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From: Larn Lau Bland [REDACTED]
Sent: Monday, 5 October 2015 3:12 PM
To: SARC
Subject: Public Health and Wellbeing Amendment (No Jab, No Play) Bill 2015

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Ms Lizzie Blandthorne MP, Comittee Chair
Scrutiny of Acts and Regulations Committee
Parliament of Victoria
Spring Street
East Melbourne Vic 3002

Dear Committee

As a parent and an Australian, it is my will that the "No Jab, No Play" Bill not be implemented.

While most (over 90%) of Australian children are up-to-date with all vaccinations, there are a small number of conscientious objectors.

I believe as an Australian citizen that my children have a right to equal access to education even if I wish to alter/delay the vaccination schedule for my child.

No Australians should be coerced into medical procedures they do not wish to have. Australia has never had mass medication linked to penalties denying education rights. Each individual or parent/guardian should retain the right to make a personal decision.

We all acknowledge that the various vaccines carry their own risks. But we are as yet unaware as to how to adequately monitor who will be susceptible to vaccination adverse events. For example, side-effects of the MMR (Priorix) are listed on the product insert as, but not exclusive to:

herpes simplex, meningitis, measles-like syndrome, mumps-like syndrome, anaphylactic reactions, encephalitis, cerebellitis, Guillain Barré syndrome, each occuring between 1 in 1,000 doses and 1 in every 10,000

doses. (https://www.gsk.com.au/resources.ashx/vaccineproductschilddataproinfo/563/FileName/DEFED115CD63DF3EFE07FB9817DE34BF/Priorix_PI_005_Approved.pdf)

With around 70,000 babies born Victoria alone each year, it is a large number of potential adverse events to monitor and be accountable for.

Unlike the U.S. ,U.K., Italy and most developed countries, Australia does not currently have a Vaccine Injury Compensation Court.

As you may be aware, vaccine manufacturers have indemnity from public liability in Australia. Without a compensation scheme, I believe it is unethical to create even stronger pressure on parents to vaccinate.

If we are looking to promote health in early childhood we may look to Japan as an example. They do NOT have compulsory vaccination or a vaccination requirement to attend kindergarten or child care. They have one of the lowest infant mortality rates in the world at 2.13 per 1,000 babies, and only begin vaccination at age 3 months.

Australia's infant mortality rate is 4.43 per 1,000.

We should not blindly follow in the footsteps of the U.S. who has the highest number of vaccinations given to children, mandatory vaccinations for education and a higher infant mortality rate than Australia, at 6.17 per 1,000 babies.

The small number of unvaccinated children is being increasingly used as a scapegoat for any appearance of disease.

However if you research widely, you will find that irrespective of high vaccination rate, diseases like whooping cough (pertussis) are making a comeback across most highly vaccinated countries. It is often related to the acellular pertussis vaccine generally being short-lived in action.

This recent government research noted fully vaccinated siblings were major carriers of whooping cough in 0-6 month olds who contracted whooping cough in Western Australia. "At its peak, siblings were the most important sources of pertussis in infants 6 months and younger, particularly fully vaccinated children aged 2 and 3 years."

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Yours faithfully,
L. L. Bland