TRAINING CONFERENCE EMPHASISES COMMUNICATION

This year's training conference for more than 300 trainee public health physicians in the UK emphasised the necessity of clear communication for adequate public health function. The conference, at Blackpool in early April, was organised by the Faculty of Public Health Medicine (formerly Community Medicine) of the Royal Colleges of Physicians of the UK.

The conference used groups of trainees to identify the key communication issues in their daily work — written or oral, with public health colleagues or clinicians, the community or the media. Oral presentations of completed work were examined within groups for their clarity and stimulus.

Much of the conference concerned communication from the college to trainees about revised examination arrangements for both Part I and Part II of the fellowship. In the UK both parts of the fellowship are awarded by examination, Part II requiring the submission of completed projects by the trainees and orals pertaining to them. A similar pattern is followed in New Zealand College.

Non-medical associates are to be accepted into the UK Faculty of Public Health Medicine. The faculty fulfils in the UK many of the functions of the more multidisciplinary Public Health Association in Australia and the Australasian Epidemiological Association.

In the recently revised NHS, which emphasises the role of Area-equivalents in planning and buying rather than providing health care, Public Health Medicine has received an immense boost. It is seen as the key discipline underpinning needs identification, comparison of inter-Area health statistics, observation and measurement of health outcomes and evaluation.

The UK Faculty of Public Health Medicine is about to embark on a national goals and targets exercise for the UK akin to the Australian Better Health and New Zealand efforts and the corporate interest in goals-based planning receiving emphasis in NSW.

The dramatic highlight of the conference was when, following their noses, president Walter Holland and the vice-president inspected the kitchens of the conference hotel — and declared them unfit. That day's conference banquet was organised at another Blackpool hotel with great haste — a fine example of rapid policy formulation and implementation following hard on epidemiological inquiry — and good communication!

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INFECTIOUS DISEASES

TETANUS (ICD-9 037)

Tetanus cases continue to be notified in NSW. Nine were notified in the period 1982-1990 — two of them in 1990.

The 1990 cases were a 66-year-old man from New England and an 81-year-old woman from the North Coast Regions.

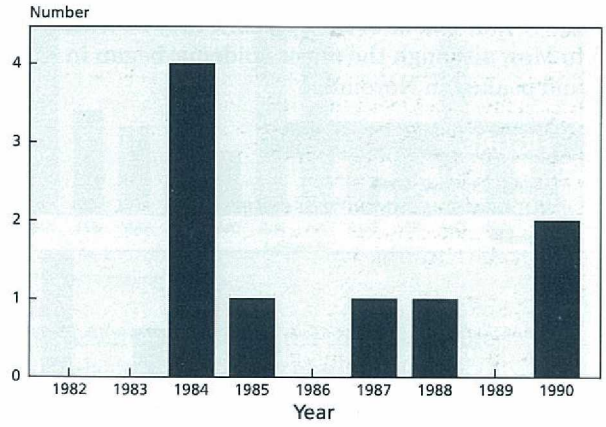
During 1989/1990 one separation from hospital due to tetanus was recorded in the Inpatient Statistics Collection.

Tetanus Toxoid first became available to Australian servicemen during World War II. Routine use of tetanus toxoid began in 1954. The cases of tetanus notified in 1990 give cause for concern that all people born before 1953 who did not serve in the armed forces may not be immunised against tetanus.

The NSW Health Department recommends that doctors review the immunisation status of all patients. Primary immunisation can be started at any age.

FIGURE 2

TETANUS NOTIFICATIONS NSW, 1982-1990



Source: NSW Infectious Disease Database.

MEASLES (ICD-9 055)

Preventing measles has been the focus of concerted public health initiatives over the past three years through health promotion and immunisation campaigns. There is evidence, however, that the coverage of measles immunisation is less than optimal. Estimates of immunisation coverage during the recent Hunter epidemic indicate that only 85-90% of the population of NSW are immune to measles.

The three-year periodicity of measles has yet to be altered by the mass immunisation program in place since 1968. The greatest number of measles

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