

PUBLIC HEALTH ABSTRACTS

Professor James S. Lawson, Professor and Head of the School of Health Services Management at the University of NSW, has prepared the following public health items from the literature.

COUSIN OF HUMAN IMMUNODEFICIENCY VIRUS (HIV)

Human T-Lymphotropic Virus Type 1 (HTLV-1) is known to be endemic in Japan, Africa, the Caribbean and Papua New Guinea and there are several reports of diseases associated with infection by HTLV-1 in Australia, indicating that the virus is also endemic in Australia, principally among Aboriginal groups. Like HIV, HTLV-1 has the ability to infect T-cells (cells related to the immune response) and has a very long 'incubation' period.

There are several diseases linked with HTLV-1. These include adult T-cell leukaemia, tropical spastic paraparesis – a chronic progressive disease of the nervous system – and inflammatory arthritis, plus a range of inflammatory conditions of the skin, the iris, retina and lungs. The virus is transmitted relatively inefficiently, primarily by breast-feeding, blood transfusion and sexual intercourse, and it penetrates populations considerably more slowly than does HIV. Fortunately, the number of carriers of the virus that goes on to develop disease is very low, somewhere between 1 in 1,000 and 1 in 3,000. Further cases of diseases

associated with HTLV-1 can be expected in Australia. Diagnostic technology is now available using blood serum.

Heard RNS. HTLV-1 in Australia. *Med J Aust* 1993; 159:3-4.

AIDS – DISCRIMINATION A PUBLIC HEALTH HAZARD

In Central Africa 70 per cent of hospital beds are now occupied by patients with HIV-related diseases, and the number of AIDS-associated orphans increases daily. In the Middle East, the United States, the former Yugoslavia as well as Africa and Asia, human rights has become intimately linked with the AIDS epidemic. Discrimination against various groups has become a public health issue. For example, why should drug users in Bangkok with HIV be able to hold down steady jobs and be part of mainstream society, whereas their counterparts in the USA who seek clean syringes are promptly imprisoned? Discrimination against women is a prominent feature in every aspect of the AIDS epidemic. Their vulnerability in many societies – a condom often costs more than a prostitute – is often encouraged in political manipulations of religious practices. AIDS has become far more than an epidemic.

Editorial: Ticket to dignity beyond a brick wall. *Lancet* 1993; 341:1625-1626.

Public communication

► Continued from page 99

In a major crisis there will be hundreds or thousands of telephone inquiries from members of the public. Dealing with these inquiries is an enormous challenge. The first strategies are those which expand the capacity of the existing system — more switchboard operators, more officers to answer inquiries, and allocation of more telephone extensions to key areas. Many health departments have the capacity to set up a phone inquiry room with dedicated lines in an emergency and such facilities are also available for rental from Telecom.

The best way to deal with the public need for information is to provide what they want through other channels as soon as possible and to provide regular updates. This takes the pressure off the telephone system. The usual way to do this is with a media release and a news conference. Paid advertising can be a worthwhile alternative. The public need for information can also be satisfied by directing them to health workers such as general practitioners — as long as they have been adequately briefed.

An alternative which may be combined with paid or unpaid advertising is to publicise the number of a recorded message service, which can reduce the burden of personal telephone inquiries and also measure of public interest in the crisis.

General practitioners, pharmacists, hospital staff and other community-based health workers can satisfy public inquiries if they are adequately briefed. Their job is much easier if they are provided with information brochures to give to the public. An effective way to get information to doctors is to ask pathology laboratory services to attach a bulletin (supplied in bulk by the health authority) to pathology results being sent to the doctors. Community

pharmacists can be supplied with bulletins or brochures through daily deliveries made by wholesalers. Health professionals such as GPs can be informed through media releases which also give information to the public.

A readable brochure can be of enormous value in informing the community about how to prevent further spread in an outbreak and in giving reassurance. Brochures can be distributed through GPs, pharmacies, hospitals and health insurance offices. They can be posted from the health department on request and their availability advertised. In outlying areas without radio and television, posters can be used effectively to give information on immunisation services or preventive behaviours.

Electronic mail is useful because of its speed and ability to contact large networks. An advantage of electronic mail is the ability to transfer documents in electronic form so they can be edited for local use without retyping.

3 REVIEW

When the crisis has ended, call a meeting of all major players to review the events. A critical review can be very valuable, not only in working out how to manage the same problem in the future, but in educating all those involved in the principles and practice of crisis management. The lessons learned can be applied to other problems you will face in the future. In many cases a review will result in organisational or equipment changes such as the installation of new phone lines or the purchase of cellular phones.

The review is also an important opportunity to acknowledge participants for the job they have done. Take notes during the meeting and circulate a summary to participants. Make sure the actions identified in the review are carried out.

SUCCESSFUL USE OF PHARMACEUTICALS TO TERMINATE PREGNANCY SAFELY

The use of safe pharmaceuticals as a means of terminating early pregnancy has been a long sought-after approach. At the request of the French Ministry of Health, a combination of pharmaceuticals including mifepristone – a potent antiprogesterin – combined with a newly developed hormone – prostaglandin – has been shown in a large French study to be effective for the termination of early pregnancy in terms of success, tolerance, safety and practicality.

Peyron R, Aubeny E, Targosz V, Silvestre L et al. Early termination of pregnancy with mifepristone (RU 486) and the orally active prostaglandin misoprostol. *New Engl J Med* 1993; 328:21:1509-1513.

INFECTION ASSOCIATED WITH CANCER OF THE STOMACH

There is increasing evidence to suggest that gastric infection with the bacterium *Helicobacter pylori* is a risk factor for gastric cancer. *Helicobacter pylori* has been shown by a West Australian group to be a treatable cause of peptic ulcers. Now a multi-centre trial has demonstrated a statistically significant relationship between gastric cancer and *Helicobacter pylori* infection of the stomach and duodenum. This association is a logical one because of the association between *Helicobacter pylori* and gastritis and pre-cancerous lesions.

The Eurogast Study Group. An international association between *Helicobacter pylori* infection and gastric cancer. *Lancet* 1993; 341:1359-1362.

TOBACCO SMOKING CONFIRMED AS CERVICAL CANCER INITIATOR

Numerous epidemiological studies have shown an association between smoking and cervical cancer (this is in addition to the now well-established finding of a link between the human papilloma virus and cervical cancer). Women who smoke have up to four times higher risk of developing cervical cancer than non-smokers. A British-based study has shown that smoking damages the DNA in cervical cells.

Simons AM, Phillips DH and Coleman DV. Damage to DNA in cervical epithelium related to smoking tobacco. *Br Med J* 1993; 306:1444-1448.

COFFEE NOT LINKED TO BLADDER CANCER

More than 20 years ago a range of studies suggested a possible association between coffee consumption and development of cancer of the lower urinary tract. Because of the lack of clear evidence one way or the other, a formal review of 35 key studies of this association has been undertaken using modern statistical criteria. It has been concluded that the best available data do not suggest a clinically important association between the regular use of coffee and the development of bladder cancer.

Viscoli CM, Lachs MS and Horwitz RI. Bladder cancer and coffee drinking: a summary of case-control research. *Lancet* 1993; 341:1432-1437.

DEATH CERTIFICATES NOT ALWAYS CORRECT

The diagnosis of the cause of death as indicated on death certificates is the basic source of cause of death statistics that are widely used for planning purposes by the

Australian Bureau of Statistics and others. It is often assumed that the diagnosis is accurate. However, a study from St Vincent's Hospital in Melbourne has shown that some 12 per cent of autopsy findings indicated a major discrepancy with the cause of death listed on the death certificate. In addition, there were many other deficiencies in death certification. Missed major diagnoses included perforated intestines, metastatic prostatic cancer and metastatic breast cancer. In other cases which listed cerebrovascular accidents as the cause of the death, autopsy revealed ischaemic heart disease, pulmonary embolism and cancer of the lung.

McKelvie PA. Medical certification of causes of death in an Australian metropolitan hospital. *Med J Aust* 1993; 158:816-821.

HYSTERECTOMY IN AUSTRALIA

Hysterectomy rates vary from culture to culture. The hysterectomy rates in Canada and the United States are more than two times the rate in Britain, with Australian rates about half-way between the two. The most common cause for hysterectomy is fibroids, followed closely by uterine haemorrhage. A South Australia-based study has shown that at current rates, nearly a third of South Australian women will have a hysterectomy in their lifetime. This confirms previous studies conducted in various parts of Australia, all of which give approximately the same result. There are indications that women who have had a hysterectomy tend to be generally less healthy, with an increased probability of being overweight and having diabetes and hypertension. The reasons for these adverse associations are not known.

MacLennan AH, MacLennan A and Wilson D. The prevalence of hysterectomy in South Australia. *Med J Aust* 1993; 158:807-809.

GIVING INFANTS SOLID FOOD

There is a widespread view in Western paediatrics that infants should not be introduced to solid food before the age of three months and preferably not before four months. The stated reasons for discouraging the premature introduction of solids include the possible risk of excessive weight gain, gut infection and increased allergic disease. A British study has, however, shown that the early introduction of solid food to infants is less harmful than was previously reported. There is a slight increase in weight gain, but that is soon overcome. In addition, there seems to be a slight increase in gastrointestinal infection and eczema. The authors conclude that the problems are not great and a more relaxed approach to early feeding with solids should be considered, particularly in view of the fact that many parents ignore the advice – probably because they have not experienced harmful effects.

Forsyth JW, Ogston SA, Clark A et al. Relation between early introduction of solid food to infants and their weight and illnesses during the first two years of life. *Br Med J* 1993; 306:1572-1576.

CLARIFICATION

In the Public Health Abstracts section of the January *Bulletin* we mistakenly indicated that an abstract entitled Public Health Officer Training was presented to the first NSW Public Health Network Conference by Susan Furber. Alix Goodwin presented the abstract. Susan Furber and Isla Tooth assisted in its preparation.