

## PNEUMOCOCCAL DISEASE, IMMUNISATION PROGRAM

### *Grievance*

**MR D.A. TEMPLEMAN** (Mandurah) [9.30 am]: I am very pleased to have the opportunity to raise my grievance this morning. My grievance is to the Minister for Health and is about the immunisation program for targeted sectors of our population, particularly children but also elderly citizens. My grievance is specifically about the threat that pneumococcal disease poses to our young children and the need to ensure that this threat is understood and recognised. I will outline a number of issues and statistics about pneumococcal disease and also its more famous cousin, meningococcal disease, which is a disease we would all know about. As the minister would be aware, in recent years meningococcal disease has gained prominence as a major concern for parents throughout the country. Its prominence is due partly to the media attention that has focused on the disease. A number of examples have been highlighted in the media, many of which have been very graphic in nature and have shown how meningococcal septicaemia has rendered some victims with visually horrific scars. I am sure many members would be aware of that. Many people fall victim to the disease rapidly, with some developing symptoms after only a very short time.

The federal Government, with support from the State Governments, has allocated \$300 million to immunise children and young people aged 12 months to 19 years against meningococcal C. This is a significant amount of money, and the intent is admirable. However, the reality is that pneumococcal disease is far more prevalent than meningococcal disease. Pneumococcal disease includes manifestations such as meningitis, pneumonia, septicaemia and otitis media, otherwise known as middle ear infection. Statistics provided by the Meningitis Centre show that last year pneumococcal disease affected some 2 214 Australians, but there were only a reported 625 cases of meningococcal disease. The centre states in its message to both state and federal members of Parliament that compared with the 2001 figures, the number of pneumococcal cases increased by 34 per cent while the incidence of meningococcal infection decreased by eight per cent. It states also that figures for 2001 show that in children under five years of age there were 512 invasive pneumococcal cases compared with only 109 reports of meningococcal infection, including 18 cases of the C strain. Although pneumococcal meningitis is not as frequent as meningitis, it has a much higher fatality rate and a greater incidence of long-term disability than its better-known cousin. Although the various manifestations of pneumococcal disease are far more prevalent than meningococcal disease, at this stage a vaccine is not provided free to those in the target groups. Vaccines are available to help prevent pneumococcal disease, and they are very effective in preventing the various manifestations of that disease that I have already mentioned, but unfortunately many parents cannot afford the cost of approximately \$300 per course of injections for their small children. The vaccine is available free only to indigenous children and very high risk groups. The question that must be asked is, given the evidence presented, why is immunisation for pneumococcal disease not made available to all in the target group? The Australian Technical Advisory Group on Immunisation has recommended that a pneumococcal vaccine be provided to children at two, four and six months of age, and that this vaccine be included in the Australian standard vaccination schedule.

Mandurah is a rapidly growing community. We have not only a large number of seniors but also a growing number of young families. I will read from a letter from a Mandurah mother, who is a long-term friend of mine, by the name of Shelby Pearson. Shelby and her fiancé, Craig Douglas, have two bright and energetic sons, Lachlan and Riley. Shelby's letter is about her family's experience with pneumococcal disease. She states -

Unfortunately I witnessed this disease first hand when my then 8 month old baby contracted the disease in August of 2002. Thanks to the Meningitis Centre in Perth and their awareness campaign, I was able to recognise the symptoms early enough to save my baby son's life. The future on the other hand may see us with a long term commitment to disability services and the health system for the after effects of a preventable disease.

In the lead-up to winter we were attempting to immunise both our children against this disease with the Prevenar Vaccine, the cost of this will be over \$700. This is proving to be quite a challenge and the deadline is drawing near. A subsidy to assist families to meet this cost would certainly ensure that my children and a number of others were protected against this invasive disease.

I am passing this information on to you in the hope that you may be able to bring it to the attention of others in a position to assist Australian families to reduce or eliminate the incidence of preventable disease through immunisation. This disease is a very serious threat, the statistics are staggering and therefore it deserves the attention of those elected to represent the community.

I admire Shelby and Craig. It was Shelby's quick action when she first noticed young Riley's deteriorating condition that ultimately saved his life. I spoke to Shelby yesterday, and Riley is doing well. Although he has been receiving medical attention and further health checks, his condition is excellent and he has come through

this very well. However, he did have a brush with death. I also wish to acknowledge the work of the committed members of the Meningitis Centre for the work they have done in highlighting these diseases to parents and the wider community. The information that the Meningitis Centre has made available is crucial, and in Shelby Pearson's case it helped her to save her son's life.

In conclusion, I want to highlight that there are long-term effects in not immunising babies and children against pneumococcal disease, not only for the individuals themselves and their families but also for the wider community. It is well known that pneumococcal meningitis in young children can result in long-term disability. That is not only an emotional, social and physical cost to victims and their families and a clear impact on their quality of life but also an economic cost to the wider community. The federal Government must be encouraged to meet the cost of extending the immunisation program to cover pneumococcal disease so that all Australian children can be protected against this insidious disease. I urge the minister and his state counterparts to address this matter with the federal Government.

**MR R.C. KUCERA** (Yokine - Minister for Health) [9.38 am]: I thank the member for Mandurah for raising this important issue. I ask the member to please convey my best wishes to his constituent, particularly for the return to good health of her child Riley. Both of these diseases are insidious and can cause death very swiftly, or leave people dreadfully impaired either intellectually or physically. Last week I talked to a lady by the name of Lisa. Lisa is a young nurse and is an absolutely outstanding example of courage. Lisa lost both of her lower limbs to a disease that she contracted while in London. She used to work for us in the call centre at Health Direct and did a tremendous job.

I share the member's concern about the vaccination of children for both meningococcal C and pneumococcal disease. I am concerned about this matter, and I raised it in the federal arena last year with Senator Patterson, who was put under enormous pressure also by the *60 Minutes* program on meningococcal C. Meningococcal C is a very prevalent strain of the disease in the eastern States, but unfortunately in this State the B strain is the main problem, together with pneumococcal meningitis. The B strain cannot be vaccinated against. The low rates of meningococcal disease in this State can be traced back to the efforts of Barry and Lorraine Young, who tragically lost their daughter a few years ago to meningococcal septicaemia and have been outstanding in raising awareness of that disease.

The reason I was concerned about the way the federal Government has dealt with the issue of meningococcal disease in this State is that again it is a perfect example of the mishmash between federal policy and the state delivery of services. In this case, the allocation of money for the vaccination of children against the C meningococcal strain relied on delivery through a school vaccination program. Unlike other States, Western Australia does not use a school vaccination program. I raised this issue with the federal Government to determine whether it would provide the extra \$2.2 million to the State Government to carry out this program. I received a flat refusal. Canberra bureaucrats were reacting to information contained in a television program about children on the east coast; it does not relate to children on the west coast. Six cases of this disease and one death, if any, occur in Western Australia each year, whereas, as the member for Mandurah rightly highlighted, pneumococcal disease is a major problem in this State. I will quote a few statistics. The member covered most of them. The *Streptococcus pneumoniae* bacteria can be prevented by vaccination. Pneumococcal is the leading cause of otitis media, pneumonia, septicaemia and meningitis, and is particularly virulent in young children. As the member pointed out, it is also virulent among people over the age of 65. The member has done tremendous work with aged groups in his area to ensure that older people are vaccinated. I urge all members to ensure that people over the age of 65 in their constituencies seek out vaccinations for both this disease and the flu.

The member rightly pointed out that there are subsidies for indigenous children, particularly those living in central Australia. Those children have the highest incidence of invasive pneumococcal disease in the world. That is an absolute scandal for those people. I do not think anybody resiles from the federal Government making that vaccination available to those children. The national incidence of IPD is about nine cases per 100 000 people. The incidence of IPD in the Northern Territory is more than five times the national rate, and is clearly linked to indigenous communities. In Queensland and Western Australia the incidence is about 12 and 11 cases per 100 000 people respectively, which is about double the national average. Again, it is directly linked to indigenous children. About 200 cases of and 15 deaths from IPD are notified in this State each year. About 40 per cent of those cases are among children less than five years of age. Twenty per cent of cases occur within the 65 and above age group. The remaining cases occur in the 15 to 64 age group.

I will quickly refer to the subsidy. The Commonwealth Government provided \$19 million to the States and Territories - \$2.594 million to Western Australia - to purchase Prevenar, the pneumococcal vaccine. The vaccination consists of seven pneumococcal serotypes. Again, this is a classic example of a mismatch. The Canberra bureaucrats direct how the money is spent on the vaccine. There is no flexibility for it to be used for the at-risk groups identified at the state level. I will urge the federal minister to make sure that flexibility is part of the seamless delivery of health care that I have spoken about for some time. Commonwealth subsidies are

available for Pneumovax23, another pneumococcal vaccine, via the Pharmaceutical Benefits Scheme, to those who have predisposed high risk factors for IPD. That is something that the member for Mandurah's constituent may wish to follow up with the health services in her area as one of her children has had the disease. Her other child may be predisposed to the disease, so there may be some room for a subsidy to apply to her family. I am not sure; I do not know the situation with that. I would be happy to follow that up with the member. Funding has not yet been provided for Prevenar and Pneumovax23 to be given free to low-risk non-indigenous children because of the relatively low incidence of pneumococcal disease in this group.

This is an issue I intend to raise at the next meeting of state health ministers. We were hoping to meet with the commonwealth minister tomorrow at our normal meeting. I understand that she has again refused to attend the meeting. When I eventually get an opportunity to talk to the federal minister I will raise this issue with her as a matter of urgency. The member referred to a national group that is discussing this issue. It is an issue. All children deserve a certain quality of life. If the vaccine is available, it should be used and subsidised. I promise on behalf of all children in this State to take up this issue with the federal minister.