

IT'S a simple message. "Please work together to protect our most vulnerable."

This is the plea of Northern Rivers couple Toni and David McCaffery who tragically lost their infant daughter, Dana, earlier this year to the whooping cough disease.

The words adorn the top of an open letter to the community written by David and Toni and which I have reproduced in this community information sheet highlighting the importance of immunisation. It is a heart-wrenching piece and I admire their courage and determination.

Dana's death has ignited a national debate on the need to have children immunised against the deadly diseases which threaten society.

Sadly, the North Coast has the lowest immunisation rates of anywhere in New South Wales.

In NSW, three per cent of children are not vaccinated against whooping cough – that's 40,000 children who risk contracting this and other diseases.

However – and it gets worse – on the North Coast it is an alarming 30 per cent of children who are unvaccinated.

Trying to educate the anti-immunisation lobby is just half the battle. Fighting disease epidemics then becomes the job of our health professionals left to pick up the pieces of anti-immunisation.

By not vaccinating your child, you not only place them at risk, you are lowering the herd immunity levels within our region, which places all children in our community at a higher risk of contracting potentially fatal diseases.

Baby Dana, at just four weeks old, was too young to be immunised. The loss of such a

young and defenceless child has touched communities across the Electorate, indeed the nation and the world.

No parent or family should ever have to endure the grief and suffering of losing their baby in such preventable circumstances. I urge parents to vaccinate their children, for adults to get a booster, and the community to be aware of whooping cough and get tested if there are signs.

In the words of David and Toni McCaffery, "We owe it to Dana."



Thomas George MP, Member for Lismore



Please work together to protect our most vulnerable

An open letter from Toni and David McCaffery



We write this letter broken hearted and feel like we failed our daughter.

Before 9 March 2009, we were happy and complete following the birth of our third child Dana. Today, we are shattered at the preventable death of our beautiful girl.

We moved to the Northern Rivers to bring our family up in this pristine environment. However, we did not realise this was a hotbed for contagious and potentially deadly viruses.

Our sweet Dana is the innocent victim of dangerously low levels of awareness and even lower vaccination rates. Instead of her photo winning baby competitions, she is the tragic face of a Whooping Cough (Pertussis) epidemic and sparked a national vaccination debate.

Our two other children are immunised. Dana never got the chance.

We did everything by the book while pregnant: checked Rubella immunity, took Folic Acid, avoided high-risk foods, and monitored glucose. Dana was born a perfectly healthy 7 pounds, 4 ounces. And her beauty took our breath away.

We breastfed, sterilised and followed SID guidelines. But, we were oblivious to Whooping Cough and the rate of notifications on the NSW North Coast. Yes, we saw some posters, but it beggars belief that not one health professional warned us about the risks, scale of the epidemic or precautions to take – not the GP, the obstetrician, the hospital midwives while the epidemic raged in the children's ward, or the early childhood nurse.

What started as a blocked nose escalated into our worst nightmare. From 11 days old, Dana became more unsettled at night and started to cough from three weeks of age. After she tested positive for Pertussis, we went straight to the hospital.

However, we were not alarmed because we thought antibiotics could treat it. Wrong. The antibiotics only stop you infecting others. There is no treatment to cure Whooping Cough and we had to watch in horror as the Pertussis took its course.

First, our tiny daughter coughed uncontrollably until she turned blue and required oxygen to regain her breath. She was fed through a nasal-gastro tube, was given fluid via a drip and placed in an oxygen headbox. The paediatrician told us that when Dana could recover without oxygen we could go home, but she would continue having coughing attacks for up to 100 days and

possible respiratory complications. However, this is for the 'lucky ones'.

Dana developed Pneumonia on the third day. She was placed on a ventilator and airlifted to Brisbane's Mater Children's Paediatric Intensive Care Unit. We still did not panic, on the advice she would be there for a week until she was strong enough to breathe on her own.

On the fifth day, the Pertussis took an unexpected and deadly turn. In what seemed an instant, Dana had an aggressive reaction to the toxin, which attacked her immune system and heart. The Pertussis blocked every drug or treatment that the team of specialists could throw at it. We were powerless to save her. After nearly 10 hours of desperate blood transfusions, Dana's beautiful heart stopped beating and she let out her last sweet breath.

The only thing that could have saved Dana was preventing her catching Pertussis.

We wrongly assumed our family was protected because we were all vaccinated at birth. However, we did not know that:

- The Northern Rivers region has one of the nation's lowest childhood vaccination rates
- The vaccination wanes after 10-12 years, so almost 90% of adults are no longer immunised
- Vaccination is only effective if the majority of the community does it.

This means that if you are immunised, you can still contract Pertussis from the high number of people that don't vaccinate or are no longer immune. Many people carrying Pertussis don't realise it – they may have an irritating cough or no symptoms at all.

Newborns are helpless and it takes just one breath to infect them.

Dana contracted Pertussis in the first weeks of her life. No-one else in our family has tested positive for Pertussis or had a cough. We have tortured ourselves with questions: Was it in the hospital? Was it from our son's school or daughter's childcare centre? Was it at the GPs? Was it at a birthday party? Or was it a loving relative or friend who doesn't know they have the bacteria?

It doesn't matter... we are all innocent victims in this.

We are devastated that Dana's death is the catalyst for change and dearly wish we had the chance to wrap her in cotton wool as families across Australia are doing now.

Lismore Base Hospital has been admitting up to two children per week for Pertussis and Dana was the third newborn airlifted from this region to Brisbane in as many weeks. But, no-one in our community knew.

The day after Dana died; NSW Health issued alerts and provided free boosters for new parents and grandparents. The Minister for Health then advised that public health

officers were writing to all new parents to advise them of the free boosters and we also understand information packs have been produced. This is too little too late for us.

NSW Health should have proactively alerted the community of outbreaks and precautions to take before it became an epidemic. This requires more than just posters and media releases. We need advertising campaigns supported by vigilant screening, consistent advice from frontline health workers and free boosters for all adults.

However, the efforts of a few are futile. Everyone in our community must work together to increase vaccination rates to protect our most vulnerable.

Please learn from our past. Vaccination was introduced because there is no medicine to stop these bacteria that killed and maimed thousands of children. Now, these third-world diseases are on the rise again. In NSW it is Whooping Cough. In Queensland it is Measles.

Do you want to live in a country where we are too scared to have friends or family visit our babies or we won't leave our homes?

For anyone that dismisses the facts, please walk in our shoes. We cry ourselves to sleep with memories of our daughter coughing until she couldn't breathe, attached to a ventilator, going into cardiac arrest and holding her bruised and swollen body after her heart stopped.

We were inconsolable as we left our baby in the hospital morgue and drove home from Brisbane with an empty baby capsule. We weep as we explain to our children that their baby sister isn't coming home and remember her trusting eyes pleading for help. Our hearts broke when our six-year-old son helped carry her tiny pink coffin out of the church. And when our children ask why Dana died, we falter, because it was completely preventable.

We are comforted by the overwhelming support, prayers and acts of kindness we have received from across Australia and around the world.

People ask how they can help ease our pain. We simply ask that:

- All parents vaccinate their children
- All adults get a booster, which the government should make free for everyone
- If you have a cough, get tested for Pertussis to prevent the spread of the bacteria
- All levels of government and health workers improve processes to warn the community of outbreaks of any virus or disease and precautions to take.

We owe it to Dana.

Yours in Community

Toni and David McCaffery



Thomas George and Lismore Paediatrician Dr Chris Ingall discussing the need for immunisation.

WHAT IS WHOOPING COUGH (Pertussis)?:

Caused by *Bordetella Pertussis* bacteria, which is very contagious and is spread by droplets. Early symptoms include runny nose, tiredness and mild fever which develop into violent coughing bouts followed by a deep gasp (the 'whoop') and vomiting for up to 3 months. Adults often just have an ongoing cough without the whoop. It is very serious in babies under 6 months who are not fully vaccinated, with 48% hospitalised suffering apnoea and at risk from collapsed lungs, cracked ribs, brain damage from lack of oxygen and convulsions. About 1 in 200 babies will die from further complications including pneumonia, and circulatory and organ failure.

SIDE EFFECTS OF IMMUNISATION: About 1 in 10 has local inflammation or fever. Serious adverse reactions are rare.

IF YOU ARE CONCERNED ABOUT VACCINATION please speak to your health professional or access information on the reverse of this leaflet about the risks and benefits. However, please refer to unbiased, evidence-based information. There are many groups and internet sites that state they are 'pro-choice' but are in fact anti-vaccination groups which spread misinformation about the safety and effectiveness of vaccines.

RECOMMENDED IMMUNISATION SCHEDULE

Age	Disease Immunised Against	Tick circle as your child is immunised			
		Child 1	Child 2	Child 3	Child 4
CHILDHOOD VACCINES					
Birth	◆ HEPATITIS B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 months	◆ DIPHTHERIA, TETANUS, WHOOPING COUGH*, HEPATITIS B, POLIO, HAEMOPHILUS INFLUENZAE TYPE B (HIB) ◆ PNEUMOCOCCAL ◆ ROTAVIRUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 months	◆ DIPHTHERIA, TETANUS, WHOOPING COUGH, HEPATITIS B, POLIO, HAEMOPHILUS INFLUENZAE TYPE B (HIB) ◆ PNEUMOCOCCAL ◆ ROTAVIRUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months	◆ DIPHTHERIA, TETANUS, WHOOPING COUGH, HEPATITIS B, POLIO, HAEMOPHILUS INFLUENZAE TYPE B (HIB) ◆ PNEUMOCOCCAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 months *	◆ MEASLES, MUMPS, RUBELLA ◆ HAEMOPHILUS INFLUENZAE TYPE B (HIB) ◆ MENINGOCOCCAL C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 months	◆ CHICKEN POX (VARICELLA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 years *	◆ DIPHTHERIA, TETANUS, WHOOPING COUGH, POLIO ◆ MEASLES, MUMPS, RUBELLA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADOLESCENT VACCINES					
12 years	◆ HEPATITIS B ◆ CHICKEN POX (VARICELLA) ◆ HUMAN PAPILLOMAVIRUS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 years	◆ DIPHTHERIA, TETANUS, WHOOPING COUGH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADULT VACCINES					
50 years & over Aboriginal only	◆ INFLUENZA ◆ PNEUMOCOCCAL				
65 years & over	◆ INFLUENZA ◆ PNEUMOCOCCAL				

* First whooping cough vaccination can be given at 6 weeks (see notes below).
 ■ Rotavirus vaccine given orally. All other vaccines administered by injection.
 * Medical at risk children also receive a pneumococcal vaccination at 12 months and 4 years.

Notes on immunisation

NSW SCHOOL-BASED VACCINATION PROGRAM 2009

All Year 7 students entering High School in 2009 will be offered:

- Hepatitis B vaccine in a 2 dose schedule.
- Varicella (chickenpox) vaccine in a single dose schedule.

Female students in Year 7 in 2009 will also be offered:

- Human Papillomavirus (HPV) vaccine in a 3 dose schedule.

All Year 10 students in 2009 will be offered:

- Diphtheria-Tetanus-Pertussis (whooping cough) vaccine (dTpa) in a single dose schedule. Click here for further information about dTpa vaccination.

CATCH-UP VACCINATION:

The local Public Health Units conducting the school program may provide catch-up vaccination for students who have received the first dose of hepatitis B vaccination or HPV vaccination through the school program but are absent on the day of the school clinic for dose 2 (or 3).

Students who receive the first dose of hepatitis B vaccine or HPV vaccine from their GP are required to complete the course with the GP, to ensure correct scheduling of vaccine doses.

NSW HEALTH IS OFFERING THE FOLLOWING VACCINES TO STUDENTS IN INTENSIVE ENGLISH CENTRES IN 2009:

- Varicella (chickenpox); hepatitis B; measles, mumps and rubella (MMR) and meningococcal C;
- Diphtheria, Tetanus and Pertussis (dTpa) and Human Papillomavirus (HPV) vaccine will be offered to students in the appropriate age groups, as per the school-based program.

There will be one visit per term to each IEC.

DISTANCE EDUCATION/HOME-SCHOOLED STUDENTS

Students who are enrolled in distance education facilities or who are home-schooled are advised to attend their GP for age-appropriate vaccinations.

WHOOPING COUGH VACCINATION*

The whooping cough vaccine is normally given at two months, four months and six months of age. However, in light of the current epidemic, NSW Health is asking parents and GPs to consider bringing the first dose forward to six weeks of age to provide earlier protection.

A further vaccine is given at age four years, with a booster due at around age 15 via the NSW school-based vaccination program.

All new parents, grandparents and any other adult who regularly cares for infants less than 12 months of age, are urged to get vaccinated by their GP. Fact sheet link: www.health.nsw.gov.au/factsheets/infectious/pertussis.html

NATIONAL HUMAN PAPILLOMAVIRUS (HPV) VACCINATION PROGRAM

The National Human Papillomavirus (HPV) Vaccination Program aims to protect females aged 12-26 years from cervical cancer.

The adolescent catch-up phase of the Program (12-18 year olds) was conducted in all NSW high schools in 2007 and 2008. From the 2009 school year, HPV vaccine will be offered in all NSW high schools to female students in Year 7 only.

GPs are currently conducting the young women phase of the Program (18-26 year olds).

The community-based HPV catch-up program (delivered through general practice and community immunisation services), is provided for:

- 12 to 18 year old girls who have not completed their course at school; and
- 18 to 26 year old women.

The community-based program finishes on June 30, 2009, so to be eligible for free vaccine, all females in the above age groups must have started the course with their first dose of the vaccine on or before June 30, 2009, and complete all 3 doses by December 31, 2009.

IMMUNISATION FOR OLDER AND INDIGENOUS AUSTRALIANS

People aged 65 years and older, and Indigenous people aged 50 years and over (and those at high risk aged between 15-49 years), are at high risk from influenza and pneumococcal disease and the complications of these diseases. The Australian Government funds vaccines for these groups of people.

PNEUMOCOCCAL VACCINE

Since January 2005, the Pneumococcal vaccination program for older Australians has provided free pneumococcal vaccine for all Australians aged 65 and older.

It is important to note the vaccine is provided at no cost, however, a consultation fee may be payable to local doctors.

The recommended schedule for vaccinations in the 65 years or over age group is one dose on or near 65 years, then a single booster dose 5 years later.

If you have received a pneumococcal vaccination within the past 5 years, you should consult your General Practitioner or other immunisation provider about whether you require revaccination at this time. Revaccination within 3 years is not recommended due to the increased risk of local reactions.

INFLUENZA VACCINE

The Influenza vaccine program for older Australians provides free flu vaccine for all Australians aged 65 and older.

The vaccine will be provided at no cost; however, your GP may charge a consultation fee.

The influenza virus changes all the time and the vaccine is changed to match the current circulating virus. The vaccine will provide about 70% protection against infection for about 1

year. Annual vaccination is recommended.

Persons who have an allergy to eggs, or fever associated with another illness, should not be given influenza vaccine. Be advised by your doctor.

VACCINES FOR INDIGENOUS PEOPLE

The National Indigenous Pneumococcal and Influenza Immunisation Program (NIPII) provides free vaccines for Indigenous people aged over 50 years, and for those aged 15 to 49 years who are at high risk from these diseases and their complications.

This program provides free vaccines, through community controlled Aboriginal Medical Services (AMS), State/Territory immunisation clinics and GPs.

BOOSTERS

It is recommended adults discuss with a GP the need for booster doses to maintain immunisation against the "childhood" diseases – especially those people in high risk environments. Boosters can be given for diseases such as diphtheria, tetanus, pertussis (whooping cough) and pneumococcal. Influenza vaccines can be administered annually.

DO YOU REQUIRE MORE INFORMATION?

More detailed and technical information on immunisation and the side effects of vaccines can be found in the *Australian Immunisation Handbook* 9th edition 2008 (NHMRC) which can be downloaded at www.immunise.health.gov.au. Inquiries can also be made to the National Immunisation Infoline on 1800 671 811.

Contacts

For more information contact your doctor, local public health unit or community health centre – see under Health in the White Pages or contact one of the numbers listed below. You can find more health information in your language on the New South Wales Multicultural Health Communication Service website at mhcs.health.nsw.gov.au. If you need help making calls in English, call the Translating and Interpreting Service on 131 450.

**NORTH COAST AREA HEALTH SERVICE
PUBLIC HEALTH UNIT
LISMORE OFFICE: 6620 7500
COMMUNITY HEALTH
BONALBO 6665 1203
GOONELLABAH 6625 0111
KYOGLE 6632 1522
LISMORE 6620 7687
MURWILLUMBAH 6670 9400
NIMBIN 6689 1288
URBENVILLE 6634 1600**

Source: www.ncahs.nsw.gov.au Note: Further advice and information on immunisation can also be obtained by contacting your preferred local doctor or medical centre.

National Immunisation Infoline:
1800 671 811
www.immunise.health.gov.au
www.health.nsw.gov.au



A tribute to Dana McCaffery

Let's work together to protect our most vulnerable ...

A guide to immunisation



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Brought to you by
Member for Lismore
THOMAS GEORGE MP