

THE PROMOTION OF FALSE OR MISLEADING HEALTH-RELATED INFORMATION OR PRACTICES

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Date Received: 10/02/2014



Australian Government

Department of Health

CHIEF MEDICAL OFFICER

The Hon Leslie Williams MP
Chair
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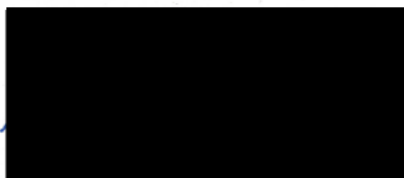
Dear Mrs Williams

I refer to your letter of 5 December 2013 to the Minister for Health and Minister for Sport, the Hon Peter Dutton MP, regarding the Committee on the Health Care Complaints Commission (HCCC) inquiry into the promotion of false and misleading health-related information or practices. The Minister has asked me to reply.

The Department of Health supports the HCCC inquiry and welcomes the opportunity to provide our views for your Committee's consideration. The inquiry into false and misleading health related information addresses an important community concern. Our role is to protect the health and safety of the community through reducing the incidence of preventable disease and ensuring the community have access to the information they need to make an informed decision about health care. The Department is specifically concerned about the promotion of immunisation misinformation and the potential detrimental impact this may have on individual and public health more broadly.

I trust that the information contained in the submission is of assistance to the Committee's inquiry. I look forward to hearing the consultations and outcome of this important work.

Yours sincerely



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10 February 2014



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Department of Health

Submission to
the Health Care Complaints Commission
Parliamentary Inquiry into the Promotion of False or
Misleading Health-Related Information or Materials
from the Department of Health
January 2014

1. Background

Australia's comprehensive and successful National Immunisation Program (NIP) contributes to our low infant mortality and high life expectancy rates. The NIP aims to increase national immunisation coverage rates and reduce the incidence of morbidity and mortality due to vaccine-preventable diseases in the Australian community.

The use of vaccines is one of the most significant public health interventions in the last two hundred years. Since the introduction of vaccination for children in Australia in 1932, deaths from vaccine-preventable diseases have fallen by 99 per cent, despite a three-fold increase in the Australian population over that period. Vaccination coverage in Australia has increased over the past decade from 75 per cent to more than 90 per cent for children in the one, two and five year age groups. Increasing the overall level of immunity in the community also helps to protect vulnerable people who cannot be vaccinated because they are too young or because they have compelling medical reasons not to receive a specific vaccine.

The success of the NIP can be demonstrated through the elimination of smallpox and near-elimination of polio and diphtheria in Australia. Since the introduction of the haemophilus influenza type b (Hib) vaccine in 1993, there has been a 97% reduction in notified cases of Hib in Australia. Australia now has the lowest rates of Hib infection in the world.

While Australia has an excellent record in national childhood immunisation coverage, achieving at or above 90% 'fully immunised' for children in the one, two and five year age groups, there are geographic areas and population groups that have low coverage. The National Health Performance Authority (NHPA) *Healthy Communities: Immunisation rates for children 2011-12* identifies that 32 (9.6%) of the 333 Statistical Area 3 geographical areas have immunisation coverage being 85% or lower for at least one age group. For example:

- **1 year age group**, Richmond Valley Coastal NSW (82.4%), Fremantle WA (84.7%), and Tablelands (East) - Kuranda Queensland (84.8%).
- **2 year age group**, Richmond Valley Coastal NSW (80.3%), Nambour- Pomona Queensland (84.1%), and Surfers Paradise, Queensland (84.1%).
- **5 year age group**, Richmond Valley Coastal NSW (78.8%), Adelaide City SA (78.8%), Darwin Suburbs NT (84.9%), Sunshine Coast Hinterland Queensland (83.7%) and in WA, Fremantle (82.7%), Belmont-Victoria Park (83.3%) and Pilbara (83.4%).

Variation in immunisation coverage at the local level means that there are some regions in Australia where immunisation coverage is lower than that required to prevent the spread of disease. For immunisation to provide the greatest benefit to the population as a whole, a sufficient number of people need to be vaccinated to halt the spread of the bacteria and viruses that cause disease. The level of immunity required to prevent disease spread (known as herd immunity) is around 90% for many vaccine preventable diseases. While a minority

(about 1.57% at a national level in Australia) actively register their refusal to vaccinate with the Department of Human Services (conscientious objectors), this figure is significantly higher in some local communities. Children who are assessed as being 'not fully immunised' include conscientious objectors, children who have no vaccination history recorded in the Australian Childhood Immunisation Register (approximately 3%) as well as children who may be immunised against most vaccines but have missed or delayed one or more vaccines.

2. Issue

The Department of Health is concerned about the prevalence of anti-immunisation misinformation, and the impact this has on some parents when considering vaccinating their child. Legitimate concerns of parents are fuelled by the promotion of false and misleading information on immunisation, which is purportedly of a medical nature but contrary to accepted medical practice or peer reviewed medical research. This misinformation has the potential to lead to harmful consequences for both individuals and for public health more broadly, as a result of reduced immunisation coverage rates. While most diseases we immunise for in Australia are no longer prevalent, many vaccine-preventable illnesses like measles are still common in many countries, particularly in less-developed countries and people travelling overseas are at risk if they are not vaccinated. Returning travellers can also bring vaccine-preventable illnesses like measles back to Australia causing local outbreaks. Unfortunately there is a perception that these diseases are no longer a threat and a level of complacency exists about the consequences and risks of re-emergence of potentially fatal vaccine preventable diseases. As cases of a disease decrease, people can start believing incorrectly the risk from the vaccine is more than the threat of disease. If fewer Australian children are vaccinated, these diseases can become common again, causing more illness and deaths. For a disease like measles, this can happen if fewer than 95% of children in an area are vaccinated. Recent outbreaks of measles in NSW and Victoria illustrate the importance of achieving high vaccination coverage rates at both national and local levels.

Australian Vaccination Network (AVN)

The Australian Vaccination Network (AVN) is Australia's main anti-vaccination lobby group. The AVN's website (www.avn.org.au) claims that the group is not anti-vaccination but pro-information and pro-choice and that its job is to inform and educate parents. Typically, the AVN launches its opposition to vaccination on appealing platforms such as the upholding of individual choice, freedom from discrimination, informed consent and the right to full information.

However, more detailed analysis identifies a focus deeply embedded in an opposition to immunisation and an implicit desire to dissuade parents from vaccinating their children. The AVN focuses on a range of core issues including:

- Alternatives to vaccination;
- Vaccine dangers (adverse events, dangers of the measles vaccine, illnesses related to vaccination); and
- Discrimination and coercion (the linking of immunisation to eligibility to receive family payments).

Most of the anti-vaccination arguments of the AVN appeal to parents' understandable concerns for the health and safety of their children. New parents are particularly vulnerable to misinformation, with fear being a powerful motivator. Incorrect allegations regarding adverse effects from vaccines typically target feared diseases, syndromes or conditions of unknown or uncertain cause such as autism, sudden infant death syndrome or multiple sclerosis.

The most significant lobbying of the AVN continues to be concentrated around the suggestion that vaccination may cause Autism Spectrum Disorder (ASD) which arose as a result of research conducted by Dr Andrew Wakefield of the Royal Free Hospital in the United Kingdom. Dr Wakefield suggested a link between MMR vaccine and inflammatory bowel disease (IBD) that in turn contributed to the development of disorders such as autism. Although this theory generated a lot of media attention at the time, subsequent peer reviews of this research found significant flaws in the science behind Dr Wakefield's findings. In March 2004, 10 of the 13 original authors involved in Dr Wakefield's research printed a retraction in *The Lancet*, and withdrew their support for the findings. The lead author Andrew Wakefield was struck off the UK's Medical Register in May 2010, for dishonest falsification and is barred from practising medicine in the UK. Numerous well-conducted studies and expert panel reviews since 1998 have now produced conclusive evidence that there is no link between MMR vaccine and autism and IBD. Despite this, the AVN continues to actively promote the existence of a causal link between vaccination and autism. It is of great concern that, based on information promoted by the AVN, but otherwise widely discredited, some parents choose not to protect their children from vaccine-preventable diseases, delay vaccination or selectively vaccinate and by doing so put the broader community at risk.

Social media plays an increasingly prominent role in how consumers access information. Anti-vaccination commentary of the AVN is prevalent in social media. Of great concern is that the messages of the AVN enter a range of arenas where message recipients are often unaware of the origin of the information, which is 'selective' and of a coordinated nature of an anti-vaccination group. Information contained on the AVN website often appears legitimate, citing reliable sources and published literature, but which is either misquoted or taken out of context, as well anecdotes about purported serious adverse events instead of scientific evidence. The AVN selectively filters new research findings and summarised only studies that, at face value, support the AVN claims.

The Department's Position

Community concerns about the activities of the AVN have been raised with the Department of Health on many occasions by members of the public through correspondence. Rather than engage directly with anti-vaccination groups like the AVN, the Government's strategy has been to ensure that accurate and unbiased information is available to enable parents and individuals to make an informed decision as to whether or not to participate in an immunisation program, this includes promoting and supporting vaccine safety, but not overstating the safety or efficacy of vaccines. The 10th Edition of *The Australian Immunisation Handbook* which is available on the Immunise Australia website provides current information on immunisation practice, new vaccines and vaccine preventable diseases in Australia. It is based on up-to-date scientific research and is endorsed by the National Health and Medical Research Council of Australia. Also available on the website is the publication entitled *Myths and Realities: Responding to Arguments Against Immunisation*, which contains information to assist both practitioners and parents in making an informed choice about the benefits and risks of vaccination.

Vaccination, although desirable and strongly encouraged, is not compulsory in Australia. The Government in developing immunisation programs recognises that parents and individuals have a right to choose not to immunise their children or be immunised against a disease on the basis of personal, philosophical, religious or medical beliefs. The Department of Health is certainly not opposed to informed scientific debate on the benefits and risk of vaccination. However, we continue to see vaccine opponent groups like the AVN overthrow debates with extreme claims removing any opportunity for a legitimate public discussion about improving vaccination programs.

3. Health Care Complaints Commission

The Department of Health supports the Health Care Complaints Commission (HCCC) inquiry into the promotion of false and misleading health-related information and practices. The inquiry addresses an important community concern. The department supports the intent of the amendment in relation to the capacity of the HCCC to investigate complaints against health services like the AVN that can impact on individual and public health.