PUBLIC HEALTH AMENDMENT (IMMUNISATION REQUIREMENTS FOR ENROLMENT) BILL 2019

Receipt and First Reading

Bill received from the Council; and, on motion by **Mr R.H. Cook (Minister for Health)**, read a first time.

Explanatory Memorandum

MR R.H. COOK (Kwinana — Minister for Health) [8.01 pm]: I present the explanatory memorandum. I also inform the house that there is some numbering in relation to the explanatory memorandum that needs tweaking, and I will provide a further updated version on those technical changes when they come to hand.

Second Reading

MR R.H. COOK (Kwinana — Minister for Health) [8.02 pm]: I move —

That the bill be now read a second time.

The purpose of the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019 is to increase childhood immunisation rates in Western Australia through strengthening the immunisation requirements for enrolment in early childhood education and care. The commonwealth National Immunisation Program aims to protect the Australian population from vaccine-preventable diseases and continues to work towards increasing childhood immunisation rates. During 2017, the Council of Australian Governments developed options for a national approach to increasing immunisation rates in early childhood education. In February 2018, these options were noted to be out of session, without agreement on a way forward. In August 2018, former Prime Minister Turnbull proposed that COAG should assess the costs, benefits and regulatory impacts of a national approach; this was expected to be completed by March 2019. During this time, the WA government announced its intention that WA should be among the jurisdictions taking a lead on this issue, regardless of any future COAG decision.

Immunisation is a safe and effective way of protecting individuals against serious infectious disease. Immunisation not only protects individuals from life-threatening diseases, but also can reduce the spread of disease within a community—often referred to as indirect protection, or “herd immunity”. The higher the proportion of people who are immune to a disease through vaccination, the fewer opportunities the disease has to spread.

Despite all efforts to achieve and maintain childhood immunisation rates of 95 per cent and above—considered optimal to achieve herd immunity—immunisation coverage amongst WA children remains lower than in other Australian jurisdictions. In particular, in 2018 WA had the lowest immunisation rates compared with other jurisdictions at 93.5 per cent for 12 to 15-month-olds; 93.4 per cent for children aged from 60 months up to and including 63 months; and the second-lowest coverage for children aged from 24 months up to and including 27 months, at 90.2 per cent.

Although standard community health initiatives—which promote the benefits of immunisation and provide for vaccination reminders to both parents and health care providers—can improve childhood immunisation rates, these strategies are insufficient for achieving and maintaining 95 per cent immunisation coverage in large, diverse populations. The government has a responsibility to take measures beyond standard initiatives to protect individuals and the community from serious infectious disease. The bill strengthens immunisation requirements for enrolment into childcare services and kindergarten programs as a further means to mitigate the risk of illness and death from vaccine-preventable diseases. The bill also reinforces the message that it is a shared responsibility to protect members of the community from serious infectious diseases. This is especially important to protect those who may be more at risk, such as those too young to be vaccinated and those unable to be vaccinated due to medical reasons. This includes children with a serious allergy to a specific vaccine or those who are immunocompromised due to illnesses such as leukaemia or HIV/AIDS or medical treatments such as high-dose steroids or chemotherapy. The proposed immunisation requirements on enrolment apply to children enrolling in a childcare service other than a prescribed childcare service—that is, a service operating on a temporary, casual or ad hoc basis. The immunisation requirements also apply to enrolments in pre-kindergarten and kindergarten programs in both government and non-government schools and in community kindergartens. The proposed changes do not apply to compulsory schooling, which commences with pre-primary.

The bill is broken into three parts. Part 1 provides for the short title and commencement provisions. Part 2 provides for amendments to the Public Health Act 2016. These amendments implement the framework for the new immunisation requirements on enrolment. Part 2 of the bill also includes miscellaneous amendments to the Public Health Act that are required prior to implementation of the Public Health Act’s remaining provisions. Part 3 provides for amendments to the School Education Act 1999. These amendments are required to achieve consistency with and complement the changes to the Public Health Act.

The bill amends the Public Health Act 2016 to provide that a school, community kindergarten or childcare service must not permit a child to enrol before the child's compulsory education period unless the child's immunisation certificate states that the child's immunisations are up to date. An immunisation certificate is defined in the bill to include an extract of a child's Australian Immunisation Register, or AIR, record. This is commonly known as the child's AIR immunisation history statement. This record shows that a child is up to date if they are fully age-appropriately immunised in accordance with the national immunisation program schedule, have a registered medical contraindication to vaccination or have acquired natural immunity to a particular vaccination under section 9(c) of the commonwealth Australian Immunisation Register Act 2015. The bill provides that children following a catch-up schedule in accordance with the regulations are also permitted to enrol.

It is recognised that certain children experiencing vulnerability or disadvantage may be disproportionately negatively affected by the new immunisation enrolment requirements. Studies have shown that the lifetime benefits of quality early education are greater for children from disadvantaged backgrounds. In recognition of this, the bill provides for these children to be prescribed in the regulations as exempt from the immunisation requirements for enrolment. It is proposed that exempt children may include, for example —

(a) an Aboriginal or Torres Strait Islander child as defined in the Children and Community Services Act 2004, section 3;

(b) a child who is in need of protection as defined in the Children and Community Services Act 2004, section 28(2);

(c) a child who is living in crisis or emergency accommodation;

(d) a child who has been evacuated from their ordinary place of residence because of a state emergency;

(e) a child who is in the care of an adult other than their parent or guardian because of exceptional circumstances—for example, illness or incapacity of the parent or guardian;

(f) a child who is in the care of a responsible person who holds a specified income support payment card; or

(g) a child who first entered Australia not more than six months earlier, who holds a specified refugee or humanitarian visa.

The purpose of these exemptions is not for these children to remain under-vaccinated. Many of these vulnerable and disadvantaged children may be living in situations in which it has been difficult for immunisation to be prioritised. As such, the Department of Health has allocated resources to ensure that these families will receive additional support to catch up these children on missed vaccinations.

The bill also provides a mechanism to address the situation in which a child's AIR immunisation history statement cannot be used as evidence of their immunisation status due to an atypical or unforeseen circumstance, but for which the child would otherwise be fully vaccinated for age—for example, when there is a temporary vaccine shortage. In these circumstances, the Chief Health Officer can issue an alternative certificate for enrolment purposes.

To monitor the number of children enrolled each year on either a catch-up schedule, a Chief Health Officer immunisation certificate or as an exempt child, the bill provides that the accountable authority, the Department of Health, must include in its annual report each year the number of children enrolled for that financial year in a childcare service or kindergarten program with an immunisation status of "not up to date". The report must also include the number of those children who, by the end of that same financial year, have had their immunisation status changed from "not up to date" to "up to date" or following a catch-up schedule.

Other components of the bill include a requirement for a parent or guardian to provide updated information about their child's immunisation status to the person in charge of a childcare service, community kindergarten or school at such other times, in addition to on enrolment, as prescribed in the regulations. This regulation power is included for future flexibility.

Another component includes amendments to section 240(1)(d) of the Public Health Act to clarify powers of entry and inspection when it is suspected there are documents that relate to a public health risk. A public health risk has been clarified to include a risk that might foreseeably arise from a child not having been immunised against a vaccine-preventable notifiable infectious disease.

Another component is amendments to clarify that the offence under section 254 of the Public Health Act of providing false information also applies when a person is required to provide information or produce a document regarding a child's immunisation status and eligibility for exemption. Another component includes an amendment to repeal obsolete provisions and clarify regulation-making powers in section 142 of the Public Health Act. There

is also a requirement that the Minister for Health review the operation and effectiveness of the new immunisation requirements on enrolment after three years.

Vaccinations in the Australian childhood immunisation schedule are provided at no cost under the national immunisation program. For parents and guardians who refuse to vaccinate their children, the bill provides that their children will be unable to enrol in a childcare service or kindergarten program, and they will need to consider alternative arrangements. It is estimated that this will affect approximately 1.3 per cent of children, based on the national estimate from 2015. Despite some children being eligible for an exemption from the immunisation requirements for enrolment, it is understood that many of the children who fall within a proposed exemption class are already partially or fully vaccinated for age. Therefore, it is the government’s strong belief that the bill will increase WA’s childhood immunisation rates to herd immunity level across the regions and metropolitan area.

I note that there are concerns that the operational activities of childcare services, community kindergartens and schools may be impacted by the bill. These services will be required to check a child’s immunisation status on enrolment, and where required, determine if a child qualifies for an exemption. The Department of Health is working to minimise any administrative burden that may arise from the bill by developing comprehensive guidance material for persons in charge of these services, in collaboration with the Departments of Education and Communities.

I commend the bill to the house.

MR S.K. L’ESTRANGE (Churchlands) [8.15 pm]: It is a very good thing that as a Parliament we are trying to improve immunisation rates in Western Australia, to make sure, as the Minister for Health outlined in his second reading speech, that if we are not already there, we try to get as quickly as possible to attaining and maintaining herd immunity. I will start the opposition’s position on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019, which is to support it, by focusing on herd immunity. If enough people are immunised against a contagious disease, it should be possible to protect most of the community against that disease. That is called herd protection. The figure that has been arrived at is that at least 95 per cent of the population should be immunised to provide herd immunity. It is accepted that we cannot not attain a rate of 100 per cent because parts of the population, be they very young babies or people with particular medical conditions, simply cannot be immunised against certain diseases. However, if 95 per cent of the population is covered, it would be rare that those five per cent of people would pick up or transfer a disease. That is an important goal.

According to Australian government Department of Health statistics on the current immunisation rates in WA that I have been shown, for one-year-olds, Western Australia has an immunisation rate of 93.43 per cent, which ranks it as the second last state in the nation behind the Northern Territory, which sits on 93.14 per cent, with the national average being 94.04 per cent. That needs to be improved. If we look at the rates for two-year-olds, the immunisation rate in WA is 89.63 per cent, which is second last in Australia, with the last being the Northern Territory on 88.29 per cent, with the national average being 90.75 per cent. For five-year-olds, WA’s rate is 93.2 per cent, and that puts us last, with the national average being 94.67 per cent. As a state, we are not pulling our weight when it comes to immunisation rates and when it comes to achieving herd immunity.

Herd immunity is looked at around the world. I found a good example of this in an article in *The Weekend West* titled “The rise and rise of measles”, from Saturday, 13–14 April 2019. It states —

> Falling vaccination rates are blamed for an outbreak of a disease virtually eradicated from the United States 20 years ago

The article deals with the specific area of Brooklyn in New York City, and refers to measles. It states —

> It is the highest number of confirmed cases in the past five years—another significant milepost on the road to what will likely become a record outbreak since vaccines led to the disease’s “elimination” in the US in 2000.
>
> The World Health Organisation recently dubbed “vaccine hesitancy” as one of the top global threats of the year.

The article goes on to state —

> Measles is not just a fever and a rash. It can cause pneumonia as well as encephalitis, an inflammation of the brain that can have long-term consequences.
>
> Before the widespread use of vaccines beginning in 1963, it infected millions every year in the US, killing several hundred.
>
> It is contagious from four days before the appearance of the telltale rash and until four days after, so exposures often occur without people realising, especially during flu season, when many children show similar symptoms.

That is one example that has been publicised recently. That is a good example. Measles was completely eradicated in 2000, and, not a long time later, it is coming back. That goes to show why what is called vaccine hesitancy is a global threat.

The impact of herd immunity has also been reported locally. I refer to an article in *The Weekend West* of 9 March this year by Cathy O'Leary titled "Don't delay no-jab no-play". The article refers to a Department of Health discussion paper that was released for comment, and it states, in part —

> The document reveals WA had 647 vaccine-preventable diseases reported last year—more than double the number four years ago—including 36 cases of measles, and had the lowest immunisation coverage for children starting school.

That is why this bill is so critically important. We need to prevent diseases that kill, maim or cripple what would normally be perfectly healthy babies and/or adults. That what this bill is all about. That is why the opposition is supporting the intent of this bill.

The honourable members in the other place looked quite closely at this bill yesterday, last night and today. They have gone through the bill quite forensically and have come up with a number of amendments. Therefore, the bill that has been tabled in this place is slightly different from the original bill. I will give a quick summary of what those amendments were and how I think they played out. I am sure the Minister for Health will correct me in his third reading reply if I make some errors. As members know, this bill came to us very quickly, with little time to assess the changes. The upper house looked to amend the definition of "child care service". It sought some guidance on that, and I assume that guidance was received, minister, and the change was made.

Mr R.H. Cook: Yes. I think that point was clarified, member.

Mr S.K. L'ESTRANGE: I thank the minister. There was also some concern about whether an exempt child as defined in clause 8 should sit in the regulations or in the act. There was some toing and froing about that in the upper house, and it settled on the exemption sitting in the regulations. The upper house also dealt with some drafting errors to insert the word "education" in clause 7. I understand that Hon Aaron Stonehouse moved an amendment to give effect to an appeals process for a rejected request for a Chief Health Officer medical exemption. I understand that amendment was passed. Is that right?

Mr R.H. Cook: Yes, that is my understanding. There were a couple of other changes, if you are finished.

Mr S.K. L'ESTRANGE: No; I will keep going. An amendment was moved by Hon Rick Mazza. He did not want any exemptions to be granted, other than medical. That amendment was defeated. An amendment was moved by Hon Nick Goiran that the effectiveness of the bill be reviewed by the Minister for Health and reported on after the third anniversary of the bill, and that that review be tabled in Parliament within a time frame after the third anniversary.

Mr R.H. Cook: That is correct. There was one other change, I think to clause 2, around when the bill will come into effect, and that was essentially negotiated between the minister and Hon Nick Goiran.

Mr S.K. L'ESTRANGE: That is how the upper house dealt with the bill. It did its best to do its equivalent of our consideration in detail, and the bill is now with us.

I now move to the background to the bill. That was outlined to some degree in the minister's second reading speech today. It goes back to March 2017, when former Prime Minister Malcolm Turnbull requested that all jurisdictions implement a no jab, no play immunisation policy to form a nationally consistent approach. The national government linked no jab, no play to a rebate for children attending day care centres. I think that is what it was called; I cannot quite recall. If a child's immunisation was up to date, they got the rebate; if it was not, they did not get the rebate. That was also part of the federal government's attempt to improve the herd immunisation rates across the nation.

Ms S.F. McGurk: Some constituents in Fremantle, who are conscientious objectors, complained about that provision, but I let them know that I support vaccination and I think it is good for the community.

Mr S.K. L'ESTRANGE: Yes. We will get to the conscientious objectors in a moment. I understand that as a percentage, probably only around three per cent of people sit in that category. They can be very vocal. Achieving herd immunisation is probably done more through education and support than through conscientious objection, but we can cover that later tonight.

Since January 2019, childcare services, kindergartens and schools already have to report on the immunisation status of all students. It is good to have those statistics coming through, as of this year.

What are the changes? The purpose of the bill is to increase childhood immunisation rates in WA and for it to be linked to requirements for enrolment in early childhood education and care, which we also call the non–compulsory education years. The bill will amend the Public Health Act. A school, community kindergarten or childcare service

must not permit a child to enrol before the child's compulsory education period unless a child's immunisation certificate states that the child's immunisation is up to date. The child's Australian Immunisation Register record is considered up to date if they are fully age-appropriately immunised; if they have a registered medical—the minister indicated that lovely word "contraindication" —

Mr M. Hughes interjected.

Mr S.K. L'ESTRANGE: There we go; well done—to vaccination; or have acquired natural immunity to a particular vaccination under section 9(c) of the commonwealth Australian Immunisation Register Act 2015.

The bill provides for children experiencing vulnerability or disadvantage to be prescribed as exempt in the regulations. That is something I want to explore a little more tonight. We will be looking at that also during the consideration in detail stage. The Department of Health will request reports of children who are not up to date, because it is important that it knows what is going on with the vaccinations. We hope there will be a whole-of-government approach to catching up those people who are not immunised. The Department of Health will follow up with the families of these children to provide additional support in accessing local immunisation services. That follow-up is a really important aspect. The follow-up methods that we anticipate will be used are email and SMS reminders, and phone calls from public health units across WA.

The bill also provides for the Chief Health Officer to issue an alternative certificate for enrolment when a child's immunisation history statement cannot be used as evidence because of some atypical or unforeseen circumstances. Those circumstances are also listed, such as the temporary unavailability of a vaccine, the child has been vaccinated overseas, or the child is taking part in an approved vaccine study. I was incorrect earlier, member for Fremantle: it is estimated that that will apply to approximately 1.3 per cent of children, based on the national estimate from 2015. That is, it is estimated that 1.3 per cent of children will be affected by the bill, due to parents and guardians refusing to vaccinate their children. It is actually an even smaller number than I said before. I correct the record—it is not three per cent; it is 1.3 per cent.

What is the need for the change? I have already outlined that the need for the change is that we are failing to get that herd immunisation rate of 95 per cent. In jurisdictions around the world where that rate of herd immunity does not exist, disease can quickly take hold and affect pockets of the population before it spreads more widely. It is definitely necessary to work hard to achieve that herd immunity for a highly infectious disease such as measles. We need to make sure that the coverage in WA is better than in the rest of the country. That should be our goal. I am informed that medical exemption from immunisation is rare. As at December 2018, of the 8 944 children in WA aged between 60 and 63 months registered on the Australian Immunisation Register, only 24 had an approved medical exemption—so 24 out of 8 944. As members can see, the rate of medical exemption is very low.

What are the risks of not making the changes? Obviously, there will be a rise in the occurrence of disease. WA will remain below the national average. There will be the potential for increased occurrences of vaccine-preventable diseases. In June 2017, it was reported that Perth had one of the worst child immunisation rates in the country, so there is definitely a need to change. In April this year, it was reported that there was a surge in the number of measles cases in WA, with 16 cases since the beginning of the year, compared with two at the same time last year. There is already a pattern starting to evolve. If adults lose their immunity to measles, for instance, and do not get a booster, it increases the chances of the disease being spread in the population. It is therefore important that the population most at risk from these diseases, such as children, be properly immunised. I have some more notes. Groups with the highest number of measles cases were children under five, with 16 cases; teenagers aged 15 to 19 years, at 15 cases; and adults aged 20 to 39, at 62 cases. All of the young children infected with measles had not received a measles vaccination. As I quoted in the article before, the World Health Organization listed vaccine hesitancy as one of the 10 threats to global health in 2019.

The opposition supports the changes because they reinforce shared responsibility and promote the recommendations of the childhood schedule for immunisations. We accept that the exemptions are there because of the education purpose behind them—that is, to avoid compromising the access of under-vaccinated children identified as being vulnerable and/or disadvantaged to early childhood education. We accept the intent of that, but we are somewhat concerned about how the government will support those vulnerable children. I understand that one of the categories of vulnerable children is refugees. Often refugees to WA come with language and communication issues and they may not fully understand what immunisation is or how it works. We want to make sure that they get immunised as quickly as possible, particularly for things such as measles. Even though they will be exempt under the legislation to make sure that they still get their education, we do not want exemption to be an excuse to just let it go; rather, there needs to be a huge effort to support them in getting immunised.

Obviously, we are going to deal with vaccine refusers, who account for less than two per cent of people, as I said—1.3 per cent—but we should always make sure that they do not push the case too hard to create that vaccine hesitancy in the groups of the population who would normally take up vaccination. We want to make sure we keep

education levels very high on why immunisation is important. High immunisation rates in children should translate to reduced risks of vaccine-preventable diseases in childcare services, kindergarten programs and the community. Of course, the legislation targets children when they are most vulnerable, which is also important.

We have some questions about the bill. One issue, as I said before, is the exemption categories, especially for Aboriginal children. According to the 2019–20 state budget, the proportion of fully immunised one and two-year-old Aboriginal children was well below the proportion of non-Aboriginal children. For example, the immunisation rate for Aboriginal one-year-olds was 89.3 per cent, and for non-Aboriginal children of that age it was 93.7 per cent. For Aboriginal two-year-olds, it was 81.8 per cent, whereas for non-Aboriginal two-year-olds, it was 90.6 per cent—almost a 10 per cent difference. Fortunately, five-year-olds catch up dramatically. The vaccination rate goes to 94.9 per cent, compared with the non-Aboriginal rate of 93.2 per cent. I am guessing that that is because once they hit that age there is much more effort and energy in the community health groups that monitor Aboriginal groups throughout Western Australia to make sure the kids are immunised. Clearly, that take-up indicates that the parents are very supportive of their children being immunised.

Mr R.H. Cook: Anecdotally, I gather that because they have started to come into the education system, they are being intervened on at that point.

Mr S.K. L'ESTRANGE: At that point? It sounds like it too. It might also be a statistic that indicates that not a lot of Aboriginal children are getting into that early childhood education as well, if that is the case. That might be another whole-of-government approach to get them into kindy, learning things early, like other Western Australian children do, and then start those immunisations earlier than the compulsory school age population, where they are obviously being picked up. We are also advised by the Department of Health that the exemption aligns with the commonwealth Closing the Gap policy. It is a big issue. Obviously, we have Aboriginal children in metropolitan Perth and we have some living in an incredibly remote parts of Western Australia. Access to health care and clinics is a key factor.

We note that proposed section 141D(2) includes paragraph (d), which reads —

> the child is following a catch-up schedule prescribed by the regulations;

We have a question about that. There is no time frame for the catch-up schedule to be completed. Recognising that if it must be completed within 12 months, at the end of 12 months, if the child is at kindergarten, they are at the compulsory school age anyway, so if we do not catch them by then, we have missed them, in that sense, because we cannot exclude children from compulsory school, but we can exclude them, under this bill, from non-compulsory schooling. If we do not have a time frame that can try to be part of that education package, and part of that whole-of-government approach to ensuring that children get immunised, there is a possibility, particularly in those exempt categories, of them never having to, once they are in the school system at a compulsory age. We have a question about that.

We also recognise that, once the exemption has been granted, it is said that there will be follow-up from the Department of Health, but we could not identify an obligation on the Department of Health. We do not know whether the minister is going to create some sort of obligation in the regulations about time and responsibility, or a key performance indicator that is reportable—I am not sure. Although it is all well and good to have it as an intent of the bill, we are probably looking for something a bit more practical in how a group can be held accountable for making sure that it happens.

If the parents of the child meeting an exemption requirement are also vaccine refusers, for instance, they will not have to vaccinate their children, simply by virtue of meeting one of the requirements for exemption. That is a question, because the full exemption list provides a pretty good chance that those vaccine refusers could utilise one of those exemption criteria for themselves. They could shop for an exemption, for example, because one of the exemptions—I will get to all of them in a minute—is receipt of Centrelink payments. Maybe the minister could explain in his second reading response or during consideration in detail whether this covers all Centrelink payments. Is the child care rebate considered a Centrelink payment? I am not sure; maybe the minister could help me with that. If every parent who turned up to a childcare centre got the Centrelink payment and decided to use that as an exemption clause, it would defeat the purpose of what the government is trying to achieve, so I ask the minister to clarify that for me as well.

If we are not careful, the exemption groups in the bill might result in the legislation having limited impact on immunisation rates, particularly given that we are trying to increase what are, in the context of percentages, small percentages. If we are trying to increase the rate from 91 or 92 per cent to 95 per cent, I imagine that a huge amount of extra effort will be required to grab that extra few per cent to achieve that herd immunisation rate. I worry that if the exemptions are not monitored tightly, they might prevent the government from achieving the herd immunisation that it is looking for. Those are some of the questions we have about the bill. As the Minister for Health will note, they lead us to carefully look at the exemptions provided in the second reading speech. The

exemptions do not exist in the bill itself. People need to go to the second reading speech. I imagine the original second reading speech is no different from the minister's second reading speech, in terms of the exemptions. Is that correct?

Mr R.H. Cook: I assume not, member, although obviously you would expect that my second reading speech is slightly different from the one delivered in the other place.

Mr S.K. L'ESTRANGE: Yes, but in terms of the exemptions —

Mr R.H. Cook: In terms of the exemptions, no, they have not changed.

Mr S.K. L'ESTRANGE: I will step the chamber through the exemptions because they are quite extensive and they highlight the questions that I just outlined. It is proposed that exempt children will include Aboriginal and Torres Strait Islander children under the Children and Community Services Act 2004. The second group is children with an approved secretary's exemption from the commonwealth family assistance law childcare subsidy immunisation requirements, or an approved exemption from the additional childcare subsidy immunisation requirements due to be being at risk of serious abuse or neglect. The third group is children in need of protection under the Children and Community Services Act. The fourth group is children living in crisis or emergency accommodation; for example, those who are homeless or in an immediate housing crisis due to domestic and family violence or at risk of domestic and family violence. The fifth group is children evacuated from their residence as a result of a declared natural disaster under the Emergency Management Act. The sixth group is children who are in the care of adults who are not the children's parents due to exceptional circumstances, such as illness or incapacity. The seventh group is children placed in emergency foster care. The eighth group is children in the care of a parent who is the holder of an income support payment. The ninth group is children who are, or whose parents are, refugees, migrants or asylum seekers on humanitarian visas who have recently arrived in Western Australia; for example, the parents of such children may have limited English language skills, difficulty understanding the immunisation enrolment requirements or verifying any overseas immunisation records and/or producing an Australian immunisation record. Members can see that there will no doubt be groups or pockets of groups within those exemptions that are the exact groups that the government is trying to capture to go from, say, 91 per cent to 95 per cent. Creating those exemptions without proper follow-up is a key concern.

Those children who are exempt may be in the most need of being immunised. If we look further in the second reading speech, the minister states—

> The purpose of these exemptions is not for these children to remain under-vaccinated. Many of these vulnerable and disadvantaged children may be living in situations in which it has been difficult for immunisation to be prioritised. As such, the Department of Health has allocated resources to ensure that these families will receive additional support to catch up these children on missed vaccinations.
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> Children enrolled under an exemption will be followed up in accordance with the recently introduced requirements of the Public Health Regulations 2017. During term 1 of each school year, the Department of Health will request reports of children in childcare services, kindergarten programs and pre-primary whose vaccinations are not up to date. This will capture children enrolled under an exemption class who are unvaccinated. The Department of Health will use this information to follow up with the families of those children and to provide additional support in accessing local immunisation services as a means to ensure that they receive the missing vaccinations.

I suppose it is the intent of that paragraph in the second reading speech that leads me to think it might not be a bad idea to have written into the bill, in the proposed section relating to exemptions, that there must be a catch-up condition. Even with the best intent of education and support, if under the law they are allowed to be exempt, they have the right to say, "No I don't want to accept that education. I don't want to accept being told that I need to be immunised." I fear that that could come about due to the anti-vaxxers pushing a scare campaign, for example. We get the exemption from being refused entry to the school for education purposes. Maybe there needs to be a section in the act that says that those children are exempt from being refused entry to the school, subject to making sure that they take part in a catch-up program applied by the Department of Health. That way, they will not be missing out on their education, but there will be an accountability aspect to make sure that vaccination occurs.

The second order consequence if vaccination does not occur would be whether that meant they would be removed from school and be disadvantaged. That is probably a question the minister might like to answer. I do not know where he stands on that type of approach, given we are dealing with only that 12-month window for kids at kindy anyway. At least there is a two-year window for the ones who start at child care, but certainly the kindy window is pretty tight. I am interested in whether the minister thinks it will be worthwhile to include some aspect of that in proposed section 141D.

Proposed section 141D is the section I am most concerned about. It is titled "Immunisation or exemption a condition of enrolment" and states —

(1) Unless a child meets a requirement of subsection (2), the person in charge of a school, community kindergarten or child care service must not permit the child to enrol in —

(a) the school, before the child's compulsory education period; or

(b) the community kindergarten; or

(c) the child care service.

Penalty for this subsection: a fine of $10 000.

(2) A child meets a requirement of this subsection if —

(a) the immunisation certificate for the child states that the child's immunisation status is up-to-date; or

(b) the immunisation certificate for the child states that the Chief Health Officer is satisfied that, but for a circumstance mentioned in section 141C(1)(a), the child's immunisation status would be up-to-date; or

(c) the immunisation certificate for the child is a document, or a document belonging to a class of documents, declared to be an immunisation certificate under section 141C(4); or

(d) the child is following a catch-up schedule prescribed by the regulations; or

(e) the person in charge is satisfied that the child is an exempt child.

If we focus on just proposed subsection (2)(d) and (e), we could tighten paragraph (d) by saying, "the child is following a catch-up schedule prescribed by the regulations within 12 months of enrolment." That is by way of an example for the minister to explore. Paragraph (e) could also be amended, for example, to say, "the person in charge is satisfied that the child is an exempt child and the child is following a catch-up schedule prescribed by the regulations within 12 months of enrolment." If we made those two changes to paragraphs (d) and (e), that would certainly make that exemption aspect of the legislation much more robust. It would therefore put the onus on the health department and on the carers of the child to work together to achieve that outcome.

At the moment, I fear there is a loophole if the anti-vaxxers, for example, got to those kids' parents or carers and convinced them to not vaccinate those children. If that happened, it would make it quite difficult for us to get to 95 per cent herd immunisation. To conclude, the efforts to build a herd immunity in our communities in WA to dangerous vaccine-preventable diseases are, of course, very important and ongoing. It is not something that we should see as a goal. It is what I believe we should see as just something that exists. We should just have it and maintain it and always educate the community about the reasons to maintain it and look at really effective education programs linked to that.

We support the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019 and I commend the bill to the house.

DR D.J. HONEY (Cottesloe) [8.50 pm]: I rise to speak to the debate on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019 and offer my support for it. I have a bit of a concern about the process. I will not dwell on this issue at length, but certainly the member for Churchlands and the member for Scarborough covered it in some detail earlier today. I can honestly say that one of the things I have enjoyed about coming to this place is the opportunity we have for a nuanced discussion of important bills and the opportunity to consider them in detail. We really go into the minutiae of bills, because it is important at the end of the day.

This bill will affect people's lives, with very substantial fines if people get something wrong. Obviously, the ultimate goal is to ensure that, overall, preventable diseases do not proliferate in our community. The way in which this measure is being introduced, with the compunction to complete debate on the bill tonight, means that we in this place—that is both sides of this house—lose the opportunity to go through that more nuanced discussion and, in particular, the detailed analysis of the bill. Really, we are relying on the fact that it has been drafted well, although obviously amendments have been made at short notice by our colleagues in the upper house. When we went through the Strata Titles Amendment Bill in this place, unintended consequences were clearly identified, and it also went through an extensive committee process in the upper house.

This is a complex issue for the community. I thought that one way of looking at it was to consider some concerns. A well-meaning practitioner who is a resident in my electorate expressed significant reservations about the bill to me. I had to go through a process of considering those, because this was a qualified practitioner and an educated person who was expressing concerns. I thought that that provided a good basis on which to air those concerns,

because it is not a black-and-white issue. The reality is that there are some contraindications for immunisation. Equally, there are enormous community benefits of having the required herd immunity. It is not fair to label everyone who has concerns about the bill as an anti-vaxxer. As I say, I support the bill. I think, overall on balance, it needs to be supported. But I thought it was equally fair to air some of the concerns of some people about the bill.

The first point the resident made was about the lack of medical exemptions available for mandatory vaccination. The medical practitioner was concerned that the scope for the contraindication had been narrowed over recent years to exclude a number of valid medical conditions, and that would place a child at high risk of an adverse event. This medical practitioner seemed to have the view that those contraindications were predictable and that a medical practitioner could identify them. The concern that the practitioner expressed was that the scope has been narrowed to disregard the individual doctor as being able to best ascertain the validity of medical contraindications for vaccination. My response to that—it is a response that I have also heard from members in this place—is that there is a general fear in the Department of Health that medical practitioners can be overly influenced by the wishes of their patients and that sometimes they may be influenced more by the patient's concerns, not by legitimate medical concerns. Obviously, I cannot pass any professional comment on medical contraindications. However, I have great faith that our Department of Health has looked at that in detail and it is covered in this bill.

This constituent also expressed the opinion that to exclude a child from government-funded kindergarten or privately funded early childhood education based on their compliance with preventive medical treatment is against human rights law. They went on to say that it is equivalent to coercion and that medical consent cannot be provided for any medical treatment under the influence of coercion, and that the consent would be rendered invalid in that case and the treatment could not be provided. I do not think it is as black and white as that. I think there is a balance of rights in this case. For example, I do not believe that it is a right for people to knowingly or carelessly expose others to the risk of disease, especially if they put at risk people who, as this person highlighted, cannot be immunised. As is indicated in this bill, some people simply cannot be immunised. It is a small group, but I do not think there is a right to expose those people to disease. One of the prices of living in a close society such as ours is that we all forgo certain rights. We do that because there is a balance of benefits for us, such as personal security, access to services, economic benefits and the like. As is often the case, we use a formal process to try to codify that. In this case we are using the formal process of a bill in our Parliament to codify that, with penalties for noncompliance. It is inevitable that there will be a diversity of opinions on exactly what is the right balance.

The third main point that this constituent made was that the vaccination rate currently sits at approximately 95 per cent, which was the target for effective herd immunity, yet we still see outbreaks of these diseases. It would seem that herd immunity is not the only factor that needs to be addressed and that other factors need to be considered in the transmission of disease. I am interested whether there are any comments on this. I know that we are not going to have an extended debate this evening for the reasons that have been well outlined. I am not sure of the causes of outbreaks. My anecdotal experience is that some outbreaks seem to result from visitors who come from countries with very poor immunisation practices, which may highlight the need to make sure that we have a strong focus on immunisation for new residents coming to our state. I noted in the member for Churchlands' contribution that that appears to be a reason for someone not having to comply. If someone is coming from a country that has very low immunisation rates, it may be the very reason that we want to ensure compliance with immunisation. I appreciate that it is probably hard at short notice, but I would be interested to know whether the minister has any additional information about the nature of preventable disease outbreaks and whether they have been due to unimmunised people or immunisation failure.

It is clearly not a black-and-white issue. It seems fair to hypothesise that widespread immunisation is an overall benefit to our community and the individuals in it. Generally, this has been accomplished through voluntary measures. However, there has been a growing vocal opposition to vaccination—the so-called anti-vaxxers. That represents a risk to our previous good record in this space. I recognise that my constituent's objections to the proposed legislation that I have outlined are based on that person's own knowledge and concerns about human rights. There is a finite and small risk of allergic reaction to vaccines that can be life threatening. I am not at all sure whether this can be predicted for a given individual. I assume that if it can be predicted, that will be known to the health department and forms part of the legislation.

Allowing too broad a scope for objections runs the risk that collective individual choices not to vaccinate, whether or not supported by a medical practitioner, will lead to a proliferation of preventable diseases, threatening the health and possibly the lives of people who do not have that disease immunity. Living in a community such as ours inevitably means that we must make some compromise on individual freedoms and choices. There are ridiculous extremes for almost every circumstance, and as a society we make choices on how far we go in balancing decisions. Inevitably, it is a judgement call that does not have a simple binary answer. We have to come down on some position and, inevitably, it will not be perfect.

As I have already highlighted, in our discussion of the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019, we should respect the fact that some people who have concerns are not simply concerned because of some ideological conviction, but because they have legitimate concerns. We are very fortunate to be living in a country that has a very well-administered vaccination program and, I might say, an exceptional program for tracking adverse reactions. It is taken very seriously and monitored closely.

The federal Department of Health annually produces the "AusVaxSafety Summary Report", and it is well worth a read. It highlights issues with vaccines. For the sake of brevity I will not go through it exhaustively, but in Australia children receive vaccines for a number of serious diseases under the vaccination program. The key ages are two, four, six, 12 and 18 months, and four years. There is very active monitoring of that program. Between November 2016 and December 2017, 80 000 vaccination encounters were tracked and almost 60 000 responses were received. Of those, 87 per cent of parents and carers reported that their child did not experience any adverse events; 13 per cent reported an adverse event after immunisation, some of which were not necessarily related to the vaccination; and a very small percentage, 1.3 per cent, had taken their child to a doctor or emergency department in the days after the vaccination. The most common adverse events after immunisation were simply irritability and fever, and I think many of us will have experienced that when we have received our own vaccinations.

I will not go through this exhaustively. I think this is a good opportunity for members to read and inform themselves, because I will bet that members' offices will be contacted by people who have concerns about this legislation and it is good to be able to respond with some information. Out of 10 336 responses for vaccinations at two months, 90 per cent reported no adverse effect and 10 per cent reported effects that ranged from fevers and tiredness to a very small percentage—0.8 per cent—of significant adverse effects, with people reporting having taken their child to a doctor or emergency department after a vaccination.

Another useful reference for members in this place is from the Australian Academy of Science. It has a very simple, well-written summary of vaccination on its website under the heading, "Are Vaccines Safe?" The article outlines the benefits of vaccination and, more importantly, goes through in some detail the background and nature of adverse reactions. The overall conclusion, which we see in a number of areas, is that those reactions are minor. There has also been a really good study done on adverse reactions. I do not want to hold people up, because I know other members wish to speak tonight and we do not want a late night, like last night. It is a study from Finland that looked at twins. They did a study in which they gave one twin a vaccine and the other a placebo. Quite interestingly, the contraindications were effectively the same —

Several members interjected.

Dr D.J. HONEY: Yes, the kid without the vaccine lucked out! I assume they caught up.

Interestingly, the adverse reactions for the twin treated with the vaccine compared with the twin treated with the placebo were effectively identical. That tends to indicate that the contraindications from vaccines are most likely due to factors other than the vaccines themselves. If members' offices are flooded with inquiries, this article also covers whether vaccines, particularly the MMR vaccine, cause autoimmune diseases, allergic diseases and the like. These are the sorts of claims from anti-vaxxers that go around.

Ms C.M. Rowe: Do you support the anti-vaxxers in their fight?

Dr D.J. HONEY: No. I made that very clear when I spoke at the start of this presentation. I am indicating to members that there is good source material available that they can use when people approach their office. I am not sure whether the member has been listening to my contribution to the debate, but I made it very clear that I support the government in this legislation. If the member goes through the article from the Australian Academy of Science, she will see that it makes it clear that there is no scientific evidence to support those various claims, if for whatever reason the member is unsure about that.

It would be preferable if we could achieve the required outcomes voluntarily. Having compliance legislation like this is a bit heavy-handed in some regards, but I think members have made it very clear that despite the best efforts of health authorities, we do need to have a high level of compunction to get people to comply with vaccination. There is an opportunity, in conjunction with this bill, to pursue a high level of communication and public education on the net benefits of vaccination. These days, with the ease of communication through social media, it is easy to get out good stories, but it is also easier for people to get out misleading stories, because there is a very well organised and well-resourced anti-vaccination movement.

I have some concern about the scope of potential exemptions of certain groups that will be included in the regulations. Obviously, we will see that when we get to the regulations, although the minister has been fairly clear on what those exemptions will be. The member for Churchlands also went through those exemptions in some detail. My concern is that sometimes there is a thin line between legitimate concerns for a particular group and what ends up being discrimination, effectively, against that group.

[Member's time extended.]

Dr D.J. HONEY: I think there is that thin line and we need to be careful that we do not inadvertently—I know people are doing this for the right reasons—end up with groups in our community being at greater risk of exposure to and harm from disease. I believe that the member for Dawesville will cover that issue in a little detail. Otherwise, as I have indicated, I support the legislation. I believe, on balance, that this legislation balances the rights of the greater community not to be afflicted by preventable diseases, against the rights of individuals who may have particular concerns about compulsory vaccination.

MR K.M. O'DONNELL (Kalgoorlie) [9.08 pm]: I rise to speak on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. I would like to read two little contributions from people; one is for vaccination and one is against vaccination. The first reads —

> In 2012, I was diagnosed with Crohns Disease.
>
> This diagnoses was far from routine, at 30 years of age it was uncommon for someone to be identified as having this illness during this time of their lives.
>
> I was told by doctors that if it was left untreated I would have died from Crohns Disease within weeks.
>
> Crohns Disease is best described as chronic inflammatory bowel disease … It is characterized by inflammation of the digestive, or gastrointestinal … tract. Collectively referring to the mouth, oesophagus, stomach, small and large intestines, and colon.
>
> In fact, Crohn's can affect any part of the GI tract, but it is more commonly found at the end of the small intestine … where it joins the beginning of the large intestine.
>
> During a disease flare, inflammation in the gastrointestinal tract can become so severe that sufferers need to be hospitalised and/or require surgery.
>
> The conditions are largely unpredictable with significant variation in the degree and pattern of symptoms affecting each patient. The relapsing and chronic nature of the disorder has broader impacts on a person's emotional, physical and social wellbeing. Patients may also develop complications that are potentially life threatening, with links between IBD … and increased risks of colorectal cancer as well as the adverse side effects of treatment.
>
> More than 80,000 Australians live with these conditions …
>
> I was one of those people who was required to have surgery to remove the inflammation, and now have to attend regular specialists visits and required to take medication every day to avoid/minimise any more flares up …
>
> The medication I am taking is best described as an autoimmune drug …
>
> My Doctor described this as a disease that effects the immune system. The immune system thinks parts of the body … is foreign and it will attack it, trying to getting rid of any disease and/or virus. By doing this, it causes inflammation and pain.
>
> The drug (Azathioprine) prescribed to me lowers my immune system to stop the Crohns Disease from flaring. However, this also means that with my immune system lower, I am more susceptible than others to contract illness and viruses. If I do not take this drug, it is highly —

Likely —

> that my crohns disease will return and will need further treatment and operations.
>
> A simple common cold (cough, runny/blocked nose and sore throat) can turn into a flu (chest and throat infections, fatigue, high temperature, headache etc.) causing myself to become bedridden for days suffering anything from a sore throat to serious chest infections. I personally have nearly been hospitalised due to contracting the common cold …
>
> This time of the year, I am in hibernation trying to stay away from anyone who presents with any type of cold symptoms.
>
> All my immediate family and friends keep up to date with all immunisations and vaccines to help prevent themselves from getting sick, and to then spread the illness to others including myself.

The next example is a lady whom I met during my election campaign when I knocked on her door. The lady has six children, and when her sixth child suffered whooping cough approximately six years ago, the doctors said that no-one without a vaccination could be by the bedside of the child. The parents went and got vaccinated. That is when the trouble started. The husband got vaccinated and became paralysed as a result. He is still paralysed. She

is still looking after six kids, six years later. She works as well, trying to make ends meet for the family. She does not want her child vaccinated and I can clearly understand that from what it has done to her family.

In his second reading speech, the minister said —

> The purpose of the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019 is to increase childhood immunisation rates in Western Australia through strengthening the immunisation requirements for enrolment in early childhood education and care … to protect the Australian population from vaccine-preventable diseases …

I commend that. He continues —

> Immunisation is a safe and effective way of protecting individuals against serious infectious disease … protects individuals … reduces the spread of disease within a community … The higher the proportion … the fewer opportunities a disease has to spread.

He says that we have a —

> … shared responsibility to protect members of the community from serious infectious diseases … especially … those too young to be vaccinated and those unable to be vaccinated due to medical reasons.

That includes children who are immunocompromised due to illness or medical treatments. Can the minister guarantee that the children in classrooms will not be infected with any diseases by allowing unvaccinated kids to come in?

I refer to the exemptions. When I read the bill, I went to the briefing and was told that Aboriginal and Torres Strait Islander children were exempt, and at first I disagreed, but then I understood where they were coming from. However, I agree with the member for Churchlands. I understand why the government wants these various groups exempted, but I would love to see an amendment so that once an unvaccinated child presents at a school, they have 12 months to hop on board. I think that giving people 12 months to catch up is very fair. I am not a medical practitioner, and I do not know how many vaccines a person can safely have within a certain time, but it does not matter how much time people are given, people need to be vaccinated. I know that people will say that they are not interested and that kids will still present at school refusing point blank to have a needle. I do not think that is an excuse. I understand that certain people are disadvantaged and I am not saying that we should penalise them, but we need those disadvantaged children to be at school. I have seen firsthand what not getting an education does. But I firmly believe that we need a time frame. Once people, whether it be a child or their guardian, present to school and the child is not vaccinated, they must be given a time frame within which to have it done. If they choose not to, in my opinion we need to look at alternatives, because I do not think that it is fair on those who do the right thing. Some people will just say that they are not doing it—no. I dare say the minister could possibly sway me on this, but I disagree. I strongly urge the minister to bring in a time frame to make sure that all people are bound by the legislation. It might even possibly result in higher rates of vaccination. Why should Western Australia not be the leading state in Australia?

This bill does not disadvantage anybody, because if they are given a year, we might be able to educate them in that time. There are plenty of health providers throughout the state. They are out at Tjuntjuntjara, Warburton and Blackstone. Most Aboriginal and Torres Strait Islander people in communities look up to the sisters at nursing posts and listen to them. Hopefully, that is where we can get a lot more done.

Mr J.E. McGrath: Don't the Aboriginal people have a fairly high uptake?

Mr K.M. O'DONNELL: Yes.

Mr R.H. Cook: It's at around age five, I think—they were the figures that the member for Churchlands was quoting. It is actually higher than mainstream Australians at that point.

Mr K.M. O'DONNELL: It goes without saying that for children who are in the care of a responsible person or guardian, just saying no is not sufficient. I am curious about that. The minister probably does not have the figures to hand for the categories of exempt children mentioned in the second reading speech in paragraphs (a), (b), (e), (f) and (g), and we cannot include those in paragraphs (c) and (d). How many children does the minister envisage we are looking at? I do not expect an answer now.

Mr R.H. Cook: I will endeavour to have that in my reply.

Mr K.M. O'DONNELL: I have mentioned the catch-up. I would love to see that catch-up—the words that the member for Churchlands used—and a time frame.

I want to mention the immunisations that the schedule includes, which I looked up. They include diphtheria, inactive polio, measles, mumps, rubella, chickenpox, haemophilus influenzae, pneumococcal conjugate and

hepatitis B. I clearly understand why. When we look back to when Australia was first colonised, the Aboriginal community did not have any immunity to our diseases. They did not need to, not until the white man, or wetjalas, turned up. I support this bill, but I have spoken to people who do not. I hope that when the Chief Medical Officer is considering cases, commonsense prevails when someone presents a really good reason not to be immunised, especially after I have relayed the story about the woman who had had her sixth child and whose husband was paralysed when he was immunised and is now in a wheelchair for the rest of his life. I hope that in cases like that, commonsense will prevail and that professionals will work with the wife and the child. That is all at the moment. Thank you very much.

MR P.J. RUNDLE (Roe) [9.19 pm]: I wish to make a brief contribution on behalf of the Nationals to the debate on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. We are supportive of this legislation. We have been quite involved in the debate on this legislation. Some of our members in the upper house, Hon Martin Aldridge and Hon Colin De Grussa in particular, have been involved with the government in improving the bill with some amendments and ensuring that the exemption scenario is put into the regulations. I congratulate my colleagues on the work they have put in.

This legislation originated from the March 2017 edict from Prime Minister Malcolm Turnbull about no jab, no play. It is interesting that 2017 was this state's worst year for the immunisation of two-year-olds, with only 89.1 per cent immunised. That was probably the low point. Hopefully, we are now on a rising plane, and I would like to think that this legislation will improve that.

As other members have explained, the key to this bill is to get kids to the herd immunity level of 95 per cent. On a personal level, I am certainly in favour of vaccination. My children were all fully vaccinated many years ago. That should be the aspiration of all people in Western Australia. This bill strikes a delicate balance between the right to public health and the right to access early childhood education. It is quite a fine line. My concern is that in some ways, we are entering into the world of almost coercive health. The Minister for Health, and also the Minister for Education, because this bill obviously ventures into both those fields, need to be wary of that.

I now want to comment briefly on what took place earlier today when the member for Churchlands and the member for Scarborough talked about the process of this bill. It has been a bit of a rushed job. It is disappointing to me, as a relatively new member of this place, that we have almost been coerced into rushing this bill though for the 1 July deadline. This bill was read into the upper house quite some time ago. I agree with the comments of those members that this should have happened earlier. That would have given all members the opportunity to consider the bill, rather than have it come to this chamber at eight o'clock tonight with four amendments, and maybe more, with the exemptions in the regulations to come. I do not think the process was as good as it should have been.

As I have said, we need to be careful about entering into the world of coercive health. We need to encourage parents to get their kids vaccinated and use more of the carrot approach, rather than the stick. This legislation should be about more than just the stick. We also should not penalise kids whose parents are disorganised or do not have the capacity to vaccinate their children. Hopefully that will be covered under the exemptions in the regulations. Perhaps these measures will get some parents organised. I believe it has also come at the expense of either the childcare centre or the school being burdened with the responsibility of verifying the immunisation status of children. All of a sudden it has come back onto the childcare centre or the school to act as the policeman. It is a little like the Water Corporation, which has put some of its things back onto the local government, making it the policeman. This is a model that I do not like seeing this government go down. Some examples include that the childcare centre must take reasonable steps to get this information. The question is: what are those reasonable steps? I do not see that explained in this bill. I understand there will be financial penalties of up to $10 000 if schools or childcare centres allow an unimmunised child to attend, which I think is pretty harsh, to be honest.

The exemptions will be in regulations and will have to be signed off by the Chief Health Officer. I understand that in Victoria, which is more advanced in this field than WA, about 1.1 per cent of children are exempt. I must admit that is less than I thought. I looked at the list of exemptions and it is quite comprehensive. I am in agreeance with some of those exemption categories. I think that a couple of them are questionable. One of those would be children evacuated under the Emergency Management Act 2005 because of a natural disaster. I guess it depends how long the natural disaster lasts. Another one that is arbitrary is Aboriginal or Torres Strait Islander children being exempted. In some of the figures that I will present shortly, a lot of our Aboriginal children are right up there with their five-year-old immunisation status when they are compared with the rest of the population. I have a question about that. In my electorate and the town that I come from, Katanning, which has 42 different nationalities, there are obviously many refugees and migrants who have a limited understanding of the English language and the vaccination requirements and so on. I certainly understand that part of the exemption status.

Another thing that I worry about is the interactions between parents, schools, childcare centres and the Chief Health Officer. I would like to see a bit more clarity on that. The bill has a few little weaknesses that I would like to point

out. There is a problem with the record keeping. There is a vast array of documentation, including the Australian Immunisation Register's immunisation history statement, the myGov website, Centrelink, and of course the immunisation booklet. Parents take that booklet with them when they visit the doctor with their child, and the doctor fills it in with stamps, signatures and so forth—even the stamp from the vaccine phial. The question then is: are the records from that vaccination booklet always transferred across to the electronic records? Obviously, if there is a weakness and a breakdown in that process, parents will have to drag out that information so that it is picked up. To me, I have identified that as a bit of a weakness.

Another thing the Nationals WA have been instrumental in amending in the bill is the introduction of reporting requirements in proposed section 142A. This obviously applies to enrolments at either a community kindergarten or a childcare service before the child's compulsory education period. Proposed section 142A states, in part —

> (2) The accountable authority of the Department must include the following information in each annual report submitted under the *Financial Management Act 2006* Part 5 —
>
> > (a) the number of enrolments in the financial year to which the annual report relates that were of a child whose immunisation certificate did not state that the child's immunisation status is up-to-date;
> >
> > (b) in relation to the enrolments referred to in paragraph (a), the number that were of a child who, by the end of the financial year to which the annual report relates —
> >
> > > (i) has an immunisation certificate that states that the child's immunisation status is up-to-date; or
> > >
> > > (ii) is following a catch-up schedule referred to in section 141D(2)(d).
>
> (3) The information included in an annual report under subsection (2) must not include any information that identifies, or is likely to identify, any child to whom the information relates.

Our upper house members were instrumental in working with the government on that amendment. That is a good amendment, because those reporting requirements really can give us a good handle on what is going on in the world of immunisation.

Before I close, I will give a few figures that I think members might be interested in. They are statistics that have been quoted previously in the upper house. Firstly, the immunisation rate for two-year-old Aboriginal children decreased from 2017–18 to 2018–19 to a concerning 81.8 per cent. For non-Aboriginal children, the rate went from 89.5 per cent to 90.6 per cent in the same period. However, the data on five-year-olds is very interesting, because that is when we get to the age of compulsory education. This is what I referred to earlier on about Aboriginal children's immunisation rates. The immunisation rate for Aboriginal children goes from 81.8 per cent up to 94.9 per cent. That is an excellent increase. That demonstrates the importance of compulsory education and immunisation through that period. In turn, that will reflect on the younger age group, for which immunisation rates will hopefully increase. The rate for non-Aboriginal children goes from 90.6 per cent to 93.2 per cent. In the five-year-old age group, Aboriginal children have an immunisation rate of 94.9 per cent and non-Aboriginal children have a rate of 93.2 per cent. That is very interesting. As I said, that is why I made those comments that the exemptions broadly including Aboriginal and Torres Strait Islander children are a bit dubious.

In closing, the Nationals in majority support the bill. I certainly think that vaccination is very important and we should build up our child community vaccination levels to around the rate required for herd immunity. Obviously, there are different points of view and there are reactions at times, but in the majority I think it is important. It is important that we maximise our enrolments. It is very important legislation in general. As I said, maybe "coerce" is not the right word, but it makes parents think about it at that younger age group, and then they have got the choice. Do they want to put their kids into child care or school at that very young age? This is where they have to make that choice. That is pretty important.

One thing that is a little bit concerning to me is the time frame. The intent is to pass the bill by 30 June and have it proclaimed by 1 July. My understanding is that if someone has already enrolled their child for school next year—that is, prior to this legislation going through—they will not be covered by this legislation. That is a weakness in the timetable. Obviously the majority of enrolments for next year will be taken in term 3. It is also a bit concerning that the government has been advertising this legislation on the radio, as picked up by Hon Martin Aldridge last week, when the legislation has not even gone through. The Minister for Health might like to check that out, but that was picked up a week or two ago.

Mr R.H. Cook: Was it advertising, or was it canvassing current affairs?

Mr P.J. RUNDLE: It was radio advertising.

The Nationals support this bill, and I congratulate our upper house members for their work in helping with various amendments. I will leave it at that.

MR Z.R.F. KIRKUP (Dawesville) [9.36 pm]: I join with the opposition in supporting the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. At the outset, I have guaranteed the member for Hillarys that I would say that I look forward to the day when I will be in a position to vaccinate any children I might have. I think the language that the member for Hillarys wanted me to use was "Can't wait to vaccinate." I think we can use that.

Several members interjected.

Mr Z.R.F. KIRKUP: My contribution will be very brief here tonight, member for Armadale—do not worry about that.

Effectively, I want to add to the comments made by a number of members of the opposition, in particular the member for Roe, in his concern for the inclusion of Aboriginal and Torres Strait Islander children as an exemption. I echo the comments that he made. A number of speakers on this side have mentioned that, and it is worth highlighting again. For the purposes of the exemption, the second reading speech refers to Aboriginal and Torres Strait Islander children as defined in section 3 of the Children and Community Services Act 2004. The definitions read —

> ***Aboriginal person*** means a person who is a descendant of Aboriginal people of Australia, and ***Aboriginal child*** has a corresponding meaning;
>
> ***Torres Strait Islander*** means a person who is a descendant of the indigenous inhabitants of the Torres Strait Islands, and ***Torres Strait Islander child*** has a corresponding meaning;

According to the second reading speech, we are seeking to include them in the categories of proposed exempt children because they are experiencing vulnerability or disadvantage, and may be disproportionately or negatively affected by the new immunisation enrolment requirements. As a number of us have canvassed in this place, the reality is that immunisation rates for Aboriginal and Torres Strait Islander children in Western Australia are exceptionally high—much higher than the statewide average, and that is something that is worth pointing out. As part of any exemption that may be required, we need to understand the impact that that might have on the adult population. We know that Aboriginal people are more prone to hospitalisation and death from vaccine-preventable diseases. If we look at the rate ratio, it is actually quite significant. Compared with a non-Indigenous person, there is 33.5 per cent more likelihood of an Aboriginal person being hospitalised for diphtheria and 1.6 per cent more likelihood of an Aboriginal person being hospitalised for hepatitis A. These are Australian statistics. They are also 2.2 per cent more likely to contract hepatitis B, 4.6 per cent more likely to contract influenza and develop pneumonia, 1.8 per cent more likely to contract measles, 2.2 per cent more likely to contract meningococcal disease and 5.1 per cent more likely to contract mumps. The numbers are much higher for a number of viruses that I will not even try to pronounce in this place! They are 1.8 per cent more likely to contract rubella and 0.9 per cent more likely to develop tetanus. The reality is that if we look at the Department of Health summary, Aboriginal people are a lot more vulnerable when it comes to the likelihood of being hospitalised and perhaps, unfortunately, dying as a result of a vaccine-preventable death.

I have concerns about exemptions applying for a particular group of people who are more prone to contracting those diseases, possibly with fatal consequences. It is not something that I think any of us in this place would want. In that context, when we consider the coverage rate for immunisation in Western Australia, as the members for Churchlands and Roe pointed out, there are above-average levels of Western Australian Aboriginal children being vaccinated. In fact, the data that the member for Roe quoted was Australian data. When we drill down further, the rate is 94 per cent for Aboriginal and Torres Strait Islander children aged five, and it goes up another 1.3 per cent for Western Australian Aboriginal children. As at December 2018, the coverage rate in Western Australia is 95.31 per cent for Aboriginal and Torres Strait Islander children aged five years, so it is already very high across the country and much higher again in the state of Western Australia. Quite clearly, that shows that the highest penetration of vaccination is much higher than any other geographical cohort across the state, and I would argue that it is quite enviable. We have a very vulnerable population when it comes to the impact that a vaccine-preventable disease might have on a particular group of people, yet this legislation is seeking to impose exemptions for that group, which suggests that perhaps they are not required to get vaccinated. That is a real concern. I understand that remoteness might be a considerable factor for the government in seeking such an exemption. Of course, it would be very difficult in the Kimberley region, the midwest and the Gascoyne to operate such programs. When we look at it again, 96.68 per cent of Aboriginal children in the Kimberley aged five years are vaccinated, but in other places—I apologise in advance, member for South Perth—such as South Perth, only 89.06 per cent of five-year-olds are vaccinated. It is not a geographical issue in that respect so I worry when we talk about the need to exempt Aboriginal children. I realise that this legislation has been drafted with good intent and that it is reflective of the Council of Australian Governments' agenda. All of us in this place support the legislation. We want to make sure that across the state of Western Australia, we have the best immunisation and vaccination rates. My concern is the

extrapolated effect of exempting a particular cohort that is very vulnerable when it comes to the likelihood of being hospitalised and perhaps dying as a result of a vaccine-preventable death.

I hope the minister fleshes some of that out given the nature of the concerns raised by members in this place about that exemption. It is something that we should keep in mind as we go forward because, quite clearly, when it comes to a geographical concern, it does not necessarily exist. As the members for Fremantle and South Perth pointed out, that rate probably reflects the more conscientious objectors who, for whatever reason, do not want to vaccinate their children. When it comes to exempting particularly Aboriginal and Torres Strait Islander children aged five, it is not necessarily a requirement because they enter the school system in which there are high levels of vaccination. I am not sure that an exemption is warranted. If the flow-on effect is pursued—if we play that tape forward—and exempt Aboriginal and Torres Strait Islander children, there will no longer be a requirement to be vaccinated. If they go on to live a long and happy life, the reality is that, as they get older, they might be more likely to contract a vaccine-preventable disease. They could possibly end up in hospital and be more likely to die. That is something all of us want to avoid. That is the very tenet of this bill, and I hope the minister can provide some more information to the house. I suspect it is a Council of Australian Governments decision, as the member for Churchlands pointed out, as part of the Closing the Gap commitment. I am keen to understand what that looks like. Perhaps it reflects some other jurisdictions that do not have quite the coverage rates that Aboriginal and Torres Strait Islander children in Western Australia do. I look forward to the minister providing information to us as part of his contribution this evening, and I thank other members of the opposition for their contributions and look forward to supporting the bill.

MS M.M. QUIRK (Girrawheen) [9.45 pm]: This is an important bill and I do not want to delay its progress. However, the minister has kindly permitted me to say a few words based on a family experience.

The Public Health Amendment (Immunisation Requirements for Enrolment) Bill focuses on the immunisation of children. I want to mention that even with adults, there is no room for complacency and there is an ongoing need to ensure that immunisations are up to date. Just the other day, I was in a GP's waiting room and a woman announced loudly to anyone who cared to listen that she had to get an immunisation or her daughter would not permit her to come near her first grandchild.

In November 2012, Chloe Armstrong was born in Melbourne. Chloe's mum is my niece Eleanor. A few days after returning home, Chloe developed symptoms initially thought to be bronchiolitis. On further examination, tests being taken and a worsening condition, it became clear that Chloe had whooping cough. As we have already heard, babies are susceptible to pertussis because they cannot be immunised until they are six weeks old. Chloe caught the disease from her mum. It was not widely known that even if an adult had had a whooping cough vaccine, they must get a booster after the age of 19, nor was the practice in Australia at that time to vaccinate pregnant women, but more on that shortly.

Chloe ended up in intensive care and spent five weeks in hospital, returning home only on Christmas Eve. Seeing one's tiny baby struggling to breathe and in distress must be terrifying and heart-rending for parents sitting vigil for days and weeks on end. Fortunately for Chloe, with the aid of high-flow oxygen over many weeks, she survived. Baby Chloe and her dad, David, appeared on the Good Friday appeal on Melbourne TV raising money for the children's hospital the following year, to thank those who had cared for her and also to spread the word of the necessity to immunise and update vaccinations. Today Chloe, almost seven, is a lively, delightful individual who keeps her parents and younger brothers on their toes.

On the other side of the country, here in Perth three years later, another baby, Riley Hughes, was not so fortunate. Riley was only 32 days old when he died of complications from whooping cough at Princess Margaret Hospital for Children. Since his sad passing, his mum, Catherine, has campaigned assiduously for vaccination of pregnant women as had been done for some time in the US, which also ensures that newborns have immunity from the time of birth. Catherine also established the Immunisation Foundation of Australia.

Due to Catherine Hughes' tireless work, whooping cough cases have fallen 20 per cent since the tragic death of Riley. Two days after Riley's death, the then state government announced the introduction of a program in which third trimester shots were offered free of charge to pregnant women. Other states have followed WA's lead and now all states and territories have free whooping cough booster shots for expectant mums. In the words of Catherine Hughes, "Throughout all of this, we still mourn the loss of our beautiful baby boy. As a family, we have survived this tragedy from the enormous wave of support we have received and still are receiving through our quest to ensure that Riley's passing was not in vain, by educating families on the importance of vaccination." On behalf of the community, I thank Catherine Hughes for her considerable efforts, made even more remarkable when undertaken at the time of such sadness and awful grief. With the increased rollout of immunisation, there has been created what is known as herd immunity. This connotes that fewer people have not been vaccinated and those who have not been vaccinated are less vulnerable to a disease because the chances of exposure have been minimised.

In recent times, we have seen in various parts of the globe measles outbreaks. I will conclude with the recollections of famous children's author Roald Dahl. He is well known for his fictional cautionary tales. This, however, is a true account of the death of his daughter Olivia from measles. He wrote —

> Olivia, my eldest daughter, caught measles when she was seven years old. As the illness took its usual course I can remember reading to her often in bed and not feeling particularly alarmed about it. Then one morning, when she was well on the road to recovery, I was sitting on her bed showing her how to fashion little animals out of coloured pipe-cleaners, and when it came to her turn to make one herself, I noticed that her fingers and her mind were not working together and she couldn't do anything.
>
> 'Are you feeling all right?' I asked her.
>
> 'I feel all sleepy,' she said.
>
> In an hour, she was unconscious. In twelve hours she was dead.
>
> The measles had turned into a terrible thing called measles encephalitis and there was nothing the doctors could do to save her …
>
> … there is today something that parents can do to make sure that this sort of tragedy does not happen to a child of theirs. They can insist that their child is immunised against measles. I was unable to do that for Olivia in 1962 because in those days a reliable measles vaccine had not been discovered. Today a good and safe vaccine is available to every family and all you have to do is to ask your doctor to administer it.
>
> It is not yet generally accepted that measles can be a dangerous illness. Believe me, it is. In my opinion parents who now refuse to have their children immunised are putting the lives of those children at risk …
>
> Here in Britain, because so many parents refuse, either out of obstinacy or ignorance or fear, to allow their children to be immunised, we still have a hundred thousand cases of measles every year.

This was written in 1986 —

> Out of those, more than 10,000 will suffer side effects of one kind or another. At least 10,000 will develop ear or chest infections. About 20 will die.
>
> LET THAT SINK IN.
>
> Every year around 20 children will die in Britain from measles.
>
> So what about the risks that your children will run from being immunised?
>
> They are almost non-existent. Listen to this. In a district of around 300,000 people, there will be only one child every 250 years who will develop serious side effects from measles immunisation! That is about a million to one chance. I should think there would be more chance of your child choking to death on a chocolate bar than of becoming seriously ill from a measles immunisation.
>
> So what on earth are you worrying about? It really is almost a crime to allow your child to go unimmunised.
>
> …
>
> Incidentally, I dedicated two of my books to Olivia, the first was ***James and the Giant Peach***. That was when she was still alive. The second was ***The BFG***, dedicated to her memory after she had died from measles. You will see her name at the beginning of each of these books. And I know how happy she would be if only she could know that her death had helped to save a good deal of illness and death among other children.

These highly personal accounts of Catherine Hughes and Roald Dahl would touch the hardest of hearts and are compelling evidence of why these laws are needed. I commend the bill to the house.

MR R.S. LOVE (Moore) [9.53 pm]: I rise to speak on the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. I would like to commence by outlining a little bit about immunisation that was published by Unicef, an organisation devoted to the rights of children. Unicef has an immunisation program and the aim of that program is to ensure that the right of every woman and every child to immunisation is fully realised, with priority given to the vulnerable. Immunisation, according to Unicef, is the most effective child health intervention. Every dollar spent on immunisation yields $US44 in economic benefits. That includes savings on medical costs and productivity loss. This is worldwide; it is not talking about Western Australia. Today, 1.5 million children die each year because they were not vaccinated and 30 per cent of deaths of children under five are from vaccine-preventable causes. An increased investment in immunisation in low and middle-income countries could avert up to 36 million deaths and 24 million cases of impoverishment due to medical costs. In the face of those figures, I would have to say that I am not by nature an anti-vaxxer. All of my own four children have been vaccinated. I have a granddaughter

who is six months old and is a cystic fibrosis child, so I undergo a rigorous vaccine program at the moment or I would not be allowed to see my granddaughter. I certainly understand the value of vaccines.

I must admit that my view of the world, which was quite firmly established, was somewhat turned on its head by an encounter I had with a constituent who is a mother. She is an articulate and very convincing person. I know that she is completely dedicated to the welfare of her children. She sent me an email and I subsequently met with her. I had not met her before, but I knew her mother quite well. She is a very respected figure in her community and is a member of the local government. Their family are longstanding members of the community in their district and are very well respected. I have every respect for this lady. She wrote —

> I just learned about a No Jab No Play policy the government is considering rolling out in WA
>
> I had no idea this was even on the agenda, the government certainly have done a good job keeping the fact that they are trying to take some of our health rights away …
>
> I have a 3 year old in pre kindy who is not fully vaccinated and will never be. She loves school and is really looking forward to going to kindy 3 days a week next year.
>
> What can we do to protect our health rights. I feel sick to my stomach that firstly I vaccinated my older kids without researching or being given informed consent and secondly that the government is considering taking further action to reduce our rights when it comes to our health.
>
> Honestly I'm feeling rather devastated that this maybe happening here. Makes sense now why the school just last week was asking if I was going to update my child's vaccinations, in preparation for what I'm assuming the government is hoping will exclude my healthy child from school next year if they get their way, because she is apparently a threat to society. Well that is how it feels.
>
> Sorry for the long somewhat emotional email, but I would really like to be able to help protect our health rights in any way possible.
>
> When there is a risk there should always be a choice …
>
> I really can't believe this is … happening in Western Australia and I would be very grateful for any help or advice on how we can go about protecting our rights. Not getting full family tax benefits is something I was more than prepared to accept but being excluded from society is wrong on a whole other level.

The child she refers to is her youngest daughter—the youngest of four children. She explained to me that her son, the next eldest child, was a very happy and active child. He was vocalising very well and interacting very well with the family. She took him to have his vaccine—I believe it was the measles, mumps and rubella vaccine—and she made a note after the child received the vaccine that he had stopped talking after his vaccination and that ever since his development seems to have gone backwards, as has his behaviour. She has a very heartfelt concern that if she were to vaccinate her youngest child, the same thing would happen to her daughter, who is a very bubbly young thing and a beautiful young girl. She does not want to risk having that happen to her daughter. I can understand the wisdom and love of a mother who is concerned about the welfare of her daughter. She also told me that the infant health nurse she had consulted at the time and who had observed what had happened with her son supported her choice of not having the vaccine. However, she said she could not find a doctor who would put their name to giving her a medical exemption. She does not have a medical exemption, but in my view she has a very reasoned and supported concern about the effect that vaccination might have on her child.

That threw me a little, because until then I had been very firm in my views on this matter. As I said, although I still support the broad outcomes of vaccination, I do wonder whether the Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019 is not in some ways a bit harsh on the child. In effect, it will take away the child's social and educational opportunities because of the choices made by the parents. Unicef is a UN organisation, and I know that under the United Nations Convention on the Rights of the Child, a simplified version of Article 15 states —

> Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

This is where we come to the whole question of competing rights because the rights of the child compete with the desire to ensure that we reach the herd immunity target, although I think the community that this particular child lives in might be well up to the herd immunity target already. I also note that in the budget estimates process we discussed some of the indicators for immunisation. Generally, we see that there is a steady rise in immunisation as parents come into contact with the education system, because the immunisation levels at the age of two years are much lower than those at the age of five years, by which time children are presumably in the school system and are up to date with their immunisations.

I return to the concern that that mother has about her child, and for that reason I find that I cannot really support this bill, and I will not—not because I have a view that vaccination is evil or that it is some sort of mass poisoning of the entire population of the country, but because in circumstances in which a mother has observed an adverse effect on one of her children and does not want to see it repeated in her healthy youngest child, I am of a mind to support such a choice. I would not do anything to take away her choice in doing so.

I will just return to these other figures very briefly. It has been mentioned that vaccination rates for Aboriginal children are actually higher than those of the general population. Although that is true for children aged five years, it is not true for children of younger ages. At age two, Aboriginal children have a vaccination rate of only about 81.8 per cent, while for non-Aboriginal children it is 90.6 per cent. It would probably be beneficial if the government, instead of exempting Aboriginal children from this program, were to concentrate on ways of encouraging immunisation uptake at an earlier age. It is quite clear that Aboriginal parents are not opposed to vaccination; they are willing for their children to be vaccinated when they get to school and are in that system. I think the system needs to come to them at an earlier age and encourage vaccination at a young age, because we know that Aboriginal kids face disease risks. It would be a good outcome if we could speed up a healthy immunisation program for Aboriginal kids, if that is the choice of their parents.

The community of Mullewa in my electorate has a large proportion of Aboriginality. I attend what they call inter-agency meetings in Mullewa as an observer. The meetings are when the Departments of Housing, Health and Education, WA Police Force, public works and other groups come together to discuss the town's issues. It is hosted by the City of Greater Geraldton, which is the local government in Mullewa. In February 2018, an issue was brought to my attention at one of those inter-agency meetings, and I have since been in touch with the relevant minister and had some advice about how it could be dealt with. A question was raised about the registration of birth certificates. There had been a number of incidences of children not having birth certificates in Mullewa and then not being able to enrol at school or register with Medicare. Obviously, that would also mean that those children were not vaccinated. If a child's birth is not recorded, I can only imagine that they are not in the system for receiving vaccines. This was a common problem in the town, at that point at least. Through the office of the Attorney General we got on to a group involved in facilitating the registration of birth certificates, but it worries me that a child can be born in a health centre and leave without a birth certificate. There is something not quite right going on here, and I think a greater effort needs to be taken to ensure that parents are not leaving without a birth certificate. It was explained to me at that point that parents of Indigenous children are not following up on registering their children, as the $60 registration fee is a barrier. In the old days, this used to be done by the midwife or the matron at the hospital. That was a concern for people in Mullewa.

If we could do something to get on top of situations like that, so that groups that are significantly under-vaccinated at certain times of their lives could have their vaccinations brought up to date, it would do more to combat the issue of herd immunity and some of the pretty real health issues faced by children in some of these communities, than concentrating on penalising a young child whose mother has made a thoroughly reasoned, I think, well-thought-out and completely understandable decision not to vaccinate her daughter. The ironic part of this situation is that when her child gets to preschool age, she will mix in with the rest of the kids in that district. In a year's time, after the kindergarten that was denied to her, she will be eligible to go to preschool, and she will in fact be required to go to preschool, and she will not be required to have her vaccinations up to date. Some pressure might be put on the parents, but given the situation, I know that will not amount to anything. What are we actually achieving here? One year. I do not know why this legislation is seen as somehow such a silver bullet towards achieving a higher vaccination rate in the community. I actually do not think that it amounts to anything other than to put a degree of pressure on parents who have made a conscious choice—many of them well-educated parents—not to be involved in vaccination. If they follow through with that choice, the only people who will suffer will be their children, not them. I think that is most unfair and, for that reason, I will not be supporting this bill.

MS C.M. ROWE (Belmont) [10.09 pm]: I also rise tonight to make a fairly brief contribution to the debate on the Public Health (Immunisation Requirements on Enrolment) Bill 2019. This very important bill amends the Public Health Act 2016 to implement a framework for new immunisation requirements before enrolment in childcare services, kindy and some pre-kindy programs and for children of school age. The bill will require that a child's immunisations are up to date or the child will not be permitted to enrol in any kind of child care, kindy or school program, which I fully support. The purpose of the bill is, as we have heard from other members, to increase the immunisation rate and in turn improve what is referred to as herd immunity against preventable diseases.

I am a mother of two young children who are both fully immunised and at early stages of their education. For me, it is a real priority to make sure that they are immunised to protect themselves and other people who are really vulnerable in the community. But it is also important that as many children as possible are in an environment that offers them the best protection possible against these communicable and life-threatening diseases. As a parent I want the risk of these diseases to public health to be as low as practically possible. Immunisation offers this

critical lifesaving protection, particularly to those most vulnerable in our community. As the member for Girrawheen mentioned earlier, that can include seniors as well as the really young people in our community.

As reported on ABC news on 14 December last year, WA had amongst the lowest immunisation rate in the country for children under five. This rate is sure to be improved once this bill is introduced, hopefully. The experience of other states in Australia with this no jab, no play legislation indicates that it works to increase the immunisation rate particularly for the under-fives and we will see a major increase for those for that age group. This bill provides the Department of Health and the Chief Officer with the power needed to make immunisation an imperative so that children do not suffer the consequences of their parents' decision not to immunise or not fully immunise the children. It also provides the department with the power to protect those sectors of the community that are more vulnerable and need the protection of herd immunity. Australian Medical Association WA president Omar Khorshid said —

> "We know if you get vaccinations up above 95 per cent then those who either aren't immunised for medical reasons or for whom the vaccinations don't work properly, then they will also get the benefit of all the other children being immunised," …

Such is the benefit, of course, of best practice herd immunity. It is there to protect everyone in our community. I think this year's flu season is a really good example of what can happen with really contagious communicable diseases when they take hold in our community. We have seen people pay the highest price and a lot of those have been very young children. As was reported in *The West Australian* on 18 June, in that week prior alone there had been 14 deaths, mostly elderly patients, who had contracted the flu, but we also saw very young children die as well. The number of cases presenting to hospitals is alarming. At the time of that report I just mentioned, there had been over 9 000 cases of reported flu compared with 1 400 cases for the same time last year. The majority of this year's cases reported were children aged between five and nine years. Understandably, there has been a rush to immunise against this year's flu strain because the public believes in the effectiveness of vaccines to protect them.

It is vital that as a state we turn around our immunisation rate. Our immunisation rate should be the highest in the country, not the lowest. I want to put on the record that I fully support the intention of this bill. I think it has potential to be lifesaving in its effect and I think that it is fair to say that the majority of the WA community and, indeed, my electorate support this bill. I wish to commend it to the house.

MR R.H. COOK (Kwinana — Minister for Health) [10.14 pm] — in reply: I would like to round off the debate by first of all thanking all members for their contributions this evening. I have been impressed, quite frankly, with the way in which people have considered the very complex issues associated with the immunisation of children and the vaccination rate of children in their pre-compulsory school years. Before I start, as I foreshadowed in the first reading, I would like to table a corrected explanatory memorandum, which accounts for new clause 12 that was inserted in the bill in the other place, resulting in a renumbering of the clauses that follow it. This was not picked up and I apologise on behalf of parliamentary counsel. However, that minor matter has now been corrected and we are ready to go.

[See paper 2555.]

Mr R.H. COOK: As a number of people have observed, this bill is about striking a balance between people's right to good public health and their right to early childhood education. This is essentially a process that we are entering as part of a national program to ensure that as a nation we lift the level of vaccination in our community to, as the member for Churchlands rightly observed, create herd immunity. He provided us with a very graphic account of the situation confronting the state of New York at the moment and what happens when we take our eye off the ball around public health and immunisation. What happens is that there are outbreaks of diseases that we thought were pretty much eradicated—in this case measles. We know that people can get the MMR vaccination and protect themselves from measles. As a result, we have been incredibly successful in reducing the number of preventable communicable diseases. However, if we are not constantly vigilant and not putting in new processes to maintain that, we will continue to find ourselves in these situations in which we begin to fall back as a community.

I understand, and in particular I take on board, the comments of the member for Moore. This is a question of curtailing one's individual rights, because it is balancing a person's individual right to not be vaccinated against the right of good public health. He acknowledged the UNICEF definition of the associated rights that do not impact upon the liberties of another individual. In this case, we are striking a balance. Obviously, where that balance should fall is always open to interpretation and debate. However, it is important that we take the opportunity to drive up vaccination rates in our community and achieve the 95 per cent mark that we aspire to and are aiming for.

A number of members talked about individual cases in which people identified adverse outcomes from vaccines. As the member for Cottesloe pointed out, numerous and multiple studies show that although it is a medical procedure, and any medical procedure has an element of risk, vaccines remain the most important and effective way of protecting the community from preventable communicable diseases. I want to acknowledge the member for Moore, although I note that in the example he gave, it was the mother's interpretation of the impact of that

vaccine that caused the developmental issues that she identified in her daughter. We do not know whether the vaccine was responsible for that or whether other issues were involved. We do know that science is on our side on this. We do know that the best way that we can protect our community is to drive up vaccination rates. That is why we have joined other states under the leadership of former Prime Minister Turnbull to take up this national approach, which is about making sure that we utilise the opportunity that pre-compulsory education provides to intervene, vaccinate, care for and make sure we bring kids' immunisation up to date.

The member for Moore said that he does not think this is a silver bullet. It is not. We know it is not a silver bullet. This is one measure, among many, in our journey, as members of our society, to get our immunisation up to date. It starts when we are born and get our vitamin K injection in our toe, and it continues when we go to the infant health nurse, when we go to our GP to get our vaccination update, and when we become involved in school-based vaccination programs. This is part of an extensive array of activities in our community to make sure that we protect each other. We live in this society together. We are all part of one community. Therefore, it is important that we all participate in this process.

I want to pick up on a theme that the member for Dawesville advanced, because this came up in a number of the comments that members made. It was suggested that an exemption will somehow mean that the child will be left alone. We will say, "Okay, you're an Aboriginal child, or a child from a refugee family, or whatever, and you're exempt and will not be subject to this public health campaign." In fact, it is the exact opposite. This is a targeted campaign around the most vulnerable people in our community. I do not want members to be fooled or distracted by the language that a child will be exempt. That does the mean that the child will be exempt from being cared for. It does not mean that the child will be exempt from being part of their school community. It does not mean that the child will be exempt from the public health education processes in their school. In fact, it means that the child will be the focus. Once we grasp that, it provides an opportunity for the Department of Health to work with that child's family to make sure the child is brought up to date.

Children enrolled under an exemption will be followed up in accordance with the recently introduced requirements of the Public Health Regulations 2017. During term 1 of each school year, the Department of Health will request reports of children in childcare services, kindergarten programs and pre-primary whose vaccinations are not up to date. This will capture children enrolled under an exemption class who are unvaccinated. The Department of Health will use this information to follow up with the families of those children and to provide additional support in accessing local immunisation services as a means to ensure that they receive the missing vaccinations. Communications with these families will provide information on where to access local immunisation services. The planned communications strategy includes email and SMS reminders to parents and guardians, and for public health units across Western Australia to contact the parents or guardians by phone. Members can see that rather than an exemption being a means by which the child is left alone, it is a means by which the child will be identified and can be worked with to make sure the child is brought up to speed.

The member for Moore said that the child of a conscientious objector should not be denied an education. That is true. This legislation is deliberately targeted at the pre-compulsory element of schooling. We do not believe a child's compulsory education should be penalised because of a decision made by their parents. If we are successful at the pre-compulsory stage in raising immunisation levels, we will achieve herd immunity. We will then know that when the child goes into compulsory schooling, they are protected, and ultimately other children in that community who are not vaccinated are also protected because they are part of that herd immunity.

It is important to understand that we do not want to penalise children's education. Because of that, this legislation is deliberately targeted at the pre–compulsory education period in someone's early childhood learning.

One of the issues that the member for Churchlands discussed was basically the catch-up schedule and how quickly that would take place. He asked whether we can exclude them once they are in school and we have not been successful at bringing them up to date. I want to emphasise that we consider the exempt children under those categories the most vulnerable in our community. Our new Australians—those people who are seeking refugee status—are the ones who will most benefit from being in that early childhood education. We do not want to compromise other aspects of their lives in that sense because this is a particularly vulnerable cohort. We want to work with them to make sure that we bring them up to date.

The member for Churchlands basically asked why we do not essentially have a grace period and a period of exclusion after that. I understand that approach. That approach has certainly been taken in other places. We have not gone that far. We do not think it is necessary. We believe that it simply delays the point at which the decision needs to be made—that is, being up to date or not, and exempt. It would add another layer of administration for the school, which could have a significant impact on planning for class sizes and operations.

Mr S.K. L'Estrange: Will the minister take an interjection?

Mr R.H. COOK: Yes, but just let me cover these points. Although government schools and kindergartens request applications well in advance, on the first attendance date not all parents comply with this request. Each school's circumstances are different and often depend on demand for places. A grace period in such instances is problematic. Further, for those who apply earlier but are not compliant, it would create uncertainty and have a knock-on effect to people waiting to get a place. Our approach has been to take a more nuanced and educative approach. The education department will work extensively with that child and their family to make sure that we can bring them up to speed. I have another section to read so the member for Churchlands' interjection now would be timely.

Mr S.K. L'Estrange: The minister has said that the follow-up obligation being placed on the school puts undue pressure on it administratively, particularly if it is a small childcare organisation. Would the minister consider an obligation put on the Department of Health so that when it receives statistics from that particular institution of those children who are exempt and are not immunised, that it works with that organisation?

Mr R.H. COOK: That is correct. That is indeed the way the legislation is crafted. The education department will provide the information to the Department of Health. It is then up to the Department of Health to reach out to those families and to provide those services.

Mr S.K. L'Estrange: I am talking about the grace-period approach; the responsibility for the follow-up in that period and the administration of it be with the Department of Health and not the actual school itself.

Mr R.H. COOK: Yes. I am advised that in Western Australia, it is considered more appropriate that the Department of Health will provide intensive follow-up with the families of children enrolled under the exemptions to ensure those children receive the missing vaccinations. It is very much on the Department of Health to ensure that it is successful. One of the suggestions from the Nationals, as the member for Roe pointed out, was that we include a reporting obligation on the Department of Health in its annual reports to make sure that it is indeed doing its job.

Mr S.K. L'Estrange: Which is also something I recommended.

Mr R.H. COOK: I acknowledge that, yes. From that point of view, I think we have the balance right. We have said that we are not going to have a grace period, because we do not want to lose these vulnerable people from our education system. We do not want them to drift away from a health system. Once we know them, we can work with them and bring their vaccinations up to speed.

Ms S.F. McGurk: Minister, also further to that point, can I just assure the member opposite that the education and care regulatory unit within the Department of Communities —

The SPEAKER: Member, could you get close to the microphone, Hansard have trouble picking you up.

Ms S.F. McGurk: — has been communicating with early childhood centres and through the family day care network to let people know that this is coming up. They were ready to arrange reporting anyway and I have not heard any concerns in the sector that there will be additional burden for them.

Mr R.H. COOK: The member for Churchlands also asked about exemptions for people on Centrelink payments. The exemption in place in New South Wales and Victoria is for a child in the care of a responsible person who holds any of the following: an automatic issue health care card issued under the Social Security Act 1991, a pensioner concession card issued under the Social Security Act 1991, or a card issued by the Department of Veterans' Affairs of a kind prescribed by the regulations in relation to the person's entitlement the treatment under the Veterans' Entitlement Act 1986. In my second reading speech I made a broad reference to social security cards, and the member was seeking clarification about what they were. They were the ones in that case.

I momentarily refer to the member for Kalgoorlie's question about the number of children. We think it will be around about 250, modelling on the experience in Victoria, with the proportion there at about 0.07 per cent of overall enrolments. On our early 2019 enrolments of about 34 000 to 35 000 we think there will be about 250 kids all up.

The member for Churchlands asked whether there was an obligation under the legislation to catch up. We are taking the educative approach rather than the punitive one because we believe that is appropriate for this vulnerable class of members of our community. I hope that covers most the points the member for Churchlands raised.

The member for Cottesloe gave a really good account of what he described as the balancing of rights—that is, the rights to public health versus the rights to early education. He described it as the balance of benefits, and I think that was a rather eloquent way to describe what we are doing here—that is, balancing the benefits of two important institutions in our committee. He also made reference to the importance of new Australians who come into our schooling system being up to date with our vaccinations. I wanted to assure the member, if he were here, that we have some early health services that work with new Australians to make sure they have access to those sorts of primary and community health opportunities.

The member for Kalgoorlie read out some very sad and compelling stories and I thank him for sharing those with the Parliament. I will not comment on the individuals involved. The member asked whether we could guarantee

that children would not get diseases from unvaccinated children in the class. No, we cannot. This is the magic that is medical science. I do not know why they call it "medical science". It is essentially stuff that we do, and over years of evidence we know what works.

The member for Roe posed a number of questions about his concerns with the legislation, although I acknowledge his early comment that he would support the bill and I thank him. Regarding the obligations on the institution or service, there will obviously be some additional requirements on them. They will need to collect the immunisation information from the enrolling student. They will also be required to explain the new policy to parents and guardians and administer its requirements, including determining whether appropriate documentation has been provided, and consider applications for exemptions. The service will make that call.

I think the member for Mirrabooka should sit in her place.

The service will require training in the obligations under this legislation —

The SPEAKER: Member for Mirrabooka, when you pass in front of the Chair you —

Ms J.M. Freeman interjected.

The SPEAKER: No, you did not. You yawned.

Mr R.H. COOK: The Department of Health will be responsible for training and support in that process, and guidelines will be made available on the Department of Health and the Department of Education websites. These guidelines will clarify the classes of children who are exempt, and will advise persons in charge—the managers of the service—how to assist parents and guardians to enrol their children under an exemption, should one apply. Where required, telephone and email support will also be available through the Department of Health. The proposed exemptions are considered factual, and should be able to be reasonably proven. Persons in charge of childcare services in kindergartens and schools will endeavour to integrate the immunisation enrolment requirement into the existing enrolment process. There is an obligation on these services. The member mentioned a $10 000 fine. That is for services that seek to withhold or falsify information on children's immunisation records. It is a harsh penalty, but it deals with some pretty deceptive conduct, and we think it is appropriate.

The member also raised the issue of people who are enrolling now. They are actually making application for enrolment, but the enrolments will not be accepted until the end of July. My lay understanding of the process is that they will be captured by these new laws, even though they are making themselves known to the school at this stage. Obviously, the school will be working with them to make sure that they are aware of these potential obligations.

The member also made a comment about the advertising that is going on at the moment. I can confirm advertising is going on at the moment, but it is not to signal that this law is coming into place. At the moment, centres already collect immunisation information, although if this bill passes, it will soon be a requirement of law. The actual script of the radio advertisement is —

> Is your child starting kindergarten or school next year? Make sure their immunisations are up to date. When you enrol your child you are required to provide your child's immunisation history statement to the kindergarten or school. Life-threatening infectious diseases, such as measles, can spread quickly in playgrounds and classrooms. To protect your child, free vaccines are available from your immunisation provider.

That is about encouraging people to have their vaccinations up to date. It is not saying, "You must have your vaccinations up to date, or you'll be excluded." I hope that clarifies that.

Mr P.J. Rundle: It is just bad timing, minister.

Mr R.H. COOK: I understand that we run those ads every year, as part of our normal public health campaigns.

The member for Dawesville made an important contribution, reminding us that five-year-old Aboriginal kids have very high vaccination rates. I would suggest that that is a reason for us to support these sorts of laws, because it shows, as the member for Churchlands highlighted, that in the earlier years the vaccination rates are low, but as the children start to come into contact with the education system, we get those rates right up there. This is a sign that this sort of process works, and it will be an important ongoing contribution to the public health of our community.

To put the member for Mirrabooka out of her misery in relation to the entertaining nature of my speech, I hope that, in my reply, I have been able to clarify a range of issues and genuine concerns that members have in relation to these laws.

This is important legislation. It is about striking a balance between a child's right to early childhood education and their right to enjoy good public health. It is part of an important national campaign, and I thank members for their support this evening.

Question put and passed.

Bill read a second time.

Leave denied to proceed forthwith to third reading.

Consideration in Detail

Clauses 1 to 7 put and passed.

Clause 8: Part 9 Division 8 replaced —

Mr S.K. L'ESTRANGE: I refer the minister to proposed section 141D on page 9, which is headed "Immunisation or exemption a condition of enrolment". Proposed subsection (1) reads —

> Unless a child meets a requirement of subsection (2), the person in charge of a school, community kindergarten or child care service must not permit the child to enrol in …

Proposed subsection (2)(a) states that a child meets a requirement of this subsection if the immunisation certificate is up to date. Proposed paragraph (b) refers to the Chief Health Office and proposed paragraph (c) refers to the immunisation certificate. I want to focus on paragraph (d), which states —

> the child is following a catch-up schedule prescribed by the regulations …

Because we do not have the regulations, all we have to go on is the minister's second reading speech so I will refer to the exempt children listed in the second reading speech and how they relate to paragraph (d). The first group comprises Aboriginal and Torres Strait Islander children. Can the minister explain how the catch-up schedule will apply to that subset?

Mr R.H. COOK: I thank the member for the question. The catch-up schedule does not relate to exempt children. These are children who would otherwise not be exempt. There may be some reason why a child's immunisation is not up to date, yet they are enrolled because they are part of catch-up schedule regime. The catch-up schedule would be planned by a recognised immunisation provider in accordance with the Australian Immunisation Register handbook. These are kids who have come to our attention, but rather than exclude them, we will obviously bring them up to date.

Mr S.K. L'ESTRANGE: Just to confirm, proposed section 141D(2)(d) relates to children who do not come under an exempt category; they will not have their immunisation up to date and they are on a catch-up schedule. Is that correct?

Mr R.H. COOK: Yes. They are already on one.

Mr S.K. L'ESTRANGE: Proposed paragraph (e) underneath states —

> the person in charge is satisfied that the child is an exempt child.

Can the minister explain to the house, apropos his second reading speech, how exempt Aboriginal and Torres Islander children will be administered or their parents or carers educated to get their immunisation commenced as soon as possible?

Mr R.H. COOK: I thank the member. I appreciate this, because this is an important part of the process. Children enrolled under an exemption will be followed up in accordance with the recently enacted requirements of the Public Health Regulations 2017. During term 1 of each school year, the Department of Health will request reports of children who are not up to date with their vaccinations and enrolled in childcare services, kindergarten programs and pre-primary. This will capture children enrolled under an exemption class who are under-vaccinated. With this information, the Department of Health will follow up with the families of these children to provide additional support in accessing local immunisation services as a means to ensure these children receive the missing vaccinations.

The communications with these families will provide information on where to access local immunisation services. The planned communication strategy includes email, SMS reminders to parents and guardians, and public health units across WA contacting parents and guardians by phone and working with them intensively to bring their child up to date.

Mr S.K. L'ESTRANGE: I thank the minister. No doubt that answer covers the exempt children outlined in his second reading speech. Regarding the Aboriginal and Torres Strait Islander group, we have seen some statistics for one-year-olds, two-year-olds and five-year-olds, so we understand how it goes from the group being under-represented in immunisation statistics through to being exemplars in the context of other groups at this point

in time. I am satisfied that we, as a community, are creating the catch-up for that subset. I move to the next group—children who are in need of protection as defined in the Children and Community Services Act. I have not seen any statistics on this subset. Can the minister explain the immunisation rates for and number of children in that subset?

Mr R.H. COOK: We do not have specific numbers for that, but I can say that when a child enters Child Protection's care, they receive a medical check within 20 working days. Child protection workers provide health background information to the GP or health professional about the child, including their immunisation status. They will get this information from parents and/or the Australian Immunisation Register. The GP or health professional can then provide any vaccinations that have not been done or put them on a catch-up schedule. The point being made is that these are vulnerable children, so we do not want this legislation to exclude them from school for any reason, but we are confident that this is a particular cohort of the community with whom we are working very intensively.

Mr S.K. L'ESTRANGE: Can I assume from that answer that a number of these children who are in need of protection may in fact be under the care of a non-parent? Does the non-parent who is caring for the child have the authority to make them follow the catch-up schedule?

Mr R.H. COOK: I am not an expert on community services, but, yes, essentially that guardian will become the responsible person for the purposes of this legislation.

Mr S.K. L'ESTRANGE: Can that responsible person compel the child to be immunised?

Mr R.H. COOK: That person would work in conjunction with the Department of Communities around the overall welfare of that child.

Mr S.K. L'ESTRANGE: So they would not need to seek the permission of the child's biological parents to achieve the immunisation.

Mr R.H. COOK: That would depend entirely on the nature of that child's care by the Department of Communities. The member will understand that children come into care for a whole range of reasons—some from difficult circumstances and some from less traumatic circumstances. I assume that that would depend on the individual child involved.

Mr S.K. L'ESTRANGE: I move on to paragraph (c) of the minister's second reading speech, which refers to a child who is living in crisis or emergency accommodation. Does the minister have an idea of the number of children in that category, on average or at a point in time, who would require some special catch-up immunisation, even though they are exempt under the legislation?

Mr R.H. COOK: Again, similar to the earlier category, we will not have numbers on that specific cohort. One of the benefits of following the Victorian model is that we have the overall numbers that fit within the cohort that we are talking about in general terms, which is about 0.7 per cent of overall enrolments. It is not broken down by those specific cohorts.

Mr S.K. L'ESTRANGE: I cannot imagine that in Australia a child would be living in crisis or emergency accommodation for a prolonged period. Correct me if I am wrong, but I assume it might be for a period of time but not forever. Is this just to cover them while they are in that accommodation, and once they are no longer in that accommodation, they would no longer be exempt? How will that process work? How will they go from being exempt to not being exempt if they are no longer in crisis accommodation?

Mr R.H. COOK: I think we can assume that the kids who are part of this have some pretty complex needs and they would likely be picked up under other elements of the exemption status. In addition to that, if they are in crisis care, it may be that they are away from their usual housing arrangement; for instance, they may have gone to live elsewhere for a period—a number of months—so they would be in a different school. These are kids with complex needs. We do not think it is appropriate that this legislation in any way causes their early childhood education to be interrupted.

Mr S.K. L'ESTRANGE: I move to paragraph (d) of the second reading speech, which refers to a child who has been evacuated from their ordinary place of residence because of a state of emergency. I gather that that could be a bushfire, a flood, an earthquake or a cyclone—some form of disaster—that takes them away from their ordinary place of residence. Under this legislation, they would be exempt from having to fulfil the immunisation requirements. Once the storm, for want of a better word, has passed and they and their family return to some sense of normality, which may take a few months, will they remain exempt when things get back to normal?

Mr R.H. COOK: The member used the word "storm". That is probably a very good example. When I read this provision I thought of kids who had been impacted by bushfire. Maybe the school had burnt down, or they have moved away to live with relatives for a period and as a result are being schooled elsewhere. Once they return to the community and their normal housing arrangements, the exemption would no longer apply.

Mr S.K. L'ESTRANGE: I will move to category (e) —

(e) a child who is in the care of an adult, other than their parent or guardian, because of exceptional circumstances (for example, illness or incapacity of their parent or guardian);

They may be in the care of a grandparent who is perfectly capable of getting the child to an immunisation clinic to get the child immunised. Why are we making those children exempt in this circumstance?

Mr R.H. COOK: In this instance, the child is in the care of adult other than the child's parent or guardian because of exceptional circumstances, for instance, illness or incapacity of the parent or guardian. Living in those circumstances may be a proxy indicator for exposure to violence, addiction and/or neglect. This circumstance may also apply to parents or guardians who, due to an unexpected illness or incapacity, have had their child put into the care of another adult. Examples are, for instance, a parent may have been hospitalised due to an accident or illness, or they may be in rehabilitation or in prison. In those circumstances, the child may be temporarily living with an emergency foster carer or in a temporary informal care arrangement with a grandparent or family member of the adult who does not have legal guardianship. In that situation that person may, in fact, be working and therefore the child will have to go into kindergarten. As a result, we would exempt them at the time of crisis. The process is for Health to support the new carer to get their immunisation complete. It goes to the issue of the stability of the child and making sure that they have the right support structures around them. One would hope that once the child transitions back to a normal life, their vaccinations would be brought up to date. At that point they would no longer necessarily be an exempt child. However, people in those circumstances often come from fairly complex situations and could potentially be picked up on another exemption.

Mr S.K. L'ESTRANGE: Based on that answer, who will make the decision to change the status of the child from an exempt child to a non-exempt child?

Mr R.H. COOK: They would be exempt while they are enrolled. As I explained in the second reading speech, the service provider will nominate that exemption. When the child goes to a new childcare or kindergarten facility a fresh assessment will be made of their exemption. Essentially, as they enrol, a decision will be made by the service provider about their eligibility for exemption.

Mr S.K. L'ESTRANGE: When the parent or guardian or carer of the child turns up to that institution, and the child's immunisation is still not up to date and they still fall in the category of pre-compulsory education, how will the person at that institution—for example, a childcare centre—make that assessment about whether they are exempted?

Mr R.H. COOK: I am advised that it is proposed that the person in charge of a childcare service, community kindergarten or school would follow the following process to determine a child's eligibility for exemption. An exemption eligibility form, which will be developed by the Department of Health, will assist persons in charge to determine whether the child is eligible to enrol under an exemption class. The form will be provided to all persons in charge of childcare services and kindergarten programs. When a parent or guardian applies to enrol their child and cannot demonstrate that the child has an up-to-date immunisation status according to their child's Australian Immunisation Register immunisation history statement, the parent or guardian will be required to complete the exemption eligibility form. The person in charge must consider the completed form and any supporting documentation provided. If the child is not eligible for an exemption, the application for enrolment cannot be progressed further by the childcare services or kindergarten program. If the child is eligible for an exemption, the application for enrolment will meet the immunisation enrolment requirements and the application for enrolment can be progressed. The person in charge retains the exemption eligibility form on the child's record.

The proposed exemptions are considered factual and should be able to be reasonably proved. Children enrolled under an exemption will be followed up. The advice goes on to provide a description, as I mentioned earlier, about how we would follow up on that child.

Mr S.K. L'ESTRANGE: I appreciate that. The Department of Health will provide the administrator or the person at the childcare centre with a form to help guide them on how to critique the child to know whether or not they are exempt. Once they make the determination that they are exempt, what auditing processes will be in place, and who will execute the auditing to ensure that the childcare centre or institution is not accepting people as being exempt without properly following the due process?

Mr R.H. COOK: It is not envisaged that there will be a formal audit process, but obviously if a child is registered as being exempt, that child will then come to the attention of the Department of Health, which will follow up on that child. As I mentioned in my reply to the second reading debate, there are penalties associated with providing false information, and from that perspective we would hope that the service provider will understand its serious obligation to make sure that it completes this process properly. This process will obviously be subject to rigorous analysis by the Department of Health, because it is very much in the department's interest to make sure it gets this right and gets access to the right kids.

Mr S.K. L'ESTRANGE: Just following on from that, will there be any auditing of the actual enrolment lists of children who are considered to have up-to-date immunisation, and who will conduct the audits of those enrolments, and how often?

Mr R.H. COOK: As the member will appreciate, these institutions or service providers are working under state regulation and state acts, so their operations will, as a matter of course, be oversighted by the Department of Education and the Department of Communities. As a result of that, there will be oversight across their general administration. As I mentioned before, there will be significant interaction with the Department of Health. There are serious penalties for enrolling children who do not meet those requirements—around $10 000—but we would expect that a childcare or kindergarten service's books, for want of a better description, would be oversighted by the Department of Education in the usual way.

Mr S.K. L'ESTRANGE: That is the bit I am getting at. My question now relates to proposed section 141D(1) and the penalty being $10 000. Although the penalty is in place and the intent is sound, it is really the auditing that will make sure that what we are doing is to really improve immunisation rates, obviously with the parents or guardians who are taking their children to the childcare centre, but we also want to make sure that the centre is not admitting kids who do not have up-to-date immunisations and are not exempt. We want to make sure it is doing the right thing. Although I accept that the minister said in his answer that that will be the Department of Education's role, given that this legislation will come in and that there is quite an extensive list of exempt children, I would have thought that it will be necessary, certainly in the rollout over a period of 12 to 18 months, or maybe even longer, to make sure the administration of this process is being monitored with a bit of a stick approach to ensure that these childcare centres do not get a bit laissez faire with their enrolment processes and sign up kids, telling their parents not to worry about it so much. That is the worst-case scenario, of course, but the fact is that if we have legislation in place and a fine stipulated in the legislation, we will obviously need to police the legislation to make sure that nobody is breaching the rules. Is the minister able to give some sort of assurance that the Department of Health will work closely with the Department of Education to conduct audits of these institutions throughout Western Australia, in both metropolitan Perth and regional WA, to make sure that this process is followed through properly?

Mr R.H. COOK: I would envisage two processes happening as a result of this legislation coming in. It is about building the capacity of our service providers, making sure that they understand their obligations under the act and ensuring that they have the support they need to undertake their obligations under the act. There will be an extensive process of training and the Department of Health will provide online and telephone support to make sure that service providers are supported in that process. Ultimately, the service providers, as they are in the normal course of events, will also be responsible to other departments for the way they conduct their businesses, whether that is through the department of commerce, as people would access their services as consumers, or the commonwealth department of communities, which is responsible for regulating the childcare sector generally. The member would understand that organisations or institutions carrying out a statutory function on behalf the state government are also subject to state government regulatory processes, including, obviously, audits by the Office of the Auditor General and other regulatory authorities within government. I do not think there is a need to undertake specific policing of this particular program, but as we start to implement this program, we will start to understand where the vulnerabilities, if any, exist, and obviously address those as we go along.

Mr S.K. L'ESTRANGE: I do not want to labour the point, but I just flag with the minister that if we are leaving it up to an Auditor General inquiry, the list of Auditor General inquiries is quite extensive. What they could and do inquire into are two separate things. We could be waiting three to four years before the Auditor General could actually investigate whether this scheme is working. We have just learnt through members' second reading contributions tonight that an outbreak of measles can occur and take hold in a community quite quickly—within a couple of years. I am looking for an assurance that even though the departments will say that they are doing the right thing, some proper auditing will be done within 12 to 18 months of this system rolling out to check that people who do not have their immunisations up to date and are not exempt are not being enrolled. I get the exempt category, because once a child is determined to be exempt, they go under a catch-up program with the Department of Health, so that group is known. I am talking about the unknown children whose immunisation is not up to date and who might be enrolled into a kindy with a bit of slack administration. I want to be assured that there will be some sort of auditing program to identify that scenario if it is occurring; and, if it is not, that is great. Certainly, it would be wise, given this program is new, to have some sort of auditing program of the facilities within 12 to 18 months.

Mr R.H. COOK: I can provide the member with that assurance. The Department of Health under the Public Health Act has quite far-reaching powers to ensure that the Public Health Act is adhered to by the people who are impacted by it. There would obviously be oversight of those children who are exempt. There would be reports into those students who are enrolled and are vaccinated. We can imagine that if a childcare centre spits out a report that says every child is 100 per cent vaccinated and it runs contrary to the pattern of vaccination rates in that community,

that would throw red flags. No doubt the Department of Health and certainly the division of population health will use this information to make sure that we get a good uplift in the vaccination rate. I acknowledge the member's concerns. I think it is appropriate to ask questions about that. It is an important point to make sure that we have the proper oversight.

Mr S.K. L'ESTRANGE: I will move to paragraph (f), which is a child who is in the care of a responsible person who holds a specified income support card. I know that the minister mentioned it in the second reading, but for the record could he go through what the income support card is?

Mr R.H. COOK: Member, I am happy to provide that information. The child is in the care of a responsible person who holds any of the following: an automated-issue Health Care Card issued under the Social Security Act 1991; a pensioner concession card issued under the Social Security Act; or a white or gold card issued by the Department of Veterans' Affairs.

Mr S.K. L'ESTRANGE: This is where I am a bit concerned because I am thinking —

Mr R.H. Cook: The member raised that point in his contribution to the second reading debate.

Mr S.K. L'ESTRANGE: If immunisation for a child of this age group is free, I am wondering why the child is exempt if the responsible person carries a Health Care Card. Nowhere in that category does it allude to the parent or guardian being incapable of caring for the child. On the contrary, just because someone has a pensioner concession or a Health Care Card or a DVA white or gold card, it should not preclude them from maintaining the responsibilities of any other parent or guardian. Can the minister outline why that particular subset exists at all?

Mr R.H. COOK: Yes. Although the vaccinations are provided free of charge, families who fall under this exemption may be dealing with other barriers and/or stressful circumstances which have made it hard for them to prioritise preventive health measures for their children such as immunisation. This exemption also captures some grandparent carer arrangements. I come back to the point that I spoke about in my reply speech. An exemption does not mean that that person will be left alone. I got the hint from the member's comments just then that he was asking: why would we not be concerned about these children? We absolutely would be concerned about these children because they are part of a vulnerable cohort in this community. We would never want to see them excluded from early childhood education because of their vulnerability. We would use the resources of the Department of Health, once we know that they are there, to work with that child's family to bring their vaccinations up to date, which, as the member observed, would be free of charge.

Mr S.K. L'ESTRANGE: I still cannot see why those three particular cards create an exemption category. To my mind, lots of people in the community with those cards would be perfectly capable of making a yes-or-no decision to get a child under their care immunised. I get what the minister is saying; they will be on a catch-up program. Maybe the minister can help me understand how many children he thinks would be captured by that particular category of exemption.

Mr R.H. COOK: I agree with the member. I do not think that the number of children who would be captured by these exemptions would necessarily be unvaccinated. I think in the vast majority of cases, they would be vaccinated. I do not look at those categories and think that there would be a big bunch of unvaccinated children in there. There is no reason that those children would not be vaccinated and, as the member observed, they have free vaccinations anyway under those particular benefits. I think it would be very unlikely that children who come into that category would necessarily be unvaccinated. However, I make the observation that these exemptions also exist in New South Wales and Victoria. As I said before, in Victoria about 0.7 per cent of enrolments fall under the overall exemptions, so from that point of view it does not represent a huge cohort. However, like the member, I would have thought that of all the exemptions that we are looking at, these are the ones who will probably be up to date with their vaccinations.

Mr S.K. L'ESTRANGE: I will move to the final category, which states —

> (g) a child who first entered Australia not more than six months earlier who holds a specified refugee or humanitarian visa.

For that particular group, has the minister liaised with the commonwealth immigration department or whatever commonwealth agency it is that deals with refugee or humanitarian visas, and has the minister discussed or established whether that agency already has immunisation requirements when it accepts children from other countries on refugee or humanitarian visas? If so, why does this category need to exist if they must be captured by immunisation requirements as a condition of entry?

Mr R.H. COOK: I have not, specifically, liaised with the commonwealth on this particular exemption, although this exemption again reflects an exemption in place in Victoria. This cohort is well known to the Department of Health. These clients are linked with the humanitarian settlement support services and are automatically referred to the WA Humanitarian Entrant Health Service—HEHS—by caseworkers. Referrals can also be made by GPs,

school nurses, school psychologists and teachers. The WA HEHS immunisation policy provides that a child's immunisation status is reviewed by the HEHS nurse at their first visit, and, if necessary, a catch-up plan is created by the HEHS nurse in accordance with the WA vaccination schedule. The HEHS staff should also be familiar with current WA immunisation–related legislation and regulations. As I said, this cohort is well known in the system, because by virtue of them receiving a visa subclass under the humanitarian program, they automatically are captured under those programs that deal with those subclasses of visa.

Mr S.K. L'ESTRANGE: I certainly have not looked into refugee and humanitarian entrance requirements or the approach the commonwealth agency would take when those children, for example, arrive on our shores. However, I do not imagine that when they arrive on our shores, it would be down to the state Minister for Health to suddenly have to meet them at the dock or the airport to work that out. I would have thought that a commonwealth agency would do a full assessment of their health needs and the immunisation risks of the country from which they have just come. As the minister knows, whenever people who work on government business are sent to a foreign land that has diseases, we do not let them go until they are immunised. That goes for all our diplomats, soldiers and people in non-government organisations attached to government-sponsored projects. They are required to have their immunisation cards up to date before they go to those countries. If children from those countries come to Australia, the commonwealth government would be all over it. It would say that we need to get these kids immunised before they spread into our population any diseases they might be carrying from the country they have come from. I am wondering why on earth this category exists in our state legislation. I would have thought that, as a matter of commonsense, that should be picked up by the commonwealth.

Mr R.H. COOK: I cannot provide the member with any insights into the unique nature of the arrangements between the commonwealth and the states when we deal with people who come into Australia on a humanitarian visa. These children may have difficulty providing immunisation records, or may still be getting their immunisation included on the Australian immunisation register. As I have observed, these are kids of not more than six months' arrival. They would come to the attention of the government, because they have come in under the Australian government refugee and humanitarian program. They would then come under the humanitarian settlement services program, which would refer them to the WA Humanitarian Entrant Health Service. I cannot provide the member with any great insights into why there is this arrangement for children who have been settled by the commonwealth. I guess ultimately health is the responsibility of the state. There may be a co-funding model by which the state runs it and the commonwealth funds it so that it does not necessarily represent a liability to the state. This particular cohort is well known to us, so it is well on the way to being vaccinated. I think there is an acceptance that some of them have come from very troubled places and may not have their full vaccination record up to date. Those children would be part of the HEHS immunisation policy process.

Mr P.J. RUNDLE: Further to that, my concern is that if someone from South Sudan were to turn up with the Ebola virus, all we have in this bill is that they need to hold a specified refugee or humanitarian visa. There is no record of that in the proposed regulation.

Mr R.H. COOK: I thank the member for Roe the question. I acknowledge that the member for Roe represents a very diverse and successful multicultural community. I do not think these people's feet will still be wet from wading from the raft and walking onto the beach. These people have applied to be refugees, and as a result have been granted refugee applicant status and have a subclass of visa. As a result, they are automatically referred from the humanitarian settlement services program to the Humanitarian Entry Health Service. These are people who are well acquainted with the health system. Their health profile would be well and truly cross-examined to make sure that, as the member says, they are not bringing anything exotic into this country and are not endangering themselves or the community by being untreated.

Mr S.K. L'ESTRANGE: Further to that line of questioning, based on the minister's answer, surely this is a category that we would not want to exempt. This is actually a category whom we would want to make sure their immunisation certificate is checked. If they have come out of a refugee camp in a foreign country, they would have been processed by Australian government officials in that refugee camp before coming to Australia. If they have come to Australia as boat people, for example, the minute they arrive they would be taken into the care of the department of immigration and would no doubt be under some sort of quarantine arrangement to make sure that immunisations took place. Surely this is one group that the minister would not want to exempt. The minister would want to say, "Hey, if this child turns up to one of your Western Australian childcare centres, make sure their immunisation card is up to date." If, during an interview with an administrator at that childcare centre, it is determined that they have refugee status, surely that administrator would say, "Let's get straight on to the authorities to find out where their immunisation card is at" because it should exist anyway. I do not get why the government has created an exemption category for a group that is highly likely to have been supported by the commonwealth with regards to immunisations. If it has not been, all the more reason to say, "Stop, stop, stop.

Let's get this looked after as quickly as possible for fear of some sort of contagious disease getting through that childcare community."

Mr R.H. COOK: The exemption categories have not been crafted on the basis of the likelihood or otherwise of a child within that category having been immunised. The exemptions are for children who are generally vulnerable and for whom we would not want to exclude for a whole range of reasons; that is, whether immunised or whatever, we would not want to exclude them from their pre-compulsory education. Obviously, we would not want to exclude them on the basis that they are part of a catch-up program or they are in the process of having their vaccinations brought up to speed. The exemption clauses are recognition that, in general terms, these are vulnerable members of our community and we would not want to see them exempt.

In the vast majority of cases, they would be coming to the local childcare centre having already gone through a range of processes including being granted their visa application. We could speculate all night about whether we think they are likely or not to have been vaccinated. What I think we both agree on is that these are vulnerable members of our community who we would not want to see excluded from early childhood education. Once they are there, we know that we can benefit that child, but of course each day that child's parent or guardian goes to the school to collect the child or drop the child off, that is another opportunity to engage with them to make sure that they are receiving the services they need as a family. From that perspective, I think we would all agree that this is a vulnerable cohort within the community. Notwithstanding whether they may or may not be vaccinated, I could certainly envisage that some of them from time to time would be coming to a childcare enrolment situation without their full vaccinations. But by and large they would be people who would be known to the system and would have already gone through a range of health checks anyway.

Mr R.S. LOVE: Perhaps we could wind this up a bit quicker if we actually understood it. Rather than asking the minister why the government has exempted such a huge number of people, it is quite clear that there is a target audience here. Why do we not have a target group instead of an exemption group? The government could have targeted children from the suburb of South Perth or somewhere else because it is clear that the government is looking for middle-class children from non-dysfunctional families who have no reasonable excuse not to be vaccinated. Why does the government not just say that?

Mr R.H. COOK: I wish the member for South Perth had been here when the member made that comment! I take the member's point. We are making a decision about whether children are excluded from an early childhood service. Rather than saying that people from postcode X or Y should be targeted for vaccinating, we have taken the approach through the drafting process that notwithstanding a blanket approach that we have that children who are not vaccinated should not enjoy the benefits of being part of the early childhood education system, we can foresee that some children may or may not be vaccinated and represent a vulnerable cohort. The member and I are talking about the same thing. Parliamentary counsel has come from one approach and the member has come from another. I remind the member that this is a small cohort overall. In Victoria the modelling shows it is around 0.7 per cent of enrolments. I understand the member's concern to make sure we get this right and I share them, but I think by and large, coming from the experiences of New South Wales and Victoria and our own thoughts about what categories of children should be exempted—not exempted from immunisation, but not excluded from early childhood education—these categories represent an appropriate group.

Mr S.K. L'ESTRANGE: I want to wrap this one up. Maybe, just to assist, the minister could consider seeking some clarification from the commonwealth on how that category (g) will be managed. I think at the very least that would reassure the administrators of this legislation that they understand how that category is being taken care of. Another thing is that in the minister's answer just then he kept referring to this subset of exemptions (a) to (g) in the second reading speech as vulnerable children who need education. There is no disputing that there will be vulnerable children who need support to get early education. That is not in dispute. But the main effort of this bill is not to achieve that; the main effort of this bill is to improve immunisation rates. I put to the minister that there are children vulnerable to the spread of contagious disease and the purpose of this bill is to get those immunisation rates up from the high 80s to low 90s up to 95 per cent. That is the whole point of it. If the main effort of the bill is about improving immunisation and not about improving educational access for vulnerable children, all I am asking the minister to contemplate is a focus based on the immunisation first, not a secondary effect to the focus of education.

Mr R.H. COOK: I am certainly happy to get that information from the commonwealth, and I will provide the member with a copy of the reply to make that clear. I thank the member for assisting us by finding a way forward. The member is right that the object of this bill is to improve immunisation rates, but we are using the early childhood education system to do it. In exempting this vulnerable cohort of children, we are identifying and supporting them to make sure that they receive their immunisation. From that perspective, it is a very effective part of the legislation. We are also potentially excluding a child from early childhood education by that mechanism. I understand the point the member is making. This is about immunisation, but it is also in the realms of early

childhood education and we are trying to strike that balance. I note the member's comments about the second reading speech. I think we have that balance right, but at the end of the day it is a balance and it is a decision that we will have to be satisfied with.

Clause put and passed.

Clauses 9 to 22 put and passed.

Title put and passed.

Third Reading

MR R.H. COOK (Kwinana — Minister for Health) [11.34 pm]: I move —

That the bill be now read a third time.

MR S.K. L'ESTRANGE (Churchlands) [11.35 pm]: I rise very briefly to speak on the third reading of the very important Public Health Amendment (Immunisation Requirements for Enrolment) Bill 2019. I first of all thank members of the opposition for their contributions to debate today. As I outlined earlier today, in what was essentially a move away from the standing orders to bring this bill on very rapidly, we did our best to try to highlight our concerns about how this bill will play out, particularly in relation to the exemption clauses. I think we did our best to appreciate the work of honourable members in the other place, who worked last night and today to get this bill to us. I remind members that this is not the best way of introducing a significantly important health bill into the Western Australian Parliament, on the second last night of sitting before the winter recess, by having to change the standing orders to get it rushed through. I will not go over that again; we dealt with that earlier today.

I thank members of the opposition for their contributions. I thank the Minister for Health for listening to us and engaging with us in the second reading debate, and showing a genuine appreciation for the areas that we had flagged for him, as minister, to keep an eye on as this bill goes out and does what it purports to do. I also thank the minister for his answers during consideration in detail. A large and broad range of questions were posed about the exemption aspects of this bill. However, I think there are still three areas in which there are exemption categories that I am not convinced need to be exempt. I think they are quite capable of just being caught with the rest of the community, who were not exempt from being required to apply themselves to making sure that their children are immunised, and held to the same account and treated with the same dignity as everyone else accordingly.

There is a need to not necessarily always rely on the fact that, if Victoria has done this, it therefore works. Parliament and the government of Western Australia, through the Department of Health and the Department of Education, are quite capable, in isolation from whatever happens in Victoria, of working out for themselves what is in the best interests of Western Australians. The exemptions may have been applied in Victoria, but it may well have been for political purposes, for all we know, and not actually for practical purposes. We must critique these exemptions on health and education values, from a Western Australian perspective on how we want things to work. Remember that Victoria was not second last or last on the national immunisation rates table—we were. Adopting what they do over there might not necessarily be the best for what we do over here. I caution the minister against just accepting that what the Victorians are doing will therefore be right for us here in Western Australia. I note the minister's commitment to find out about the last category of refugees who have been here for six months on refugee visas, and to make sure he understands the commonwealth view of immunisation of that cohort and to determine whether or not they need to exist as an exemption clause in this legislation. I thank the minister for his contribution.

MR R.H. COOK (Kwinana — Minister for Health) [11.39 pm] — in reply: I thank members for their support and acknowledge the contribution of the member for Churchlands. Our reliance on Victoria and New South Wales was more around the exemptions than the way the legislation works, but I acknowledge the member for Churchlands' comments.

I conclude by thanking everyone for their support—the opposition and the Nationals WA. This is tricky legislation; so from that point of view, I appreciate people's expeditious approach to it. It is important to have it in place to protect young Western Australians.

Question put and passed.

Bill read a third time and passed.

House adjourned at 11.40 pm

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