CENTRAL OFFICE MOVE

The Central Administration of the NSW Department of Health will move to its new North Sydney headquarters in October. The Public Health Division will be located on the seventh floor of the building at 73 Miller St, North Sydney 2060. The postal address is:

Locked Bag
PO Box 961
North Sydney NSW 2059

Please note the following telephone numbers:

Dr Sue Morey, Chief Health Officer (02) 391 9181
Dr Gavin Frost, Deputy Chief Health Officer (02) 391 9180
Dr George Rubin, Director, Epidemiology (02) 391 9191
Ms Ruth Cotton, Director, AIDS Bureau (02) 391 9235
Dr Noel Wilton, Director, Mental Health (02) 391 9299
Dr Michael MacEvoy, Director, Drug Offensive (02) 391 9288

NEW ADDITION TO 'BULLETIN'

Professor James Lawson, well known to many of you, has been reviewing the public health literature and preparing abstracts of the more interesting articles for some years now. Previously these abstracts were sent out from the Department of Health as circulars. From this month we will be publishing in each issue selected abstracts from Professor Lawson's files. Please send your comments on the utility of these abstracts to the editor.

COUNTRY PUBLIC HEALTH UNITS MEET

Country Public Health Unit (PHU) Directors converged on Sydney on Friday, August 17, 1990 with the following meeting objectives:

1. To identify common approaches as well as differences in the developing Country PHUs to access the best ideas from a pool rather than each Region starting completely from scratch.
2. To form an advocacy group for specific rural issues which may otherwise get lost in a combined Country/Metropolitan Forum.
3. To identify areas of specific interest/expertise which we might agree to encourage in one Region but with the benefits eventually being shared by all Regions.

The meeting commenced with a brief outline of the organisational structure of each Country PHU. The widely different approaches being taken confirmed the importance of meeting to explore the potential for a more uniform structure.

By meeting in Sydney it was possible to have direct access to a number of Central Office staff. Early in the day the meeting provided George Rubin with an outline of objectives and then at the close of the meeting he received immediate feedback on the outcome of discussions.

The minutes record wide ranging discussion including:

- Support for the change of status of Health Surveyors to Environmental Health Officers
- Commendation of the Public Health Bulletin and the value of providing locally relevant inserts
- Progress in the preparation of Toxicological profiles and the value of sharing information between adjacent Regions
- The importance of including Health Promotion within the Public Health Unit framework, and
- Sharing of some of the difficulties in implementing the new Infectious Disease Response Protocols in rural areas.

The Country PHU Directors supported the continuing presence of a rural representative on the Infectious Disease Advisory Committee. Stephen Christley as a current member proposed that the position should rotate on an annual basis.

Significant differences in the Administration of regions and Area Health Services were identified as further justification for country PHU Directors meeting separately. The Chief Health Officer has been approached for formal support for these meetings to continue on a quarterly basis.

Two key messages were conveyed to George Rubin at the end of the meeting:

- Positive support for the re-instatement of Public Health on the agenda of the Department and for the initiative leading to the establishment of Public Health Units.
- The need for the Department to support locally identified priorities rather than impose programs which consume limited resources and prevent Country PHUs from addressing the basic health needs of country people.

The Country PHU Directors have offered the proposed quarterly meeting as a useful forum for the Department to canvass proposals and for genuine two-way consultation.
NYNGAN FLOOD FOLLOW-UP

In September we reported some of the health effects of the Nyngan floods. Surveillance of diseases in people normally living in Nyngan continued until May 31. General practitioners in Dubbo and Nyngan and staff at local hospitals collected data on the age, sex and condition of Nyngan residents treated.

Sixteen doctors returned information on Nyngan patients from early May. Some GPs and the Nyngan Hospital were able to provide data on consultations from April 16, 1990, when the flood occurred. Information on patients up to May 10 was unavailable from the one GP who saw most Nyngan patients in Dubbo. Figure 2 shows the breakdown of presenting complaints in Nyngan residents to May 31, 1990. Figure 3 shows presenting complaints as a percentage of the total.

Lacerations were most prominent just before the flood when flood levees were being reinforced. Skin infections were pronounced soon after the flood. Respiratory tract problems, including infections and asthma, increased in mid-May. However, this may have been associated with cooler weather. Vaccinations were common, probably reflecting the Department of Health’s recommendation to residents to update their tetanus vaccinations. Some people also had hepatitis A immunoglobulin.

Caution is urged when interpreting these data. Patchy reporting, the lack of pre-flood data and of a comparison group limit its usefulness. However, post-flood surveillance was useful for detecting major outbreaks of disease such as gastrointestinal infection. None was detected. Further epidemiological studies will be required to detect more subtle health effects.

TRAVEL MEDICINE ADVICE

Travel medicine advice can be obtained by staff of all Public Health Units accessing the MASTA system (see PHB 1990;1(6):18).

The Centers for Disease Control in Atlanta, Georgia provide a 24 hour automated telephone information service for overseas travellers. Information options include malaria prophylaxis, immunisation for children under two years of age, advice for pregnant travellers and reports of current disease outbreaks. You can access this service by dialling 0011-1-404-332-4559.

MOSQUITO CONTROL TRAINING

A course of instruction and practical training covering mosquito-borne disease in south-eastern Australia, mosquito biology and ecology, surveillance and identification, and mosquito control technologies will be held in Leeton, NSW at the Staff Development Centre from Monday December 3 to Thursday December 6, 1990.

The course is especially designed to meet the needs of Health Surveyors and Environmental Officers, Service Hygiene and Government Quarantine Inspectors, and others responsible for control of pest and/or vector mosquitoes in South-eastern Australia.

The course will be presented by Dr Richard Russell, Head of the University of Sydney’s Medical Entomology Unit at Westmead Hospital in collaboration with Mr Terry Carvan, Senior Health Surveyor, South West Health Region of the NSW Department of Health.

PUBLIC HEALTH EDITORIAL STAFF

The Bulletin’s editorial advisory panel is as follows: Dr Sue Morey, Chief Health Officer, Department of Health; Professor Stephen Leeder, Professor of Community Medicine, University of Sydney; Professor Geoffrey Berry, Professor of Epidemiology & Biostatistics, University of Sydney; Dr Robert Reznik, Acting Director, Department of Community Medicine, Royal Prince Alfred Hospital; Professor Ian Webster, Professor of Community Medicine, University of NSW; Dr Christine Bennett, Acting Associate Director, Service Development, Department of Health, Dr Michael Frommer, Epidemiologist, Epidemiology & Health Services Evaluation Branch; Ms Jane Hall, Research Officer, Department of Community Medicine, Westmead Hospital; and Mr Michael Ward, Manager, Health Promotions Unit, Department of Health.

The editor is Dr George Rubin, Director, Epidemiology and Health Services Evaluation Branch, Department of Health, NSW. Design and Production — Health Public Affairs Unit, Department of Health, NSW. Please send your articles, news, comments or letters to Dr George Rubin — Locked Bag, 961, North Sydney NSW 2059 or Fax (02) 391 9293. Suggestions for improving the reporting of infectious diseases are most welcome.