



When parents object to their child being vaccinated

Immunisation provider guidelines

These guidelines contain points immunisation providers may wish to discuss with the parent/guardian when they state that they would like to partially or completely object to having their child immunised.

1. Points to discuss with parents/guardians

- Their child will not be protected against the diseases for which they have not been vaccinated.
- Their child may be excluded from school if an outbreak occurs.
- If parents/guardians change their mind:
 - whilst their child is still age eligible for government-funded vaccination, they can take their child to an immunisation provider to get them fully vaccinated.
 - if their child is no longer age-eligible for government-funded vaccines, they can still access privately funded vaccines which means they will be required to pay for the vaccine.

2. Suggested reading material for parents/guardians

These materials may increase awareness of the consequences of not having a child fully vaccinated.

- The Comparisons of the Effects of Diseases and the Side Effects of Vaccines chart from the 9th edition *Australian Immunisation Handbook* (see attached).
- *Myths and Realities* book. Note: This book can be ordered at the Department of Health Packcentre website www.dohpackcentre.com.au (item code OA 003941), or accessed online at Immunise Australia website www.immunise.health.gov.au

3. Forms to fill in

Ensure you fill in the relevant documentation.

Filling in the ACIR conscientious objector form will allow parents to continue to receive benefit payments without disruption. It will also remove the child from the providers overall immunisation database, thus avoiding parents receiving letters stating their child is overdue for some vaccinations.

Fill in the ACIR conscientious objector form. This form can be used for partial or complete objection to immunisation. Copies of this form can be found at the Australian Childhood Immunisation Register website http://www.medicareaustralia.gov.au/public/files/ma_conscientious_objection_form.pdf or by calling ACIR on 1800 653 809.

Note

1. Completion of the ACIR conscientious objector form does not preclude the child from receiving vaccines at a later point if the parent/guardian decides otherwise, provided the child is age-eligible for the vaccines.
2. If the child has a medical contraindication to vaccination, the medical provider will need to use the Medical Contraindication form, which can be found at the ACIR website on <http://www.medicareaustralia.gov.au/provider/pubs/forms/files/ma-medical-contraindication-form.pdf> or by calling ACIR on 1800 653 809.

To help parents make an informed decision regarding their child’s immunisation, providers are encouraged to draw attention to the diseases/vaccinations being discussed by ticking the appropriate box.

✓	Disease	Effect of Disease	Side Effect of Vaccine
	<p>Diphtheria – contagious bacteria spread by droplets; causes severe throat and breathing difficulties.</p>	<p>About 1 in 15 patients dies. The bacteria releases a toxin, which can produce nerve paralysis and heart failure.</p>	<p>DTPa/dTpa vaccine – about 1 in 10 will have local inflammation or fever. Booster doses of DTPa may occasionally be associated with extensive circumferential swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.</p>
	<p>Hepatitis A – contagious virus spread by contact or ingestion of faecally contaminated water/ food or through contact with the faecal material of a person infected with Hepatitis A.</p>	<p>Jaundice (yellowing of the skin and eyes), fever, anorexia, nausea, vomiting, hepatic (liver) pain and malaise (tiredness). It may take up to 1 month for patients to recover and some patients may require hospitalisation. Young children may not show any symptoms but are still infectious. Patients are infectious for up to 2 weeks before the onset of jaundice and for approximately 1 week after the jaundice appears.</p>	<p>About 1 in 5 will have discomfort or local inflammation at the site of injection.</p>
	<p>Hepatitis B – virus spread mainly by blood, sexual contact or from mother to newborn baby; causes acute hepatitis or cause person to become a chronic carrier of the disease.</p>	<p>About 1 in 4 chronic carriers will develop cirrhosis or liver cancer.</p>	<p>About 1 in 15 will have injection site pain and 1 in 100 will have fever. Anaphylaxis occurs in about 1 in 600,000.</p>
	<p>Hib – contagious bacteria spread by respiratory droplets; causes meningitis (inflammation of brain covering), epiglottitis (respiratory obstruction), septicaemia (blood poisoning) and osteomyelitis (bone infection).</p>	<p>About 1 in 20 meningitis patients will die and about 1 in 4 survivors will have permanent brain or nerve damage. About 1 in 100 patients with epiglottitis will die.</p>	<p>About 1 in 20 has discomfort or local inflammation. About 1 in 50 has fever.</p>
	<p>Human papillomavirus (HPV) – virus spread mainly by sexual contact. Causes cervical cancer.</p>	<p>About 1 in 2 of cervical cancers worldwide has been associated with HPV 16 and 1 in 10 with HPV 18.</p>	<p>About 8 in 10 will have pain and 2 in 10 will have swelling/ redness at the injection site. Very occasionally headache, fever and nausea may occur.</p>

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	Influenza – contagious virus spread by respiratory droplets; causes fever, muscle and joint pain and pneumonia.	Causes increased hospitalisation in the elderly. High-risk groups include the elderly, very young and those with chronic diseases.	About 1 in 10 has local reactions. Guillain-Barre syndrome occurs at a rate of 1 in 1 million.
	Measles – highly infectious virus spread by droplets; causes fever, cough and rash.	1 in 15 children with measles develops pneumonia and 1 in 1000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 dies and up to 4 have permanent brain damage. About 1 in 100 000 develops SSPE (brain degeneration) which is always fatal.	About 1 in 10 has discomfort, local inflammation or fever. About 1 in 20 develops a rash which is non-infectious. Fewer than 1 in 1 million recipients develops encephalitis (brain inflammation).
	Meningococcal infections – bacteria spread by respiratory droplets. Causes septicemia (blood poisoning) and meningitis (infection of the brain covering).	About 1 in 10 patients will die. Of those who survive, 1 in 30 has severe skin scarring or loss of limbs and 1 in 30 has severe brain damage.	Conjugate vaccine: About 1 in 10 has local inflammation, fever, irritability, anorexia or headaches.
	Mumps – contagious virus spread by saliva; causes swollen neck and salivary glands and fever.	1 in 200 children develops encephalitis (brain inflammation). 1 in 5 males past puberty develops inflammation of the testes. Occasionally, mumps cause infertility or deafness.	1 in 100 vaccine recipients may develop swelling of the salivary glands. 1 in 3 million recipients develops mild encephalitis (brain inflammation).
	Pertussis – contagious bacteria spread by respiratory droplets; causes whooping cough and vomiting lasting up to 3 months.	About 1 in 200 whooping cough patients under the age of 6 months dies from pneumonia or brain damage.	DTPa/dTpa vaccine – about 1 in 10 has local inflammation or fever. Booster doses of DTPa may occasionally be associated with extensive circumferential swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.
	Pneumococcal infections – bacteria spread by respiratory droplets; causes septicemia (blood poisoning), meningitis (infection of the brain covering) and occasionally other infections.	About 1 in 10 meningitis patients will die.	13vPCV – about 1 in 10 has a local reaction or fever. 23vPPV – about 1 in 2 has a local reaction.
	Polio – contagious virus spread by faeces and saliva; causes fever, headache and vomiting and may progress to paralysis.	While many infections cause no symptoms, about 1 in 20 hospitalised patients dies and 1 in 2 patients who survive will be permanently paralysed.	Local redness, pain and swelling at the site of injection are common. Up to 1 in 10 has fever, crying and decreased appetite.

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	<p>Rotavirus – virus spread by faecal-oral route; causes gastroenteritis which can be severe.</p>	<p>In children <5 years of age, rotavirus infections in Australia account for approximately 10,000 hospitalisations every year, approximately 115,000 children visit a GP and approximately 22,000 children require an emergency department visit. Illness may range from mild, watery diarrhoea of limited duration to severe dehydrating diarrhoea and fever which can result in death.</p>	<p>1–3 vaccine recipients in every 100 may develop diarrhoea or vomiting in the week following vaccine administration.</p>
	<p>Rubella – contagious virus spread by droplets; causes fever, rash and swollen glands, but causes severe malformation in babies of infected pregnant women.</p>	<p>About 5 in 10 patients develop a rash and painful swollen glands; 5 in 10 adolescents and adults have painful joints; 1 in 3,000 develops thrombocytopenia (bruising or bleeding); 1 in 6,000 develops inflammation of the brain; 9 in 10 babies infected during the first 10 weeks after conception will have a major congenital abnormality (including deafness, blindness or heart defects).</p>	<p>About 1 in 10 has discomfort, local inflammation, or fever. About 1 in 20 has swollen glands, stiff neck, or joint pains. About 1 in 20 has a rash, which is non-infectious. Thrombocytopenia (bruising or bleeding) occurs after a first dose of MMR at a rate of about 1 in 30,500.</p>
	<p>Tetanus – caused by toxin of bacteria in soil; causes painful muscle spasms, convulsions, lock jaw.</p>	<p>About 3 in 100 patients die. The risk is greatest amongst the young and elderly.</p>	<p>DTPa/dTpa vaccine – about 1 in 10 has local inflammation or fever. Booster doses of DTPa may occasionally be associated with extensive circumferential swelling of the limb, but this resolves completely within a few days. Serious adverse events are very rare.</p>
	<p>Varicella (chickenpox) – highly contagious virus; causes low-grade fever and vesicular rash. Reactivation of the virus later in life causes herpes zoster (shingles).</p>	<p>1 in 100,000 patients develops encephalitis (brain inflammation). About 3 in 100,000 patients die. Infection during pregnancy can result in congenital malformations in the baby. Onset of infection in the mother from 5 days before, to 2 days after delivery, results in severe infection in the newborn baby in up to a third of cases.</p>	<p>About 1 in 5 has a local reaction or fever. A mild varicella-like rash may develop in up to 5 in 100 recipients.</p>

