

Banning unvaccinated kids from child care may have unforeseen consequences

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The federal government's push for all state and territories to [ban unvaccinated children from child care](#) is a coercive measure that may disadvantage working parents and their children, and may have other

unintended consequences.

Prime Minister Malcolm Turnbull says unifying how [different state and territories](#) handle access to [child care](#) is needed to boost childhood [vaccination rates](#).

But there are other ways of achieving this that don't disadvantage working women, in particular.

Another coercive measure

"No Jab No Play" follows the much discussed "[No Jab No Pay](#)" policy, which makes vaccination a condition for receiving certain government benefits and subsidies.

But there is no evidence that banning unvaccinated [children](#) from child care will be any better than excluding them temporarily during an outbreak, [which already occurs](#).

Yes, any measure that causes hardship, inconvenience or financial disadvantage for the target population *will* [raise immunisation rates](#). If vaccine-hesitant parents cannot go to work because they do not have child care, or if they depend on child care payments or family tax benefits, then they may have no option but to vaccinate their child.

But we need to ask whether coercion is ethical and equitable, and whether there are [better ways](#) to improve immunisation rates.

There's also the question of whether vaccinating a child by coercion, for instance to secure a place at child care, breaches principles of valid consent. The [Australian Immunisation Handbook](#), produced by the Department of Health, says legally valid consent to vaccination:

"... must be given voluntarily in the absence of undue pressure, coercion or manipulation."

It is not clear whether "No Jab No Play" constitutes undue pressure, like some vaccine objectors claim, but doctors [have been advised](#) to make sure they obtain appropriate consent before vaccinating.

Effects on families and children

Working parents often depend on both incomes; child care allows parents to work, to contribute to society and to the economy.

Banning unvaccinated children from child care may force women in particular, out of the workforce to take care of children who would otherwise have attended. While wealthy parents can afford to continue to object to vaccination, many cannot.

If children cannot attend child care, they will miss out on its benefits. Such a step could also see a proliferation of [underground child care centres](#) solely for unvaccinated children. This would be a step backward in disease control: without herd immunity that high vaccination rates provide, the risk of disease outbreaks increases.

There are better ways

There are many [different approaches](#) to improving vaccination worldwide. Many other countries such as Canada achieve high rates of vaccination [without coercion or even legislation](#).

Australia is doing fairly well in controlling infectious diseases. Vaccination rates for kids younger than 15 months were [over 93%](#) before the [No Jab, No Pay](#) policy, among the highest in the world. But

there is room for improvement.

Rather than banning unvaccinated children from child care, our best approach is to first identify where outbreaks or unacceptable rates of particular vaccine-preventable diseases are occurring.

For instance, children still die of vaccine-preventable diseases such as [whooping cough](#), especially babies too young to have completed the full vaccine course. Hepatitis A also causes child care outbreaks, but unlike the US, the vaccine is not on our [National Immunisation Program](#).

Target all age groups

In a country with high vaccination rates, we will have more success by identifying vaccine-preventable disease risks in all [age groups](#) and devising strategies to target them. For instance, many [preventable epidemics](#) are in adolescents and adults, such as measles. By tackling epidemics in older age groups, we can protect them *and* reduce the chance of those infectious diseases spreading to other vulnerable people, including children.

For infants too young to be fully vaccinated, strategies such as [vaccinating pregnant women and their immediate family](#) can protect them.

To improve overall infant vaccination rates, focusing on [hesitant parents](#) is likely to yield better results than focusing on outright objectors to vaccination.

And placing administrative barriers, for instance requiring parents to fill in multiple forms to register as an objector, would make vaccination the easiest course of action. Such measures would also separate true objectors from those who delay or hesitate about vaccination.

Inclusion and trust

Taking a long term view to ensure vaccination programs remain resilient, trusted and accepted beyond the political electoral cycle, it is best to build parents' trust and use a more inclusive approach.

No vaccine is 100% safe or 100% effective, and sometimes serious [vaccine](#) side effects do occur, such as the [first rotavirus vaccine](#) in the US. A coercive policy will erode public trust if such events occur, especially without a [no-fault vaccine compensation system](#) in Australia.

An environment that ostracises or marginalises a targeted group of people may result in a bullying culture and other punishment, [such as unverified reports of unvaccinated children having medical treatment withheld](#). This is not good public health practice.

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