

From:
To: [Community Affairs, Committee \(SEN\)](#)
Cc:
Subject: RE: Program for Senate Community Affairs committee public hearing Monday 2 November 2015
Date: Friday, 6 November 2015 1:44:53 PM

Please see below sent on behalf of Dr Anne Kynaston and Professor Christian Gericke.

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Thank you again for facilitating the RACP's appearance at the Community Affairs Committee's public hearing into immunisation rates on Monday.

Based on Hansard, I have listed the Question on Notice and the RACP's response below:

1. What evidence is there that low socio-economic status and lack of health care access impact vaccination rates?
 - a. The RACP doesn't collate data relating to socio-economic status, health care access and vaccination rates. It is recommended that the Committee seek advice from the Department of Health and the Department of Social Services. As a starting point, the Committee might examine the following research and commentary:
 - i. Barriers to childhood immunisation: Findings from the Longitudinal Study of Australian Children - Anna Pearce, Helen Marshall, Helen Bedford, John Lynch
 1. http://ac.els-cdn.com/S0264410X15005757/1-s2.0-S0264410X15005757-main.pdf?_tid=f9b9fcc4-836b-11e5-b940-00000aacb361&acdnt=1446693728_b63a6f017f06f3dab04695a70f770ec7
 2. "Using the most contemporary Australian data available, we have shown that the majority of incompletely immunised infants (in 2004) did not have a parent who disagreed with immunisation, and socioeconomically disadvantaged parents were more likely to be incompletely immunised." (pg 3381)
 - b. Associate Professor Kristine Macartney
 - i. <https://theconversation.com/forget-no-jab-no-pay-schemes-there-are-better-ways-to-boost-vaccination-37921>
 - b. Associate Professor Julie Leask was able to answer questions relating to medical exemptions when she appeared before the Committee. The RACP also notes the Department of Human Services Australian Childhood Immunisation Register Immunisation Exemption Medical Contraindication form, which outlines the possible exemptions as including:
 - i. unstable neurological disease
 - ii. encephalopathy within 7 days after a previous vaccination
 - iii. immediate severe acute allergic or anaphylactic reaction after any previous vaccination
 - iv. malignant disease and/or immunosuppressive therapy and/or immunosuppression
 - v. allergy to preservative or antibiotic contained in the vaccines
 - b. The child may also receive a temporary exemption due to a non-permanent contraindication.
2. What constitutes a medical exemption?
 - a. I note that Associate Professor Julie Leask was able to answer questions relating to medical exemptions when she appeared before the Committee. The RACP also notes the Department of Human Services Australian Childhood Immunisation Register Immunisation Exemption Medical Contraindication form, which outlines the possible exemptions as including:
 - i. unstable neurological disease
 - ii. encephalopathy within 7 days after a previous vaccination
 - iii. immediate severe acute allergic or anaphylactic reaction after any previous vaccination
 - iv. malignant disease and/or immunosuppressive therapy and/or immunosuppression
 - v. allergy to preservative or antibiotic contained in the vaccines
 - b. The child may also receive a temporary exemption due to a non-permanent contraindication.
3. What is the frequency of severe adverse reactions to vaccines?
 - a. The RACP does not collect or collate this data. This is done by the Therapeutic Goods Administration through their Database of Adverse Event Notifications (DAEN). The

Committee may also like to consult the *Adverse Effects of Vaccines: Evidence and Causality* report from the Institute of Medicine (2011).

- i. <http://iom.nationalacademies.org/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx>

Please advise if the Committee has further questions for the RACP.

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Regards
Alex

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