

# 'No jab, no pay' vaccination policy needs improvement

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The federal government's new 'no jab, no pay' policy is "well intended" but won't lift vaccination rates among young children, according to University of Sydney public health experts.

Parents who refuse to vaccinate their children will be stripped of family tax and childcare payments under the [policy](#) announced recently by the [federal government](#).

The change to family tax and childcare payments, which will need a green light from Parliament, means affected parents could lose up to \$15,000 per child from 1 January 2016.

Dubbed the 'no jab - no pay' policy, it has drawn a mixture of praise and criticism from medical experts, parents and commentators.

Although Australia's has high childhood vaccination rates - around 93 per cent - the numbers of people who are registered vaccination objectors has risen over the past decade.

During this time, the number of children aged less than seven who are not vaccinated because their parents are objectors has risen by 24,000 to 39,000.

Currently, about two per cent of parents are registered as vaccine objectors. Of these, half are considered "hard core" objectors, while the other half still give their children some vaccines.

In addition, there is a larger group of parents, perhaps four or five per cent, who don't vaccinate their children or keep them updated for practical or logistical reasons.

Those who've welcomed the policy see it as a well-motivated move that could lift vaccination rates, especially among objectors and small pockets of the community where rates are down as low as 50 to 60 per cent.

Not everyone thinks the policy will achieve its aim.

"The new policy is unlikely to make a meaningful dent in vaccination rates," says Associate Professor Julie Leask of the University of Sydney.

Professor Leask says the policy amounts to a form of "mandatory vaccination" for lower income families that won't motivate higher income families who are more prevalent among vaccine objectors.

Data from the National Health Performance Authority reveals that as of 2012-13, affluent areas, where families may not qualify for government payments, had some of the lowest percentages of children under five who were fully immunised.

These areas include Annandale, Manly, Paddington, Killara and Neutral Bay in Sydney, and South Yarra in Melbourne.

Professor Leask warns the new policy could also see lower income families unable to afford childcare, and some working mother's sidelined from the workforce because they can't access childcare.

"The policy won't shift entrenched vaccine objectors," says Leask.

"As a monetary sanction there is little evidence that it will lift

vaccination rates, whereas Australia's current system of incentives comes with strong evidence for their impact on [vaccination rates](#).

"The system we have now works well - maximising procedural complexity for non-vaccinators while encouraging late parents to be up to date."

Professor Leask says the government should focus instead on removing "practical barriers to immunisation", such as a better reminder system for parents, more flexible clinic hours, and a focus on culturally respectful health services.

Infectious diseases physician, Professor Robert Booy says Australia has "gone out on a limb with this new policy to restrict welfare payments to [parents](#) if they don't vaccinate their children.

"We don't know what effect it will have," said Booy in a video interview. "It could be positive but it could but at most I can't see it producing more than a one per cent increase in immunisation uptake.

Professor Booy says high vaccine uptake is necessary for controlling deadly vaccine-preventable diseases.

"If we don't have high uptake, it's very easy to break 'herd immunity', and for transmission to occur from one person to another.

This is especially true for highly transmissible disease such as whooping cough, influenza and chicken pox." He says it's important to "address the people whose minds you can change."

"There's a big chunk of people - maybe five or ten per cent - who are somewhat hesitant. If we took the time to listen to and respond to their vaccination concerns in ways that address intellectual and emotional

issues, I think we can make a real difference."

Provided by University of Sydney

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