

source can then be removed or modified, and preventive measures, such as the prescription of neutral fluoride mouth rinses, can be undertaken. It is important to monitor and record the rate of loss of tooth structure. This is best undertaken using accurate study models that are retained and compared over time. Intraoral photographs may be of some use. Emphasis should be on patient education, behaviour modification and careful monitoring. In most cases, active restorative treatment is not indicated until the preventive measures have been shown to be effective and, even then, only in certain circumstances. These circumstances include:

- significant aesthetic concerns
- loss of vertical dimension that will compromise any possible future treatment
- pain from dentine hypersensitivity that does not respond to conservative treatment.

If required, restorative treatment may vary from the simplest of bonding procedures to extremely complex rehabilitation comprising multiple crowns and onlays.

CONCLUSION

The increasing numbers of older people using medications associated with xerostomia, the increasing use of drugs that can promote gastro-oesophageal reflux and the increasing consumption of acidic soft drinks, fruit drinks and sports drinks all contribute to dental erosion becoming a larger public oral health problem. Just as dental erosion has many factors relating to its aetiology,

management and treatment, so there is no single solution. Product modification by the food and drink manufacturers, community education, and individual patient behaviour modification all are required to reduce the damage from this growing problem.

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INFECTIOUS DISEASES, NSW: APRIL 1999

TRENDS

Reports of infectious diseases followed largely expected trends through to early autumn (Figure 1). Statewide, **arbovirus infections** appeared to plateau in March, although late-season increases in **Ross River virus infections** (RRV) were reported in coastal regions. This was notably in the Hunter, Illawarra, Northern Rivers and Mid North Coast areas (Table 1). In inland NSW, increases in RRV were reported earlier, in late spring and early summer. **Barmah Forest infections** also have been reported from the Northern Rivers, Mid North Coast and Illawarra areas, albeit in fewer numbers.

There are encouraging signs that the epidemic of **gonorrhoea** (mainly affecting men in inner Sydney) may have levelled off, although it is probably too early to be sure, given reporting delays. The number of reports of **meningococcal infection** has fluctuated markedly in recent months, with 20 cases in January, seven in February, and 19 in March. This is a reminder that, while this disease

tends to peak in winter and spring, it can occur in any season. Reports of pertussis cases are again abating, following a peak last spring.

ASIAN TIGER MOSQUITO FOUND IN BOTANY BAY

A single 'Asian tiger' mosquito (*Aedes albopictus*) was identified in routine trapping carried out by the Australian Quarantine and Inspection Service (AQIS) at Botany Bay in early April. This species is a known vector for **dengue fever** in Asia, and has never before been reported in New South Wales. The *Aedes albopictus* probably arrived on a container ship, possibly as an egg laid in stagnant rainwater. In response to the finding, an intensive mosquito-trapping program was initiated in collaboration with the Medical Entomology Department at Westmead ICPMR and AQIS. No other mosquito of this species has been detected subsequently. ☒

FIGURE 2

REPORTS OF SELECTED INFECTIOUS DISEASES, NSW, JANUARY 1994 TO MARCH 1999, BY MONTH OF ONSET

These are preliminary data: case counts in recent months may increase because of reporting delays

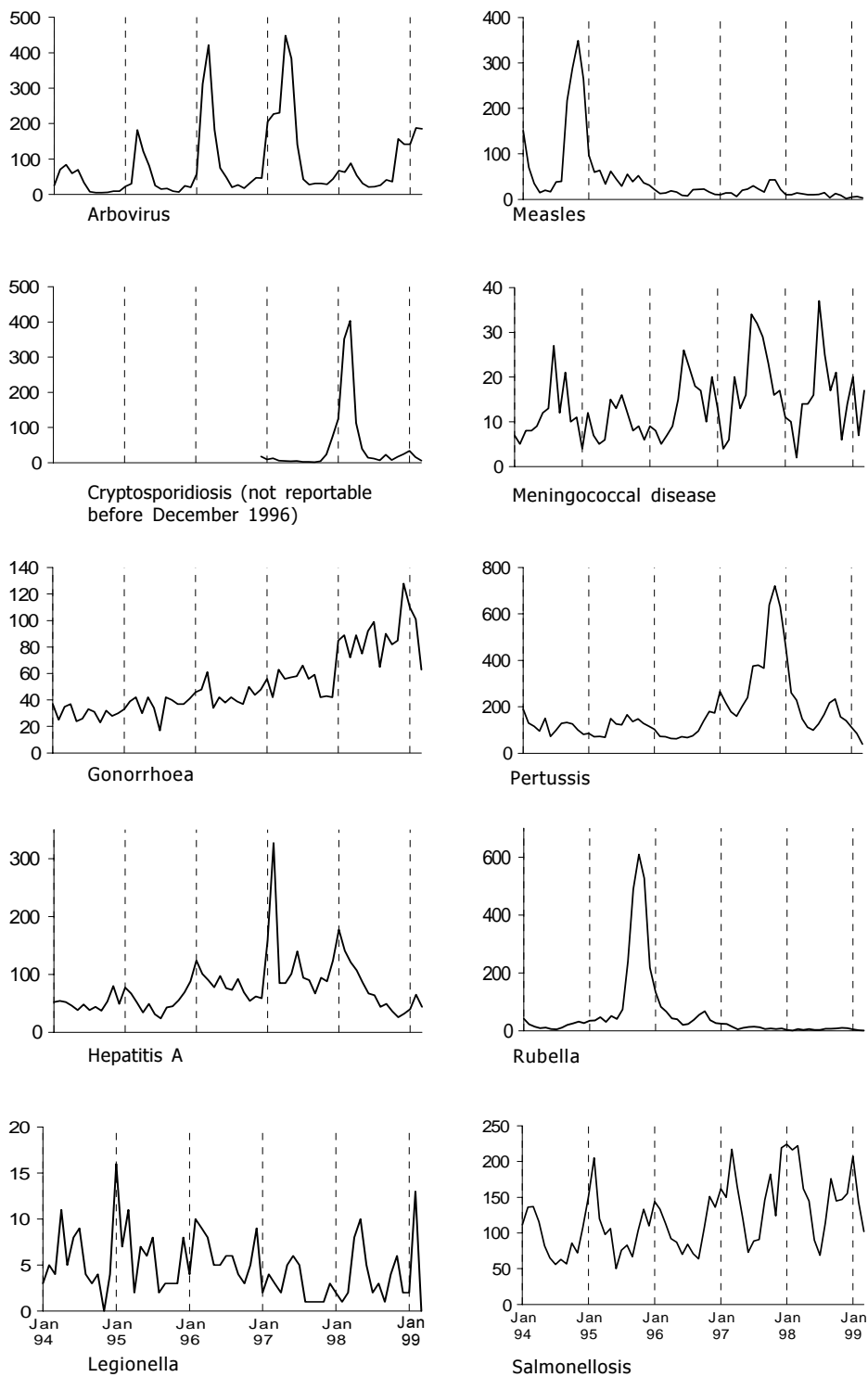


TABLE 2

INFECTIOUS DISEASE NOTIFICATIONS RECEIVED IN MARCH 1999 BY AREA HEALTH SERVICES

Condition	Area Health Service (1999)																	Total	
	CSA	NSA	WSA	WEN	SWS	CCA	HUN	ILL	SES	NRA	MNC	NEA	MAC	MWA	FWA	GMA	SA	for Mar††	To date‡
Blood-borne and sexually transmitted																			
AIDS	1	2	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	5	60
HIV infection*	1	3	-	-	-	-	-	1	5	-	-	-	-	-	1	-	-	33	89
Hepatitis B: acute viral*	-	-	-	-	-	-	-	-	1	1	-	1	-	-	-	-	-	4	14
Hepatitis B: other*	56	43	17	3	-	7	6	12	31	3	6	4	3	2	1	2	2	200	746
Hepatitis C: acute viral*	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	11
Hepatitis C: other*	106	68	49	45	1	29	54	31	113	42	47	18	6	52	11	15	36	728	2,082
Hepatitis D: unspecified*	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Hepatitis: acute viral (not otherwise specified)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chlamydia (genital)	11	4	6	6	1	9	23	10	16	17	9	8	4	17	11	16	3	175	499
Gonorrhoea*	13	13	3	1	-	-	1	-	54	1	-	-	-	9	3	-	-	102	327
Syphilis	10	3	7	-	-	-	-	1	7	-	3	1	2	1	5	-	1	41	133
Vector-borne																			
Arboviral infection*	2	6	6	5	1	3	54	20	5	28	29	7	8	16	11	24	29	256	570
Malaria*	-	2	-	1	1	2	1	1	1	6	2	2	-	1	-	-	-	20	59
Zoonoses																			
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Leptospirosis*	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	3	11
Q fever*	1	-	-	-	-	-	1	-	-	-	4	4	2	2	1	-	-	15	39
Respiratory and other																			
Blood lead level	2	-	5	3	3	2	5	3	1	1	-	-	-	3	25	1	-	54	226
Legionnaires' disease	-	-	1	-	-	-	1	1	-	-	-	-	-	-	-	-	-	3	17
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal infection (invasive)	-	1	5	2	1	1	1	3	2	-	-	1	-	-	-	2	-	19	45
Mycobacterial tuberculosis	12	8	1	2	-	-	-	-	7	-	1	-	-	-	1	-	-	32	83
Mycobacteria other than TB	7	8	-	-	-	2	4	1	21	3	-	-	-	-	-	3	-	49	107
Vaccine-preventable																			
Adverse event after immunisation	3	-	-	-	-	-	-	-	1	-	2	-	-	-	-	-	-	6	19
<i>H. influenzae</i> B infection (invasive)	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	3
Measles	-	-	-	-	-	1	-	1	1	-	-	-	1	-	-	-	-	4	14
Mumps*	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	2	5
Pertussis	10	13	11	8	8	8	9	6	13	3	1	2	2	2	1	6	8	111	354
Rubella*	-	-	-	-	-	-	-	-	2	1	-	-	-	-	-	-	-	3	13
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Faecal-oral																			
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Cryptosporidiosis	-	-	1	-	-	-	1	2	-	2	1	-	1	1	1	2	-	12	68
Giardiasis	13	25	14	7	-	2	8	7	11	11	6	5	1	8	-	3	-	122	321
Food-borne illness (not otherwise specified)	2	-	-	-	-	-	-	-	-	3	-	-	-	-	-	-	-	5	6
Gastroenteritis (in an institution)	9	-	-	-	-	31	-	-	-	-	-	-	-	-	-	-	-	40	60
Haemolytic uraemic syndrome	1	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	3	6
Hepatitis A	16	5	8	4	6	-	1	3	17	-	2	1	-	-	-	2	1	68	159
Hepatitis E	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Listeriosis*	-	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	6
Salmonellosis (not otherwise specified)*	10	26	11	5	2	6	10	11	22	21	3	6	2	4	3	8	4	155	534
Typhoid and paratyphoid*	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	5
Verotoxin-producing <i>E. coli</i>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

* lab-confirmed cases only

† includes cases with unknown postcode

‡ except CCA

CSA = Central Sydney Area
NSA = Northern Sydney Area
WSA = Western Sydney Area

WEN = Wentworth Area
SWS = South Western Sydney Area
CCA = Central Coast Area

HUN = Hunter Area
ILL = Illawarra Area
SES = South Eastern Sydney Area

NRA = Northern Rivers Area
MNC = North Coast Area
NEA = New England Area

MAC = Macquarie Area
MWA = Mid Western Area
FWA = Far West Area

GMA = Greater Murray Area
SA = Southern Area