Health of the people of NSW

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and/or long-term condition. In 1992, 52 per cent of deaths among older people were from cardiovascular diseases.

In 1992, 24 per cent of deaths among older people were from cancer. The most common sites for new cases of cancer in people aged 60 years and over were prostate, lung and colon cancer in men, and breast, colon and lung cancer in women.

In 1989-90, 89 per cent of older people reported an illness in the previous two weeks. The most commonly reported conditions were hypertension (34 per cent of older people) and arthritis (19 per cent). Ninety-four per cent of older people reported long-term conditions. Disorders of eyesight were reported by 62 per cent of older people and arthritis was reported by 37 per cent.

In 1993, 43 per cent of people aged 60-74 years had a disability, and 82 per cent of these had a handicap.

In those aged 75 years and over, 65 per cent had a disability, and 90 per cent of these had a handicap.

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of people in low risk groups in response to publicity about a severe influenza season may have contributed to the shortage of vaccine in 1992. This underlines the importance of effective targeting of people in high risk groups during autumn, before the peak influenza season.

The majority of immunised people in high risk groups reported that immunisation was initiated by them (59 per cent) rather than by their doctors (36 per cent). It has been demonstrated that, regardless of a person's attitude to immunisation, 70 per cent to 90 per cent of people will accept a health professional's recommendation to be immunised. This highlights the potential benefits from active advocacy of immunisation by health professionals.

In October 1994, after the HPS was conducted, the NHMRC recommendations were revised to the following:

It is recommended that the following groups should receive immunisation routinely:

- all persons over 65 years of age,
- Aboriginal and Torres Strait Islander people over 50 years of age.

Immunisation should also be considered for:

- adults with chronic debilitating diseases;
- children with cyanotic congenital heart disease;
- adults and children receiving immuno-suppressive therapy;
- staff who care for immuno-compromised patients;
- residents and staff of nursing homes and chronic care facilities.

The immunisation rates detected by the HPS indicate that considerable public health benefits are being forfeited every year by the failure to immunise people at risk of serious complications from influenza. More aggressive strategies are needed to improve rates. In particular, general practitioners should actively encourage people in high risk groups to be immunised.

DISCUSSION

The estimated immunisation rate (46.5 per cent) for people 65 years or over is similar to previous estimates of 45 per cent in Victoria in 1992 and 52 per cent in South Western Sydney in 1990. The HPS included only residents of private households, so residents of nursing homes and other chronic care facilities were excluded. In Victoria in 1992, 52 per cent of nursing home residents were reported to be immunised. The immunisation rate in NSW residents 18-65 years with asthma and/or diabetes (15 per cent) was lower than those with chronic debilitating diseases in Victoria in 1992 (30 per cent).

One limitation of the HPS in monitoring influenza rates is that information was not collected on all indications for immunisation. Therefore, the group classified as not being at high risk (aged under 65 years without asthma and/or diabetes) includes an unknown number of people for whom immunisation was recommended. In the Victorian study, which included all age groups, 30 per cent of the surveyed population had at least one indication for immunisation, while in this study 27 per cent were either over 65 years of age or suffering from asthma or diabetes.

The estimated total number of doses given in NSW to adults from the HPS (570,000) is slightly higher than estimates provided by the vaccine suppliers (535,000). The HPS showed that less than 33 per cent of vaccine doses were administered to people with no indications. The actual figure may be lower, because of unreported indications. This compares with 47 per cent in Victoria in 1992, which was a relatively severe influenza season during which vaccine supplies ran out and a second batch was produced. These data suggest that increased immunisation

9. Personal communication, CSL and Rhone-Poulenc Rorer.