au/news/opinion/immunise-or-we-all-pay/story-fni0ffsx-1227293464956>

The Herald Sun: March 25, 2015, page 18, comment by Susie O'Brien, 'If we don't act now, more kids will die'.
<http://www.heraldsun.com.au/news/opinion/dont-let-any-more-babies-die-because-of-anti-vaccination-lobby/story-fni0fhie-1227275475765>

The Australian: April 18, 2015, page 21, comment by Janet Albrechtsen, 'No "rights" for unsafe children'.
<http://www.theaustralian.com.au/opinion/columnists/there-is-no-room-for-objection-children-must-be-vaccinated/story-e6frg7bo-1227308507908>

The Age: April 18, 2015, page 32, letters incl, 'Hard-hitting education strategy is required'.
<http://www.theage.com.au/comment/the-age-letters/vaccinations-hardhitting-education-strategy-is-required-20150417-1mnf13.html>

The Age: April 17, 2015, page 18, comment by Waleed Aly, 'Sledgehammer cannot win battle of the needle'.
<http://www.theage.com.au/comment/in-opposing-the-antivaccination-movement-a-sledgehammer-cannot-win-battle-of-the-needle-20150416-1mm1w8.html>

The Australian: April 14, 2015, page 13, editorial, 'A decision for the greater good'.
<http://www.theaustralian.com.au/opinion/editorials/vaccination-policy-a-decision-for-the-greater-good/story-e6frg71x-1227302511820>

The Age: April 14, 2015, page 16, editorial, 'We owe it to everyone to get vaccinated'.
<http://www.theage.com.au/comment/the-age-editorial/we-owe-it-to-everyone-to-get-vaccinated-20150413-1mk4pd.html>

The Age: April 14, 2015, page 16, letters incl, 'Saving \$50m in welfare payments main driver / Crucial public health initiative'.
<http://www.theage.com.au/comment/the-age-letters/vaccination-saving-50m-in-welfare-payments-main-driver-20150413-1mjz3c.html>

The Australian: April 13, 2015, page 2, news item by D Crowe, 'Vaccine foes won right to opt out'.
<http://www.theaustralian.com.au/national-affairs/health/vaccine-foes-won-right-to-opt-out/story-fn59nokw-1227300787872>

The Age: April 13, 2015, page 5, news item by S Peatling, 'Childcare sector backs anti-vaccination penalty'.
<http://mrganalysis.com.au/news-articles/childcare-sector-backs-anti-vaccination-penalty/>

The Australian: April 24, 2015, page 3, news item by J Ross, 'Surge in illness if vaccine use eases'.
http://www.theaustralian.com.au/news/health-science/weaker-whooping-cough-vaccine-means-upsurge-of-cases/story-e6frg8y6-1227317770768?utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+TheAustralianNewsNDM+%28The+Australian+|+News+|%29

The Australian: April 21, 2015, page 15, letter, 'Questioning vaccination policy is not synonymous with anti-vaccination'.
<http://www.theaustralian.com.au/opinion/letters/questioning-vaccination-policy-is-not-synonymous-with-anti-vaccination/story-fn558imw-1227312423699>