Letters to the Editor

Local Government Areas and Rate of Serious Immersions of Toddlers
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We noted with interest the comment by Sayer and Lonie1 that the differences among local government areas (LGAs) in NSW in the rate of serious immersions of toddlers (0-4 years) in swimming pools may, in part, be attributable to the number of pools in each LGA and hence the degree of exposure. Here, we thought, might be an example of a difference in mortality rate or health status going against the dominant trend of greater affluence being associated with better health. Perhaps, we reasoned, the more affluent LGAs would have more private swimming pools, resulting in a greater exposure of the children of wealthy parents to the risk of a serious immersion.

To test this hypothesis, we regressed Sayer and Lonie’s standardised serious immersion ratios (SSIR) for LGAs in NSW for 1986 and 1989-92 combined against the respective Jarman 8 Index for 1986. The results (see Table 5) are equivocal but still interesting. For all 166 LGAs in NSW there is no statistically significant relationship between SSIR and affluence, but for the 37 LGAs in metropolitan Sydney there is a statistically significant relationship whereby the variation in affluence explains approximately 12 per cent of the variation in SSIR. Removing those LGAs where the SSIR is zero produces results which are of borderline statistical significance: in the 29 Sydney LGAs the explained variation is still approximately 12 per cent, whereas in the 90 NSW LGAs the explained variation is approximately 4 per cent.

These results suggest that, at the LGA level, affluence may predict toddlers’ serious immersion incidents in private swimming pools. The relationship appears stronger in metropolitan Sydney and possible explanations for this include: a closer relationship between affluence and private swimming pool ownership in urban areas; and less adult supervision of toddlers around private swimming pools in urban areas. We must, however, note that we do not know the actual relationship between private swimming pool ownership and affluence in LGAs. Whether the serious immersion of toddlers in swimming pools is an example of greater affluence being associated with worse health remains to be proven. A larger sample size or more years’ data would assist the analyses at LGA level but definitive proof requires the collection of family-specific data.


Health, Geography and Mapping
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Recent articles by Stewart et al13 have described interesting and important results relating to the geographic variation in suicide mortality in NSW. It is disappointing, however, that they have not used one of the geographer’s most useful tools – the map. Much of the information shown in Figures 1 and 1 to 6 in the first and fourth1 of their series on the epidemiology of suicide, respectively, could have been presented on a map. Such a presentation would have complemented the existing presentation of results and aided and enhanced their interpretation. For example, the reader would have instantly seen where a particular location is, and similar areas would have been easily identified.

Two recent Australian examples of the use of maps to illustrate health information are A Social Health Atlas of Australia14 and An Atlas of Premature Mortality in New South Wales 1981-198815. Incidentally, the latter contains a section on suicide mortality and although results are only presented for males and females separately, the list of local government areas with unusually high and low standardised mortality ratios is quite similar to that in Stewart et al13.

While there has been considerable discussion and comment on the statistical aspects of the work of Stewart et al13, a brief discussion of possible causes of the spatial variation in suicide mortality would have been interesting (factors such as socioeconomic stresses, disabling mental illness and isolation are very briefly mentioned13), or to have been directed to recent research that has examined such causes. If such research does not exist, it would seem to be a vital gap in our understanding of this tragic phenomenon.

The results presented by Stewart et al13 are a good example of what geographers have termed the Modifiable Areal Unit Problem13 where ‘results will differ not only as the number of observations is changed to a different scale but, at each scale, one can get incredibly varied results according to how the observations have been aggregated into groups’. Echoing the wisdom expressed by Vimpani in his recent article in the Bulletin14, a deeper, more holistic, understanding of the contemporary human dilemma will require an integrative approach where ‘people will need to

<p>| Table 5 |
| Linear Regression of Standardised Serious Immersion Ratio (SSIR) (1986 and 1989-92 combined) against Jarman 8 Index (1986) for Local Government Areas (LGAs) in NSW |</p>
<table>
<thead>
<tr>
<th>n</th>
<th>Beta coefficient</th>
<th>p value</th>
<th>R squared</th>
</tr>
</thead>
<tbody>
<tr>
<td>All LGAs</td>
<td>166</td>
<td>-0.003</td>
<td>0.684</td>
</tr>
<tr>
<td>NSW</td>
<td>37</td>
<td>-0.041</td>
<td>0.035</td>
</tr>
<tr>
<td>LGAs with SSIR&gt;O</td>
<td>90</td>
<td>-0.017</td>
<td>0.053</td>
</tr>
<tr>
<td>Sydney</td>
<td>29</td>
<td>-0.044</td>
<td>0.056</td>
</tr>
</tbody>
</table>

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To Australians, JE historically has been a risk to some travellers to Asia. The recent Torres Strait cases were the first reported in Australia. While it seems possible the virus could be carried to NSW by birds and mosquitoes, this has never been recorded and it is impossible to predict if it will ever occur.

In NSW, structures in place to detect and control outbreaks of mosquito-borne diseases, including mandatory laboratory reporting of cases of arboviruses (including JE) and the Arbovirus Disease Surveillance and Control Plan, should allow early detection and control of locally acquired disease. Research under way in Queensland on risks to humans and animals will further guide policy.

INFECTIOUS DISEASES COMMITTEES
Infectious Diseases Advisory Committee (IDAC)
IDAC met in July and considered future changes to the list of notifiable diseases in NSW. Proposals for changes to the list were sought from members of the Laboratory Surveillance Advisory Committee and Public Health Unit staff. IDAC also considered the national list of notifiable conditions.

The proposed changes to the schedule will not come into effect until a system is developed that would allow laboratory reports to be transmitted electronically to a single, secure database. This will probably not occur for at least several months.

IDAC supported the following changes to the list:

**Conditions to be notified by doctors:**
- acute viral hepatitis to be notified by telephone.

**Conditions to be notified by hospital chief executive officers:**
- hepatitis A, paratyphoid, typhoid and rabies to be notified by telephone.

**Conditions to be notified by laboratories:**
- campylobacteriosis, chancroid, *Chlamydia trachomatis* infections, donovoniosis, shigellosis, yersinosis, equine morbillivirus infection, influenza, rotavirus infection and respiratory syncytial virus to be included on list; and
- flaviviruses, hepatitis A, rabies and equine morbillivirus infection to be notified by telephone.

NSW Immunisation Advisory Committee (IAC)
At its last meeting, IAC reviewed 78 cases of adverse events following immunisation (AEFIs) notified in 1994 and 1995. A full report of this review will be published in a future issue of the *Bulletin*. AEFIs are defined as at least one of the following conditions occurring ≤30 days after administration of a vaccine:
- persistent screaming (>3 hours)
- anaphylaxis
- shock
- hypotonic/hypertonic episode
- encephalopathy
- convulsion
- aseptic meningitis
- thrombocytopaenia
- death

Health professionals are reminded that all AEFIs should be reported to the local Public Health Unit.

**Contributing microbiology laboratories** include: Prince of Wales Hospital, St Vincents Hospital, New Children’s Hospital Virology Lab, Frack & Mansfield Pathologists, Quinn Pathology Services, Douglas Laboratories, Macquarie Pathology Services and Hanly Moir Pathology.

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break out of the mould into which specialisation has placed them and begin to collaborate with a much broader range of disciplines. It is clear that geography must be one of these disciplines.
