

PUBLIC HEALTH ABSTRACTS

The following abstracts were prepared for the NSW Public Health Network Conference in Sydney in November. The presenting author's name is underlined.

LEGIONELLA

In 1991 two new cooling towers were commissioned in service at St George Hospital. Subsequently *legionella* testing was carried. Results showed that the towers contained *legionella* counts. Due to persisting contamination, a more intensive sampling program was undertaken.

It appeared that the water of the towers was free from growth soon after decontamination procedures had been carried out. Despite extensive decontamination procedures undertaken, *legionella* were found to multiply to significant levels within a short space of time. This may be attributed to inadequate cleaning procedures and/or *legionella* being contained within *acanthamoebae* cysts allowing the bacteria to survive decontamination procedures and re-seed the system.

Steven Hatzi

INEQUALITIES IN UTILISATION OF HEALTH SERVICES

It appeared will examine data from the 1989-90 National Health Survey to assess the existence of socioeconomic and gender inequalities in the utilisation of health care services. The study is to use standard methods of analysis being applied in a number of European countries under a European Community COMAC-HSR project on Equity in the Finance and Delivery of Health Care.

Inequalities in health continue to be issue of health and social policy and both Commonwealth and State governments are committed to their reduction. An important element of health care policy, reflected more or less explicitly in (health adjusted) population-based formulae for the allocation of resources, is equality in access and utilisation. The success of the Australian health care system in meeting this objective has not been evaluated extensively. Results from Britain (which has a similar equity objective) are contradictory though this may reflect differences in method rather than fact.

Good data on the utilisation of services is contained in the 1989-90 National Health Survey. This has allowed consideration of differences in the utilisation of services by socioeconomic status and gender after controlling for differences in need. It is proposed to replicate the analysis carried out to date in a number of European countries in the COMAC-HSR project, to assess the extent to which the Australian health care system meets its equity criteria. Preliminary results will be presented.

Stephen Jan

A 'SYSTEMS APPROACH' TO IMPROVED ASTHMA MANAGEMENT

Asthma is being increasingly recognised as a major public health problem in Australia, and a significant contributor to total health care costs. To date, most

attempts to improve asthma management have been essentially "top down" in nature, e.g. the National Asthma Campaign, development of the six-point plan, and the draft strategy for the prevention and management of asthma in NSW produced by the NSW Health Department. More recently there has been increasing interest in "bottom up" or community development approaches such as have been tried in Campbelltown (SW Sydney), Auburn (Western Sydney), and Royal North Shore (Northern Sydney).

Following public health enhancement funding from the NSW Health Department, the Illawarra has combined both these approaches in developing a "systems approach" designed to provide a broad cross-sectional overview of current services, to define weaknesses in these, and the interfaces between them, and to develop strategies to address identified deficiencies on a priority basis. This has involved analysis of broad mortality and morbidity patterns in the Illawarra, consideration of current management amongst hospital A&E departments, general practitioners, community pharmacists, and other health care providers, and also the role of local asthma support groups.

The data from these studies will be summarised, and the strengths and disadvantages of this approach in developing a regional strategy for improved asthma management will be considered.

David Jeffs

INFECTIOUS DISEASE OUTBREAKS IN LONG DAY CARE CENTRES

We conducted a telephone survey of the directors of all long day care centres (LDCs) in Western Sydney in June 1992 to investigate the occurrence of infectious disease outbreaks. Ninety-four of the 95 LDCs operating (98.8 per cent) participated in the survey. A total of 6,318 children was enrolled at the 94 LDCs, including almost 26 per cent of children in the 2-4 year age range in Western Sydney.

In the six-month period January to June 1992, infectious disease outbreaks occurred in 63 of the 94 centres (67.0 per cent). There were 152 outbreaks and 1,059 outbreak cases. Diarrhoea was the most common outbreak type (46 outbreaks and 282 cases), followed by conjunctivitis (33 outbreaks, 142 cases), head louse infestation (27 outbreaks, 168 cases) and chicken pox (13 outbreaks, 158 cases). Most outbreaks (91.1 per cent) were managed "in-house". The Public Health Unit was contacted on only two occasions (1.3 per cent).

This survey shows that infectious disease outbreaks are common in LDCs. Consequences include exclusion of sick children from LDCs, a requirement for parents to take time off work, and disease transmission to family members and LDC staff. Prompted by these findings, we are starting a detailed study of diarrhoea in 50 LDCs.

Louise Jorm, Jane Bell, John Ferguson, Pam Whithead and Anthony Capon.

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The Bulletin's editorial advisory panel is as follows:

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The editor is Dr George Rubin, Director, Epidemiology and Health Services Evaluation Branch, NSW Health Department.

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 the key points to be made in the first paragraph. Please submit items in hard copy and on diskette, preferably using WordPerfect 5.1, to the editor, Public Health Bulletin, Locked Mail Bag 961, North Sydney 2059. Facsimile (02) 391 9232.

Design - Health Public Affairs Unit, NSW Health Department. Suggestions for improving the content and format of the Bulletin are most welcome.

Please contact your local Public Health Unit to obtain copies of the NSW Public Health Bulletin.

ERRATUM - HEALTH INDICATORS FOR NSW

In the October 1992 NSW Public Health Bulletin Supplement (Vol 3/No.S-3) a table showing Diagnosis Related Groups (DRGs) for the New England Health Region was repeated on page 28 for the North Coast Health Region. The correct table for the North Coast Health Region appears below.

TABLE 2.2

DIAGNOSIS RELATED GROUPS (DRGS) - NORTH COAST HEALTH REGION

Diagnosis Related Group	Local hospital separations	Per cent in local private hospitals	Average length of stay (days)	Per cent of cases trimmed	Separations for residents	Standardised separation rate
317 Renal failure with dialysis	1693	0.0	0.5	0.1	2545	641 ↓
373 Vaginal delivery w/o complicating diagnoses	4126	3.3	4.6 ↑	0.7	3945	1097
183 Gastroenteritis & misc. digestive dis., age 18-69 w/o CC	2290	22.2	1.7 ↑	2.4 ↑	2251	602 ↓
467 Other factors influencing health status	1846	18.7	6.0 ↑	0.2	1880	479 ↓
98 Bronchitis & asthma, age 0-17	1464	1.4	2.3	2.0	1386	366 ↑
184 Gastroenteritis & misc. digestive dis., age 0-17	1458	2.2	2.1	1.1	1408	375 ↑
381 Abortion with D&C	982	27.2	0.9	0.7	888	248 ↓
410 Chemotherapy	126	2.4	1.7 ↑	0.8	316	81 ↓
182 Gastroenteritis & misc. digestive dis., age ≥70 or CC	1239	24.3	3.4 ↑	2.0	1212	275
140 Angina pectoris	1171	6.1	3.7 ↓	0.6	1081	254 ↑
371 Caesarean section w/o CC	815	4.2	7.2 ↓	0.6	787	218
243 Medical back problems	1321	15.5	5.9 ↑	1.9	1451	377 ↑
270 Other skin & breast OR procedure age <70 w/o CC	1121	19.5	0.9	1.0	1171	317 ↓
372 Vaginal delivery with complicating diagnoses	294	0.0	6.0	1.5	299	83
127 Heart failure & shock	995	12.4	8.2 ↓	0.6	936	210
364 D&C, conization, except for malignancy	875	29.1	0.7	0.5	807	221 ↓
360 Vagina, cervix & vulva procedures	1007	19.4	0.8 ↑	0.8	979	270
88 Chronic obstructive pulmonary disease	905	10.6	8.5 ↓	0.3	862	194 ↑
143 Chest pain	744	8.7	2.8	1.2	703	178 ↑
383 Other antepartum diagnoses with medical complications	465	1.9	2.9	1.0	439	123

CC = Complications or comorbidities, w/o = without