

Outcomes: The NSW Health Department undertook the Post-Natal Services Review (1994) to consider these issues. This paper will explore developments relevant to population screening for Post-Natal Depression and will provide an outline of a comprehensive framework in which screening for post-natal depression can be realistically considered.

Conclusions: This paper will emphasise primary health care detection, the role of mental health services consultation, and the implications for health service delivery and monitoring of effectiveness.

EARLY PSYCHOSIS PREVENTION AND INTERVENTION IN NSW

Dagg B.

Centre for Mental Health, NSW Health Department

In February 1996 the Early Psychosis Prevention and Intervention Centre (EPPIC) Victoria, was successful in obtaining national funding as a National Mental Health Project to manage the development and promotion of a National Best Practice Model in Early Intervention in psychosis. To facilitate this development, in July 1996 the Centre for Mental Health appointed a NSW State Coordinator.

The project aims to promote and develop best practice in the management of early psychosis. It will assist mental health professionals intervene earlier with young people who are experiencing first onset psychosis. Evidence from the literature highlights the benefits of early intervention in psychosis, which results in reducing delay in treatment, and improving health outcomes for young people. It reduces secondary morbidity in the post-psychotic phase of the illness and costs to the health care system.

In NSW several exciting initiatives are underway. Some Area Mental Health Services are in the process of developing best practice principles in early detection, prevention and early intervention, for first onset psychosis. Key areas for discussion include the difference in perceptions of what constitutes 'early intervention' and the most appropriate model of service delivery.

Early intervention represents a paradigm shift in the delivery of mental health services to young people suffering from first onset psychosis.

BONE MARROW DONATION FROM UNRELATED VOLUNTEERS – THE AUSTRALIAN BONE MARROW DONOR REGISTRY (ABMDR)

Gordon S. Farrell C.

Australian Bone Marrow Donor Registry

Background: The Australian Bone Marrow Donor Registry (ABMDR) was established in December 1990 after increased interest worldwide in unrelated bone marrow transplants. In 1987 the results of the first major series of unrelated transplants became available which showed the potential for successful transplantation of CML using unrelated volunteers who were tissue-matched with the recipient.

Strategy: The aim of the ABMDR is to provide suitably tissue-matched, unrelated voluntary donors for patients in need of bone marrow transplantation. The ABMDR is an Australian registry with national equitable access for both donors and recipients. It consists of a donor panel within existing facilities in Red Cross Blood Transfusion Services and State Tissue Typing Laboratories in each participating state, with computer links to the national coordinating office.

Outcomes: The ABMDR has been actively tissue typing volunteers since January 1991 and by the end of September 1996, 96,102 donors were registered of whom 37.7 per cent were fully tissue typed. It is anticipated that the target 100,000 donors will be reached by the end of 1996. This national database is regularly searched for approximately 260 Australian patients at any one time and since the inception of the Registry several hundred donors have been identified as a match.

Conclusion: Despite the enthusiasm and benevolence of the Australian public, there will always be occasion to search international registries for those people with a rarer tissue type. With sophisticated information technology it is possible to search international registries rapidly and assess the availability of donors both in Australia and overseas. The establishment of the ABMDR is an excellent example of successful national cooperation.

SALES OF CIGARETTES TO MINORS — 'BOYS VERSUS GIRLS'

Kerwand R.

Illawarra Public Health Unit

Background: 'Sales to Minors' compliance surveys have been carried out in the Illawarra since July 1994. A brief

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The editor of the *NSW Public Health Bulletin* is Dr Michael Frommer, Director, Centre for Research and Development, NSW Health Department. Dr Lynne Madden is production manager.

The *Bulletin* aims to provide its readers with population health data and information to motivate effective public health action. Articles, news and comments should be 1,000 words or less in length and include a summary of the key points to be made in the first paragraph. References should be set out using the Vancouver style, the full text of which can be found in *British Medical Journal* 1988; 296:401-5.

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presentation summarising experiences in the Illawarra with regard to 'boys versus girls' purchase rates will be given.

Method: The surveys have involved young volunteers (both boys and girls) entering tobacco retail outlets in an attempt to purchase cigarettes.

Results: The results of these surveys tend to suggest a far greater willingness for shopkeepers to sell cigarettes to underage girls than to underage boys. The most recent survey done in the Illawarra has shown this imbalance to be in the ratio of about 4:1.

Comment: *This is an interesting result, in view of the higher prevalence of smoking among female school students than among males. The observation that young females may find it easier to buy tobacco products than young males may help to explain the higher prevalence of smoking among females. There is evidence that restricting young people's access to tobacco can reduce smoking prevalence. Initiatives such as those undertaken by the Illawarra Public Health Unit to prevent sales to minors have great potential to reduce tobacco use by young people. This study underlines the importance of targeting young women in these initiatives. —Editor*

A TIMELY CHANGE: MAKING INFORMATION TECHNOLOGY WORK FOR US

*Moerkerken L, Brokenshire T, Lonie C.
Western Sector Public Health Unit*

Background: Following the release of the policies and procedures to enforce section 59 of the Public Health Act 1991, every NSW Public Health Unit will now be required to report annually on compliance monitoring activity. The Western Sector PHU has undertaken compliance monitoring for the last 12 months. During this time it was recognised that environmental health officers (EHOs) required a management tool to assist in undertaking the procedures outlined in the guidelines.

Methods: To meet this need, the Western Sector PHU developed a Compliance Monitoring Database with input from environmental health officers, information technology specialists, epidemiologists and NSW Health Department representatives from the Drug and Alcohol Directorate and the Legal Branch. The aim has been to ensure the database is useful, simple to use, produces the required reports, records all necessary data and stores the data to optimise statistical analysis.

Results: The resulting database will assist EHOs to manage this work, help to standardise work practices across NSW and provide important data to assess compliance with the legislation.

Conclusions: The Compliance Monitoring Database will assist EHOs in collecting and using compliance monitoring data to improve their efficiency and effectiveness in using the policies and procedures. We expect that this will eventually result in improved compliance with section 59 of the Public Health Act and reduce smoking rates in younger people.

FROM STAFF CLINIC TO EMPLOYEE PREVENTATIVE HEALTH PROGRAM

*Morrissey J, Wawn J, Taylor P.
Prince of Wales Hospital*

Background: Infection Control (IC) and Employee Health (EH) are overlapping major issues for employers and every

staff member. Recent WorkCover legislation and NSW Health Department Circulars (95/13, 95/8, 96/40) enforce what had previously been good practice. Infection Control strategies now recognize that patient-to-patient, patient-to-staff, and staff-to-patient transmission of infection can occur.

While IC and EH activities share common ground they developed and operated separately, particularly in larger institutions. Reluctance of IC practitioners to accept additional work from EH in the past was based on paucity of resources to fulfil both roles and different lines of responsibility.

Strategy and outcomes: We describe an Area Health based Employee Preventative Health Program (EPHP) which delivers the immunisation policy with records and statistical analysis of compliance, and management of occupational blood and body fluid exposures. Records of initial immunity status and immunisation during employment are entered into the Area's Human Resources Department database (AHRDD) which also generates reminders for boosters. Finally, we describe a plan to link staff preventative health and infection control activities at a complex of teaching hospitals on one site with shared clinical and support services.

Conclusion: The EPHP will use the AHRDD to record staff immunisations. Integrating Infection Control and Staff Preventative Health will achieve a critical mass of expertise to underwrite the program. The Area Health Service can fulfil its legal obligations and also control costs. These initiatives may serve as models for other health bodies.

ESTABLISHING A Q FEVER VACCINATION PROGRAM IN A RESISTANT ABATTOIR

*Sam G, Remington L.
South Eastern NSW Public Health Unit*

Background: Q fever vaccine has been widely available in NSW since 1993. During the period 1993 to 1995, the reported incidence of Q fever in NSW fell from 6.6/100,000 to 2.2/100,000. Although Q fever vaccination is considered a requirement under the NSW Occupational Health and Safety Act 1983 for employees within high risk occupations, many meat processing facilities have resisted implementing vaccination programs for staff.

This paper reviews the occurrence of two outbreaks of Q fever in an abattoir in a ten month period involving 15 and 37 cases respectively.

Despite intensive negotiations between the facility and public health authorities following the first outbreak, a vaccination program was not undertaken due primarily to the perception by management that the high rate of turnover amongst those staff at high risk, i.e. part-time and casual employees, did not justify the expenditure.

Strategies: Following the second outbreak, the Public Health Unit and NSW Workcover Authority in conjunction with the facility, local General Practitioners and the vaccine manufacturer developed a strategy which enabled a screening and vaccination program to be implemented. This included a scheme whereby the cost of screening and vaccination of new employees is borne initially by the employee and reimbursed after a minimum period of employment.

Outcome: The program and strategies developed intersectorally at a local level can be adopted by other authorities to successfully implement vaccination programs in resistant organisations.

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INFORMATION TECHNOLOGY IN PUBLIC HEALTH: THE ROLE OF ITSIG

Skinner J, Jones L.

Information Technology Special Interest Group (ITSIG)

Background: The Information Technology Special Interest Group (ITSIG) was formed in September 1994.

The idea was that Public Health Unit (PHU) staff involved with information technology should establish a Statewide network to develop equipment standards and expertise. The formation of ITSIG was encouraged by the Chief Health Officer who "looked forward to... seeing improved coordination of data processing and analysis efforts and the development of information technology standards within the Public Health Network". Since the first ITSIG meeting in October 1994, ten meetings have been held with an average representation of eight PHUs.

Major Roles of ITSIG: Information technology is an area of very rapid change and ITSIG has provided an important forum for the discussion of IT needs. ITSIG has also played an important role in finding the right balance of hardware and software for the needs of individual PHUs, while trying to achieve a higher level of standardisation. ITSIG also serves to provide saving and increased expertise via training courses and seminars (for example, MapInfo Courses, a MapInfo Seminar, and SAS training seminar have been coordinated by ITSIG).

ITSIG also provides a vital forum for technical support and problem solving both by an e-mail public group and regular face to face meetings. This is important when a number of PHUs are using software and hardware not supported by their respective IT people.

This electronic presentation will utilise a stand alone Pentium PC to provide information about ITSIG as well as current electronic sources and softwares of use to Public Health practitioners.

THE UNFOLDING OF THE PHENYLKETONURIA (PKU) STORY

Stace L.

Genetic Counsellor, Child & Family Health
Goonellabah

Background: Phenylketonuria (PKU) is a genetic disorder due to an error in the body's metabolism, affecting about 1 in 10,000 newborn babies. PKU occurs when an essential enzyme is deficient. The enzyme deficiency results in a build-up of phenylalanine in the blood and can cause severe brain damage if untreated. Before there was a test for this condition at birth, followed by early commencement of treatment, children with this deficiency would become mentally retarded. Newborn screening for PKU began in NSW in 1965.

A family in northern NSW lived on an isolated dairy farm in the 1950s-70s. Their first child was diagnosed with PKU when she was found to be mentally retarded. With their subsequent affected children they had a very difficult time in trying to maintain the treatment. They also had to contend with ignorance of the local doctors, long delays in advice from the city specialists, and the exorbitant cost of the special supplements. They are a truly stoic family.

Their experience tracks the unfolding of the PKU story in the NSW context. The discovery of the cause of PKU, the development of the newborn screening test, and the

refinement of the diet mean PKU is no longer a major cause of mental retardation. This is a great medical breakthrough.

A FOOD AND NUTRITION MONITORING STRATEGY FOR NSW, WORK IN PROGRESS

Stickney B, Flood V, Reay E, Hewitt M, Webb K.

Department of Public Health and Community Medicine
University of Sydney

Background: The development of an information system to support population nutrition programs in NSW is timely. Decision-makers in health service development, health promotion, food safety and nutrition at the state and local levels require a greater range of readily interpretable information to inform their planning and to account for their activities. Information about the food and nutrition situation in NSW is patchy, unpredictable and out of reach. Many opportunities exist to improve the quality and use of nutrition information and these need to be tapped. The project's main objectives are to identify the kinds of information that will help to develop more responsive and effective nutrition policies and programs at the state and local levels in NSW, and to determine efficient ways to obtain and disseminate food and nutrition information.

Methods: Extensive consultations are underway to identify perceptions about important nutrition issues for program and policy development and how people currently use nutrition information. For the issues of greatest importance, the best and most efficient methods of obtaining information will be sought. These methods will build on national nutrition monitoring plans, research in population dietary assessment methods and consultations with potential suppliers of information.

Expected Outcomes: By mid-1997, the project will recommend a plan for establishing a systematic approach to obtaining and disseminating nutrition information. The plan will include recommendations for short modules about dietary habits and weight status that can be used in surveys, methods to monitor the food environment in selected settings (including school canteens) and priorities for monitoring nutrition in vulnerable population groups.

CORRIMAL AIR POLLUTION IN HEALTH – AN ANECDOTAL SURVEY

Willison R., Illawarra Public Health Unit

Background: Residents of the suburb of Corrimal on the Illawarra coastline expressed concern about the health effects of air pollution from the Corrimal Cokeworks.

Methods: All complaints to the EPA were referred to the Illawarra Public Health Unit for a one year period and complainants were interviewed. Each was asked a standard set of questions relating to pollution, outrage and health effects.

Results:

1. The proportion of affected households decreased as the distance from the cokeworks increased.
2. Reported health effects coincided with
 - a) operation times of the coke ovens;
 - b) prevailing wind conditions towards the residential areas from the coke ovens.
3. The majority of health effects were consistent with upper respiratory tract irritation.

This information has been fed back to the community, regulators and the industry. It also forms the foundation of a further investigation which is in progress.