

## **Senate Community Affairs Legislation Committee**

### **Inquiry into Social Services Legislation Amendment (No Jab, No Pay) Bill 2015**

Public hearing: 2 November 2015

#### **ANSWER TO QUESTION ON NOTICE**

Department of Human Services

**Topic:** Australian Childhood Immunisation Register

**Question reference number:** HS 1

**Senator:** Moore

**Type of question:** Hansard pages 47-48

**Date set by the committee for the return of answer:** 5 November 2015

**Number of pages:** 3

#### **Question:**

Senator MOORE: I have a number of questions that have come up from the submissions and the evidence that we have heard today, and I thought I would start with those. One of the questions I have, generally, regards the database in terms of the numbers of families that you have modelled to be affected by this and, also, whether you have done the work by income.

Ms Halbert: Around 10,000 families with recorded vaccination objections are expected to lose an average of \$7,000 in childcare payments in 2016-17. Around 75,000 with around 146,000 children will not receive the FTB part A supplement in 2016-17, which is currently \$726.35 per year per child.

Senator MOORE: But also under potential change as well—that particular payment—under another piece of legislation.

Ms Halbert: A different measure? I understand, Senator Moore, that you asked earlier today what the number of conscientious objectors would be by income ranges.

Senator MOORE: Yes, by income.

Ms Halbert: We cannot actually tell you that, and I can tell you why. The ACIR system collects information on the different reasons that people might not be meeting—

Senator MOORE: So that is the Australian—

Ms McNeill: Children's Immunisation Register.

Senator MOORE: So the register collects on what basis?

Ms Halbert: It has information on the different reasons why someone might not be meeting the immunisation requirement. When it sends the message to the family payment system—it is all within DHS—all that it sends is 'met' or 'not met' the immunisation requirements. So we cannot actually tell you the conscientious objector group by income range. We could, however, give you a breakdown of all of those who have not met by age of child—one, two and five—because that is the current arrangement. We could get the incomes for all families

that have not met the immunisation requirement. We would have to do a data run—and, so, I was not able to have that for you today.

Senator MOORE: That would be useful. Can we also get the range of reasons? Does it give you the reason as to why they have not met?

Ms Halbert: You can get that from ACIR. We will not be able to line that up with the incomes.

Senator MOORE: If I can get what I can get, that would be really good. There have been specific questions raised about the veracity and usefulness of ACIR in terms of the data that is there, the process for collection and the interaction between the person who is supposed to be putting the record on and its interactability with the current system. Some of that was in the audit that was done on ACIR recently which raised some particular issues. Can you run as through the process with ACIR and the credibility of ACIR from the department's point of view?

Ms Halbert: It is probably a question for the Department of Human Services. I can really only give you information on the audit.

Senator MOORE: So we can actually go to human services for information on—

Ms Halbert: I do not know whether health can add anything to that, but I could only tell you—

Senator MOORE: Which department owns ACIR?

Ms McNeill: Human services.

Senator MOORE: Okay. We will put that on notice to human services. A number of witnesses have talked about that. It is, really, the basic tool for looking at a snapshot of immunisation in Australia.

#### **Answer:**

#### **a) Can we also get the range of reasons? Does it give you the reason as to why they have not met their immunisation requirements?**

There are three valid exemptions under the immunisation program which require certification from a General Practitioner (GP). They are:

##### 1. Medical Contraindications

There are exemptions against immunisations which are for medical reasons. These can be where a GP makes a clinical determination that a certain vaccine is not required for that child. This can be due to an allergic reaction or other medical reasons, in line with the Australian Immunisation Handbook.

Medical contraindications are currently not reported on and these exemptions will not change on 1 January 2016.

##### 2. Natural Immunity

This exemption is where a medical practitioner has certified that the child does not require a particular vaccine because they acquired natural immunity as a result of contracting the disease. For example: chicken pox.

Natural immunity exemptions are currently not reported on and will not change on 1 January 2016.

##### 3. Conscientious Objections

A parent may choose, for philosophical reasons, not to immunise their child. This is known as a conscientious objection (CO). A CO requires a GP to certify that they have informed a parent of the medical reasons for immunisations and that the parent has made an informed decision on whether to have a CO.

Subject to the passage of legislation, a conscientious objection will not be considered a valid exemption from immunisation requirements from 1 January 2016.

As at 30 June 2015, 2,240,122 children were recorded on the ACIR. Of these, 34,063 children were recorded with a conscientious objection.

**b) Can you run as through the process with ACIR and the credibility of ACIR from the department's point of view?**

The ACIR receives notification of immunisations from immunisation providers - not parents or guardians.

If an immunisation provider fails to notify the department, the immunisation status for that child will not be up to date. For a parent or guardian who is receiving family payments, this will trigger a notification to the parent or guardian that their child does not currently meet the immunisation requirements.

The action a parent can take, if their child was immunised, is to confirm the immunisations were given and have their immunisation provider notify the ACIR as soon as possible.

Parents have a responsibility to ensure their child's immunisations are up to date. Parents can access their child's immunisation history up until the age of 14 at any time via myGov or by calling the department.

In relation to the credibility of the ACIR, as part of the ANAO's performance audit of the ACIR in 2014-15 the ANAO reported that: "Overall Human Service's administration of the ACIR has been generally effective. The department has generally met or exceeded performance targets". These targets include measurements for data accuracy.

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**Inquiry into Social Services Legislation Amendment (No Jab, No Pay) Bill 2015**

**Public hearing: 2 November 2015**

### **ANSWER TO QUESTION ON NOTICE**

**Department of Human Services**

**Topic:** Australian Childhood Immunisation Register

**Question reference number:** HS 2

**Senator:** Moore

**Type of question:** Written

**Date set by the committee for the return of answer:** 6 November 2015

**Number of pages:** 1

#### **Question:**

Referring to ANAO's 2014-15 Report on the Administration of the Australian Childhood Immunisation Register and the response to recommendation 3 by Ms Kathryn Campbell on 29 May 2015:

What is the current status of the national quality framework to ACIR?

#### **Answer:**

The national quality framework was applied to the ACIR Programme from April 2015. As a result, a Quality Strategy Plan was completed by 30 June 2015. The actions from the plan will be implemented by the end of December 2015.

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### **Inquiry into Social Services Legislation Amendment (No Jab, No Pay) Bill 2015**

**Public hearing: 2 November 2015**

#### **ANSWER TO QUESTION ON NOTICE**

**Department of Human Services**

**Topic:** Australian Childhood Immunisation Register

**Question reference number:** HS 3

**Senator:** Moore

**Type of question:** Written

**Date set by the committee for the return of answer:** 6 November 2015

**Number of pages:** 2

#### **Question:**

Can the Department of Human Services comment on the following additional information provided by the Public Health Association of Australia in relation to the recording of vaccine details in the Australian Childhood Immunisation Register?

The ACIR records immunisation encounter information for all children under that age of 7 years. Immunisation providers report the vaccine name and dose number to the register at the completion of an immunisation encounter, either via medical software programs or directly to the ACIR secure site. From time to time, vaccine names and dose numbers are incorrectly reported. If the incorrectly reported vaccine did not contain all the antigens required for the child, this will result in the register identifying the child as “not fully vaccinated”. An example of this would be if a provider recorded Infanrix IPV (diphtheria, tetanus, pertussis, polio) vaccine instead of Infanrix hexa (diphtheria, tetanus, pertussis, polio, hepatitis B and HIB (haemophilus influenza type b)) vaccine. In this case, the child would be considered “not fully vaccinated” as the child, according to the register, had not received the hepatitis B and HIB (haemophilus influenza type b) antigens.

The register does not prevent an incorrect vaccine or dose number from being reported. Ideally, the register should recognise an incorrectly selected vaccine or dose number, based on the child’s age, and prompt the provider to check the reported vaccine details before allowing the reporting process to continue.

The PHAA acknowledges improvements to the functionality of the register are due to occur in 2017, but at this stage, these changes have not been articulated.

**Answer:**

Improvements to the functionality of the register

In accordance with the phased expansion of the Australian Childhood Immunisation Register (ACIR) into a Whole of Life Australian Immunisation Register (AIR), a range of improvements will be implemented to the Register's functions and operations. This includes new functionality to enable providers to correct errors online through the AIR secure site, such as correction of an incorrect dose number or incorrect vaccine recorded. This will begin to be implemented in September 2017.

In addition, the department will also be investigating with software developers the opportunity to include functionality to prompt for the correct vaccine and dose number to be reported at the time of transmission.