

Vaccination: Answers to common questions

Over the years, extensive research has been undertaken to investigate questions and concerns related to vaccination. Answers to common issues raised by parents are provided in this fact sheet.

When should my child be vaccinated?

Vaccinations are due at 2, 4, 6, 12 and 18, months and 4 years. Pre-term babies follow the same schedule from birth. Additional vaccinations are recommended for some children including Aboriginal and Torres Strait Islanders and children with certain medical conditions. The current schedule can be found in the *Immunisation is Important* brochure in your child's Personal Health Record or online at www.health.qld.gov.au/immunisation.

Are vaccines safe?

While no medicine, including vaccines, can be considered 100 per cent safe, all vaccines currently available in Australia must pass several years of strict safety testing before being approved for use by the Therapeutic Goods Administration (TGA). This includes testing of all components, including preservatives and additives. Once in use, vaccines are further monitored by the TGA to ensure their ongoing safety.¹

Some vaccines contain substances such as egg or yeast that some people are allergic to. Talk to your vaccine provider if you have any concern about your child having an allergic reaction.

Isn't a healthy lifestyle enough to protect us from disease?

Unfortunately, having a healthy lifestyle and good hygiene is not enough to protect your family from disease. Even though Queenslanders have a reputation for enjoying a healthy lifestyle which does contribute to many health benefits, there are still many cases of vaccine preventable diseases, such as whooping cough and tetanus, occurring each year.

“Even though it was a bit hard watching my baby get a needle, I would much prefer some short term pain than seeing my child suffer a serious disease.”

Michelle, mother of six month old baby

Why do we have to vaccinate for diseases which are now so rare?

While diseases may be rare in Australia, the ease of global travel means that serious diseases can be imported here by people coming from other countries.

It is still extremely important that children continue to be vaccinated as even slight decreases in the number of immunised children could result in major epidemics of vaccine preventable diseases in people who aren't immune. An example was seen in 2009 when there was an outbreak of measles in South-East Queensland in a community which is known to have lower than average immunisation rates.

“I couldn't leave the house with my premature baby because I was so concerned about her getting an infection from an unvaccinated child.”

Karen, mother of premature baby

Measles: Due to the introduction of an effective vaccine, there has only been one death recorded from measles in Australia since 1995. However, measles is still a leading cause of death in young children, with 164,000 measles deaths worldwide in 2008.²

Polio: In 2000, Australia was certified as polio free by the World Health Organization. However, until polio is eradicated from the rest of the world, it is still important for Australia to maintain high vaccination rates as there is an ongoing risk of polio being imported from other countries.³

Will vaccinations overload my child's immune system?

Some parents worry that giving their child multiple vaccinations at one time can 'overload' the immune system. However, research shows that a healthy young infant actually has the capacity to respond to far more vaccines than a child would ever get at any one time.⁴ With the refinement of vaccines, infants now receive far fewer active ingredients in their vaccines than they did decades ago even though the number of vaccinations has increased to protect against more diseases.⁴

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Isn't my baby too young to cope with all these vaccines?

The timing and spacing of vaccine doses are two of the most important factors in the effective use of vaccines. After birth, the antibodies passed on to the baby from the mother start to wear off, placing the baby at risk of serious disease.¹

Giving all vaccines a child is eligible for at the same time is very important in childhood vaccination programs as it means that a child will have increased protection as early as possible.⁵ To offer your children the best protection from disease, vaccinate them according to the recommended schedule rather than splitting or delaying vaccines.

Is there a link between vaccination and Sudden Infant Death Syndrome (SIDS)?

Studies of thousands of children worldwide show no links between vaccination and SIDS (or cot death).

In fact, several studies demonstrated the reverse, with SIDS being less common in babies who were immunised.⁶ A 2007 German study shows clearly that 'immunisations are associated with a halving of the risk of SIDS'.⁷

SIDS and Kids Australia, a well respected national organisation specialising in SIDS prevention and bereavement, recommends that 'all babies receive the normal program of immunisations at the scheduled ages, both in infancy and beyond'.⁸

Do vaccines contain mercury?

Since 2000, all vaccines used in Queensland's childhood immunisation program have not contained thiomersal (a compound containing mercury which was used as a preservative in some vaccines in very small amounts). While there is no scientific evidence that the small amounts of thiomersal used in vaccine caused any harmful effects in children or adults⁹, the compound has been removed as a precaution.

To find out more about immunisation:

- visit www.health.qld.gov.au/immunisation
- visit www.immunise.health.gov.au
- talk to your doctor or immunisation provider
- call 13 HEALTH (13 43 25 84)

Is there a link between autism and the MMR vaccine?

Over recent years, media coverage of supposed links between autism and the MMR vaccine which protects against measles, mumps and rubella has concerned some parents. Reviews by the American Academy of Pediatrics, The British Chief Medical Officer, the UK Medical Research Council, Canadian experts, and numerous other scientific experts have stated that there is no link between autism and the MMR vaccine.¹⁰ Research also indicates there is no difference in the rates of autism between vaccinated and unvaccinated children.¹¹ While autism may seem more common in recent years, this is due to increased diagnosis stemming from greater awareness about the condition.

Autism Queensland recommends reading evidence-based reviews regarding immunisation and autism on www.raisingchildren.net.au and www.cochrane.org before making your decision. More information to help you make a decision about the MMR vaccine is available at www.ncirs.edu.au/immunisation.

Are alternative therapies effective?

No. Only conventional immunisation produces a measurable immune response and protection against disease.

Alternative therapies such as homeopathic methods or chiropractic principles have not been proven to give protection against infectious diseases. They have not undergone thorough scientific testing and their use among practitioners varies widely.

The London Faculty of Homeopathy states 'where there is no medical contraindication, immunisation should be carried out in the normal way using the conventional tested and approved vaccines'.¹²

References

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