17th March 2020

IMOParty would like to respond to **Andrews Labor Government's proposed 'Mandatory Vaccination of Healthcare Workers Bill 2020'**. The IMOParty opposes any form of coercion regarding vaccines and would like to fight for the rights of Healthcare Workers to choose or refuse vaccines. Our comments below based on Labor Governments Press Release dated 16th February [1].

1. "Last year's unprecedented flu season put enormous strain on our hospitals, with more than 69,000 laboratory-confirmed flu cases. Victoria's dedicated health workforce rose to the challenge and continued to deliver world-class care."

- The Labor government's media release is misleading as it gives the impression that 69,000 flu cases could have been avoided by vaccination.
- Increased testing for Influenza-like illness (ILI) is responsible for the increase in laboratory-confirmed flu cases [2].

Influenza reported data:

- It has been reported that between 10% to 48% of cases of ILI are due to influenza viruses [3], [4].
- In Australia in 2019, under 30% of specimens sent for laboratory analysis tested positive for laboratory confirmed influenza based on government statistics [5], [6].
- This means the majority of lab specimens (˜70%) for influenza-like illness were not positive for flu strains covered by the vaccine. VIDRL data reporting for influenza in Victoria in 2019 reported influenza-positive swabs for between 16-48% of samples tested [7]. This does not mean that up to 48% of swabs were a match for the strains covered by the vaccine. The CDC reports that Flu vaccines do not protect against infection and illness caused by other viruses that also can cause flu-like symptoms [8].

2. "Last year's flu season was our worst on record – highlighting why it's so important our staff are protected against infectious diseases, so they can continue to provide the best care for patients."

- As mentioned above, the authors of the MJA article show quite clearly that laboratory testing for influenza "*has resulted in annual increases in test numbers*" and this has been used to fuel the annual media panic spearheaded by our Health Minister. Here is a quote from the Australian Influenza Surveillance Reports for the 2019 Influenza Season in Australia:
- "*Clinical severity for the season to date, as measured through the proportion of patients admitted directly to ICU, and deaths attributed to influenza, is low*" [9].
- The same Department of Health report from further back into the flu season in June 2019 states: "*Severity – There is no indication of the potential severity of the 2019 season at this time*" [10].

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- Australians were vaccinated more than ever against influenza in 2019. The total vaccine stock for Australia in 2019 was 12.5 million doses [11]. This was the highest number of vaccine doses ever provided for the population, higher even than in 2009 during the A (H1N1) pandemic [12]. Yet there was a horror flu season according to our Health Minister. *"The 2020 influenza vaccine stock will be the biggest ordered yet"* [13]. It will be interesting next year to analyse whether an even larger supply of influenza vaccine precedes an even larger epidemic.

3. "Our new laws will mean healthcare workers must be fully immunized to protect themselves and patients against the flu each year, as well as whooping cough, measles, chicken pox and hepatitis B."

Mandating these vaccines on healthcare workers does not eliminate the risk of other many communicable infectious diseases that are not covered by existing vaccines. For example, bronchitis, pneumonia, respiratory infection, certain influenza strains (as detailed in point 1) and coronavirus, just to name a few. Enhanced OH&S protocols are more likely to protect staff and patients (such as hand hygiene and wearing a mask) because vaccination only relates to a small number of possible illnesses. So, protection by this proposed legislation will be minimal.

And specifically with:

<u>Pertussis/Whooping cough</u>

- The CDC acknowledges the poor vaccination effectiveness outcomes of pertussis "asymptomatic reservoirs for infection" [14].
- *"The DTaP vaccination policy has created a cohort of people (the number of which is expanding yearly) who are more susceptible to repeated clinical illness with B pertussis infection"* [15].
- Vaccinated healthcare workers can contract pertussis infection and their symptoms are likely to be modified compared to classic pertussis; nevertheless, they can be responsible for transmission to others, especially vulnerable infant contacts [16].
- Vaccinating adults with the acellular pertussis (Tdap) vaccine offers limited protection against infection for vaccine recipients, but not enough to prevent outbreaks with the virus being transmitted to others [17].
- Rates of pertussis notifications in Australia have increased dramatically in recent years, from an average annual rate of 34 per 100,000 population between April 2000 and March 2004 to 158 per 100,000 population between April 2010 and March 2011 [18].
- Pertussis remains endemic in Australia despite a long-term national vaccination program, with waning immunity contributing to epidemics every 3–5 years [19].
- AND the manufacturer of 'Boostrix' vaccine states: "*The role of the different components produced by B. pertussis in either the pathogenesis of, or the immunity to, pertussis is not well understood*" *[20].*
- Additional pertussis vaccines in adulthood do not protect against disease or transmission of Bordatella pertussis "*all children who were primed by DTaP vaccines will be more susceptible to pertussis throughout their lifetimes, and there is no easy way to decrease this increased lifetime susceptibility." [21]*

Public health experts cannot rely on herd immunity to protect people from pertussis since:

- Pertussis spreads so easily.
- Vaccine protection decreases over time (waning immunity) [22].
- Acellular pertussis vaccines may not prevent colonization (carrying the bacteria in your body without getting sick) or the spread of the bacteria to others [23].
- 'Asymptomatic transmission and the resurgence of Bordetella pertussis' [24].
- Additionally, as explained by the CDC, B. pertussis are also changing at a genetic level [25].

The above facts contribute to our assertion that pertussis immunisation would be an ineffective solution to prevent the spread of pertussis to the patients of Australian Healthcare workers.

MMR: Measles/Mumps/Rubella

- In 2007, the CDC conducted a study on waning immunity after two doses of the measles, mumps and rubella (MMR) vaccine [26]. The results, published in Archives of Pediatrics and Adolescent Medicine, show:
    i. About 35% of vaccinated 7-year-olds are susceptible to subclinical infection with measles virus.
    ii. About 60% of vaccinated 15-year-olds are susceptible to subclinical infection with measles virus.
    iii. By age 24–26, a projected 33% of vaccinated adults are susceptible to clinical infection.
- Consequently, nearly 50% of schoolchildren and most adults vaccinated with two doses of MMR vaccine can still be infected with measles virus and spread it to others, even with mild or no symptoms of their own [27].
- Adding a third dose of MMR to a schedule for Australian healthcare workers would not likely solve the problem of waning immunity to measles virus in adults as a study published in 2016 demonstrates [28].
- Vaccination is promoted as a way to protect the immune compromised from infectious disease. In the case of measles, mumps or rubella, Immune globulin (antibody plasma) is available as treatment for immunocompromised people exposed to these diseases.

Influenza

- Herd immunity calculations for percentage of the population needing to be vaccinated are dependent on vaccine efficacy [29].
- In 2018 it was reported that the percentage of population needed to be vaccinated in order to produce herd immunity to Influenza in the United States was between 44.4%-67.3%, dependent on the type of flu strains circulating and how well these were a match for the vaccine [30].
- Australian healthcare workers are already vaccinated voluntarily at a rate of 88%, which is above the 67.3% needed to induce a protective Herd effect.
- 'Cochrane Influenza review 2016: Influenza vaccination for healthcare workers who care for people aged 60 or older living in long-term care institutions' *"There is an absence of high-quality evidence that vaccinating healthcare workers (HCW) against influenza protects people aged 60 years or older in their care on influenza-specific outcomes. There is little evidence to justify medical care and public health practitioners mandating influenza vaccination for healthcare workers who care for the elderly in long-term care institutions (LTCIs)"* [31].

4. "Ensuring our dedicated healthcare workers are vaccinated provides them with a greater level of personal protection, while also reducing the spread of diseases to vulnerable patients."

- In Edmond's Open Forum Infectious Diseases (2019) publication "Mandatory Flu Vaccine for Healthcare Workers: Not worthwhile", it is stated: "*If hospitals were truly serious about protecting their patients, they would develop programs to reduce presenteeism in conjunction with a voluntary vaccination program, which would have a much greater impact on infection transmission in the hospital*" [32].

Presenteeism:

- Healthcare personnel working while experiencing illness contribute to disease transmission in health care settings, this is known as "Presenteeism" [33].

- Presenteeism is the real-world problem behind disease outbreaks in healthcare settings. *"Sick workers dragging themselves into the workplace are costing the Australian economy more than $34 billion a year"* [34].
- Occupations more at risk of presenteeism include those with strong attendance demands such as physicians, nurses, allied health professionals, and welfare and teaching occupations. A survey of UK doctors found more than 80% reported presenteeism with many citing their reluctance to burden their colleagues as the reason for continuing to work when ill [35]. Healthcare personnel (HCP) working while experiencing influenza-like illness (ILI) contribute to influenza transmission in health care settings.
- Hospital-based HCP had the highest frequency of working with ILI [36].

Influenza vaccine effectiveness:

- Annual influenza vaccination may adversely affect vaccine-induced protection in some seasons.
- Scientific investigation into the immunologic effects of annual vaccination remains severely lacking, particularly the long-term effects of repeated vaccination over decades and the specific preconditions for negative interference in some seasons.
- "The public health impact of repeated immunization and the immunologic mechanisms leading to reduced protection or increased risk remain poorly understood" [37].
- Vaccination reduces laboratory-confirmed influenza only from 2% to 1% (real-world effectiveness) [38].
- Influenza vaccine effectiveness (VE) is dependent on how well the vaccine viruses match with the circulating influenza strains [39].
- According to the CDC, the measurement of influenza vaccine efficacy and effectiveness can be affected by virus type and host factors as well as the study methodology used [40], [41].
- It is not a precise science [42], [43].

5. "The Labor Government is also making it easier for busy families to get the flu jab by reducing the age Victorians can receive it at a pharmacy to 10."

- The 2017 study, 'Repeated annual influenza vaccination and vaccine effectiveness: review of evidence', calls into question the safety and effectiveness of repeated influenza vaccination over the long-term [44]. It is worth noting that most controlled studies of vaccination safety and efficacy are done on healthy consenting adults. There is limited data on the safety of repeated annual influenza vaccination in children.
- Children, whether they be deemed 'mature minors' are not equipped to deal with the physical consequences of suffering a serious adverse event and as the TGA's adverse event reports show, many children suffer adverse events after receiving an influenza vaccine [45].
- There are also no randomised controlled trials (RCT) in the medical literature which prove that a combination of vaccines:
  - are safe to be administered concomitantly
  - will reduce the all-cause sickness of medical staff.

6. "We are taking the fight against the flu and other preventable diseases further by making vaccination compulsory for healthcare workers."

Contraindications to vaccination:

- According to the Australian Immunisation Handbook, medical exemption to vaccination may be granted if the patient has previously experienced anaphylaxis in response to an ingredient or a previous dose of the same vaccine [46].

- Egg-allergic and nut-allergic individuals are not exempt from vaccination. Most immune compromised persons are not exempt from vaccination, timing is only delayed if it is a live vaccine [47].
- An exemption may not be granted in the event of a seizure, infection or other serious adverse reaction, or to a reaction experienced after a different vaccine brand.

Adverse Events:

Coercing / mandating multiple vaccinations for healthcare workers will not guarantee the safety or wellbeing of healthcare workers.

- Adverse events are under-reported around the world, with estimates that 90-95% of adverse events are not reported to regulators [48], [49].
- The TGA keep a Database of Adverse Event Notifications (DAEN). Adverse events recorded after vaccine injury are notoriously under-reported by a factor of 10 [50].
- Equally the USA government's vaccine adverse events system (VAERS), shows thousands of adverse events. In 2019 alone there were over 41,000 adverse events reported following vaccination [51].
- A 2017-2019 DAEN report for adverse reactions to influenza vaccines contains 2,195 case reports, of which 1,839 are attributed only to receiving a single flu jab (excluding reports concerning the high-dose flu vaccine used for the elderly).

Database of Adverse Event Notifications - medicines

Results

Number of reports (cases): 2195

(Multiple adverse events have been reported for some patients)

Number of cases with a single suspected medicine: 1839

(The TGA thinks there is a possibility that the medicine caused the adverse event)

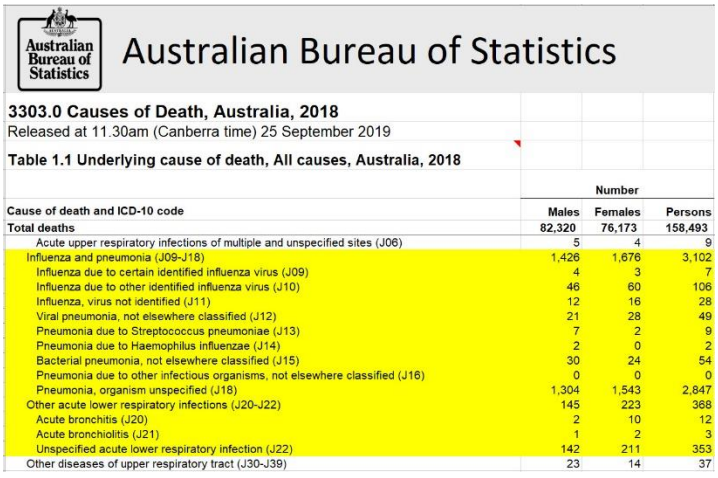
Number of cases where death was a reported outcome: 2

(These reports of death may or may not have been a result of taking a medicine)

Image source: TGA [52]

This report shows there were 2 recorded deaths, many entries showing serious injury which are "auto-immune" in nature. 5% of Australians are now diagnosed with an autoimmune disease and these numbers are growing worldwide into a hidden epidemic [53], [54].

- The Australian Bureau of Statistics (ABS) reports death from Influenza and death from Pneumonia as one combined number, which is used in headline reporting [55].
- ABS detailed reports on causes of death do however differentiate between pneumonia and influenza and consistently show pneumonia to be a far greater cause of death.



Australian Bureau of Statistics

3303.0 Causes of Death, Australia, 2018

Released at 11.30am (Canberra time) 25 September 2019

Table 1.1 Underlying cause of death, All causes, Australia, 2018

	Number		
Cause of death and ICD-10 code	**Males**	**Females**	**Persons**
Total deaths	**82,320**	**76,173**	**158,493**
Acute upper respiratory infections of multiple and unspecified sites (J06)	5	4	9
Influenza and pneumonia (J09-J18)	1,426	1,676	3,102
Influenza due to certain identified influenza virus (J09)	4	3	7
Influenza due to other identified influenza virus (J10)	46	60	106
Influenza, virus not identified (J11)	12	16	28
Viral pneumonia, not elsewhere classified (J12)	21	28	49
Pneumonia due to Streptococcus pneumoniae (J13)	7	2	9
Pneumonia due to Haemophilus influenzae (J14)	2	0	2
Bacterial pneumonia, not elsewhere classified (J15)	30	24	54
Pneumonia due to other infectious organisms, not elsewhere classified (J16)	0	0	0
Pneumonia, organism unspecified (J18)	1,304	1,543	2,847
Other acute lower respiratory infections (J20-J22)	145	223	368
Acute bronchitis (J20)	2	10	12
Acute bronchiolitis (J21)	1	2	3
Unspecified acute lower respiratory infection (J22)	142	211	353
Other diseases of upper respiratory tract (J30-J39)	23	14	37

Image source: [56]. NOTE: 2019 death data not yet published.

- It is not possible to distinguish between vaccine strain influenza or influenza not covered by the vaccine.

7. "All healthcare workers in public and private hospitals and ambulance services with direct patient contact will be required to be vaccinated, including doctors, nurses, paramedics, dentists, orderlies, cleaners and staff working in public sector residential aged care services. Workers who refuse to be vaccinated may face work restrictions or be redeployed to other parts of the health service."

Australian Immunisation Handbook Valid Consent

- The Australian Immunisation Handbook's section titled 'Criteria for Valid Consent', section 2, states: "*It must be given voluntarily in the absence of undue pressure, coercion or manipulation*" [57].
- This proposed legislation contravenes the medical advice provided by the Australian Immunisation Handbook in relation to criteria for valid consent, as well as international treaties abided to by Australia [58].
- As quoted in the Hansard notes regarding the Bill "*Section 14 provides that every person has the right to freedom of thought, conscience, …. A person must not be restrained or coerced in a way that limits their freedom to have a belief. Section 15 of the Charter provides that every person has the right to hold an opinion without interference*." [59]

8. "Victoria's landmark No Jab No Play laws are making a real difference in protecting children against preventable diseases – with Victorian immunisation rates still the best in Australia."

- Australian Institute of Health and Welfare (AIHW) produced a report on public attendance at hospital Emergency Departments across Australia. Recently released data shows there were 8.4 million presentations to Australian public hospital emergency departments in 2018–19, an average of about 23,000 presentations per day and up 4.2% on 2017–18 [60].

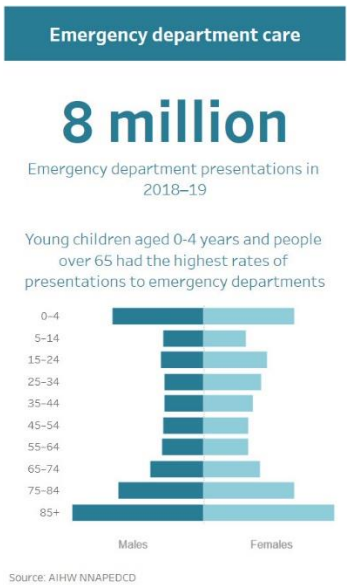


Image source [61].

The AIHW data further shows that:

- Patients aged 4 years and under (who make up less than 7% of the population) accounted for 11% of presentations.
- Patients aged 65 and over (who make up about 15% of the population) accounted for 22% of presentations.

- The vast majority of visits to Emergency Departments are in young children and the elderly. These populations currently receive the heaviest vaccine schedules. It will be interesting to compare this data after a few years once adults are mandated to receive more vaccines.

Safety

Before such a bill is considered, the IMOParty would demand scientific evidence that compliance with vaccination requirements has been demonstrated to enhance the health of Healthcare workers and patients.

The **Institute of Medicine** supports vaccination, yet they state [62]:

1. *"… studies designed to examine the long-term effects of the cumulative number of vaccines or other aspects of the immunization schedule have not been conducted."*
2. *"… existing research has not been designed to test the entire immunization schedule."*
3. *"No studies have compared the difference in health outcomes… between entirely unimmunized populations of children and fully immunized children."*

At the latest WHO's Vaccine Safety Conference, 2nd & 3rd December 2019, many important acknowledgements were made about the safety of vaccination. We point to a few examples of relevance:

- Quote from Dr Irina Morozova, University of Zurich *"So what we have heard here today is the reporting of adverse events after immunisation so monitoring is extremely important but in my opinion is not enough. So we need to take into account the constantly changing tendency in public health and we need to make a prognosis on vaccine safety based on these tendencies"* [63].
- Prof Elizabeth Miller, Public Health England explained the serious increase in narcolepsy following the Pandemrix influenza vaccine *"…we had a vaccine that at the time of its use it, probably given to one or two thousand individuals, very few children. It was rolled out within Europe 31 million individuals vaccinated with Pandemrix. In June 2010 the Swedish Medical Products Agency reported a signal, largely generated, I think from one clinician, of increase in Narcolepsy cases. The EMA reviewed this in 2010 and came to the conclusion that (they) couldn't really see what was going on, more evidence was needed. A consequence of which despite the safety signal, we used the vaccine in the second epidemic year 2010/11, had another crop of narcolepsy cases. In February 2011 and March 2011, the Nordic countries published their reports showing a very high associated increase risk* [64].

Conclusion

Forcing vaccination upon health care workers will not guarantee the safety of healthcare workers or patients. Personnel declining vaccination are most likely those who have had a negative experience and therefore are more likely to be adversely effected.

Mandating these vaccines for health care workers does not eliminate the risk of many and more common other communicable infectious diseases that are not covered by any existing vaccines. For example respiratory infections from parainfluenza virus adenovirus, respiratory syncytial virus and coronavirus. Enhanced OHS protocols are more likely to protect staff and patients (such as wearing masks and keeping workers away from work when not feeling well) because vaccination only relates to a small number of possible illnesses.

The current epidemiological situation in respect of those illnesses targeted by the required vaccinations is good and such that mandatory vaccination cannot be expected to improve it with advantage to the health of staff and patients.

Also with uncertainty of effectiveness of repeated flu vaccination and the increase likelihood of contracting other respiratory viruses, the government needs to show that policy *HAS* worked rather than *CALCULATED* to work.

Based on the information supplied here, it is evident that the risks “outweigh” any benefit of mandating vaccination on Healthcare workers, and we hope that the Victorian Labor government will withdraw its proposed “Mandatory Vaccination of Healthcare Workers Bill 2020” as it should be their right to choose or refuse vaccination without coercion.

Yours faithfully
IMOParty Team

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