

Submission re Review of the Health Act 1958 – Immunisation

Dr Joanne Molloy

8.8.1 Role of municipal councils in providing immunisation

The immunisation function of municipal councils, as specified in section 29A(g) of the current Health Act (that is, of 'co-ordinating the immunisation of children living or being educated within the municipal district'), does not reflect councils' important role in providing immunisation. Childhood immunisation programs are an essential public health function of municipal councils that should be reflected in the new Act. Amending the statement of the role of municipal councils in the Act to 'co-ordinating and providing immunisation services to children living or being educated within the municipal district' could better reflect councils' function. Councils would still be able to contract out the service to an external body.

103. Should the new Act state the role of municipal councils in relation to immunisation as 'co-ordinating and providing immunisation services to children living or being educated within the municipal district'?

The Victorian model of complementary immunisation services provided by council and general practitioners has provided levels of immunisation coverage in our communities superior to those states without council programs.

In recent years, the benefits of a council immunisation program has been amply demonstrated; the ease with which Victoria was able to implement the Measles Eradication Program, compared to other states, demonstrated the valuable resource that is built into council programs. Council provision of school-based and childhood immunisation services ensures that a flexible and experienced immunisation service is available to respond to the needs of the community. This may prove invaluable in the face of an influenza epidemic or any other situation requiring delivery of mass immunisation.

Aside from these potential benefits of maintaining a council-run immunisation, it is vital that we look at the real effects of council co-ordinating but not providing immunisations. If councils choose not to provide an immunisation service, general practitioners will most likely be expected to fill the breach. It is well-known that currently there are serious shortfalls in the GP workforce, with many doctors closing their books and many also dropping bulk-billing. If all children currently attending public immunisation sessions were diverted to GPs for immunisation, it is likely that parents will experience difficulty getting timely appointments with a GP, and in particular, one who will provide immunisation without out-of-pocket expense to parents. This will undoubtedly lead to a drop in age-appropriate immunisation, and potentially an increase in vaccine-preventable diseases.

I strongly support the proposal that the requirement for council to coordinate and provide immunisation should be enshrined in the Act.

8.8.3 Immunisation status certificates and primary schools

Section 144(1) of the Health Act imposes a requirement for Immunisation Status Certificates (ISCs) to be provided on primary school entry. Section 144(1) currently places the burden on parents or guardians to provide an ISC on school enrolment.

The new Act could require school principals of primary schools to make reasonable efforts to seek an ISC for every child enrolled in the school. This would be in addition to the obligation on parents to supply immunisation status information regarding their child.

The new Act could require that when a child is re-enrolled, the principal or person in charge of the school must request the parent or guardian to lodge a statement as to any change in the immunisation status of the child. Updated information would only be required where the child's immunisation status has changed since the last enrolment or since the information was last provided.

8.8.4 Immunisation records and secondary schools

The new Act could introduce:

- an obligation on parents to supply evidence of immunisation (though not necessarily an ISC) regarding their child on enrolment into secondary school
- an obligation on school principals to make reasonable efforts to seek immunisation records for every child enrolled in the school.

Similar requirements in relation to parents updating immunisation records and principals keeping up-to-date records as apply to primary school students could apply to secondary school students (see paragraph 8.8.3). The new Act could require school principals of secondary schools to make reasonable efforts to seek the immunisation status for every child enrolled in the school.

For the majority of students, an ISC would be automatically transferred as part of the suite of documents transferred from the child's previous primary school. Therefore, in practice, the new requirement would only impose an additional burden on school principals in relation to new arrivals, interstate students and where there has been a change in the child's immunisation status (for example, meningococcal immunisation). Interstate transfer of students would be assisted by the move towards recognition by all jurisdictions of the Child History Statement issued by the Australian Childhood Immunisation Register (ACIR).

8.8.5 Immunisation records and tertiary facilities

Universal childhood immunisation programs have led to a change in the epidemiology of some diseases, such as measles, from being a disease of childhood to one that predominately affects young adults. The susceptibility of young adults to measles in Victoria was highlighted by measles outbreaks in 1999 and 2001. Measles in adults has mostly spread through colleges and universities, with outbreaks affecting non-institutionalised settings being rare. It may be prudent to ensure that specific groups of young adults, such as tertiary students, have documented evidence of two doses of a measles-containing vaccine. The new public health Act could introduce an obligation on tertiary students to supply evidence of immunisation to those vaccine preventable diseases that have been associated with outbreaks in young adults (such as measles) on enrolment, and an obligation on tertiary facilities to make reasonable efforts to seek immunisation records for every student enrolled in the facility. However, the class of 'tertiary student' may be so difficult to circumscribe as to make the collection of such immunisation records impracticable.

105. Should the new Act require school principals of primary schools to make reasonable efforts to seek an ISC in respect of every child enrolled in the school, and an immunisation update on re-enrolment?

I strongly support this proposal. It is important that school principals appreciate that this document is important, not just for the sake of record-keeping, but as another opportunity to prompt parents to have their child's vaccinations completed, and also to provide a readily accessible list of children who may require further vaccination in the case of an outbreak.

106. Should the new Act introduce an obligation on parents to supply evidence of immunisation on enrolment of their child into secondary school, and an obligation on school principals to make reasonable efforts to seek immunisation records in respect of every child enrolled in the school?

I strongly agree with this proposal. Since no further vaccines are scheduled during primary school, children who have completed their immunisations will simply need to produce the same ISC that they submitted for primary school, plus evidence of any catch-up immunisations performed during the primary school years. With the maturing of ACIR data, this will be a relatively simple task to request of parents. The benefit is that another opportunity is provided to prompt parents to check their child's immunisation needs, educate them about vaccines that will be required during secondary school, and also provide a list of children who may require further vaccination in the case of an outbreak.

107. Should the new Act introduce an obligation on tertiary students to supply evidence of immunisation on enrolment, and an obligation on tertiary facilities to make reasonable efforts to seek immunisation records in respect of every student enrolled in the facility? If so, for which diseases should immunisation records be required?

I do not agree with this proposal. Until a whole-of-life (or at least birth to 19 years) immunisation register is available, this proposal is really not workable. As a campus doctor, I routinely review the immunisation history and immunisation needs of all student attending the health service, however requiring this sort of information to be supplied by all tertiary students is simply not realistic.

109. Should the new Act introduce a penalty for failure on behalf of a parent or guardian to produce immunisation records on secondary school entry?

I agree with this proposal.

There is no point requiring the records to be produced unless it is clearly compulsory. Without a penalty for failure to comply, the requirement will be seen as not compulsory.

110. Should the new Act require the principal teacher or person in charge of the school to take reasonable steps to ensure that immunisation records are maintained, and to allow inter-school transfer of ISCs?

I agree with this proposal. In order to ascertain which children remain under-immunised in the case of an outbreak of a vaccine-preventable disease, it is vital that current immunisation records are maintained and transfer of ISCs is clearly appropriate and reasonable. If parents have an updated record of immunisations (because more vaccines have been received since the ISC was produced), they should be required to provide this to the principal of the new school.

8.8.6 Issuing of immunisation status certificates

Currently section 144(3) of the Health Act requires that the ISC must:

- be issued by a person authorised to do so by a municipal council
- must be in the prescribed form.

Regulation 7 of the Health (Immunisation) Regulations 1999 states that, for the purposes of section 144(3) of the Health Act, an ISC must be in the form of Schedule 2 to the regulations.

The changes taking place in immunisation delivery raise the question of whether there should be a corresponding broadening of the persons who can issue an ISC to include all persons who are able to perform immunisations.

Under the new Act, immunisation status certificates recognised under the Act would include the ISC and the Child History Statement issued by ACIR. Further consideration may be given to recognition of certificates issued by immunisation providers that are authorised by ACIR, such as general practitioners.

8.8.7 Forms of evidence of immunisation

Under the new Act, the parent or guardian could be required to provide, either to the person authorised to issue the ISC, or, in the case of secondary school students, to the school in which their child is enrolled, one of the following forms of evidence:

- evidence that the child has been immunised (this may include patient-held records, provider-held records or an ACIR report)
- evidence that the child has recovered from a specified vaccine preventable disease, has developed a natural immunity and does not require immunisation (this would only be accepted on the basis of laboratory evidence of infection and natural immunity)
- evidence that the child has not been immunised against the disease(s) due to the reasonable belief of a medical practitioner that the child may suffer an adverse reaction to the vaccination
- a statutory declaration that the parent or guardian believes that the child has been vaccinated
- a statutory declaration that the parent or guardian has a conscientious objection to vaccination against a specified disease
- a written undertaking to immunise the child against a specified disease within six months.

8.8.10 Record keeping

Under the new Act, the principal teacher or person in charge of the school could be required to take reasonable steps to ensure that immunisation records are kept up-to-date for each child enrolled in the school, for the period of enrolment of the child.¹⁵⁶ The Act could provide for a Principal to transfer a child's record of immunisation status at the request of a parent or at the request of a Principal (with the parent's consent). It is proposed that the power for authorised officers to enter and inspect ISCs (currently provided in regulation 9157) be included in the Act and widened to cover immunisation records in secondary schools.

108. Should the new Act provide for different forms of evidence of immunisation? If so, what should they be?

I do not believe that a statutory declaration by the parent is sufficient or reliable evidence of vaccination. There are 3 potential sources of evidence of vaccination – ACIR, the provider's records and the parent-held records (yellow book). If all three of these fail to demonstrate that vaccination has occurred, then it is likely that the vaccine has not been given. Parental memory is well documented to be an unreliable record of immunisation.

8.8.11 Diseases covered by immunisation status certificates

The diseases that the ISC must cover are set out in the Health (Immunisation) Regulations 1999. In practice, immunisation of children occurs in accordance with the National Health and Medical Research Council (NHMRC) immunisation schedule. The diseases listed in this schedule are the diseases where immunisation has been successful in preventing the morbidity and mortality that may arise from those diseases. To assist consistency with the NHMRC schedule for immunisation, the new Act could provide that the immunisations required for school entry certificates be in accordance with current NHMRC guidelines and other prescribed vaccine preventable diseases.

111. Should the new Act facilitate consistency with the NHMRC schedule for immunisation?

I strongly agree with this proposal. It is common sense to align the ISC with the NHMRC recommended schedule, as this will allow for routine changes to the ISC to be implemented so that it continues to reflect the NHMRC recommended schedule.

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