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## CANCER COUNCIL LOOKS TO A HEALTHY FUTURE

**T**he NSW State Cancer Council was founded in 1952 and proclaimed as a statutory authority in 1955 with a wide-ranging mandate to do all things necessary to control cancer.

It was not until withdrawal from direct clinical and research responsibilities in 1986, however, that the Council was able to direct its energies to expanding as a public health organisation devoted to cancer control with major commitments to funding research and to the support of cancer patients and their families.

The move to its own premises in Woolloomooloo in January this year was the culmination of six years of rapid change. Clear mission and purpose statements have replaced the outdated objects set out in the 1955 statute. They help shape the annual operating plans for programs designed to prevent cancer, save lives from cancer and diminish suffering from cancer, while performance indicators and clearly defined outcomes facilitate evaluation of work undertaken.

The transition from a health 'charity' to a 'not for profit' professional organisation is almost complete while community involvement remains constant, with more than 95 per cent of an income of around \$10.4 million in 1991-92 coming from public support. A new corporate identity saw a change from the caduceus as a logo (considered fear-provoking) to the daffodil (adopted by many countries as a symbol of hope and renewed life) and an orientation to meeting the needs of the wider community.

### PREVENTING CANCER

#### Public information and education

While it has been estimated that up to 75 per cent of cancer is potentially preventable, it has long been accepted that the behavioural change necessary cannot be achieved without first raising the community's awareness of cancer issues. Mass media must be mobilised and written materials prepared to foster changed attitudes to cancer over the decades.

In the 1980s a number of important decisions relating to behavioural change was made:

- As schools are an obvious access point, the Council's Cancer Education in Schools project was conceived in 1982 as part of a long-term strategy for growing generations of Australians who are not only comfortable with the word cancer but understand how to prevent it. Teachers seconded from the Department of Education assisted in incorporating cancer prevention across many curricula such as biology, statistics, geography and history, the Council being one of the first health agencies to take this path.
- Collaboration with other State Cancer Councils and other organisations was encouraged and resulted in a comprehensive policy for skin cancer control. Strategies for primary prevention ('Slip, Slop, Slap') and early detection, especially taking services to the public (battle stations, now referred to as skin spot check stops), were systematically pursued.

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Please address all correspondence and potential contributions to:

The Editor,  
NSW Public Health Bulletin,  
Public Health Division,  
NSW Health Department  
Locked Bag No 961,  
North Sydney NSW 2059  
Telephone: (02) 391 9218  
Facsimile: (02) 391 9232



## Cancer Council looks to a healthy future

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- It was recognised that prevention had a political and economic as well as a health perspective in some cases, particularly in trying to reduce the 30 per cent of cancer estimated to be caused by smoking. The cancer organisations joined forces with the Heart Foundation and the Royal Colleges to form the advocacy group ASH (Action on Smoking and Health) in 1984 as part of a comprehensive policy. The dividends are there for all to see and benefit from.
- In 1987 the Council went one step further and established its Cancer Education Research Project (CERP) under Professor Rob Sanson-Fisher within the discipline of behavioural science in relation to medicine at the University of Newcastle. CERP proceeded to explore behavioural change which would reduce cancer risk and to increase understanding of how to persuade people to follow advice on the early detection of cancer, latterly to increase participation in screening programs.

By the 1990s, as cancer prevention in Australia became relatively sophisticated, State planning and coordination units for two national programs, in mammographic screening and the organised approach to cervical screening, were established under the auspices of the Council.

### SAVING LIVES FROM CANCER

#### Central Cancer Registry and Cancer Epidemiology Research Unit

The Council assumed management responsibility for the Central Cancer Registry (CCR) at the end of 1986. The Registry was five years behind, but now is about to publish its annual report for 1990. Reports on local government areas, trends in incidence 1972-1989 and trends by health region are imminent. Survival analyses, particularly for breast and childhood cancers, are also planned.

The Cancer Epidemiology Research Unit (CERU) established by the Council in 1989 is working closely with the Central Cancer Registry. Together they have:

- categorised high risk populations by country of birth and by place of residence;
- monitored trends in cancer incidence down to individual Health Areas and Regions;
- produced projections of the cancer burden, available for planning the future requirements for radiotherapy and other health services;
- taken part with other State registries in collaborative projects to describe the striking rise in incidence of melanoma throughout Australia and, with other national and international research centres, explored the causes of certain cancers; and will
- be closely involved in evaluating the breast and cervical cancer screening programs within NSW and in an evaluation of existing patterns of service relating to early detection of these cancers.

#### Research

Although the Council moved out of direct participation in laboratory research in 1986 it continues to be the major provider of cancer research funds to individuals in this State outside the National Health and Medical Research Council. While the behavioural research of CERP and epidemiological research of the CERU is commissioned, the

laboratory research supported by the Council at present is investigator-initiated.

The Council provides project grants on a competitive basis to individuals for one, two or three years and this year introduced program grants for researchers with proven track records including high peer reviewed ratings for work in project grants.

To attract talented overseas researchers from NSW back to this State, in 1988 the Council established the Bicentenary Cancer Research Fellowship. Dr Roger Reddel, then cancer expert in the US National Cancer Institute Laboratory of Human Carcinogenesis, took up his position as part of a research team under Professor Peter Rowe at the Children's Medical Research Institute now based at Westmead. His three-year term was extended following satisfactory progress in his research into the immortalisation of human cells, a phenomenon believed to be intrinsic to cancer initiation.

In its research centre program the Council funds the Carcinogenesis Research Unit within the School of Pathology at the University of NSW and the office of the Director of the Centenary Institute of Cancer Medicine and Cell Biology at the University of Sydney, Professor Tony Basten.

In order to improve psychosocial aspects of patient care, the Council initiated annual Patient Care Research Awards in 1986 which are adjudicated by a special committee.

Under a strategic plan for cancer research to be finalised soon, centres or individuals funded for a five-year period will have to pass a scientific audit after three years to qualify for continued support. The CERP project has recently undergone its first scientific audit by Dr Bruce Armstrong, Deputy Director of the International Agency for Research into Cancer in Lyon, Professor Don Iverson, Professor and Vice-Chairman for Research and Academic Affairs, Department of Family Medicine, University of Colorado School of Medicine, and Dr Neville Owen, Department of Community Medicine, University of Adelaide. Their very positive report is to be debated by the Council next year and it is anticipated it will provide future direction for CERP.

#### Professional education and training

A recent five-year strategic plan for this long-standing responsibility has five major themes:

- communication skills;
- multi-disciplinary relations;
- prevention and early detection;
- breaking down barriers; and
- data management and dissemination.

Focusing first on communication skills to enhance patient care, the Council has collaborated with the Post Graduate Medical Council to produce a set of training manuals covering such topics as breaking bad news to patients, preparing patients for potentially threatening clinical procedures and how to encourage patients to quit smoking. Collaboration with the Royal Australasian College of Surgeons is planned.

The Council provides travel grants to allow health professionals to present invited papers at overseas conferences of standing and of relevance to cancer and to assist in technology transfer. A budget is also allocated to fund post graduate education programs, to provide information and fund conferences.

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## Cancer Council looks to a healthy future

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### DIMINISHING SUFFERING FROM CANCER

#### Patient and family support

In February 1986 the Council established a committee under the late Dr Fred Gunz which was to set the agenda for activities in the previously relatively neglected area of patient and family support. The principal objectives of this initiative were to

- give patients a voice in their care, in the sense of discovering what they saw their needs to be;
- provide information to cancer patients about their condition and its treatment in language virtually everyone could understand; and
- do something to remedy known deficiencies in their care, notably the lack of accommodation near cancer centres for patients forced to travel long distances for daily treatment and an under resourced palliative care system in need of expansion and additional trained staff.

Today, as a result of a partnership between the Council and a major Sydney teaching hospital, one hostel - the 28-bedroom Casuarina Lodge - stands within the grounds of Westmead Hospital. Soon, as the result of another such partnership, a second hostel - the 37-bedroom Blue Gum Lodge - will be built in the grounds of Greenwich Hospital to accommodate patients being treated at nearby Royal North Shore Hospital. The Council has also introduced fellowships to enable doctors and nurses to further their training in palliative care overseas and brings distinguished visitors in palliative care in medicine to Sydney to share knowledge with local colleagues.

The Council provides a number of other services to cancer patients and their families including a telephone counselling service and live-in carer crisis service.

#### FUTURE PLANS

The Council now has regional offices in Lismore, Newcastle and Wollongong and with local community support and participation will be reaching out to more country centres. Much of the impetus came from the Council's merchandise program which, since 1990, has drawn thousands of people into its orbit.

The Council's Act is being updated, the major change being to establish a board with expertise across its program areas rather than statutory representation of specific organisations. Greater use will be made of experts on a needs basis rather than relying on the many standing committees of professionals which presently exist. The board will continue to be composed of nine members (Dr George Rubin is Deputy Chair, having succeeded Dr Sue Morey at the beginning of 1992).

A Memorandum of Understanding was signed at the end of November with the Health Department whereby the Council, with funding from the Department, will undertake a number of programs on its behalf according to agreed performance criteria. The Memorandum will set the pattern of collaboration between the Department and the Council.

*Elaine Henry*

*Executive Director, NSW Cancer Council*

## INFECTIOUS DISEASES

### MEASLES

Six hundred and seventy-two measles notifications were received for 1992. The notification rate for NSW is 11.3 notifications per 100,000 population. Orana and Far West Region notified 75 cases of measles for a rate of 53.4 notifications per 100,000 population.

Of the 672 cases 87 (12.9 per cent) were less than one year of age and 269 (27.0 per cent) were less than five years of age. All children should be routinely offered measles-mumps-rubella vaccine at 12 months of age.

### RUBELLA

For 1992, 243 notifications have been received for rubella. The notification rate for NSW is 4.1 per 100,000 population. Hunter Area notified 55 cases of rubella for a notification rate of 11.2 notifications per 100,000 population.

Of the 243 cases 4 (1.6 per cent) were less than one year of age and 92 (37.8 per cent) males aged 15 to 24.

### ARBOVIRUS INFECTIONS

The heavy late spring rains and flooding in the Upper Murray have reached the far western area and all backwaters and billabongs are at high levels. As the water levels recede small pools will remain to provide an enormous number of potential breeding sites for the inland vector of arboviral disease *Culex annulirostris*. This could not have occurred at a worse time as the population of this mosquito explodes from late December through to February. With all the additional water to act as breeding sites the potential for very high population densities is likely.

There has also been an increase in the population of birdlife, native and feral animals that may act as the natural host for arboviruses. What this means in practical terms is that this year there may be an increase in Ross River virus infection (one of the arboviruses that can cause infection in human).

Alphavirus (this includes Ross River virus) infections are driven by three climatic factors: high rainfall, flooding and tidal inundation. Large parts of inland NSW have experienced both high rainfall and flooding while on the coast inundation is a regular occurrence. Depending on temperature, mosquito population densities and alphavirus activity, Ross River virus infection rates may be higher than usual.

There are a number of simple steps to take to avoid being bitten by a mosquito:

- wear loose fitting long sleeved shirts and trousers;
- apply insect repellent containing DEET to those parts of the body exposed to biting;
- lightly spray clothing with repellent;
- ensure insect screens are in good condition (don't forget the chimney);
- if there are no strong winds hang mosquito coils; and
- kill mosquitoes by swatting, spraying or using mats impregnated with insecticide.

*Terry Carvan*

*Senior Environmental Health Officer, South West Region.*