

## Suicide attempts in NSW

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considerable time lag between the events and the availability of data. All other data in this article had to be inferred or interpolated from ad hoc studies at various times and in various places, whose relevance to the NSW situation in 1992, let alone in 1996, is, at best, arguable. Very little of the large volume of published research on suicide, or speculation about its "causes", has contributed to a population-based picture, even for a single year, of the suicide problem in NSW. A number of steps might be taken to address the main issues:

- Epidemiologic surveillance of suicide deaths can be improved by conducting clinical audits and establishing surveillance of "probable" suicide from coroners' data, pending implementation of the National Coronial Information System.
- Epidemiological surveillance of non-fatal attempts can be improved by more regular surveys of general practice and surveys of other primary health care services, pending full implementation of information systems in all NSW Health community health services.
- Full implementation of EDIS will assist in better estimating the level of presentation to EDs in NSW, and more detailed studies at individual EDIS sites would improve estimates of current ED attendances and admission rates, ideally for specific population sub-groups.
- Improved flow of patient information between ambulance, ED, inpatient and community-based after-care services would help to ensure continuity of patient care as well as improve information on the effectiveness of interventions.
- Research to reduce the imprecision of estimates in Figure 1, whether by surveys or improved data collection in health care settings, would considerably enhance our ability to monitor the specific impacts of programs.

1. International Classification of Disease-9-Clinical Modification, 1978, WHO. Ninth Edition 1992.
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3. Zubrick SR, Silburn SR, Garton A, Burton P, Dalby R, Carlton, Shepherd C, Lawrence D. Western Australian Child Health Survey: Developing health and wellbeing in the nineties. Perth, Western Australia: Australian Bureau of Statistics and the Institute for Child Health Research, 1995. (ABS Catalogue No 4303.5)
4. Davis AT, Kosky RJ. Attempted suicide in Adelaide and Perth: changing rates for males and females, 1971-1987. *Med J Aust* 1991; 154: 666-85.
5. Public Health Division. The Health of the People of New South Wales - Report of the Chief Health Officer. NSW Health Department, 1996. (Figures 7.10 and 7.11, pp 99,100)
6. Bridges-Webb C, Britt H, Miles DA, Neary S, Charles J, Traynor V. Morbidity and treatment in general practice in Australia 1990-91. *Med J Aust* 1992; 157 (Oct 19 Spec Suppl) S1-S56. Thanks to Dr Helena Britt for allowing access to unpublished data.
7. Lamberts H, Woods M (eds) ICPC. International Classification of Primary Care. Oxford University Press, Oxford, 1987. There is no set of defining criteria for these terms. They are the terms as recorded by the managing GP and coded according to the International Classification of Primary Care (ICPC).
8. Coolahan, L. Patterns of suicide and attempted suicide in the South Eastern Region of NSW. Unpublished report.
9. Britt H, Miles DA, Bridges-Webb C, Neary S, Charles J, Traynor V. A comparison of country and metropolitan general practice. *Med J Aust* 1993; 159 (Nov 1 Spec Suppl) S9-S64.
10. Royal College of Psychiatrists. The general hospital management of adult deliberate self-harm: A consensus statement on standards for service provision. Council Report CR32, June 1994.
11. Policy Guidelines on Suicidal Behaviour - Key Assessment Criteria for NSW Health Area and District Staff, NSW Health Department Circular 94/54.

In this issue we introduce a new format for reporting on infectious diseases. The format is designed to show Statewide trends *at a glance* for the diseases most likely to vary meaningfully over the year. The graphical presentation replaces some of the tables which appeared in earlier editions of the *Bulletin*. We encourage your comments on this new format - please fax them to Dr Jeremy McAnulty, Medical Epidemiologist, on (02) 9391 9848.

Editor

## TRENDS

In the new reporting format, Figure 2 shows cases of selected infectious diseases by month of onset over the previous 12 months. Numbers of diseases reported in each Area can be found in Table 3.

Reports of arbovirus infections (mostly Ross River virus [from the North Coast, Northern Districts and Western NSW<sup>1</sup>] with some Barmah Forest virus [mainly from the North Coast and Northern Districts]) and hepatitis A continued to decline in April. There is good news about the occurrence of vaccine-preventable diseases, with steady declines in notifications of measles, pertussis, and rubella over the past few months. Reports of leptospirosis peaked in March with six cases. Cases were reported mostly from north-eastern NSW, largely in abattoir or agricultural workers.

## INFLUENZA SURVEILLANCE

Influenza activity appears to be the same or slightly lower than at the same period in the previous few years.

Reports of influenza-like illness (ILI) from the NSW Sentinel General Practitioner (GP) Surveillance Scheme are being received through six Public Health Units (PHUs) from more than 50 GPs carrying out about 7,000 consultations a week. Figure 3 shows that the State average consultation rate for ILI during the first week of June was slightly lower than the average for the previous few years. The Western Sydney Area had the highest consultation rate at 3 per cent.

School absentee rates are being monitored from 11 schools with a total of about 10,000 students, through six PHUs. Figure 4 shows the average absentee rate in the first half of June was similar to the average for this time of year. The high rates during March were due to causes other than infectious diseases.

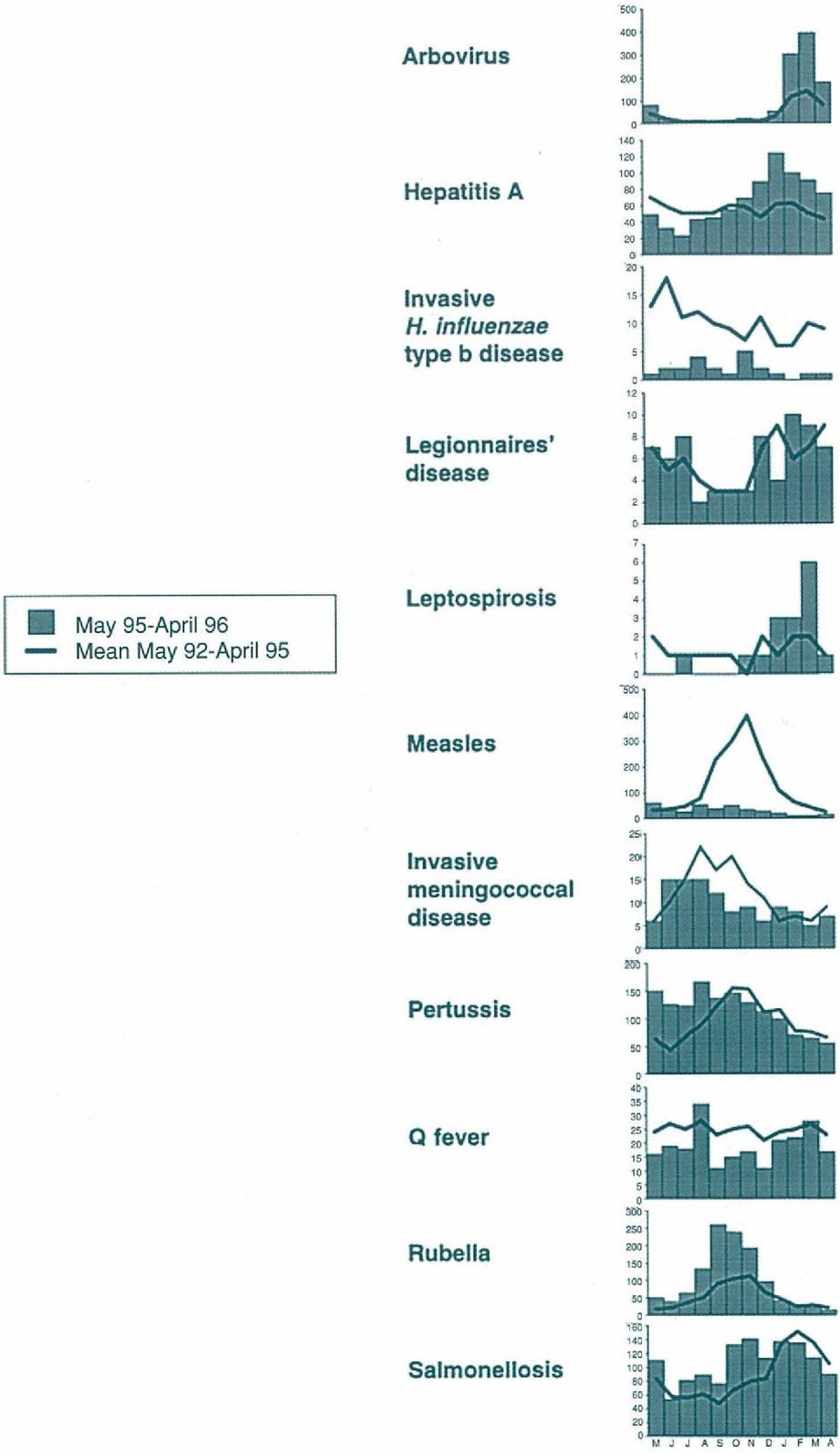
Reports from Sydney laboratories indicate that for May and the first half of June, diagnoses of influenza A were increasing (there were 11 serological diagnoses and seven virological diagnoses), while influenza B was still uncommon (three serological diagnoses). Respiratory Syncytial Virus is by far the most commonly diagnosed respiratory virus, with about 200 diagnoses in this period.

1. So far this year, Western NSW has received more reports of arbovirus infections than for any year since 1990 - mostly from around Dubbo and Lightning Ridge. Anecdotally, fewer reports of illness were received from towns where residents were offered free bottles of insect repellent (of course, cause and effect cannot be assumed).

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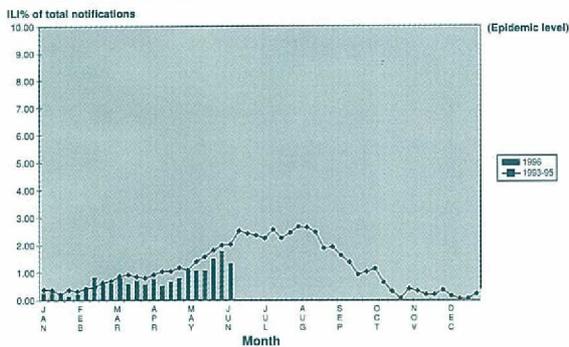
**FIGURE 2**

REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, 12 MONTHS TO APRIL 1996, BY DATE OF ONSET



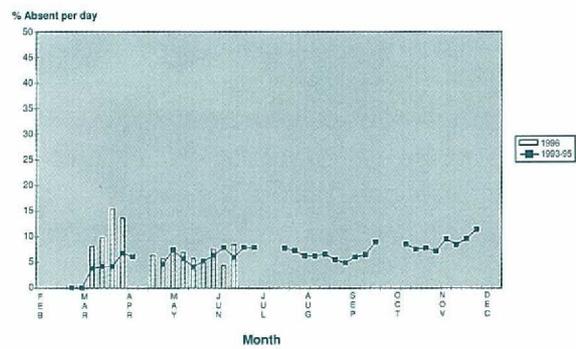
**FIGURE 3**

**NSW GP SENTINEL SURVEILLANCE –  
INFLUENZA-LIKE ILLNESS 1996**



**FIGURE 4**

**SCHOOL ABSENTEE RATE SURVEILLANCE,  
NSW 1996**



**Infectious diseases**

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**INFECTIOUS DISEASES COMMITTEES**

**NSW Tuberculosis Advisory Committee**

The NSW Tuberculosis Advisory Committee (TBAC) met on June 14. TBAC is considering several issues regarding tuberculosis (TB) control and prevention, including:

- revising NSW goals and targets for TB control;
- provision of free TB services;
- TB drug level testing;
- effects of widespread rifabutin use on drug resistance;
- TB prevention and control in correctional facilities; and
- Mantoux screening and preventive therapy for school children.

**Infectious Diseases Advisory Committee**

The Infectious Diseases Advisory Committee (IDAC) met on May 28. Issues discussed included:

- the NSW Health Department's review of the list of notifiable diseases, aiming to achieve consistency with the national list;
- criteria for the inclusion of other infectious diseases on the list of notifiable conditions;
- the intention for cryptosporidiosis, verotoxin-producing *Escherichia coli* infections and botulism to become notifiable by laboratories, and haemolytic uraemic syndrome and botulism to become notifiable by hospitals in the near future; and
- the case for making clusters of disease notifiable.

**RECENT INFECTIOUS DISEASES CIRCULARS**

The NSW Health Department issues circulars on infectious disease matters from time to time. In future, the infectious disease section of the *Bulletin* will provide highlights from these circulars. Copies of circulars can be obtained by calling the Records Management Centre, NSW Health Department, on (02) 9391 9075. Please be ready to specify the title and number of the circular required.

*Editor*

**Low Temperature Sterilisation  
(NSW Health Department Circular 96/36)**

Circular 96/36 (May 1996) sets out the approved sterilising agents for heat-sensitive items in NSW. Only the brand names and machine model numbers mentioned below have been trialled, validated and approved as sterilising agents. They include:

- peracetic acid delivered only in the Steris System 1;
- hydrogen peroxide delivered only in the Sterrad System 100;
- 100 per cent ethylene oxide (ETO) delivered in the Steri-vac 5XL and 8XL systems; and
- Oxyfume 2002 which uses ETO in a mix of HCFC-124 (hydrochlorofluorocarbon) and HCFC-22 (chlorodifluoromethane).

**Hepatitis B and Health Care Workers  
(NSW Health Department Circular 96/40)**

Circular 96/40 (June 1996) sets out employer and employee responsibilities, and guidelines for hepatitis B immunisation, immunity testing, and post-exposure prophylaxis, based on NHMRC recommendations and product information.

Blood is the single most important means by which hepatitis B is transmitted in the workplace, and it and other body substances should be treated as infectious for hepatitis B. Employers are responsible for ensuring that all susceptible health care workers whose work may expose them to these substances are offered – within 10 working days of beginning employment – a free course of hepatitis B vaccine.

TABLE 3

INFECTIOUS DISEASE NOTIFICATIONS FOR NSW IN 1996, RECEIVED BY THE END OF MAY  
BY PUBLIC HEALTH UNIT, AND BY PERIOD OF ONSET/SPECIMEN DATE

Condition	Public Health Unit																Period	
	CCA	CSA	CW	ESA	HUN	ILL	NC	ND	NSA	SE	SSA	SW	SWS	WEN	WNS	WSA	Total to date	Total for May
<b>Blood-borne and sexually transmitted</b>																		
AIDS	3	22	-	30	5	-	7	-	16	-	3	1	14	4	-	2	107	9
HIV infection	1	21	1	47	6	3	3	1	10	-	5	1	10	4	1	15	171*	34
Hepatitis B - acute viral	1	-	-	8	-	-	1	-	-	-	1	-	1	-	1	1	14	14
Hepatitis B - other	27	184	11	154	36	38	35	8	219	8	281	10	516	20	19	286	1,852	235**
Hepatitis C - acute viral	1	2	-	-	-	-	-	1	-	-	-	-	-	-	-	1	5	5
Hepatitis C - other	131	320	99	373	202	203	301	81	252	55	186	69	371	132	42	298	3,115	440**
Hepatitis D - unspecified	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2	-
Hepatitis, acute viral (NOS)	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1	3	-
Gonorrhoea	3	19	5	102	2	2	8	9	12	3	12	-	6	5	19	12	219	32
Syphilis	4	30	5	61	16	3	21	27	21	2	12	1	42	2	31	26	304	53
<b>Vector-borne</b>																		
Arboviral infection	8	3	20	4	66	9	342	250	14	12	3	88	7	1	171	6	1,004	74
Malaria	2	13	2	8	12	6	4	4	13	3	6	2	5	3	1	11	95	15
<b>Zoonoses</b>																		
Brucellosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-
Hydatid disease	-	1	2	-	1	-	1	-	-	-	-	1	1	-	-	-	7	-
Leptospirosis	-	-	1	-	5	-	6	4	-	-	-	-	1	-	-	-	17	4
Q fever	-	1	7	-	7	-	10	23	-	2	-	8	-	-	52	-	110	22
<b>Respiratory/other</b>																		
Legionnaires' disease	2	2	2	-	3	1	1	-	2	3	2	-	6	2	-	7	33	3
Meningococcal (invasive) infection	3	2	3	-	7	2	5	1	1	-	2	1	1	2	3	2	35	6
Leprosy	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-
Mycobacterial tuberculosis	5	6	1	10	3	-	1	1	15	-	13	4	27	2	-	18	106	3
Mycobacteria other than TB	9	14	1	13	6	-	10	2	18	-	6	1	13	5	1	12	111	2
<b>Vaccine-preventable</b>																		
Adverse event after immunisation	-	-	2	-	-	-	2	2	-	8	1	1	1	1	-	3	21	3
<i>H. influenzae</i> (invasive) infection	-	-	1	1	1	-	-	-	-	1	-	-	-	-	-	-	4	1
Measles	1	2	5	2	2	6	5	2	1	3	7	5	11	4	6	15	77	14
Mumps	-	1	-	-	2	-	-	-	5	-	1	1	1	-	-	-	11	-
Pertussis	4	13	4	17	47	23	42	21	38	16	10	26	13	6	5	47	332	40
Rubella	-	36	1	1	-	9	2	3	-	2	6	-	-	17	-	44	121	10
<b>Faecal-oral</b>																		
Cholera	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-
Foodborne illness (NOS)	8	5	-	-	2	1	-	1	-	-	-	-	24	-	13	-	56	9
Gastroenteritis (ins tit)	-	9	-	-	18	-	-	1	-	-	-	-	1	8	3	16	56	2
Hepatitis A	13	65	11	137	11	72	12	6	35	10	25	4	20	5	9	30	465	75
Listeriosis	-	-	-	-	-	-	-	-	-	1	1	-	2	-	-	-	4	-
Salmonellosis (NOS)	21	15	9	33	38	21	75	35	58	12	49	29	43	17	22	41	518	62
Typhoid & paratyphoid	-	5	-	1	2	-	-	-	-	-	1	-	6	-	-	2	17	-

\* 42 missing postcode

\*\* includes acute

**Abbreviations used in this Bulletin:**

CSA Central Sydney Health Area, SSA Southern Sydney Health Area, ESA Eastern Sydney Health Area, SWS South Western Sydney Health Area, WSA Western Sydney Health Area, WEN Wentworth Health Area, NSA Northern Sydney Health Area, CCA Central Coast Health Area, Illawarra Health Area, HUN Hunter Health Area, NC North Coast Public Health Unit, ND Northern District Public Health Unit, WN Western New South Wales Public Health Unit, CW Central West Public Health Unit, SW South West Public Health Unit, SE South East Public Health Unit, OTH Interstate/Overseas, U/K Unknown, NOS Not Otherwise Stated.

Please note that the data contained in this Bulletin are provisional and subject to change because of late reports or changes in case classification. Data are tabulated where possible by area of residence and by the disease onset date and not simply the date of notification or receipt of such notification.