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MEDIA RELEASE

‘NO JAB, NO PAY’ RAISES CATCH-UP VACCINATION RATES

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THE national “no jab, no pay” policy has been associated with substantial catch-up vaccination activity in lower socio-economic status areas, according to research published today by the *Medical Journal of Australia*.

Introduced on 1 January 2016, the “no jab, no pay” policy extended the existing vaccination requirements for receiving federal family assistance payments by removing non-medical (conscientious objection) exemptions and tightening guidelines for medical exemptions.

Researchers from the National Centre for Immunisation Research and Surveillance (NCIRS), and the University of Sydney, analysed data from the Australian Immunisation Register for catch-up vaccination of children aged 5 to less than 7 years before (January 2013 – December 2014; baseline) and during the first 2 years of “no jab, no pay” (December 2015 – December 2017), and of children aged 7 to less than 10 years and young people aged 10 to less than 20 years (“No jab, no pay” period only).

They also examined catch-up vaccination rates for the second dose of measles–mumps–rubella vaccine (MMR2) in the latter two age groups, by Indigenous status and socio-economic status, and for the third dose of diphtheria–tetanus–pertussis vaccine [DTPa3] and MMR1 in children aged 5 to less than 7 years, before and after the introduction of “no jab, no pay”.

“The proportion of incompletely vaccinated children aged 5 to less than 7 years who received catch-up DTPa3 was higher under “no jab, no pay” than during the baseline period (15.5% v 9.4%),” the authors found. However, they also found a slight reduction in MMR1 catch-up (13.6% vs. 12.9%).

“Of 407 332 incompletely vaccinated adolescents aged 10 to less than 20 years, 71 502 (17.6%) received catch-up MMR2 during the first 2 years of “no jab, no pay”. This increased overall coverage for this age group from 86.6% to 89.0%.

MMR2 catch-up activity in this age group was greater in the lowest socio-economic status areas than in the highest socio-economic status areas (29.1% v 7.6%), and also for Indigenous than for non-Indigenous Australians (35.8% v 17.1%).

“Our findings suggest that, while monetary sanctions are effective in promoting catch-up vaccination, their impact varies with socio-economic disadvantage,” concluded the authors, led by Dr Frank Beard, NCIRS Associate Director, Surveillance, Coverage, Evaluation and Social Science, and Senior Lecturer, University of Sydney.

“Moreover, the lack of change in MMR1 catch-up activity in children aged 5 to less than 7 years suggests little impact on those who reject vaccination, and that expansion of age requirements was the more effective policy lever in this period,” he added.

Professor Julie Leask, NCIRS Professorial Fellow and University of Sydney expert on vaccination attitudes and behaviour commented, “Many factors contribute to incomplete vaccination; a comprehensive suite of measures, particularly for reducing barriers to access and incorporating systematic reminders, is therefore essential for improving coverage. Requirements alone are not enough.”

“The full scope of consequences of strict vaccination requirements should be carefully examined by any country considering such measures. It may be possible to find a reasonable middle ground that increases catch-up while not disadvantaging certain families.”

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CONTACTS: Salema Barrett
 NCIRS media
 Email: salema.barrett@health.nsw.gov.au
 Ph: 0429 350 279

Ivy Shih
University of Sydney media
Email: ivy.shih@sydney.edu.au
Ph: 0439 160 475