



SUDDEN INFANT DEATH SYNDROME IN NSW: RECENT DEVELOPMENTS

In NSW sudden infant death syndrome (SIDS) ranks high as a cause of death in the first year of life. Excluding conditions arising in the perinatal period and congenital anomalies, *sudden death, cause unknown* accounts for three-quarters of infant deaths¹.

Under the guidance of the NSW SIDS Advisory Committee*, the NSW Health Department has recently taken steps to improve the monitoring of SIDS and instigate prevention based on newly identified risk factors. This article outlines these developments.

EPIDEMIOLOGICAL SURVEILLANCE OF SIDS

The monitoring of SIDS relies on a mechanism to obtain timely data on SIDS occurrence and a uniform approach to diagnosis of the cause of unexpected death in infancy.

1. Notification of SIDS

SIDS is a notifiable condition under the Public Health Act 1991. Unexpected infant deaths in NSW are invariably reported to the State Coroner, who orders an autopsy. The medical practitioner who makes the diagnosis of SIDS at autopsy (either a forensic pathologist or a Government Medical Officer) is responsible for the notification to the Health Department and must supply the following information:

- the full name and date of birth of the infant's mother and her usual address at the time of birth of the infant;
- the infant's full name, dates of birth and death, sex, and usual address;
- the name of the hospital of birth, or address of the place of birth (if not a hospital); and
- the address of the place at which the infant was found deceased or moribund².

The Regulation under the Public Health Act stipulating details of the notification process was instigated in November 1991. To obtain epidemiological data on unexpected infant deaths before 1992, all 1990 infant deaths reported to the Coroner were reviewed, and a review of the 1991 deaths is planned. A separate article (to be published in a forthcoming issue of the *Public Health Bulletin*) outlines the main findings from 1990.

2. Uniform approach to diagnosis

A uniform approach to diagnosis is a key element in the epidemiological surveillance of SIDS. The diagnosis of SIDS can be made only if the history, death scene investigation and a thorough autopsy exclude other causes of death.

• New arrangements for infant autopsies

A standardised Australian SIDS autopsy protocol is being developed by the Royal College of Pathologists of Australasia. This protocol will be used in the State's two major forensic centres (the Institute of Forensic

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Medicine at Glebe, and the Department of Forensic Medicine in the Institute of Clinical Pathology and Medical Research at Westmead).

To promote uniformity of diagnosis throughout NSW, the SIDS Advisory Committee has recommended to the State Coroner that all coronial infant autopsies be done at Glebe or Westmead. Until 1991 these two centres had served mainly the Sydney metropolitan area. In 1991 the then State Coroner, Mr Kevin Waller, wrote to all coroners outside the Sydney area recommending that they order infant autopsies be done by a forensic pathologist either at Glebe or at Westmead. While coroners in country districts and urban areas other than Sydney retain the discretion to order that an infant autopsy be done locally, an increasing proportion of these autopsies is now done at Glebe and Westmead.

Autopsies are done promptly (the Institute of Forensic Medicine provides an autopsy service 24 hours a day, seven days a week), and the costs of transporting deceased infants to and from Glebe or Westmead is met by the Attorney-General's Department. The new arrangements appear to have gained wide community acceptance. In strongly supporting the program, the Sudden Infant Death Association of NSW (SIDA) has recognised that the specialised facilities available at Glebe and Westmead permit a more detailed and comprehensive post-mortem examination to be done.

Hospital accident and emergency departments throughout NSW have a protocol for staff who deal with unexpected infant deaths and the affected families. The Health Department has recently distributed a revised protocol³ which incorporates information on the new autopsy arrangements.

• Death scene investigation protocol

Immediately after an unexpected infant death is reported, a police officer visits the place of death, interviews the carers of the infant and records particulars. Because unexpected infant deaths are rare, no individual district police officer is likely to become experienced in their investigation. A working group of the SIDS Advisory Committee, including the representative of the Coronial Investigation Unit, has prepared a checklist which could assist police officers to obtain key information items. When finalised this checklist will be offered to the Police Department. If it is incorporated in police procedures, the checklist should contribute to the standardisation of diagnosis.

RISK FACTOR INTERVENTION

In July 1991 the Australian Rotary Health Research Fund, in association with the Sir Robert Menzies Memorial Foundation, hosted a meeting of Australian and invited international SIDS experts to discuss the growing body of epidemiological literature which implicates the prone sleeping position as a risk factor for SIDS. Other possible risk factors implicated in the literature — maternal smoking, non-breast feeding and overheating — were also discussed. The deliberations of the meeting have been published in the *Journal of Paediatrics and Child Health*⁴. Participants agreed there was strong epidemiological evidence linking the prone sleeping position and the other risk factors with SIDS, and recommended population-based interventions. Programs had already been instituted elsewhere, and initial evaluations suggested they were effective.

The response in NSW was to conduct an information campaign directed at health professionals. This campaign comprised wide distribution throughout the NSW health system of an Information Bulletin entitled *Sudden Infant Death Syndrome and Associated Risk Factors*⁵, a seminar (attended by more than 200 health professionals from all over the State) in which the risk factors and their significance were explained, and incorporation of information on the risk factors in an updated version of the Department's information booklet on SIDS⁶.

SIDA intends to conduct a public campaign aimed at reducing SIDS risk this winter.

In order to determine the impact of any structured interventions or publicity, the NSW Health Department rapidly carried out a survey of the prevalence of infant sleeping positions, breast feeding and exposure to cigarette smoke. The findings of this survey will also be reported in a forthcoming issue of the *Public Health Bulletin*. It is proposed that the survey will be repeated late in 1992.

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* The NSW SIDS Advisory Committee is chaired by the State Coroner. Its members include paediatricians, forensic pathologists, a respiratory physician/physiologist, social workers, representatives of the Sudden Infant Death Association of NSW, the Police Coronial Investigation Unit and the NSW Ambulance Service, and an epidemiologist. The secretariat is managed jointly by the Department's Epidemiology and Health Services Evaluation Branch and the Services Development Branch.

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2. New South Wales. Public Health Act 1991 — Regulation 1991 — No. 590.
3. NSW Health Department. Hospital Casualty Protocol for Unexpected Infant Deaths. Circular No. 91/128, 1991.
4. Various. Proceedings of a Scientific Review of the Association Between Prone Sleeping Position and Sudden Infant Death Syndrome (SIDS). *Journal of Paediatrics and Child Health*, 1991; 27,323-348.
5. NSW Health Department. Sudden Infant Death Syndrome and Associated Risk Factors. Information Bulletin No. 91/44, 1991.
6. NSW Health Department. Cot Death (Sudden Infant Death Syndrome). State Health Publication (HPA) 91 115, 1992.