MICROBIOLOGICAL MONITORING OF PUBLIC DRINKING WATER SUPPLIES — July 1991-June 1992

Routine monitoring of the microbiological status of drinking water in rural NSW is necessary to ensure the provision of acceptable water quality to the public. Local government is responsible for implementing a microbiological monitoring program whereby water samples are collected regularly and submitted for analysis, usually to the Division of Analytical Laboratories. In some Regions (South West and North Coast) alternative facilities are available for microbiological testing.

The NSW Health Department has adopted sampling frequency guidelines published by the National Health and Medical Research Council and the Australian Water Resources Council. These are shown in Table 9.

TABLE 9

SAMPLING FREQUENCY GUIDELINES

Population supplied with water	Minimum number of samples per distribution per month
Up to 2,000	1 sample
2,000-10,000	1 sample per 2,000 population
10,000-100,000	3 plus 1 sample per 5,000 population
100,000+	13 plus 1 sample per 10,000 population

In the interest of public health, the importance of regular water sample submissions from every distribution system cannot be over-emphasised. However, some councils do not submit the recommended number of samples at the specified intervals. Overall, of 481 locations in the State, samples were not received from 129 locations (27 per cent) between July 1991 and June 1992 inclusive, as shown in Table 10.

TABLE 10

LOCATIONS FROM WHICH NO SAMPLES WERE SUBMITTED FOR MICROBIOLOGICAL EXAMINATION, JULY1991-JUNE 1992[1]

Areas or Regions	Total Number of Locations	Percentage of Locations not tested
Central Coast Area	32	19
Hunter Area	11	36
Illawarra Area	34	12
Central Western Region	70	29
South Eastern Region	100	12
North Coast Region	80	26
New England Region	68	19
Orana and Far West Region	86	57

1. Division of Analytical Laboratories Report on water sample submissions for microbiological monitoring of public drinking water.

PUBLIC HEALTH ABSTRACTS

CHANGE IN CHILDHOOD POISONING

Poisoning accounts for 1 in 200 admissions to the Camperdown Children's Hospital. The pattern of poisoning has changed since 1956 when the main agents were kerosene, pesticides, aspirin and digoxin. Now the main agents are benzodiazepines, iron preparations, paracetamol and anticonvulsants.

It was disturbing that in a recent study from the hospital, 10 children were thought to have been poisoned deliberately by a parent. When poisonings occur in children under two years old there should be some suspicion.

Preventive strategies remain the same: education about dangerous substances, appropriate storage, re-examination of child-resistant packaging and the care of physicians when prescribing medications.

Campbell D and Oates RK. Childhood poisoning — a changing profile with scope for prevention. *Med J Aust* 1992; 156:238-240.

CERVICAL CANCER — ROLE OF THE HUMAN PAPILLOMAVIRUS

Cancer of the cervix is common and deaths in women associated with this malignancy are exceeded only by those from breast cancer. There is epidemiological data over more than a century suggesting a link between cervical cancer and an infectious agent. There is now compelling evidence strongly linking certain human papillomavirus types with cancer of the cervix. The authors of a Melbourne-based review of the known scientific literature on this issue have concluded that the causative role is yet to be proved. However there is impressive in-vitro evidence for a cancer-inducing role for the human papillomavirus in the development of cervical cancer. The epidemiological data are still limited.

Garland SM, Faulkner-Jones BE, Fortune DW and Quinn MA. Cervical cancer — what role for human papillomavirus. *Med J Aust* 1992; 156:204-212.

REDUCTION OF CORONARY ARTERY DISEASE WITH DIETS AND MEDICATION

Despite many major studies there is still little evidence that changing diets will reduce coronary artery disease. A new study on a relatively small number of patients has shown, by x-ray angiography plus clinical outcomes, that lipid-lowering diets and medications will reduce coronary artery narrowing and the incidence of cardiovascular events including death.

Watts GF, Lewis B, Brunt JNH, Lewis ES et al. Effects on coronary artery disease of lipid-lowering diet, or diet plus cholestyramine, in the St Thomas' Atherosclerosis Regression Study (STARS). *Lancet* 1992; 339:563-569.

COST-EFFECTIVENESS OF CLINICAL NURSES FOR ANTENATAL CARE

A United States study has shown that the use of clinical nurse specialists to care for antenatal women provided the greatest client satisfaction and the lowest cost per visit with an equal health outcome to antenatal care provided by medical physicians.

Graveley EA and Littlefield JH. A cost-effectiveness analysis of three staffing models for the delivery of low-risk prenatal care. *Am J Pub Health* 1992; 82:2:180-184.