Policy Document

Vaccination Policy

Background

The Australian Medical Students’ Association (AMSA) is the peak representative body of Australia’s medical students. AMSA believes that all communities have the right to the best attainable health. Accordingly, AMSA advocates on issues that impact health outcomes. One such issue is vaccination, which remains a critical tool for maintaining health equity and development worldwide.[1]

Vaccination has been recognised as one of the most cost-effective global health interventions.[1] Since its development, vaccination has reduced the spread of infectious diseases.[2] It works by stimulating a protective immune response in individuals.[3] Globally it has been estimated that vaccination has averted up to 3 million deaths from diseases such as diphtheria, tetanus, pertussis and measles annually.[4] Vaccination not only protects individuals, but also those around them, by reducing the transmission of these diseases.[5] This phenomenon, known as herd immunity, protects children too young to be vaccinated as well as individuals who are immunocompromised.[2, 5]

Currently, vaccinations are available for a range of diseases and the National Immunisation Program Schedule (NIPS) includes vaccines for 16 different diseases. Included in the Schedule are diseases such as measles, diphtheria and whooping cough, which were once fatal and highly contagious.[3] For herd immunity to be effective against most of these diseases, at least 90% of the population must be vaccinated for all at risk groups and for highly infectious diseases such as measles, a 95% vaccination rate is required.[5] In Australia, since 1932 with the introduction of childhood vaccination schedules there has been a 99% reduction in vaccine-preventable illness.[2] Recent figures from the Australian Childhood Immunisation Register (ACIR) show high immunisation coverage rates, with over 90% of children vaccinated in the early years of life.[2] Although the high childhood immunisation coverage rates in Australia suggests the current national vaccine delivery program is effective, it should not be grounds for complacency.[6, 7]

The latest Australian annual report on immunisation coverage highlights certain regions of the country and community groups with suboptimal coverage. These predominantly include children in families of low socioeconomic status, some children born overseas, children of families who actively refuse some or all vaccines, and Aboriginal and Torres Strait Islander children.[6, 7] Nationally, 88.19% of Aboriginal and Torres Strait Islander children aged between 12-15 months and 85.27% aged between 24-27 months were fully vaccinated compared to 91.69% and 88.56% of non-Indigenous children, respectively.[8]

However, evidence also shows that some high socioeconomic areas such as Fremantle and inner city suburbs of Sydney and Melbourne also have vaccination rates below 85% [6] due to conscientious objection. Although this group is only about 2-3% of all children overall who are not vaccinated due to active parental refusal of some or all vaccines, they usually live in locations where up to one third of children receive no vaccines.[7] This has the potential for sporadic outbreaks of vaccine-preventable diseases.[7] The vast majority of non fully immunised children face structural barriers to accessing health care.[9] These include remoteness, transportation and affordability which contribute to this discrepancy.[9]

In recent years, the safety and efficacy of vaccines has come under scrutiny, with real and perceived adverse events receiving considerable public attention.[10] Whilst it must be noted
that vaccination as with all medical procedures carries some risk to the patient, emphasis must be placed on the overwhelming benefits of vaccination clearly outweighing the risks.[10] As vaccinations act to prevent disease and target healthy individuals, concerns about safety are important and need to be addressed in order for vaccination rates to remain high.

Additional challenges to vaccination rates includes the complexity of the changing immunisation schedule, and the intricacy of gaining informed parental consent.[9,11] As expectations and standards continue to evolve, many pro-vaccination parents and healthcare providers are becoming increasingly concerned regarding the risk of incomplete immunisation. This is one of the many factors that has contributed to recent disease pattern changes such as the ongoing pertussis activity and the reemergence of measles, which has warranted an increase in demand for high level surveillance as well as active and specific responses in an attempt to regain control.[7]

As of January 1 2016, the Australian Government has introduced a “no jab no pay” policy.[5] This aims to incentivise Australians living in lower socioeconomic regions to fully vaccinate their child in order to receive Family Tax and Child Care Benefits.[12] NIPS covers the cost of various at risk and vulnerable citizens, such as those under the age of 10, refugees and asylum seekers and those who receive family assistance payments.[12] Under this policy, conscientious objections (refusal on moral or religious grounds) will no longer be valid for immunisation exemption and only medical reasons will be considered.[12]

Although these measures pose a significant disincentive for parents to actively decline to immunise their children, there is limited research to suggest that imposing financial penalties is an effective way of increasing immunisation rates or alleviating concerns of parents who are hesitant about vaccinations.[6, 9] There has been earlier evidence to suggest otherwise, but in October 2008 with the removal of Service Incentive Payments, there was no reduction in coverage rates.[6] Therefore decisions to vaccinate or actively refuse are not made rationally or at one moment in time.[9] It has been found that up to one third of parents in USA, UK and Australia have reported concerns about the number of vaccines that babies are now recommended to receive.[9] However it must be noted that further analysis would be required to analyse these changes.

The role of the family general practitioner (GP) is crucial in discussing parents’ concerns and addressing their attitudes towards immunisation, especially during the antenatal period.[12] The Federal Government has thus legislated an increase of the current incentive payment for GPs from $6 to $12 as part of a move to reward vaccination providers that follow up on children that are more than 2 months overdue for their immunisation.[12]

In addition to Federal legislation, State Governments in Queensland and Victoria have introduced a “no jab no play” policy, targeting vaccination rates in early childhood services. In Queensland, childcare services can now accept or refuse enrolment of unvaccinated children, whilst in Victoria, unvaccinated children without medical exemption are completely excluded.[13,14] This aims to improve vaccination rates and maintain herd immunity.

Position Statement

AMSA believes that:
1. Vaccine-preventable diseases still pose a significant health threat in both developing and developed countries;
2. Vaccination is one of the most effective public health intervention at preventing the contraction and transmission of communicable diseases in the community;
3. Addressing the discrepancy in under-vaccination rates in Aboriginal and Torres Strait Islander children should be a high priority for the Australian State and Territory Governments;
4. Strategies need to be implemented and tailored to communities with lower rates of vaccinations including, but not limited to, regional Australia, Refugee and Asylum Seekers, and Aboriginal and Torres Strait Islander communities;
5. All medical professionals and allied health workers should be taught both the risks and benefits of vaccinations, and accordingly trained on how to counsel patients of this information.

Policy

AMSA calls upon:

1. The Australian Commonwealth Government, and where relevant, in partnership with State and Territory Governments to:
   a. Create a national standard for vaccination legislation regarding school and early childhood services enrolment in Australia. This includes
      i. Recognising the potential threat of non-immunised children as a source for vaccine-preventable diseases
   b. Support initiatives to increase access to and further develop vaccines for developing countries
   c. Provide ongoing funding of vaccination research to:
      i. Monitor the causal links between vaccinations and adverse events
      ii. Develop more thermo stable vaccines providing widespread benefit including transportation to regional Australia
      iii. Enable development of new immunisations
      iv. Monitor and evaluate the effectiveness of government immunisation policies including “no jab, no pay” and “no jab, no play”
   d. Provide better access to, and increase provision of health services in regional and remote Australian communities, such as travel subsidies, funding for outreach clinics, community nurses and rolling out school vaccination programs
   e. Further expand the Australian Childhood Immunisation Register to include individuals of all ages
   f. Develop Australia-wide interactive technology-based resources, such as phone apps, encouraging parents to monitor their child’s immunisation status and follow the National Immunisation Program Schedule
   g. Educate the Australian population on the importance of vaccination, specifically addressing concerns about their safety and efficacy

2. Australian Medical Students and Medical Student Societies to:
   a. Promote vaccination to the local and wider community through education such as health talks, and public support of local vaccination programs
   b. To be actively informed of the risks and benefits of vaccinations

3. Australian Universities to:
   a. Provide appropriate training for medical students and allied health professionals in
      i. Teaching students the risks, benefits and efficacy of vaccination as well as effective communication with future patients
      ii. Strategies to educate and provide information to the general public
      iii. Safe administration of different vaccine types
   b. Include specific training on immunisation in rural and remote areas within their rural health programs
   c. Ensure medical students are up to date with their own vaccinations, particularly at enrolment

References


Policy Details

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