LETTER TO EDITOR

HIV Investigation

The women who were unnecessarily subjected to the stress of HIV testing, and the health care worker whose privacy was abandoned as soon as he was diagnosed with HIV, were predictable casualties of the NSW Health Department's recent "investigation" of 149 women who had undergone obstetric procedures. But perhaps the greatest tragedy of this episode is that the Health Department's response directly undermined the confidence of health care providers and the public in the adequacy of infection control practice.

For more than a decade the health system in Australia has been responding to the challenges of HIV/AIDS. One important development has been the recognition across the health care sector that universal precautions, not blood testing, must be the basic framework for infection control. Documented cases of HIV transmission to health care workers and patients in the course of health care provision have emphasised the need for rigorous adherence to universal precautions, but have not presented a serious challenge to their validity.

Why, then, on (apparently) the first occasion that the Health Department heard of the existence of an HIV-infected health care worker practising in this State, was there a rush to an "investigation"? Did the Department not believe the validity of its own infection control guidelines, or did it suspect they were being violated? Was it reasonable to dismiss the overseas experience, through which thousands of patients treated by HIV-infected surgeons, dentists and other health care workers have been followed up? The five patients treated by a Florida dentist remain the only HIV cases attributed to transmission from a health care worker, and the context of transmission in these cases remains shrouded in controversy.

It would be irresponsible to suggest that transmission of HIV from health care workers to patients absolutely can not occur; hepatitis B transmission has been clearly demonstrated in this situation. On the other hand, the Department's responsibility to promote and maintain infection control should not be subordinated to its apparent need to cover itself, at all costs, against the remote possibility that infection control had failed.

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Editorial response

The authors acknowledge that universal infection control precautions are the most important strategy for the protection of health workers and patients from the bloodborne viruses and that the reported overseas experience has established that the risk of HIV-infected health care workers infecting their patients is extremely low. The look-back investigation of patients at King George V was undertaken by the Health Department on the recommendation of an expert panel of clinicians, virologists, public health officials and policy makers in consideration of these factors: the nature of the exposure-prone procedures undertaken, the possibility that the health care worker may have been a recent seroconverter, the potential for any women infected to transmit their infection to infants through breastfeeding and the lack of Australian studies to validate the overseas experience. The outcome of the investigation, that no women were found to have been infected as a result of their care, should indeed serve to reinforce the importance and utility of universal precautions, particularly in the light that one previously undiagnosed patient was found to have been HIV positive at the time of her child's delivery.

NSW HEALTH PROMOTION SURVEY

Kym Scanlon, Health Promotion Unit
Sallie Newell, Rob Sanson-Fisher, Hunter Centre for Health Advancement
David Lyle, Epidemiology Branch

The NSW Health Department's first Statewide Health Promotion Survey is under way. The aim of the survey is to collect information on a wide range of health status indicators which will be used to:

- monitor the outcomes of public health programs; and
- inform the development and implementation of effective health promotion programs and practices throughout NSW.

Indicators measured in the survey include the prevalence of key health behaviours and related risk factors, as well as the amount of support for major health promotion initiatives in NSW. Areas addressed include demographics, perceived health status, nutrition, blood pressure, physical activity, smoking, solar protection, alcohol, HIV/AIDS, social support, provision of information, injury prevention, adult immunisation, asthma and diabetes.

The NSW Health Promotion Survey was developed over an 18-month period through:

- consultation with NSW health promotion and public health personnel, Hunter Centre for Health Advancement, Newstat, Australian Bureau of Statistics and more than 80 experts throughout Australia;
- review of the literature on valid and reliable telephone questions; and
- survey pre-testing, reliability, validity and sensitivity testing.

Data collection for the survey began in May 1994 and is being finalised this month. Survey data will be analysed and prepared for strategic release in 1996.

The survey sample is 16,000 NSW residents aged 18 years and over, including non-English speaking residents, who have been selected randomly from the Electronic White Pages. The sample is geographically stratified by NSW Health Areas and aggregates of adjacent rural Districts. The survey is being conducted by computer assisted telephone interview (CATI) and is preceded by an introductory letter.

Using a Health Outcomes framework, health promotion information from the survey will be released in such a way as to inform work practices of health promotion personnel throughout the State. This will be achieved by combining information from the following sources:

- interpretation of survey data;
- literature reviews of effective health promotion practice; and

- consultation with health promotion personnel, senior management from NSW Health and intersectoral colleagues.

A copy of the NSW Health Promotion Survey data tape will be released for secondary analyses in early 1996.

The survey has been developed and conducted by the NSW Health Department with the Hunter Centre for Health Advancement, Newstat, Hunter Valley Research Foundation, AGB McNair and EMD Consultants. Many NSW Health personnel have contributed to its development.

Further information about the Health Promotion Survey, including a copy of the questionnaire, is available from the Health Promotion Unit. Please fax all requests to the Unit on (02) 391 9579.

LEAD IN NSW

The Lead Taskforce Report released by the Minister for the Environment, the Hon Chris Hartcher MP, on November 8, 1994 presents a coordinated strategy for dealing with lead contamination in NSW. The report presents the findings on the nine working groups established under the auspices of the Lead Taskforce and chaired by the NSW Environment Protection Authority (EPA).

The report outlines a lead management action plan which focuses on the establishment of a lead reference centre as an information resource for the wider community. The main role of the lead reference centre will be to develop education materials and programs and to provide an information service to the community. The report also focuses on the establishment of lead centres in point-source communities where significant risk has been identified. Such centres have already been established at North Lake Macquarie and Broken Hill. The Broken Hill Lead Centre provides a blood lead surveillance program which aims to recruit all children living in Broken Hill. The centre will also carry out evaluation of remediation activities on a number of houses to determine the most appropriate long-term strategy.

Further to the NSW work, the Australian Institute of Health and Welfare will be conducting a national blood lead survey of children aged 12-60 months. Aims of the survey are to determine the distribution of blood lead levels nationally and in each State, to compare children living in rural and urban areas, and to determine blood lead levels of children living in "at risk" areas.

LEAD REMEDIATION PROGRAM UNDER WAY IN BROKEN HILL

Annual surveys of children since 1991 show that children living in Broken Hill have blood lead levels which are on average twice as high as children in other parts of NSW[1]. A strategy to reduce blood lead levels in Broken Hill children has been developed jointly by the NSW Department of Health and the Environment Protection Authority in collaboration with the local council, industry and community groups.

The centrepiece of this $3.67 million strategy is the remediation of individual houses where a significant risk of lead exposure has been identified. The aims of the remediation strategy are threefold:

- to evaluate the effectiveness of home remediation in permanently reducing lead levels in children in home environments in Broken Hill;
- to identify the main sources and pathways of lead exposure in children in Broken Hill; and
- to make recommendations about long-term measures needed to reduce the risks of lead exposure for children in Broken Hill.

About 150 children will be selected for inclusion in a trial of home remediation. The child's usual place of residence will be remediated according to a written protocol. Remediation will be contingent on a number of factors including the child's age and initial blood lead level as well as an assessment of risk factors in the home environment. Families will be offered temporary relocation while the remediation is carried out. Appropriate occupational health and safety safeguards for workers employed in remediation work will be an integral part of the program.

The outcome of the remediation will be evaluated by the change in blood lead level before and after remediation and by measured changes in the rate of lead deposition in and around the child's home.

The program began in August 1994. Technical staff have been recruited and a comprehensive blood lead survey of all pre-school-aged children in Broken Hill was completed in November 1994. Houses have been brought to provide interim accommodation for families while their homes are being remediated and the first houses for remediation have been identified. The program is due for completion in June 1996.

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1. Phillips A, Hall J. Risk Factors for Blood Lead Levels in Pre-School Children in Broken Hill 1991-93. Western NSW Public Health Unit.

WATER SHORTAGE

Water restrictions now apply in a number of areas across the State, with some towns also having to secure an alternative source of water for drinking and domestic use. The subsequent use of improperly treated water may increase the risk of gastrointestinal disease.

Water distributed by water carts should comply with the National Health and Medical Research Council's guidelines for drinking water and the equipment used for cartage should be adequately cleaned and sterilised. Water samples should be sent to the Division of Analytical Laboratories (DAL) at Lidcombe for analysis before distribution.

Where individual property owners need to treat water from alternative sources such as creeks and dams, the Health Department recommends that chemical analysis of the water be conducted before treatment and use. In particular, analysis for pesticides should be conducted where pesticide spraying occurs.

Emergency treatment of individual property supplies can be carried out by flocculation and chlorination of the water. If the water is not clear or if it is cloudy, it should first be treated with a flocculent to remove particulate matter which can influence taste and odour, and harbour microorganisms. It then requires treatment in the form of chlorination, boiling or sterilisation tablets.

Water carters and property owners who need to treat water should contact Environmental Health Officers at their local Public Health Unit for detailed advice.