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CABINET DECISION

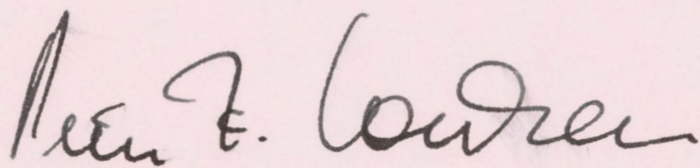
No. 7768

Submission No: 6572

Title: **IMMUNISING CHILDREN IN THE NORTHERN
TERRITORY AGAINST HAEMOPHILUS INFLUENZAE
TYPE B INFECTIONS**

Cabinet approved -

- (a) the vaccine against Haemophilus influenzae type b (Hib) infections be offered to children up to the age of 5 years;
- (b) a one-off expenditure of \$400,000 in 1992/93 with no recurrent costs thereafter; and
- (c) the program commencing immediately after funding is approved.



for **R.A.SETTER**
Secretary to Cabinet

3 June 1993

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NORTHERN TERRITORY OF AUSTRALIA

Copy No: 1

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FOR CABINET

SUBMISSION No: 6572

Title:	IMMUNISING CHILDREN IN THE NORTHERN TERRITORY AGAINST HAEMOPHILUS INFLUENZAE TYPE b INFECTIONS
Minister	HON MIKE REED MLA MINISTER FOR HEALTH AND COMMUNITY SERVICES
Purpose:	To eradicate childhood infections with Haemophilus Influenzae Type b in the Northern Territory
Relation to existing policy:	Consistant
Timing/ legislative priority:	As soon as possible
Announcement of decision, tabling, etc:	Press release to inform public of availability of the vaccine
Action re- quired before announcement:	Inform all health services to prepare for the immunisation program
Staffing implications, numbers and costs, etc:	Health centres will require additional staff over a one to two month period to complete the one-off immunisation program
Funding requirements:	One-off for 1992/93: \$530 000
• Recurrent - current year future years	Nil
• Capital - current year future years	Nil
• Offset savings	Reduction in the incidence of Haemophilus Influenzae Type b infections and need for hospitalising children
• Revenue implications	Nil

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DEPARTMENT OF THE CHIEF MINISTER

COMMENT ON CABINET SUBMISSION:

TITLE: IMMUNISING CHILDREN IN THE NORTHERN TERRITORY
AGAINST HAEMOPHILUS INFLUENZAE TYPE b
INFECTIONS

COMMENTS:

The following Departments/Authorities support the submission -

Department of the Chief Minister
Department of Education
Office of Aboriginal Development
Office of the Public Service Commissioner

SIGNED:

DESIGNATION: SECRETARY

DATE:

31 MAY 1993

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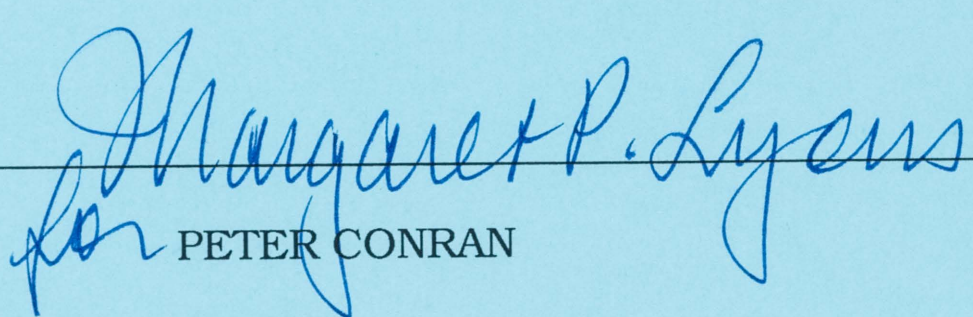
Department/Authority: DEPARTMENT OF THE CHIEF MINISTER

COMMENT ON CABINET SUBMISSION No.

TITLE: IMMUNISING CHILDREN IN THE NORTHERN TERRITORY
AGAINST HAEMOPHILUS INFLUENZAE TYPE B INFECTIONS

COMMENTS:

The recommendation is supported.



SIGNED: *for* PETER CONRAN

DESIGNATION: SECRETARY

DATE: 21 MAY 1993

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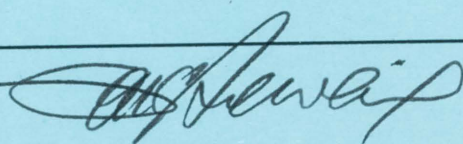
Department/Authority: DEPARTMENT OF EDUCATION

COMMENT ON CABINET SUBMISSION NO:

**TITLE: IMMUNISING CHILDREN IN THE NORTHERN TERRITORY
 AGAINST HAEMOPHILUS INFLUENZAE TYPE b
 INFECTIONS**

The Department of Education supports the Submission.

SIGNED:



DESIGNATION: SECRETARY

DATE:

18/5/93

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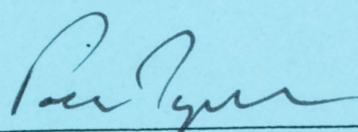
Department/Authority OFFICE OF ABORIGINAL DEVELOPMENT

COMMENT ON CABINET SUBMISSION No.

TITLE: IMMUNISING CHILDREN IN THE NORTHERN TERRITORY AGAINST HAEMOPHILUS
..... INFLUENZAE TYPE B INFECTIONS

COMMENTS:

The submission is supported.



SIGNED: PAUL TYRRELL

DESIGNATION: CHIEF EXECUTIVE OFFICER

DATE: 24/5/93

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Department/Authority. OFFICE OF THE PUBLIC SERVICE COMMISSIONER

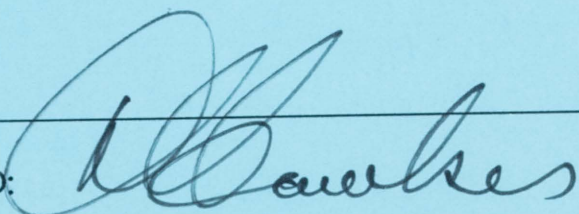
COMMENT ON CABINET SUBMISSION NO.

TITLE: IMMUNISING CHILDREN IN THE NORTHERN TERRITORY
AGAINST HAEMOPHILUS INFLUENZAE TYPE B INFECTIONS

COMMENTS:

THE DRAFT CABINET SUBMISSION IS SUPPORTED.

SIGNED:



DAVID J HAWKES
PUBLIC SERVICE COMMISSIONER

DATE:

21/5/93

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CONFIDENTIALDepartment/Authority: LAW

COMMENT ON CABINET SUBMISSION NO.

TITLE: IMMUNISING CHILDREN IN THE NORTHERN TERRITORY
AGAINST HAEMOPHILUS INFLUENZAE TYPE b
INFECTIONS

COMMENTS:

The program has the potential effect of discriminating against Aboriginal children between the ages of 3 and 5.

A program which discriminates between Aboriginal and non-Aboriginal children for the purpose of immunisation against Haemophilus Influenzae Type b infections (Hib) is prima facie unlawful under section 9 of the *Racial Discrimination Act* unless the distinction can be supported entirely on medical grounds.

In order for the program in its present form to avoid allegations of discrimination there needs to be clear and irrefutable evidence that Aboriginal children between the ages of 3 and 5 do not get the infection. A preliminary assessment of the evidence provided by the Department of Health and Community Services indicates that it is probably not sufficient to support a distinction based entirely on medical grounds.

Further, if the program as implemented is unlawful under section 9 of the *Racial Discrimination Act*, and an Aboriginal child between the ages of 3 and 5 who has not been immunised becomes infected with Hib, then an action for damages against the Territory may lie under section 25Z of the *Racial Discrimination Act*.

Meredith Harrison
 SIGNED: Meredith Harrison
 DESIGNATION: Secretary, Department of Law
 DATE: 27 May 1993

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21/5/93

NORTHERN TERRITORY TREASURY

Department/Authority.....

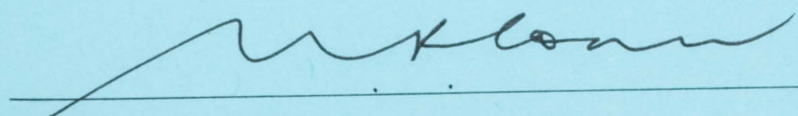
COMMENT ON CABINET SUBMISSION No.

TITLE: IMMUNISING CHILDREN IN THE NORTHERN TERRITORY AGAINST
HAEMOPHILUS INFLUENZAE TYPE b INFECTIONS

COMMENTS:

The program is clearly of a high priority and deserves support.

Without delaying the program, the option of requesting the Commonwealth to pay should continue to be pursued.



SIGNED:

N R CONN

DESIGNATION:

UNDER TREASURER

DATE:

18 MAY 1993

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1

RECOMMENDATIONS

1. That Cabinet approve:
 - (a) the vaccine against Haemophilus influenzae type b (Hib) infections be offered to Aboriginal children up to the age of 3 years and to non Aboriginal children up to the age of 5 years.
 - (b) A one-off expenditure of \$530 000 in 1992/93 with no recurrent costs thereafter; and
 - (c) the program commencing immediately after funding is approved.

BACKGROUND

2. The bacterium called Haemophilus influenzae type b (Hib) causes life threatening infections in children, particularly under the age of 5 years. The main diseases are meningitis, pneumonia and epiglottitis (a serious infection of the throat which can cause blockage of the windpipe).
3. In Australia, about 700 children are affected by Hib disease annually, with 15 to 30 deaths. A further 30 children develop severe complications ranging from hearing loss through to mental retardation and severe brain damage.

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2

4. There is a high incidence of Hib infection among Northern Territory children (Attachment A). Central Australian Aboriginal children have the highest incidence of Hib infection in the world, and non Aboriginal children in the centre have an incidence which is 4 times higher than in non Aboriginal children in the Top End or elsewhere in Australia. These facts have been repeatedly quoted in the medical literature.
5. Between 1985 and 1988, three Aboriginal children and one non Aboriginal child died in the Northern Territory as a direct result of Hib infections. This year, 2 Aboriginal children have died because of this infection.
6. A safe and effective vaccine against Hib infections in very young children became available in Australia in February 1993.
7. The disease has virtually been eradicated in communities that have been immunised against Hib disease such as in Scandinavia and in all population groups in the United States of America, including Native Americans.
8. The Commonwealth Government will provide funds to States/Territories in 1993/4 to start vaccinating all children at 2 months of age.

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3

9. Whilst most States intend to wait for this funding, Western Australia introduced the vaccine in January 1993 and South Australia plans to offer it only to Aboriginal children up to the age of 15 months in selected Aboriginal communities. To date, there has been no response from the Commonwealth Minister for Health to a letter sent to him on 29 March 1993 requesting that the Commonwealth meet the cost of the vaccine (Attachment B).

CONSIDERATION OF THE ISSUES

10. There is a need to consider whether the Northern Territory should offer free Hib vaccinations to children under 5 years of age who were born before 1st December 1992. The Northern Territory has already allocated \$150 000 to vaccinate children born since 1st December 1992.
11. If the remaining children under 5 years of age are not vaccinated, we could expect Hib disease to affect 13 Aboriginal and 14 non Aboriginal children over the next 3 years.
12. Meningitis in one child could cost up to \$4000 for acute hospital care. The cost exceeds \$10 000 for a child with acute complications. The life time cost of rehabilitation and long term care for a child with severe brain damage is estimated at \$1.5 million.

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4

13. While non Aboriginal children are affected by Hib disease up to the age of 5 years, disease is rarely reported in Aboriginal children over the age of 3 years.

OPTIONS

14. Three options are proposed:

(a) The current Hib immunisation program should continue unchanged, and children born before 1 December, 1992 should not be offered a free immunisation service.

Impact: Over the next 5 years, unimmunised children will continue to develop Hib disease. Only parents who can afford it will immunise their children through general practitioners at a cost of up to \$175 (\$75 for 3 visits to the private doctor and \$100 for purchasing 3 doses of vaccine from a chemist).

(b) Identify funding to vaccinate Aboriginal children up to the age of 3 years and non Aboriginal children up to the age of 5 years through Departmental facilities. Experts in Hib disease across Australia, and Aboriginal Medical Services in the NT, agree that there is no need for, or value in vaccinating Aboriginal children over 3 years of age. Impact: The incidence of Hib disease would drop immediately and possibly be eradicated in 2 to 3 years.

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5

(c) As in (b) above, but non Aboriginal children should be immunised by their general practitioners, and the vaccine would be provided by the Department.

Impact: Parents would have to bear the cost for the consultation fees. Poorer parents may not immunise their children.

15. Option (b) is the preferred option as this will maintain maternal and child health clinics as the central focus for promoting and recording all immunisations. This is an important public health responsibility which allows us to evaluate easily the effectiveness of the overall immunisation program.

PUBLIC IMPACT OF THE RECOMMENDATIONS

16. The public will be delighted by the free comprehensive Hib immunisation service, the first in Australia. There is a small but active anti-immunisation lobby in Darwin which will voice its opposition, but its arguments would be easily countered.

17. The vaccine will have to be sensitively promoted, particularly in Aboriginal communities, because it would require up to 3 extra injections in the first year of life.

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6

FINANCIAL CONSIDERATIONS

18. The immunisations will be conducted as a one-off catch-up program in the 1992/3 financial year with no recurrent funding in following years.

Vaccine (\$20 per dose)	\$377 000
Salaries	106 000
Consumables/Travel	<u>47 000</u>
Total	<u>\$530 000</u>

TERRITORY BUDGET FUNDING

19. One hundred percent (100%) funding of the amounts identified in paragraph 18 is required

REGULATORY IMPACT

20. Nil.

EMPLOYMENT AND INDUSTRIAL RELATIONS

21. The "catch-up" program will require the employment of a number of short-term part-time staff to be distributed between the Department and Aboriginal medical service organisations.

COMMONWEALTH, STATE AND LOCAL GOVERNMENT RELATIONS

22. Nil.

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7

CO-ORDINATION AND CONSULTATION

23. The Northern Territory representatives of the Australian College of Paediatrics and of the Australian Medical Association are fully supportive of a comprehensive Hib immunisation program.
24. Aboriginal Medical Services in the Top End and Central Australia will support the program if they are adequately funded to conduct the program.
25. This Submission has been circulated for comment to the Departments of the Chief Minister, Law, Education, NT Treasury, Office of Aboriginal Development and the Public Service Commissioner.

LEGISLATION

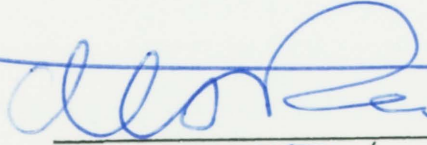
26. There are no legislative requirements or impact.

PUBLICITY

27. A draft press statement is at Attachment C.

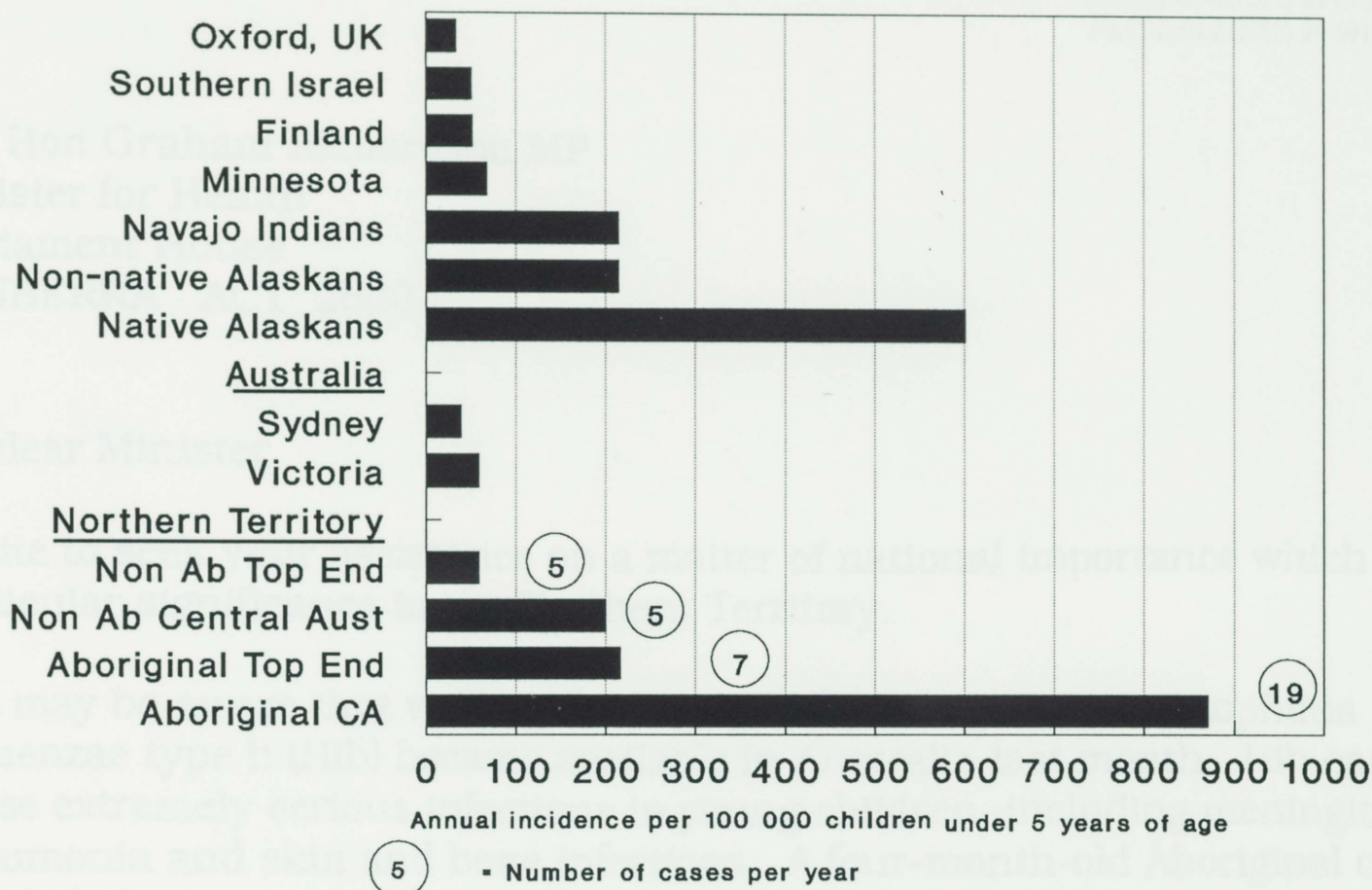
TIMING

28. It is recommended that Cabinet gives consideration to the Submission as a matter of urgency.


MIKE REED *MS* / 1993

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Fig. 1 Annual incidence of invasive Hib disease



These cases are indicative of the high prevalence of Hib infection in NT children. Aboriginal children in Central Australia under five years old have the highest incidence of this infection in the world, while non-Aboriginal children in the area have an incidence four to five times higher than the rest of Australia. I attach information about the incidence of the disease in Australia.

The Commonwealth has recognised the significance of the new vaccine and, from July, will contribute funding towards a national vaccination program for infants. This move is strongly supported by the NT Government. Indeed, in view of the particular vulnerability of NT children to this disease and the urgency of this issue, the NT Government has provided additional funding of \$150,000 this financial year to commence infant vaccinations immediately and to provide catch-up vaccinations for babies under four months old.

However, I remain concerned that there are many young children still vulnerable to the disease who could be protected if further catch-up vaccinations were provided. The NT estimates that the cost of vaccinating all NT children up to three years of age would be \$300,000 for vaccine alone. If the Commonwealth would agree to meet this cost, the NT Government would meet the considerable additional costs of distributing and administering the vaccine to children throughout the NT.



MINISTER FOR
HEALTH AND COMMUNITY SERVICES

NT HOUSE, MITCHELL STREET
DARWIN NT 0800

GPO BOX 3146, DARWIN, NT 0801
TELEPHONE:(089) 89 6155
FACSIMILE:(089) 89 6910

The Hon Graham Richardson MP
Minister for Health
Parliament House
CANBERRA ACT 2600

My dear Minister

I write to seek your assistance on a matter of national importance which has particular significance to the Northern Territory.

You may be aware that vaccine for young children against *Haemophilus influenzae* type b (Hib) became available in Australia last month. Hib can cause extremely serious infections in young children, including meningitis, pneumonia and skin and bone infections. A four-month-old Aboriginal child with Hib died in Royal Darwin Hospital only a week ago. Another nine-month-old is still recovering after serious Hib-related illness.

These cases are indicative of the high prevalence of Hib infection in NT children. Aboriginal children in Central Australia under five years old have the highest incidence of this infection in the world, while non-Aboriginal children in the area have an incidence four to five times higher than the rest of Australia. I attach information about the incidence of the disease in Australia.

The Commonwealth has recognised the significance of the new vaccine and, from July, will contribute funding towards a national vaccination program for infants. This move is strongly supported by the NT Government. Indeed, in view of the particular vulnerability of NT children to this disease and the urgency of this issue, the NT Government has provided additional funding of \$150,000 this financial year to commence infant vaccinations immediately and to provide 'catch-up' vaccinations for babies under four months old.

However, I remain concerned that there are many young children still vulnerable to the disease who could be protected if further catch-up vaccinations were provided. The NT estimates that the cost of vaccinating all NT children up to three years of age would be \$600,000 for vaccine alone. If the Commonwealth would agree to meet this cost, the NT Government would meet the considerable additional costs of distributing and administering the vaccine to children throughout the NT.

I believe that this action is necessary to prevent further tragic deaths and permanent disabilities in young children as a result of Hib. Such a program also has potential benefits in reducing long-term costs to the health system. I look forward to working with you to address this most important child health issue.

Yours sincerely

MIKE REED

29/3/93

THE NT GOVERNMENT WILL NOW EXTEND THIS IMMUNISATION PROGRAM. THE NT WILL BE THE FIRST IN AUSTRALIA TO OFFER THIS VACCINE FREE OF CHARGE FOR CHILDREN UP TO THE AGE OF 5 YEARS.

THE NUMBER OF RECOMMENDED INJECTIONS OVER A 6 TO 12 MONTH PERIOD ARE:

- FOR CHILDREN UNDER 12 MONTHS: 3 INJECTIONS
- FOR CHILDREN BETWEEN 12 AND 15 MONTHS: 2 INJECTIONS
- FOR CHILDREN OVER 15 MONTHS: 1 INJECTION

HIB IS A BACTERIUM (GERM) THAT CAN CAUSE DANGEROUS DISEASE IN YOUNG CHILDREN. IT CAUSES MENINGITIS WHICH IS A BACTERIAL INFECTION OF THE COVERING OF THE BRAIN.

HIB CAN ALSO CAUSE AN INFECTION OF THE EYE WHICH CAN RESULT IN LIFE THREATENING BLOCKAGE OF THE VISION. OTHER INFECTIONS INCLUDE PNEUMONIA, AND SKIN AND BONE INFECTIONS.

ATTACHMENT C

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES

MEDIA RELEASE

THE NEW VACCINE AGAINST HAEMOPHILUS INFLUENZAE TYPE b, KNOWN AS THE Hib VACCINE, HAS BEEN AVAILABLE IN AUSTRALIA SINCE FEBRUARY 1993.

CHILDREN UNDER 4 MONTHS OF AGE HAVE BEEN OFFERED THE VACCINE FREE OF CHARGE IN THE NT SINCE MARCH THIS YEAR.

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Hib CAN ALSO CAUSE AN INFECTION OF THE THROAT WHICH CAN RESULT IN LIFE THREATENING BLOCKAGE OF THE WINDPIPE. OTHER INFECTIONS INCLUDE PNEUMONIA, AND SKIN AND BONE INFECTIONS.

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THE VACCINE HAS BEEN USED FOR SEVERAL YEARS IN THE USA AND IN SCANDINAVIAN COUNTRIES. Hib DISEASE IN YOUNG CHILDREN IN THOSE COUNTRIES HAS VIRTUALLY BEEN ERADICATED.

TWO CHILDREN HAVE DIED FROM Hib INFECTIONS IN THE NT THIS YEAR.

PARENTS ARE STRONGLY ADVISED TO TAKE ADVANTAGE OF THE VACCINATION PROGRAM AND TO CONTACT THEIR LOCAL COMMUNITY HEALTH CENTRE FOR FURTHER INFORMATION

ENDS

CONTACT: DR MAHOMED PATEL 228 044

DR MAHOMED PATEL

3 June 1993

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