EDITORIAL NOTE: CHANGES MADE TO THIS JUDGMENT APPEAR IN [SQUARE BRACKETS].

NOTE: PURSUANT TO S 139 OF THE CARE OF CHILDREN ACT 2004, ANY REPORT OF THIS PROCEEDING MUST COMPLY WITH SS 11B, 11C AND 11D OF THE FAMILY COURT ACT 1980. FOR FURTHER INFORMATION, PLEASE SEE https://www.justice.govt.nz/family/about/restriction-on-publishing-judgments/

IN THE FAMILY COURT
AT HUTT VALLEY

I TE KŌTI WHĀNAU
KI TE AWAKAIRANGI

FAM-2019-096-000487
[2020] NZFC 4629

IN THE MATTER OF	THE CARE OF CHILDREN ACT 2004
BETWEEN	ORANGA TAMARIKI – MINISTRY FOR CHILDREN Applicant
AND	[AW] Respondent
AND	[LC] Respondent

Hearing:	On the papers
Counsel:	K Knowles for Oranga Tamariki M Baker lawyer for child
Judgment:	24 June 2020

DECISION OF JUDGE J A BINNS
(On the papers)

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[1] [KC-W] ("[KC-W)") was born on [date deleted] 2019. She is the child of [AW] ("Ms [AW]") and [LC] ("Mr [LC]") and is the subject of the present proceedings.

[2] [KC-W] has been placed in the interim guardianship and custody of the Chief Executive of Oranga Tamariki since 3 December 2019 based on orders under s 110AA(1) and s 78(1) of the Oranga Tamariki Act 1989 ("the OTA").

[3] Oranga Tamariki seeks to vaccinate [KC-W] in accordance with the New Zealand Ministry of Health's current immunisation schedule. Mr [LC] has filed an application under s 115 of the OTA to prevent this from happening on the basis that an interim guardian should not be making decisions about medical treatment for [KC-W] and raising general opposition to her immunisation.

[4] Mr [LC] states in his submissions dated 15 June 2020 that the issue to be decided is whether Oranga Tamariki is able to make *any* medical decisions about [KC-W].

[5] However, the present issue to be determined is only about whether or not [KC-W] is to be vaccinated. This is recorded by Judge Black in his minute dated 28 April 2020 at [4](b).

[6] In Mr [LC]'s submissions dated 15 June 2020 at [4] he gives his consent for [KC-W] to be given Tetanus/Diphtheria and Polio vaccinations and says he would like to decide on others on a case by case basis.

[7] Despite Mr [LC]'s consent to the Tetanus/Diphtheria vaccine and the polio vaccine, there are still a number of other vaccines [KC-W] is overdue for, according to the New Zealand Ministry of Health Immunisation Schedule.

[8] There is still the question of whether both Mr [LC] and Ms [AW] have capacity to be guardians for [KC-W] and whether they have capacity to independently instruct a lawyer in these proceedings. A report has been ordered under s 178(2) of the OTA to assess both of their psychological states and determine whether they should be appointed with litigation guardians for the proceedings. This report is being sought with consent from both parents.

[9] This report was commissioned on 5 March 2020 and was due to be completed by 30 June 2020 but has been delayed due to COVID-19.

[10] In light of this, Mr Reid, lawyer to assist Mr [LC], suggested that Mr [LC] be able to file his own submissions on the issue of vaccinating [KC-W] and the Court could consider this issue on the papers. This hearing was allocated following the direction made by Judge Black on 28 April 2020. Ms Morrison, lawyer to assist Ms [AW], was instructed that she did not need to file submissions on the issue.

[11] The overall issue of guardianship of [KC-W] is not being considered in the present case, as the determination of whether or not Mr [LC] and Ms [AW] should be appointed with litigation guardians for those proceedings has not yet been made. This decision is solely about whether [KC-W] is to be vaccinated according to the New Zealand Ministry of Health Immunisation Schedule.

The issues

[12] The following issues arise:

(a) Should [KC-W] be vaccinated in accordance with the New Zealand Ministry of Health immunisation schedule?

(b) Is Mr [LC] self-represented?

(c) What is Ms [AW]'s view on vaccinating [KC-W]?

a) Pending expiry of the interim guardianship order.

Should [KC-W] be vaccinated in accordance with the New Zealand Ministry of Health immunisation schedule?

Law

[13] I have considered sixteen decisions which consider the issue of vaccination and guardianship. These decisions are attached in a table as an appendix to this decision.

[14] Broadly, the following points can be distilled from a review of the cases:

[15] The courts are generally reluctant to direct that immunisation should not occur. This is primarily because "the best evidence before the Court of protection of the children from disease is by way of the Ministry of Health recommended immunisation schedule".[1]

[16] Most of the cases relate to s 46R of the Care of Children Act 2004 ("COCA") and in these, the weight of case law appears to be that, in terms of s 4 and s 5 of the Act, there is a need to satisfy the Court with credible evidence, against the benefits of vaccination, in guardian disputes about whether to immunise their child.[2]

[17] The Court must adopt an individualised assessment of the child or children, which are the subject of the dispute between the parents, when determining whether they should be immunised or not. For example, I considered one case where the Court directed the child was not to be immunised: *DDS v HKS.*[3]

[18] Although the present case is not being determined under s 46R of the COCA, the cases are still relevant and useful to the present decision. The most relevant case is *Chief Executive of Oranga Tamariki v M* which did relate to the issue of vaccination under the OTA.[4] In that case Judge Flatley also adopted the view that the decision on whether or not to vaccinate a child was related to the best interests of the individual child in its own circumstances.[5]

Discussion

[19] Compelling medical evidence has not been filed by Mr [LC]. He has stated that he was told by a GP not to vaccinate [KC-W], however the GP does not actually state anywhere that Mr [LC] should not vaccinate [KC-W], nor does he

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[1] *Stone v Reader* [2016] NZFC 6130 at [21].

[2] This is particularly the case when the mainstream medical evidence and Ministry of Health immunisation schedule recommends and advocates for immunisations to be received. In most of the cases canvassed in the table, the party opposing immunisation did not provide cogent evidence to prove their case against immunisation.

[3] *DDS v HKS* [2014] NZFC 3228.

[4] *Chief Executive of Oranga Tamariki v M* [2019] NZFC 10804.

[5] At [29].

give any specific advice about her. Mr [LC] also refused to provide the name and credentials of the GP as he said it was "withheld under the Privacy Act." There is therefore, no credible evidence that Mr [LC] has consulted with a GP about the issue of vaccination as he was requested to do, by Oranga Tamariki.

[20] It appears that Mr [LC] obtained his information about the safety of vaccines from Mr Atkin as this is confirmed by Mr Atkin in exhibit B attached to Ms Lawrence's affidavit affirmed on 5 May 2020. Of relevance, Mr Atkin is not a medical professional and is therefore not an expert.

[21] In submissions dated 29 May 2020, Oranga Tamariki at [15] referred to the affidavit of Ms Lawrence, [KC-W]'s social worker, who stated at [30]-[32] of her affidavit that Dr [VM], [KC-W]'s paediatrician had repeatedly recommended vaccinating [KC-W].

[22] Mr [LC] has submitted a large amount of information in relation to the reliability of information from the Ministry of Health on vaccinations at [32]-[38] of his supplementary submissions dated 15 June 2020. However, I refer to the recent decision of Judge Flatley where he stated at [29] that the decision on whether or not to vaccinate the child "… cannot be a dissertation on the positives and negatives of vaccination/immunisation." I respectfully agree with this view.

[23] I am therefore of the view that I am bound to follow the weight of case law in favour of immunisation in accordance with the New Zealand Ministry of Health immunisation schedule which recommends certain immunisations for every person based on a body of medical evidence. In my view, this is the right avenue to take for [KC-W], particularly as it has been recommended by her doctor and also having regard to her needs and age.

Is Mr [LC] self-represented?

[24] Submissions filed by Mr [LC] on 17 June 2020 state that he is removing Ms King as his solicitor. He filed numerous submissions himself on 15 June 2020 on the issue of vaccinating [KC-W] and the issue of medical treatment for her in general.

[25] However, the Court received submissions from Ms King on behalf of Mr [LC] (dated 11 June 2020) on 18 June 2020. While it is unclear which submissions are relevant and whether or not Mr [LC] is self-represented I considered all submissions filed by and on behalf of Mr [LC] in making my decision. Mr [LC] or Ms King may need to clarify this point. I direct that a copy of this decision is to be provided to Ms King.

What is the view of Ms [AW] in relation to vaccination of [KC-W]?

[26] The Court has been presented with conflicting evidence regarding Ms [AW]'s views on whether or not [KC-W] should be vaccinated. In Ms Morrison's submissions on behalf of Ms [AW], dated 24 April 2020, she states at [3.3] that Ms [AW] has informed her that she consents to [KC-W] being vaccinated as per Ministry of Health guidelines.

[27] However, in Mr [LC]'s submissions dated 15 June 2020 he states at [4] that there is no disagreement between [KC-W]'s parents around vaccination and that the statement by Ms Morrison in her memorandum is wrong. Mr [LC] states that both he and Ms [AW] consent to [KC-W] having the Tetanus/Diphtheria vaccine and the polio vaccine at this time but will decide on all other vaccinations later on a case by case basis.

[28] I have considered all the views expressed on behalf of Ms [AW], however I consider that Ms Morrison's submissions of 24 April 2020, that Ms [AW] supports Oranga Tamariki vaccinating [KC-W], is more reliable than Mr [LC]'s report about Ms [AW]'s views. Ms [AW] has not filed an affidavit supporting Mr [LC]'s opposition to vaccination, however, Counsel to assist's report on Ms [AW]'s views is more reliable. Ms [AW]'s views have been independently ascertained by Ms Morrison who is counsel appointed with a specific role. Ms [AW] would have been less susceptible to influence.

Impending expiry of interim guardianship order

[29] The Chief Executive of Oranga Tamariki applied on 2 December 2019 for an interim guardianship order regarding [KC-W] which was granted under s 110AA(5) of the OTA. At the same time, the Chief Executive was also granted an order for interim custody of [KC-W] under s 78(1A) of the OTA on 3 December 2019.

[30] New orders were directed by Judge Doyle due to procedural issues with the initial orders. An interim guardianship order under s 110AA(1) of the OTA and a custody order under s 78(1) of the OTA were then issued on 13 February 2020.

[31] It is important to note that under s 110AA(3) of the OTA, interim guardianship orders can only be in force for 6 months after the date of issue. Section (4)(a) of the OTA states that the Court only has the ability to grant one further interim guardianship order under s 110AA of the OTA after an initial order is issued. The current order will expire on 13 August 2020.

[32] A final decision about guardianship will need to be made before that date.

[33] I note also that the orders dated 13 February 2020 are expressed as being in favour of Oranga Tamariki and they need to be amended so that they are in favour of the Chief Executive Ministry for Children-Oranga Tamariki.

[34] I also note that the issue of whether Mr [LC] is a guardian of [KC-W] is not addressed directly in the evidence by any party. Mr [LC]'s application refers to "parents and permanent guardians" but he uses the word parents in his evidence.

[35] The factors in s 17 of the COCA not addressed evidentially. There is reference to the parents living together, however I do not know if they were living together as de facto partners. There is no evidence that they were married. Furthermore, there is other evidence which suggests the mother may not have been living with the father, as other persons are referred to. In addition, I am not entirely clear about the parents' relationship "at the time the child was born".

[36] I have proceeded on the basis that Mr [LC] is a guardian. The issue was not raised or issue taken by any party. I thought it prudent to take this approach, given the detailed submissions filed by Mr [LC]. If I had not proceeded on this basis, I could not have fully considered his submissions which are clearly important to him

and there would have been no jurisdiction to make an order as the two guardians would have been the mother and the Chief Executive Oranga Tamariki and there is no apparent dispute between them. However, if that was the case the immunisations could have proceeded on the basis of agreement.

Orders

[37] I order that:

(a) [KC-W] is to be vaccinated in accordance with the current New Zealand Ministry of Health vaccination schedule including "catch up" vaccines.

(b) Mr [LC]'s application under s 115 is dismissed.

[38] A final decision in relation to whether care or protection orders are to be made; specifically, whether the Chief Executive should be appointed as an additional guardian for [KC-W] should be made before the interim guardianship order expires on 13 August 2020.

[39] An urgent pre-hearing conference is to be allocated.

[40] Counsel and the parties are asked to confirm the correct spelling of [KC-W] which is spelt [KC-W] and [CC-W] throughout the proceedings.

J A Binns
Family Court Judge
Date of authentication: 26/06/2020
In an electronic form, authenticated pursuant to Rule 206A Family Court Rules 2002

Appendix 1

Family Court Decisions concerning immunisation disputes		
Case	**Relevant facts**	**Outcome**
B v B [2019] NZFC 7530	Section 46R application for 14-month old baby. The father wanted the child immunised and the mother did not (based on her religion, excluding emergencies, and a change of mind from reading online material opposed to immunisation).	Judge King granted the application to immunise the child, relying on Her Honour Judge Otene's comments in *Stone v Reader* [2016] NZFC 6130, at [21], that "the best evidence before the Court of protection of the children from disease is by way of the Ministry of Health recommended immunisation schedule".
Aguilar v Aguilar [2019] NZFC 7525	Beyond whether, or not, the 2 ½ year old child should get immunised this case also concerned questions around whether the child should receive homeopathic medicines/treatment and whether she could attend two different childcare facilities. After a ruling that evidence was inadmissible, the mother agreed to immunisation but with conditions. The father opposed those conditions and instead suggested some of his own. The father alleged the mother's family is heavily opposed to vaccination and disputes their family history of autoimmune disease. The father accepts he has a rare liver defect which their daughter has a 60% chance of inheriting and believes she should be immunised to help protect her.	Judge de Jong ordered the child to be immunised in accordance with the New Zealand Ministry of Health National Immunisation Schedule, including "catch up" vaccines. He was satisfied on the balance of probabilities that this was in her welfare and best interest.
[N] v [N] [2015] NZFC 3462	Dispute between guardians as to whether their child aged 1 year 8 months should be immunised in accordance with the New Zealand	The Court opined "[T]he weight of the case law appears to be that in terms of ss 4 & 5 there is a need to satisfy the Court with credible evidence

	National Schedule. The child has been put in the day-to-day care of the paternal grandparents, with the father (living with them) able to have supervised contact and the mother not to have any contact. The mother opposed the application on the basis immunisations would expose the child to unnecessary risk and may even cause her harm or an adverse reaction.	against the benefits of vaccination" (at [9]). The Court decided there was no such evidence and granted the s 46 application for immunisation.
DDS v HKS [2014] NZFC 3228	The parties dispute whether their 17-month old child should be immunised. The mother does not support immunisation but the father wants the child to be immunised. The child, at the stage of the hearing, was 85 per cent immunised. The father advanced his belief that prevention is better than cure and immunisation will reduce the child's chances of falling ill to a preventable disease. The father also said the child has had no adverse effects from immunisations he has had to date and disputes the medical evidence as bias and anecdotal. The mother wants the child to be developing a natural immunity to exposure to diseases. She believes immunisations are not in his best interests; they are unnecessary, unsafe and may cause him harm.	On the balance of probabilities the Judge directed, relying on a plethora of findings formed from the "best evidence available", that it was not in the child's welfare and best interests to be immunised as a "particular child in particular circumstances". Judge Hikaka considered the mother had a good understanding of the benefits and risks of immunisation, and persuaded him with her abundant evidence (unsuccessfully challenged) and her detailed and considered responses that immunisation was not appropriate for the child.
F v N [2018] NZFC 6778	A s 46R application to decide whether their child, aged 4½ years old, should be immunised. The mother supports immunisation, but the father does not. Neither party supplied medical or	The Court held that the child should be immunised for the following reasons: • The claimed severe reaction cannot be so described and is in line

	specialist evidence. The father says the daughter was immunised when she turned 1 in Thailand and suffered a severe reaction (the mother disputes this). He is concerned immunisation may lead to rheumatoid arthritis, but concedes other family members have not developed this but that his mother has. He also says his other children and have been immunised and have an assortment of health issues. The mother's reasons in support of immunisation are that the child has already had two immunisations, relies on the Ministry immunisation schedule recommendation, the benefits of immunisation and the fact she will start school soon.	with reactions set out in the immunisation schedule. • The article relied on by the father has been discredited. • The recommendations of the Ministry are to be given weight in the absence of contrary specialist medical evidence. • The child is about to start school. • There has been nine months for genetic testing to support or eliminate his serious and genuine concerns about the child's reactions to immunisation. • The father has not provided any credible evidence to demonstrate his perceived degree of risk. • Immunisation protects the wider community as well.
Lawson v Pugh [2019] NZFC 5092	The parties disputed whether their child, aged approximately 4 years and 7 months' old, should be given his MMR immunisation. The father wanted him immunised, referring to the immunisation schedule of the Ministry, but the mother did not. She did not provide any medical evidence (beyond general articles) which supported her position.	The Judge expressed that vaccination in New Zealand is recommended but is not compulsory. The Judge directed a medical report under s 133 of the Act, and did not therein direct immunisation. The Judge expressed the importance that the particular child be assessed on an individualised basis.
McLaughlin v McLaughlin [2019] NZFC 7206	The parties disputed as to the where and how the immunisations should happen for their child (age not stated); the mother wished to have her immunised in Australia but the father wanted her immunised in New Zealand (and immediately given the	The Judge directed that the child be vaccinated in Australia pursuant to the mother's plan in the absence of any cogent professional evidence contrary to the evidence from Dr Cosford the mother has provided to the Court (as to the timing of vaccinations).

	measles epidemic – though when he first opposed the mother's course of action the epidemic did not exist). The mother said the child's maternal half-uncle and cousin have both had negative reactions to vaccinations and opposed an immediate immunisation occurring as she has been unwell with a viral infection. She provided evidence with the doctoral opinion that immunisation should not occur during or immediately following an illness. The father relies on the World Health Organisation on immunisation.	
M v N [2017] NZFC 2358	The parties dispute several important matters for their five-year-old child, including immunisation. The mother has genuinely held views and concerns about immunisation, promoting their child not be immunised. This was contrary to the father wanting immunisation.	The Judge considered, in his position, it would be irresponsible to do anything other than to make a direction which reflects mainstream medical advice and thinking. Thus, immunisation was ordered as a Court direction.
D v H [2015] NZFC 6950	The parties, amongst other things, were in dispute about whether their 11-year old daughter should be immunised against the risk of cervical cancer with a HPV immunisation. The father wants the daughter to have this as it is available it makes common sense. The mother does not rule out the possibility of the HPV immunisation, but is concerned that she is too young to have it right now and questions its necessity/effectiveness. The	Limited evidence was before the Court on the proposed HPV immunisation. On the basis of the limited nature of evidence, the Court held it was not satisfied on the balance of probabilities that the vaccine is likely to be in the child's welfare and best interests based on, inter alia, the following reasons: • non-specific GP letters; • the HPV vaccine relating to a sexually communicable disease and no evidence the

	mother stated she had a bad reaction to another vaccination which left her scared and unwell. Via her lawyer, the child said she was "fine" with her recent vaccinations and was not concerned about the HPV immunisation.	child is sexually active or at risk of developing cervical cancer at present; • she is only 11; • it is a non-routine medical treatment programme.
A v I [2017] NZFC 3198	The parties disputed whether or not all four of their children should receive immunisations and, if so, which ones. The mother wants all four children to be immunised in line with the Ministry of Health recommendations and their GP's recommendations. The father opposes and only wants the three youngest children to be immunised with what the eldest has already received (Hepatitis B, Tetanus and Polio). The father raised concerns about the safety of such immunisations being given at all, referring to a number of articles raising general concerns.	Judge Parsons makes two relevant considerations in this decision, in response to the father's article he provided which generally advocated against conventional medical advice (at [31]): 1. The Judge did not accept the proposition advanced in the article the Court making a decision against conventional medical advice bears the onus of proving that their decision be favoured. The Judge held the Act is clear that all decisions for children have to be analysed on an "individualised paradigm inclusive of set mandatory statutory considerations within the overarching lens of the welfare and best interests of the child" (at [32]). 2. In addressing the fact there is no definition of what is "routine", she expressed the view that she was "not persuaded that there can be a blanket proclamation that all Ministry of Health recommended vaccinations are to be classified as routine and therefore not subject to any s 46R application" (at [33]).

		In weighing up the pros and cons, Judge Parsons directed that it is in the children's welfare and best interests to have the catch up vaccinations as suggested by their GP in accordance with the Ministry recommendations. The father is to be advised in advance and in writing when each child is to receive their immunisations.
Chief Executive of Oranga Tamariki v M [2019] NZFC 10804	The child was placed in care that was not with her mother and father. The Ministry sought custody orders of the child under s 101 OTA, an additional guardianship order under s 110 OTA and a guardianship order for specific purpose pursuant to s 112 OTA. The father consented to the orders under 101 and 110 but contested the s 112 order because the Ministry wanted to vaccinate the child. However, the mother did not oppose vaccination for the child. The child had cerebral palsy and would need ongoing medical interventions. The father consented to a list of likely medical interventions that would be needed for the child in the future due to her cerebral palsy, but did not consent to vaccination.	Judge Flatley determined that the child needed to be immunised immediately due to the risk of her becoming unwell if she was not vaccinated. She was more vulnerable than other children and her health is compromised by her cerebral palsy. Judge Flatley further stated that the risks associated with vaccination are minimal and, on the balance, the risks of contracting a disease are more serious than those associated with being vaccinated (at [27]). Judge Flatley at [29]: "What this hearing cannot be about, and what this decision cannot be, is a dissertation on the positives and negatives of vaccination/immunisation. It cannot be a definitive decision with regard to vaccination/immunisation." He further stated that the fact that the child's mother and OT supported vaccination was relevant to his decision (at [32]).
Reported decisions concerning immunisation disputes		
Case	**Relevant facts**	**Outcome**
Victor v Emmerson	A s 46R application	Judge Druce, pursuant to the

[2015] NZFC 8612	concerning whether one of three children should receive his "Year 7 Boostrix" injection for Tetanus, Diphtheria and Whooping Cough, and whether all the second oldest should receive ongoing immunisations. Immunisations for the two older children (14 and 11) were routinely received to a point in time, however, the mother advised the school that she did not consent to the youngest child receiving the Boostrix immunisation. Her mind changed due to becoming concerned about the safety of vaccines, particularly MMR and HPV. The mother provided various internet sourced articles cautioning against such immunisations. The father provided a professional opinion from the directors of the Immunisation Advisory Centre; they were critical of the non-scientific anti-vaccination propaganda.	Shorter Oxford English Dictionary's definition of "routine" considered that immunisations under the Ministry of Health approved immunisation schedule, given the high rate they are received, are "customary, standard and usual" (at [14]). Notwithstanding this view, Judge Druce declined to make any general legal finding as to whether immunisation is a routine or non-routine medical treatment (at [17]). However, Judge Druce did find that the Boostrix immunisation for the youngest child was for the most part to be a routine medical treatment (at [18]). Overall, the direction of the Court was that the youngest child attend an appointment with a GP, along with his dad, so he could obtain his own medical advice regarding the benefits and risks (beyond what his mother has told him). The Court gave sole authorisation to the father to determine whether the child gets the immunisation after taking into account his views and feelings. This was the same direction for the older child.
Stone v Reader [2016] NZFC 6130 (Judge Otene)	The parties disputed whether their three children, aged 12, 9 and 7, should be immunised. The mother advocated they were not in need of "orthodox vaccination" as sought by their father because they received homeopathic vaccination and are healthy. The father's application was	The Judge expressed at [21]: "...judicial notice of the fact that the government agency responsible for the management and development of the New Zealand healthy system recommends a schedule of vaccination for all New Zealanders based upon a body of medical evidence.

	not specific as to the diseases he sought the children be immunised against, but in cross-examination he referenced measles, mumps and rubella, tetanus and a particular injection one child wanted having learned about it at school. Neither party placed medical or other expert evidence before the Court.	On this basis, the best evidence before the Court of protection of the children from disease is by way of the Ministry of Health recommended immunisation schedule..." Judge Otene directed that the children shall be so immunised in accordance with the immunisation schedule.
Reid v Graham [2019] NZFC 900	This is a reserved decision ruling on the admissibility of overseas medical evidence provided by the mother to support her position in opposition to her and the father's child (who is just about five and close to starting school) being immunised.	The Judge ruled that she could not be satisfied that both overseas evidence as to whether a New Zealand child should be immunised or not was "substantially useful" (at [23]). Judge Pidwell directed, with the consent of the parties, that a medical report pursuant to s 133 of the Act is ordered. This is what happened in *Lawson v Pugh.*
ADC v IJW FC Kaikohe FAM-2002-027-332, 17 October 2005	The decision concerned what vaccinations the parties' six-year-old child should receive. The parents agreed she be vaccinated for tetanus and measles only (not MMR, but MMR is permitted in event the measles-only vaccination cannot be imported within six months of the decision). They dispute whether she should be annually vaccinated for increased influenza protection. The mother said there is a real risk relating to pneumonia for her, it's only 70-90% effective, the vaccines only protect against certain strains and the vaccinations would needlessly expose the child to toxic effects of mercury and aluminium. The father wants	The Judge held, based on the paediatric expert opinion unequivocally recommending the child be vaccinated with influenza vaccinations, the Judge was satisfied this was in the welfare and best interests of the child.

	the influenza vaccinations to be given as recommended. Paediatric expert evidence was provided.	
MJA v HES FC Christchurch FAM-1999-9-2203, 5 September 2005	The parties disputed whether or not their 8-year-old child is immunised for the Meningococcal B virus. The father prefers to use natural medicines and would accept the views of a pharmacist, homeopath and naturopath. The mother is "middle of the road" with medical treatment; she takes the child to the doctor when required and follows medical advice given. Neither parent wants to put their child's health in jeopardy. Both parties provided material relating to the background of the Meningococcal programme. The father relied on two researches in opposition to the programme whereas the mother relied on Ministry of Health material.	Judge Strettell stated: "... the preponderance of medical opinion in New Zealand is clearly in favour of the Meningococcal Programme being provided to young people and children in New Zealand and to that end, that programme has been provided free of any cost" (at [10]). Judge Strettell then directed the child be immunised.