

- If appropriate, the officer would go to the control room to provide public health advice and receive data through the Fire Brigades' communication system. The decision to go to the control room would depend on an assessment of each incident.
- Once the nature of the situation is clear and adequate toxicological data are available, a decision could be made about sending an officer to the scene of the incident.

The perceived advantages of the system are that:

- scarce resources are conserved;
- the trained staff are kept close to developed communications resources; and
- the staff can better gather toxicological data if they have access to telephones, fax machines, the resources of Epidemiology Branch and the chemical company concerned.

The incident involving formaldehyde has indicated the model may have potential for further development.

EDITORIAL COMMENT

This report highlights the need for a rapid response and timely access to health information, as well as the need for early notification of chemical incidents to local public health authorities.

A protocol for public health response to chemical incidents was developed and approved by the NSW Health Department in 1992 to provide a systematic approach to the investigation of incidents by PHUs. However, the remote locations of some incidents may require modifications of the protocol, and so feedback from the PHUs is necessary to improve its practicability. Nevertheless, this report underlines the importance of the use of a standardised method for responding to incidents.

The protocol presents a framework for:

- deciding the type of incidents which should be investigated by PHUs;
- conducting a rapid health impact assessment of an incident. The checklist provides a structured method of collecting information and is based on an adaptation of a WHO checklist. When finalised, the computerised standard format should be used for reporting;
- liaising with other combat agencies such as fire brigade, the police, and the Environment Protection Authority to obtain relevant health information;
- collecting and having access to key information at the time of the incident, to enable the assessment of the chronic, as well as the acute, health effects of an incident. This may include information on the nature of the chemical, its concentration in the environment, prevailing weather conditions, the likely spread of the chemical and the population at risk of exposure to the chemical; and
- determining the need for long-term follow-up of people affected in a chemical incident.

Faster notifications and better access to appropriate toxicological data would improve the existing system. The reporting by each Public Health Unit of chemical incidents in a standardised manner will also help paint a State-wide picture of the health impact of chemical incidents in NSW.

HIV DATA QUALITY

The editor has received a letter from Professor David Cooper, Director, St Vincent's Hospital (SVH) Centre for Immunology HIV reference laboratory, concerning the editorial comment to the article, "Improving the quality of HIV Data" (*Public Health Bulletin*, January 1994; 5:10-11). The letter expresses concern that the editorial comment contained unwarranted criticism of the data quality from SVH laboratory.

Editor's comment

Any perceived criticism of the data quality from SVH laboratory was not intended. Data analysis carried out by the Epidemiology Branch shows that data from both Prince of Wales and SVH HIV laboratories are of an equally high standard. We would like to stress that the callback procedure was implemented in all HIV reference laboratories in 1992 resulting in a substantial improvement in data quality. The point of the editorial comment was that, in response to the recent suspected case of patient-to-patient HIV transmission, the Department: (a) has restated the need for high quality data on risk exposure, and (b) will carry out follow-up surveillance where appropriate.

UNLEADED PETROL DISCUSSION CONTINUES

Dr Donald Scott-Orr has written to say he is at Comboyne, north of Taree, NSW, and not in London as we published in the February *Public Health Bulletin*.

His letter continues: "The response from the authors, to my comments on their November 1993 article on the virtues of unleaded petrol, was useful. However, they do not address the issue of need for a catalytic converter.

In Australia, since those cars required to use unleaded petrol should also have converters, 'the low levels of benzene found in ambient air in Australian cities may depend partly on this and the low conversion rate to unleaded petrol in those earlier cars which can use leaded and unleaded.

If the converters were thought to be necessary here and earlier car users are now encouraged to make use of unleaded petrol (without converters), even though its octane rating is lower than in Europe, is there not a greater potential carcinogenic hazard than the authors suggest?

Perhaps the authors, and the Lead in Petrol Working Group, would also comment on the current availability of (higher priced) higher octane rated unleaded petrol and the concomitant encouragement of its use.

When Neville Wran was premier some people may have believed his promise that unleaded petrol would become and remain cheaper than leaded – to encourage the use of unleaded. Now the proposal is to increase the price of leaded for the same purpose. Let us hope that some of the revenue will enhance research into alternatives."

ERRATUM

Public Health Bulletin, January 1994; 5:5 –
Boom in demand for genetics services in NSW

It should be noted that Statewide cytogenetics services are provided from laboratories located at Prince of Wales Hospital, Royal Alexandra Hospital for Children, Royal North Shore Hospital, Westmead Hospital and John Hunter Hospital. Statewide molecular genetics services are provided from three laboratory groups: Prince of Wales Hospital/Concord Hospital, Royal Prince Alfred Hospital/Royal North Shore Hospital and John Hunter Hospital.