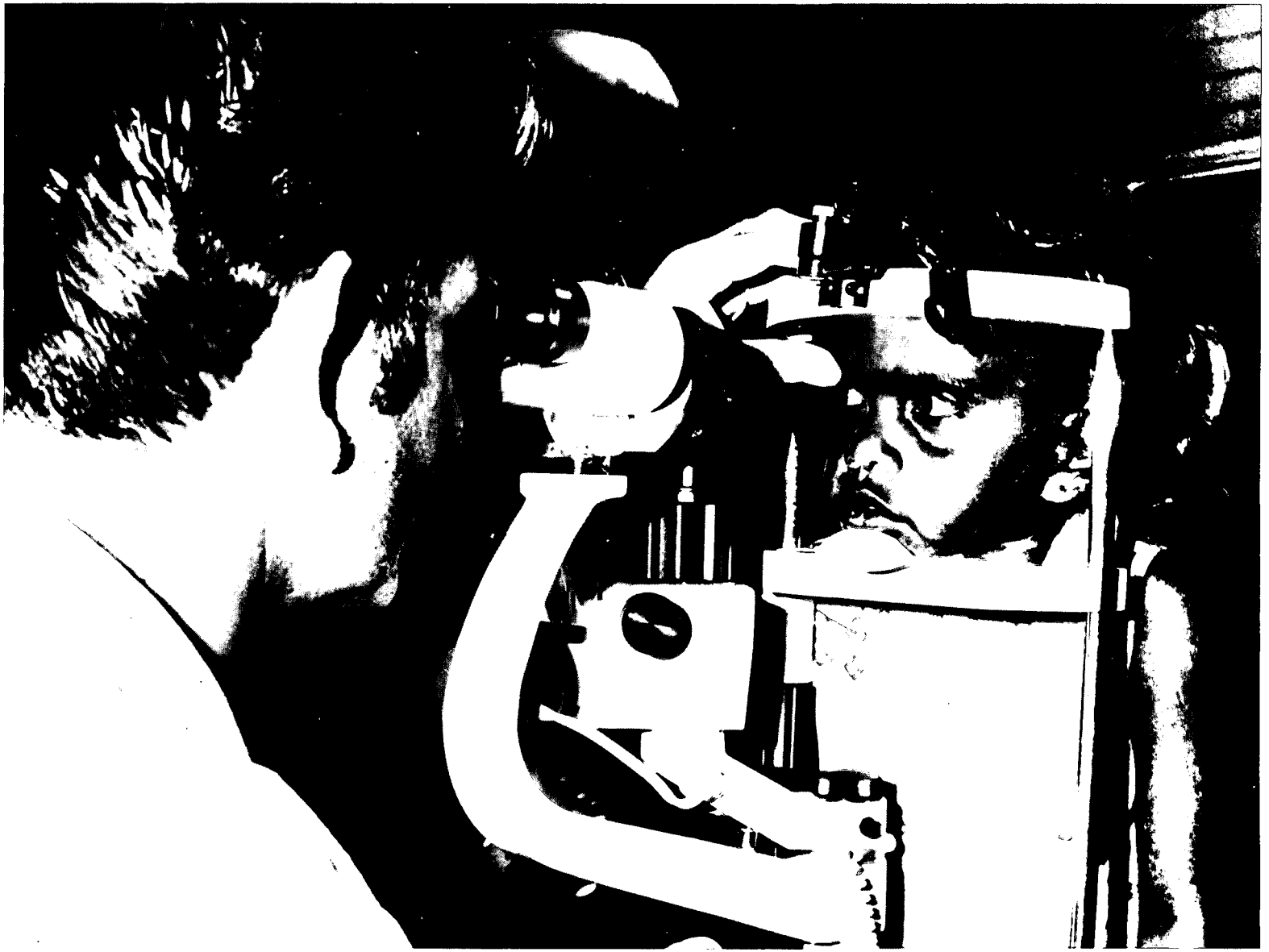
CHAPTER 10

HEALTH



An ophthalmologist examines the eyes of an aboriginal child at Booker Creek.

CHAPTER 10

HEALTH

This chapter is concerned with activities of the Commonwealth Department of Health including quarantine, national health benefits programs and Federal grants for health purposes; activities of the State Health Departments; statistics of hansenide hospitals and mental health institutions; and statistics of notifiable diseases, causes of death, and cremations.

Further information about the administration of public health services is contained in the annual reports of the Director-General of Health; the annual reports of the State health authorities; and in the Year Books and annual publications published by the State offices of the Australian Bureau of Statistics.

NATIONAL HEALTH SERVICES

Prior to an amendment to the Constitution in 1946, the only health function of the Commonwealth Department of Health was in relation to quarantine. Consequent upon this amendment, the Commonwealth Government was given powers to make laws about pharmaceutical, hospital and sickness benefits and medical and dental services. The Commonwealth Government also has used its powers under section 96 of the Constitution to make grants to the States for health purposes. In addition, the Commonwealth Government gives financial assistance to certain organisations concerned with public health matters. A number of Commonwealth Government health organisations have been established; detailed information on the functions and operations of these organisations is given in this and previous Year Books and in the annual reports of the Commonwealth Director-General of Health.

Quarantine

The *Quarantine Act* 1908 is administered by the Commonwealth Department of Health and provides for the taking of measures to prevent the introduction or spread of diseases affecting humans, animals and plants.

Human quarantine

The masters of all ships and aircraft arriving in Australia from overseas are required to notify medical officers acting on behalf of the Commonwealth Department of Health of all cases of illness on board their vessel at the time of arrival. Passengers or crew members who are believed to be suffering from a quarantine illness may be examined by Quarantine Medical Officers located at all ports of entry.

The main concern of examining officers is the detection of quarantine diseases including smallpox, cholera, yellow fever, plague, typhus fever and viral haemorrhagic fevers. These diseases are not endemic to Australia and it is of great importance to prevent their entry. Sufferers or suspected sufferers may be isolated to prevent the possible spread of the disease.

Valid International Certificates of Vaccination are required of travellers to Australia as follows:

Smallpox. From travellers over the age of 12 months who, within the last 14 days, have been in a country of which any part is infected with smallpox.

Yellow fever. From travellers who have been in yellow fever endemic zones within the past 6 days.

All passengers, whether they arrive by sea or air, are required to give their intended place of residence in Australia so that they may be traced if a case of disease occurs among the passengers on the ship or aircraft by which they travelled to Australia.

Isolation. Under the Quarantine Act, airline and shipping operators are responsible for the expenses of isolation of all travellers who disembark from their aircrafts or ships and who fail to meet Australia's vaccination requirements.

Animal quarantine

Policy decisions are developed by the Department and, in general, are executed by State officers acting as agents for the Commonwealth.

Movement of animals between New Zealand and Australia is relatively unrestricted but importation of cattle, horses, dogs, cats, zoo and laboratory animals may be permitted from a certain few other countries only if strict health conditions are met.

Animal quarantine stations are located at Brisbane, Sydney, Melbourne, Adelaide, and Perth. A maximum security animal quarantine station is being constructed at the Cocos Islands and, when completed, will permit the safe importation of a wider range of animals than is currently possible. Other major works are underway to increase the capacity of mainland animal quarantine stations. Northern surveillance for the possible illegal introduction of quarantinable products has been enhanced considerably by the adoption of daily searches by air and increased surface searches by ship.

Plant quarantine

Arising from both its dependence upon exotic plant species for agriculture, horticulture and forestry and its island continental isolation, Australia is free of numerous plant pests and diseases that occur elsewhere in the world. Since 1 July 1909, the importation into Australia of plant materials has been subject to an increasingly stringent quarantine; some materials are admitted only under certain conditions while others are prohibited altogether. The quarantines are designed to exclude from the country unwanted pests and plant diseases. It is not possible to predict how a new plant pest or disease will perform when introduced to a new environment free of its natural enemies. Hence the general objective is to keep any pest or disease out of the country which could cause serious economic losses to Australia's agriculture, horticulture or forests.

For further details *see* Year Book No. 61, page 449.

Personal health services and subsidies

National Health Benefits

On 24 May 1979, the Minister for Health announced major changes in health insurance arrangements to come into effect on 1 September 1979.

With these changes universal protection against higher-cost items of medical service is guaranteed and standard hospital accommodation in recognised hospitals is continued. Coverage for pensioners with Pharmaceutical Benefit (PHB) cards and disadvantaged persons remains unchanged, whilst individuals are free to choose additional coverage from private insurers, as before.

Medical

The Commonwealth no longer meets 40 percent of doctors' Schedule fees for lower-cost medical items. Patients are responsible for medical costs up to $20 per Schedule service, and the Commonwealth meets the costs above $20 up to the level of the Schedule fee.

Pensioners with PHB cards continue to be eligible to receive a benefit of 85 per cent of the Schedule fee for each medical service, with a maximum payment by the patient of $5 for any one service where the Schedule fee is charged.

People classified by their doctors as disadvantaged continue to be eligible to have their medical accounts bulk-billed (at 75 per cent of the Schedule fee).

Hospital

Free standard ward accommodation in recognised hospitals with treatment by doctors engaged by the hospital remains available under Hospital Cost Sharing Agreements to all residents of Australia who do not have hospital insurance.

Private Insurance

From 1 September 1979, all funds are required to maintain a basic medical benefits table—that is, 75 per cent of the Schedule fee, with a maximum payment by the patient of $10 for each service where the Schedule fee is charged.

Without the previous 40 per cent Commonwealth medical benefit, funds are now required to meet the full benefit levels for the first $20 of each medical service. Contribution rates have increased accordingly. The Commonwealth Government meets all costs over $20 for each medical service up to the limit of the Schedule fee. The funds still pay Commonwealth medical benefits on behalf of the Commonwealth Government for both insured and uninsured persons.

From 1 September 1979, inpatient charges in recognised hospitals increased from the previous levels of $40 a day (shared room) and $60 a day (private room) to $50 and $75 a day respectively, and from $20 to $25 per day for insured patients who choose to utilise the services of hospital doctors.

As a result of the changes, hospital contribution rates and benefits payable increased.

The scope of other medical and hospital tables offered by the registered health insurance organisations remains the same.

Financing

The Commonwealth Government pays medical benefits for items above $20 Schedule fee from consolidated revenue. Each person is responsible for the first $20 of any medical service, unless privately insured.

Hospital cost-sharing arrangements between the States and the Commonwealth continue as previously. Most of the current agreements are due to be re-negotiated in mid 1980 but will be extended during the Commission of Inquiry into the Efficiency and Administration of Hospitals. This national inquiry has been established to identify the factors behind existing rates of growth in public hospital expenditures and ways in which those growth rates might be reduced.

The subsidy of $16 per occupied bed day paid to private hospitals and the reinsurance arrangements remain.

Administration

The Department of Health continues to be responsible for administering the Commonwealth medical benefit payments to the registered medical benefits organisations, bulk-billing arrangements, hospital payments and subsidies, nursing home benefits for persons without hospital insurance and health program grants.

Nursing Home Benefits

There are two forms of Commonwealth benefit payable in respect of patients accommodated in premises approved as nursing homes under the National Health Act. These benefits are as follows:

(i) *Basic Nursing Home Benefit*

Basic nursing home benefit is payable in respect of all qualified nursing home patients other than those patients who are eligible to receive benefits from a registered hospital benefits organisation or from some other source such as compensation, third party insurance, etc. The amount of basic benefit payable varies between States on the basis of an amount which, when combined with the minimum patient contribution (as explained below) will fully cover the costs of 70 per cent of patients in non-Government nursing homes in each State. The benefit is reviewed and adjusted annually on this basis, the last such adjustment taking effect on 8 November 1979.

As at 8 November 1979, the maximum amount of basic nursing home benefit payable per day, in each State was: New South Wales $15.30; Victoria $22.70; Queensland $13.85; South Australia $20.55; Western Australia $13.85; and Tasmania $15.85.

(ii) *Commonwealth Extensive Care Benefit*

The Commonwealth extensive care benefit is payable at the rate of $6 a day, in addition to the Commonwealth basic benefit, in respect of patients who need and receive 'extensive care' as defined in the National Health Act. As in the case of the Commonwealth basic benefit, the extensive care benefit is payable in respect only of qualified patients who are not entitled to receive such benefits from a registered hospital benefits organisation, workers' compensation or third party insurance.

Patients who are insured with a registered hospital benefits organisation receive all of their benefit entitlement, whether at the basic benefit or extensive care benefit levels, from that organisation and not from the Commonwealth. In all circumstances the amount of benefit payable by a hospital benefits organisation will be equivalent to the amount otherwise payable by the Commonwealth in respect of uninsured patients in nursing homes.

Generally speaking all nursing home patients are required to make a minimum contribution towards the approved nursing home fee charged (while an exception to this rule is provided for, that exception relates basically to certain circumstances involving handicapped children in nursing homes).

As at 8 November 1979, the minimum patient contribution payable by patients accommodated in nursing homes approved under the National Health Act was $7.85 a day.

Where the fees charged by a nursing home are in excess of the combined total of nursing home benefits plus the patient contribution, the difference must be met by the patient. Conversely, where the nursing home fee is less than this combined total, the basic benefit (whether private health insurance benefit or Government benefit) is reduced by that amount.

Long-term Patients

Amendments to the Health Insurance Act and the National Health Act were made in June 1979 concerning long-term patients in hospitals. Long-term patients accommodated in hospitals who no

longer require hospital treatment are to be reclassified as nursing home type patients and required to contribute towards their care and accommodation in the same way as patients in nursing homes. A 'nursing home type patient' is an inpatient whose hospitalisation exceeds 60 days, unless a certificate has been issued by a medical practitioner to certify that a patient is in need of acute care.

Deficit Financing Arrangements

As an alternative to the provision of patient benefits under the National Health Act (as outlined above), the *Nursing Homes Assistance Act* 1974 provides for an arrangement whereby the Commonwealth Government may meet the net operating deficits of religious and charitable nursing homes.

All organisations wishing to participate in the deficit financing arrangements must enter into a formal agreement with the Commonwealth Government for that purpose.

Commonwealth nursing home benefits as provided under the National Health Act are not payable to a nursing home during any period in respect of which that nursing home participates under the deficit financing arrangements and uninsured patients are charged only a prescribed fee equivalent to the minimum patient contribution. However, the usual arrangements, as for nursing homes approved under the National Health Act, apply to insured patients and registered hospital benefits organisations pay the full normal benefit rate.

Domiciliary Nursing Care Benefit

A domiciliary nursing care benefit is payable at the rate of $14 a week ($2 daily) to persons who are willing and able to care, in their own homes, for relatives who would otherwise qualify for nursing home benefits. The basic criteria for the payment of the benefit are that the patient must be aged sixteen years or over and be in need of continuing nursing care and receiving regular visits by a registered nurse. The reduction in the age criteria from 65 years to 16 years took effect from 1 November 1979.

This benefit is not subject to a means test and is payable, under the National Health Act, in addition to any entitlements that persons may have under the Social Services Act or the Repatriation Act for pensions or other supplementary allowances.

Health Program Grants

Health Program Grants, authorised under the *Health Insurance Act* 1973, are payable to eligible organisations to meet the cost, or such proportion of the cost as the Minister may determine, of approved health services, provided outside of hospitals by medical practitioners employed on a salaried or sessional basis. Eligible organisations impose charges, where appropriate, for services involving privately insured patients. The grant covers the cost of scheduled medical services provided to patients in respect of whom a doctor in private practice would bulk-bill, i.e. Pensioner Health Benefits cardholders and their dependants, and uninsured patients classified by the doctor as disadvantaged.

Health Program Grants are also available for research projects that develop and test new forms of health care delivery systems (e.g. Health Maintenance Organisations). The total amount paid to approved organisations during 1978–79 was $4.1 million.

Federal Authorities Expenditure

Pharmaceutical benefits

A person receiving treatment from a medical practitioner or a participating dental practitioner registered in Australia is eligible for benefits on a comprehensive range of drugs and medicines when they are supplied by an approved pharmacist upon presentation of a prescription or by an approved private hospital when that person is receiving treatment at the hospital. Special arrangements exist to cover prescriptions dispensed at locations outside the normal conditions of supply, e.g. in remote areas.

Following the introduction of the Commonwealth/State cost sharing arrangements, patients in recognised hospitals are supplied with drugs and medical preparations in accordance with those agreements.

Patients other than eligible pensioners and their dependants now pay a contribution of $2.75 for each benefit prescribed. The total cost of prescriptions for eligible pensioners and their dependants is met by the Commonwealth Government.

Under the Pharmaceutical Benefit Scheme the total cost, including patient contributions, for prescription drugs was $361.2 million in 1977–78 and $391.1 million in 1978–79. These figures do not include benefits supplied by certain hospitals and miscellaneous services or retrospective adjustments of chemists' remunerations.

Summary of cash benefits to persons

For an analysis by function and economic type of expenditure by all Commonwealth Government authorities *see* Chapter 22, Public Finance.

Most Commonwealth Government health benefits are financed through the National Welfare Fund and the Health Insurance Commission. The following table shows cash benefits to persons by Federal Authorities for 1977–78.

FEDERAL AUTHORITIES: HEALTH CASH BENEFITS TO PERSONS 1977–78

($'000)

	N.S.W. (a)	Vic.	Qld	S.A. (a)	W.A.	Tas.	N.T. (a)	A.C.T. (a)	Total
Hospital and clinical services–									
Hospital benefits reinsurance	23,994	19,038	5,777	9,164	1,288	217	–	–	59,478
Medibank–Private hospital daily bed payments	21,120	20,356	13,123	7,229	5,883	1,854	–	–	69,565
Hospital benefits, n.e.c.	1,167	817	677	75	19	194	–	–	2,949
Nursing home benefits	100,590	55,884	34,951	28,921	24,384	8,954	–	–	253,684
Tuberculosis campaign allowances	361	251	196	98	107	43	–	–	1,057
Rehabilitation of ex-servicemen	106	145	50	27	34	16	–	15	392
Total	*147,338*	*96,491*	*54,774*	*45,514*	*31,715*	*11,278*	–	*15*	*387,125*
Other health services–									
Medibank–Medical benefits	158,798	85,206	53,533	27,500	21,168	6,172	997	5,934	359,308
Medical benefits, n.e.c.	74	103	7	–33	19	10	–	–	180
Pharmaceutical benefits for pensioners	54,354	30,075	19,912	10,872	8,469	3,623	50	556	127,912
Pharmaceutical benefits, n.e.c.	50,837	34,184	18,699	10,289	8,854	3,137	323	1,811	128,136
Domiciliary care	2,383	1,794	1,509	869	877	497	–	–	7,929
Total	*266,446*	*151,362*	*93,660*	*49,497*	*39,387*	*13,439*	*1,370*	*8,301*	*623,465*
Total health	**413,784**	**247,853**	**148,434**	**95,011**	**71,102**	**24,717**	**1,370**	**8,316**	**1,010,590**

(a) State totals for New South Wales and South Australia also include most of the unallocatable expenditure on cash benefits to persons resident in the Australian Capital Territory and the Northern Territory respectively.

Tuberculosis

An arrangement between the Commonwealth and the States under which the Commonwealth reimbursed the States for all approved capital expenditure on tuberculosis and for net maintenance expenditure to the extent that it exceeded that for 1947–48 was discontinued from 31 December 1976. The National Tuberculosis Advisory Council, however, has been retained to keep abreast of advances and to advise the Minister for Health and, through him, the State Ministers for Health on the best means of prevention, diagnosis and control of tuberculosis. There are eleven members of the Council, the chairman being the Director-General of the Commonwealth Department of Health.

To reduce the spread of infection the Commonwealth Government pays allowances to persons suffering from infectious tuberculosis so that they may give up work and undergo treatment. Commonwealth Government Expenditure on Tuberculosis Allowances over the last three years has been $861,000 in 1976–77; $762,000 in 1977–78 and $746,000 in 1978–79.

Immunisation campaigns

Continuing immunisation programs against poliomyelitis, measles, rubella, diphtheria, tetanus, and whooping cough are maintained in all States and Territories.

Rubella immunisation is limited to females during their reproductive years; mass campaigns are routinely undertaken only on girls aged between 10 and 14 years. Whooping cough immunisation is currently given only to infants less than 1 year of age.

National health services organisations

The *Commonwealth Department of Health Pathology Laboratory Services* provides diagnostic and investigational facilities at laboratories situated in Albury, Bendigo, Cairns, Hobart, Kalgoorlie, Launceston, Lismore, Port Pirie, Rockhampton, Tamworth, Toowoomba and Townsville. Their primary role is to assist medical practitioners in the diagnosis of illness and disease and to provide facilities for investigations into public health and aspects of preventive medicine. During 1978–79, these laboratories carried out approximately 3.8 million pathology tests and investigations in respect of 1.0 million patient requests.

The *Commonwealth Serum Laboratories* (CSL) are both Australia's leading centre for the production and supply of biological products for human and veterinary use, and one of Australia's foremost scientific institutes. Their main functions are to produce and sell prescribed biological products used for therapeutic purposes and to ensure the supply of prescribed essential biological products in accordance with national health needs. The functions include biological research and development relating to many kinds of human and veterinary diseases covering the fields of bacteriology, biochemistry, immunology and virology. The laboratories and central administration are located at Parkville, Victoria, with storage and distribution facilities in all States.

For over sixty years, CSL has been Australia's chief supplier of biological medicines, insulins, vaccines, penicillins, human blood fractions, Bacille Calmette Guĕrin (BCG) and an increasing range of veterinary biological products needed by Australia's sheep, cattle, pig and poultry industries. It is also well known and respected overseas, and export income forms a significant part of total revenue.

The Laboratories employ more than 1,000 people, including medical officers, veterinarians, bacteriologists, biochemists, physicists, engineers, accountants, laboratory assistants, skilled tradesmen and experienced marketing staff to promote the sale of its products.

The *Australian Radiation Laboratory* is concerned with:

(*a*) The formulation of policy, development of codes of practice, national surveillance and provision of scientific services relating to the public and occupational health implications of ionising and non-ionising radiation; and

(*b*) The maintenance of national radiation measurement standards and quality evaluation and assurance of radioactive materials used for medicine diagnosis and treatment.

The *National Acoustic Laboratories* undertake scientific investigations into hearing and problems associated with noise as it affects individuals, and advise Commonwealth Government Departments and instrumentalities on hearing conservation and the reduction of noise. A free audiological service is provided for pensioners with medical benefit entitlements and their dependants, persons under 21, war widows, Social Security rehabilitees and Veterans Affairs patients. During 1978–79 the number of new cases examined was 45,631 and the number of hearing aids fitted was 33,866.

The *Ultrasonic Institute* conducts research and provides advisory services on the use of ultrasonic radiation in the diagnosis and treatment of disease. The Institute is recognised as a world leader in its field.

Commonwealth Government health advisory organisations

The *National Health and Medical Research Council* advises the Commonwealth Government and State Governments on all matters of public health legislation and administration, on matters concerning the health of the public and on medical research. It also advises the Commonwealth Government and State Governments on the merits of reputed cures or methods of treatment which are from time to time brought forward for recognition. The Council advises the Commonwealth Minister for Health on the application of funds from the Medical Research Endowment Fund which provides assistance to Commonwealth Government Departments, State Departments, Universities, Institutions and persons for the purposes of medical research and for the training of persons in medical research. The Commonwealth Government makes annual appropriations to the fund on the basis of a three year rolling program. The allocation for 1979–80 is $14.0 million. The secretariat for the Council and its Committees is provided by the Commonwealth Department of Health and is located in Canberra.

The *School of Public Health and Tropical Medicine* located at the University of Sydney provides Teaching, Research and Consultation in areas relating to Public Health, Preventive and Social Medicine, Occupational and Environmental Health and Tropical Medicine. The academic functions of the School are under the direction of the University, whilst its various training, consultative and professional services are maintained by the Commonwealth Department of Health.

The School offers undergraduate and postgraduate training in a wide range of Public Health specialities and has recently introduced a Master of Public Health degree.

The School is currently being developed into a Commonwealth Institute of Health and has begun to take on an important new consultative role as a resource centre for the nation, on all matters relating to Public Health for the benefit of Government, Industry and private individuals.

Costs for the School paid by the Commonwealth Government during 1978–79 were $2,130,375 for administration and $123,816 for plant and equipment.

The *Institute of Child Health* is associated with the School of Public Health and Tropical Medicine at the University of Sydney and with the Royal Alexandra Hospital for Children at Camperdown. Its activities include research into medical and social problems of childhood, undergraduate

and postgraduate teaching at the University of Sydney, collaboration with other national and international organisations concerned with child health and disease, and the training of United Nations Colombo Plan Fellows. Costs of the Institute paid by the Commonwealth Government during 1978–79 were $554,866 for administration and $44,250 for plant and equipment.

The *Australian Dental Standard Laboratory* is concerned with the quality, standards, and research related to dental and other biomedical materials. The number of samples tested in 1977–78 was 135.

The *National Biological Standards Laboratory* is responsible for the development of standards for therapeutic goods and for testing such products for compliance with standards to ensure that they are safe, pure, potent and efficacious. Other responsibilities, including the inspection of manufacturing premises, the evaluation of new and modified products and the investigation of complaints, make it the linchpin of a uniform national system of control over therapeutic goods.

The British Pharmacopoeia, the British Pharmaceutical Codex and the British Veterinary Codex are specified as primary standards. In addition, the Minister has powers to make orders setting standards for specific types of goods and general classes of goods which are imported, or the subject of interstate trade, or supplied to the Commonwealth Government. Standards developed by the National Biological Standards Laboratory are submitted to a statutory committee, the Therapeutic Goods Standards Committee, which advises the Minister on their suitability.

The Laboratory, jointly with State officials and the pharmaceutical industry, prepares and revises an Australian Code of Good Manufacturing Practice which is the criterion employed by inspectors for the licensing of pharmaceutical manufacturers.

The Laboratory has sections which deal with viral products, bacterial products, pharmaceutical products, antibiotics and pharmacology. Administrative costs for 1978–79 were $3,014,726 and a further $156,310 was expended on plant and equipment.

The *Australian Drug Evaluation Committee* makes medical and scientific evaluations both of such goods for therapeutic use as the Minister for Health refers to it for evaluation and of other goods for therapeutic use which, in the opinion of the Committee, should be so evaluated, and advises the Minister for Health as it considers necessary relating to the importation into and the distribution within Australia of goods for therapeutic use that have been the subject of evaluation by the Committee. It has the powers to co-opt and seek advice from specialist medical colleges and associations and from the medical and allied professions, drug manufacturers and other sources. During 1978–79 seventy-three applications for approval to market new drugs and twenty-three applications to extend the indications or amend dosage regimes for currently marketed drugs were considered by the Committee. Sixty-two applications were approved, twenty-nine rejected and five deferred pending production of further information on safety and efficacy. Under the Committee's control are the Australian Registry of Adverse Reactions to Drugs, which provides an early warning system based on reports of reactions to drugs forwarded voluntarily by medical practitioners, pharmacists, hospitals, etc; the Adverse Drug Reaction Advisory Committee, which gives initial consideration to the adverse drug reaction reports received by the Registry and arranges feedback to the medical profession; the Vaccines Sub-Committee; the Endocrinology Sub-Committee; the Congenital Abnormalities Sub-Committee; the Parenteral Nutrition Sub-Committee; the Anti-Cancer Drugs Sub-Committee; the Radiopharmaceuticals Sub-Committee; and the National Drug Information Advisory Sub-Committee, formed to oversight administrative aspects of the technical input to the National Drug Information Service.

The *Therapeutic Goods Advisory Committee* considers, and advises the Minister for Health on, any matters relating to standards applicable to goods for therapeutic use and the administration of the Therapeutic Goods Act. The *Therapeutic Goods Standards Committee,* under the same Act, advises the Minister for Health on standards applicable to goods for therapeutic use and requirements relating to the labelling and packaging of any such goods.

The *National Therapeutic Goods Committee* comprises Federal and State representatives. Its function is to make recommendations to the Commonwealth and State Governments on action necessary to bring about co-ordination of legislation and administrative controls on therapeutic goods. Sub-committees have been formed to consider specific matters, notably advertising, establishment of a National Product Register, a Code of Good Manufacturing Practice, and standards for disinfectants.

The *Hospital and Allied Services Advisory Committee* was established by the 1970 Australian Health Ministers Conference to provide advice on the co-ordination of matters connected with hospitals and allied services. The Council consists of representatives of each State Health Department or

Commission, the Commonwealth Departments of Health and Veterans' Affairs, the Northern Territory Department of Health, the Capital Territory Health Commission and Dr S. Sax from the Social Welfare Policy Secretariat. The Council is assisted in carrying out its work by several committees, sub-committees and working parties.

In 1978, the Social Welfare Policy Secretariat was established, having responsibility ranging over the whole field of health and welfare. The Hospital and Health Services Commission was consequently wound-up; a number of its ongoing activities were absorbed by the Policy Secretariat, while others were transferred to the Department of Health.

Other Commonwealth Government subsidies and grants to States

Home nursing subsidy scheme

The *Home Nursing Subsidy Scheme* provides for an annual Commonwealth subsidy to approved home nursing services. Organisations eligible for the subsidy are those which are non-profit making, employ registered nurses, and receive assistance from a State Government or from local government bodies. During 1978–79 subsidies totalling $11.2m were paid to 193 organisations providing home nursing services in the States. Home nursing services in the Northern Territory were provided by the Commonwealth Department of Health until 1 January 1979, when responsibility was transferred to the Northern Territory Government. In the Australian Capital Territory, these services have been provided by the Capital Territory Health Commission.

Paramedical services

The *States Grants (Paramedical Services) Act* 1969 provides for the Commonwealth Government to share on $1 for $1 basis with participating States the cost of approved paramedical services such as chiropody, occupational therapy, physiotherapy and speech therapy provided wholly or mainly for aged persons in their homes. Matching grant payments during 1978–79 amounted to $836,000.

Community health program

The Commonwealth Government's *Community Health Program* provides grants for both capital and operating costs in the establishment or improvement of a wide range of community-based health and health-related welfare services particularly in areas of health service scarcity. The Program is also intended to promote particular aspects of health care such as prevention, health education, health maintenance and rehabilitation.

Under the Program, the Commonwealth Government contributes up to 50 per cent of both capital and operating costs for general community health projects; up to 50 per cent of capital costs and 75 per cent of operating costs for women's refuges; and, commencing in 1979–80 funding at a 10 per cent level of both capital and operating costs for additional ethnic health workers and health interpreters and translators. After 1979–80, funding of both capital and operating costs of these latter two sub-programs will be at a 75 per cent level for two years.

In 1979–80, an amount of $53.27m has been appropriated for the block grants to the States. Included in this amount is $52.22m for general projects and women's refuges, $0.110m for ethnic health workers and $0.940m for interpreters and translators.

Financial allocations to the States take the form of annual block grants for each State's total program of approved projects. In addition to these grants to the States for projects operating at State or local levels, the Commonwealth provides funds—generally on a 100 per cent basis—direct to national projects conducted by non-government organisations. In 1979–80 there are sixteen such projects.

Details of Commonwealth expenditure on the Community Health Program in previous years is set out below.

COMMUNITY HEALTH PROGRAM: EXPENDITURE FROM APPROPRIATION BY THE COMMONWEALTH DEPARTMENT OF HEALTH

($'000)

Year	N.S.W.	Vic.	Qld	S.A.	W.A.	Tas.	States Total	N.T.	A.C.T.	National Projects	Aust.
1973–74	5,382	3,966	2,202	1,792	1,644	405	15,391	–	–	1,210	16,601
1974–75	14,289	4,975	3,173	2,417	4,003	1,026	29,883	–	–	4,720	34,603
1975–76	24,430	10,863	5,421	3,840	2,877	1,954	49,385	40	17	4,877	54,319
1976–77	28,934	15,021	7,602	4,700	5,696	2,599	64,522	–	–	4,292	68,844
1977–78	30,436	17,670	6,960	4,285	5,330	2,603	67,284	6	–	5,252	72,542
1978–79	19,671	12,473	5,231	3,580	4,611	2,090	47,656	40	–	5,638	53,334

School Dental Scheme

The *School Dental Scheme* was established in 1973 by co-operation between the Commonwealth and State Governments. The aim of the Scheme is to offer free dental care, including dental education, to all school children up to the completion of primary education, thereby, in the longer term, improving the dental health of the community.

The Scheme is based on the training and employment of dental therapists working under the general supervision of dentists. Treatment is provided in clinics established in or near the schools. Emphasis is placed on prevention of dental disease and on dental health education so as to reduce, as far as possible, the incidence of disease and costs of treatment. Some 30 per cent of the nation's primary school population is presently covered by the School Dental Scheme.

Ten dental therapy schools, located in all States, are presently operating. In addition some 695 school dental clinics, including mobile clinics, are also in operation throughout Australia.

The overall approved costs of the Scheme are being shared by the Commonwealth and the States on a 50:50 basis. Details of Commonwealth expenditure on the Scheme to date, together with the number of primary school children examined during the 1978–79 financial year appear below.

COMMONWEALTH EXPENDITURE: SCHOOL DENTAL SCHEME

($ millions)

Year	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*Aust.*
1973–74	1.34	1.35	.47	1.96	1.05	1.37	7.54
1974–75	4.19	4.10	2.98	3.94	2.07	1.31	18.59
1975–76	3.96	3.40	6.30	3.37	5.13	1.86	24.02
1976–77	5.78	3.60	3.92	3.93	3.59	1.61	22.43
1977–78	3.98	3.86	4.87	5.34	3.85	1.81	23.71
1978–79	3.35	3.35	3.63	3.54	2.70	1.41	17.98

The number of primary school children examined by the various school dental services in Australia in 1978–79 totalled 565,430. This comprises of N.S.W. 111,088; Vic. 38,486; Qld 121,062; S.A. 122,656; W.A. 86,016; Tas. 46,811; A.C.T. 29,228 and N.T. 10,083.

Commonwealth Government grants to organisations associated with public health

In addition to providing the services mentioned on pages 225–32 the Commonwealth Government gives financial assistance to certain organisations concerned with public health. Examples of organisations included in this category are given in the following text.

The *Royal Flying Doctor Service* is a non-profit organisation providing medical services in remote areas of Australia. It is distinct from, but co-ordinates with, the Aerial Medical Service which, while formerly operated by the Commonwealth Department of Health, has been operated by the Northern Territory Government since 1 January 1979. The Royal Flying Doctor Service is financed mostly from donations and government contributions. For the year ended 30 June 1979 the Commonwealth Government paid grants totalling $1,748,000 towards operational costs and matching assistance of $758,183 towards an approved program of capital expenditure. The Service made flights during 1978–79 totalling 5.4 million kilometres and transported 9,098 patients. In the same period medical staff conducted a total of 88,254 consultations and dental treatment was given to 4,320 patients.

The *Red Cross Blood Transfusion Service* is conducted by the Australian Red Cross Society throughout Australia. The operating costs of the Service in the States are met by the State Governments paying 60 per cent, the Society 5 per cent of net operating costs or 10 per cent of donations, whichever is the less, and the Commonwealth Government meeting the balance. In the Northern Territory the Society contributes to operating costs as it does in the States, and the Commonwealth met the balance prior to 1 January 1979. After this date the Northern Territory is in the same position as the States. Approved capital expenditure by the Service in the States is shared on a $1 per $1 basis with the States and after 1 January 1979, with the Northern Territory Government. Commonwealth Government expenditure for each State and the Northern Territory during 1978–79 was $7,183,778, made up as follows: New South Wales, $1,868,742; Victoria, $2,731,652; Queensland, $810,964; South Australia, $788,393; Western Australia, $673,843; Tasmania, $128,406; and Northern Territory, $181,778.

The *National Heart Foundation of Australia* is a voluntary organisation established with the objective of reducing the toll of heart disease in Australia. It approaches this objective by programs sponsoring research in cardiovascular disease, community and professional education directed to prevention, treatment and rehabilitation of heart disease and community service programs including

rehabilitation of heart patients, risk assessment clinics and surveys and documentation of various aspects of heart disease and treatment of heart disease in Australia. The Foundation's income in 1978 was $3,275,774 of which $2,550,797 was from public donations and bequests. The Commonwealth Government made grants of $134,000 for specific projects conducted by the Foundation. Since the inception of the Foundation research has been a major function and a total of $9,621,000 has been expended in grants to university departments, hospitals and research institutes and for fellowships tenable in Australia and overseas. It is notable however that with increasing opportunities for prevention and control of heart disease, the Foundation's education and community service activities are increasing significantly. In 1978 the expenditure on research was $1,162,607 while expenditure on education and community service was $1,554,311.

The *World Health Organization* (WHO) is a specialised agency of the United Nations having as the objective the attainment by all peoples of the highest level of health. Australia is assigned to the Western Pacific Region, the headquarters of which is at Manila and is represented annually at both the World Health Assembly in Geneva and the Regional Committee Meeting in Manila. Australia's contribution to WHO for 1978–79 was $A2,230,516.

The *International Agency for Research on Cancer* (IARC) was established in 1965 within the framework of the World Health Organization. The headquarters of the Agency are located in Lyon, France. The objectives and functions of the Agency are to provide for planning, promoting and developing research in all phases of the causation, treatment and prevention of cancer. Australia's contribution to the IARC for 1978–79 was $A312,386.

The *Isolated Patients Travel and Accommodation Assistance Scheme* commenced on 1 October 1978. The purpose of the Scheme is to financially assist patients living in isolated areas with costs incurred where they need to travel in excess of 200 kilometres to obtain specialist medical treatment from the nearest suitable medical specialist or consultant physician. For the 9 months up to 30 June 1979, 6,117 patients had been approved for benefit under the Scheme with a cost to the Commonwealth of $375,000.

STATE GOVERNMENT ACTIVITIES

(Includes activities of the Commonwealth Government in the Northern Territory and the Australian Capital Territory)

Public health legislation and administration

For a comprehensive account of the administration of health services in each State, the Northern Territory and the Australian Capital Territory, *see* the annual reports of the respective Departments of Health. For details of legislation and administrative changes in previous years *see* earlier issues of the Year Book. The following paragraphs refer briefly to recent developments.

In New South Wales:

- The Chiropractic Act, 1978 provides for the registration of chiropractors and osteopaths.
- The Dental Technicians Registration (Amendment) Act, 1978 amends the Dental Technicians Registration Act, 1975 to permit dental technicians holding practising certificates as dental prosthetists to carry out certain work in the practice of dental prosthetics.
- The Dentists (Amendment) Act, 1978 amends the Dentists (Amendment) Act, 1977 in relation to the year of enactment of the Dental Technicians Registration (Amendment) Act, 1978.
- The Health Commission (Amendment) Act, 1978 amends the Health Commission Act, 1972 with respect to the membership of the Health Commission of New South Wales.
- The Medical Practitioners (Chiropractic) Amendment Act, 1978 amends the Medical Practitioners Act, 1938 to exclude from the operation of that Act the practice of a registered chiropractor or registered osteopath.
- The Nurses Registration (Amendment) Act, 1978 amends the Nurses Registration Act, 1953 with respect to the enrolment of persons as nursing aides and the disciplining of nursing aides.
- The Physiotherapists Registration (Chiropractic) Amendment Act, 1978 amends the Physiotherapists Registration Act, 1945 to exclude from the operation of that Act the practice of a registered chiropractor or a registered osteopath.
- The Public Hospitals (United Dental Hospital of Sydney) Amendment Act, 1978 amends the Public Hospitals Act, 1929 to provide for the addition to the Second Schedule to that Act of the name of the United Dental Hospital of Sydney.

- The Workers' Compensation (Chiropractic) Amendment Act, 1978 amends the Workers' Compensation Act, 1926 to provide that a employer is liable, in certain circumstances, for the cost of medical treatment afforded to an injured worker by a registered chiropractor or registered osteopath.
- The Workers' Compensation (Dental Technicians) Amendment Act, 1978 amends the Workers' Compensation Act, 1926 to provide that an employer is liable, in certain circumstances, for the cost of medical treatment afforded to an injured worker by a dental prosthetist.

In Victoria:

- The *Health (Amendment) Act* 1978 increases the penalties for infringements of the Health Act.

In Queensland:

- The *Nursing Studies Act Amendment Act* 1978 gives power to the Board of Nursing Studies to charge examination fees.
- The *Medical Act Amendment Act* 1978 enables the Medical Board of Queensland to set up Advisory Committees to advise the Board on any matter within the scope of the Board's functions.
- The *Medical Act Amendment Act* 1979 amends the definition of 'medical call service' to exclude normal locum tenens arrangements; provides that a medical practitioner with an overseas qualification will initially be registered for a period of 12 months only and that this registration will not be renewed unless the Board is satisfied that the doctor has been practising medicine in Queensland; and provides that a medical practitioner will be guilty of professional misconduct if he makes payment to another medical practitioner or accepts any benefit or favour for referring a patient for medical or diagnostic services. Provision is also made for the Board, with the approval of the Governor in Council, to formulate rules governing the professional conduct of medical practitioners, and for the Board to require a medical practitioner to appear before a Committee of Assessors to determine his medical fitness to practise medicine.
- The *Chiropractic Manipulative Therapists Act* 1979 provides for the constitution of the Chiropractic Manipulative Therapists Board of Queensland, the registration of chiropractic manipulative therapists and the regulation of the practice of chiropractic manipulative therapy. This Act has not yet been Proclaimed.
- The *State Development and Public Works Organisation Act and Other Acts Amendment Act* 1979 amends the *Hospitals Act* 1936–1978 by extending the borrowing power of Hospital Boards.

In South Australia:

- The Chiropractors Act, 1979 repeals the Chiropractic Act and establishes a registration board to register chiropractors and regulate the practice of chiropractic.
- The Dangerous Substances Act, 1979 regulates the keeping, handling, conveyance, use and disposal, and the quality of dangerous substances and repeals the Liquefied Petroleum Gas Act, 1960–1973 and the Inflammable Liquids Act, 1961–1976.
- The Narcotic and Psychotropic Drugs Act Amendment Act, 1978 amends the Narcotic and Psychotropic Drugs Act, 1934–1977 and confirms the validity of certain regulations made under the principal Act and provides that the power of entry or inspection conferred by the principal Act can be exercised by a person on the Authority of the Minister or the board.
- The Prevention of Pollution of Waters by Oil Act Amendment Act, 1979 amends the Prevention of Pollution of Waters by Oil Act, 1961–1975 to extend the existing provisions to apply to discharges from oil rigs, refineries, pipelines or vehicles and to include pollution of non-navigable waters.
- The Road Traffic Act Amendment Act, 1979 amends the Road Traffic Act, 1961–1976 to provide that the accuracy of breathalyser tests may be rebutted only by evidence of the concentration of alcohol in the blood of the driver as indicated by a blood sample.
- The South Australian Health Commission Act Amendment Act, 1978 amends the South Australian Health Commission Act, 1975–1977 to provide that fees charged by incorporated health centres for services provided by the centre may be fixed by regulation, upon the recommendation of the Commission.

In Western Australia:

- The *Noise Abatement Act*, 1978 provisional manifesto under section 6, allows for construction activity.
- The *Pharmacy Act*, 1978 amends the registration procedures.
- The *Nurses Act*, 1978 clarifies the educational requirements of candidates for registration.
- The *Chiropodists Act*, 1978 makes amendments relating to financial dues.

In Tasmania:

- The *Medical Act* 1978 allows for granting of full medical registration to persons with limited medical registration for certain purposes.
- The *Nurses Registration Act* 1978 amends the qualification requirements for registration of nurses.
- The *Road Safety (Alcohol & Drugs) Act* 1978 makes certain changes relating to evidence presented for prosecution of drink drivers. It also requires a person convicted of a drink driving charge to attend a prescribed course related to drink driving.

In the Northern Territory:

- The *Dangerous Drugs Act* 1978, amends the provisions relating to search warrants, the power of police to stop, search and detain, and to seize drugs and the provisions relating to forfeiture of money, valuables, etc.
- The *Dangerous Drugs Act (No. 2)* 1978 amends the provisions relating the the forfeiture of money and valuables to enable any other person to make representations regarding such person's interest in any money or valuable subject to forfeiture.
- The *Prohibited Drugs Act* 1978 amends the provisions relating to the use and supply of cannabis; the presumption with regard to possession of certain quantities of prohibited drugs or cannabis; the responsibility of the owner or occupier of premises with relation to prohibited drugs or cannabis; search warrants; the power of police to stop, search and detain; the seizure of drugs and the forfeiture and disposal of articles or valuables forfeited to the Crown. Also amends sections relating to penalties and the application of the Justices Act.
- The *Hospitals and Medical Services Act* 1978 amends the principal Act to provide for changes required by the Commonwealth relating to hospital insured patients.
- The *Transfer of Powers (Health) Act* 1978 provided for the transfer to the Northern Territory of certain executive powers with respect to Health.
- The *Poisons Act* 1978 amends the principal Act to allow the use of preparations containing small quantities of dextromethorphan to be sold without prescription.
- The *Radiation (Safety Control) Act* 1978 provides for the control, regulation, possession, use and transport of radioactive substances and irradiating apparatus.

In the Australian Capital Territory:

- The *Poisons and Narcotic Drugs Ordinance* 1978 replaces and improves provisions relating to narcotic drugs in other A.C.T. legislation which was generally outdated and inadequate to deal with the current problems of drug abuse. The Ordinance introduces strict control over persons supplying, possessing, prescribing or self-administering narcotic drugs. Heavy penalties are provided for an offence under the Ordinance.
  In addition, the Ordinance introduces labelling and packaging provisions which govern the supply in containers of certain scheduled substances, medicines, foods, drinks, condiments or preparations for internal use.
  Other provisions set out first aid directions and warning statements adapted from the National Health and Medical Research Council's Uniform Poisons Standard.
- The *Poisons and Dangerous Drugs (Amendment) Ordinance (No. 2)* 1978 and the *Public Health (Prohibited Drugs) (Amendment) Ordinance (No. 2)* 1978 amend their respective principal Ordinances by repealing or amending provisions that conflict with or duplicate provisions of the *Poisons and Narcotic Drugs Ordinance* 1978.
- The *Physiotherapists Registration (Amendment) Ordinance* 1978 empowers the Physiotherapists Board to order that the fees and expenses of a witness, who has been requested to attend before the Board by a person other than an officer of a government authority, should be paid in whole or in part by the Commonwealth if in the opinion of the Board it was reasonable for the request, by reason of which the person attended before the Board, to have been made.
- The *Nurses Registration (Amendment) Ordinance* 1978 amends the principal Ordinance to allow the registration of male persons as midwifery nurses and infants nurses.
- The *Medical Practitioners Registration (Amendment) Ordinance* 1978 introduces for the purpose of registration qualifications a schedule of approved qualifications granted in the United Kingdom and Ireland.
- The *Transplantation and Anatomy Ordinance* 1978 makes provision for and in relation to the removal of human tissues for transplantation, post-mortem examinations, the definition of death, the regulation of schools of anatomy and for related purposes.
- The *Ordinances Revision (Penalties) Ordinance* 1979 updates monetary penalties in A.C.T. legislation administered by the Minister of State for Health.

Supervision and care of infant life

Because the health of mothers and infants depends largely on pre-natal care as well as after-care, government, local government and private organisations provide instruction and treatment for mothers before and after confinement. The health and well-being of mother and child are looked after by infant welfare centres, baby clinics, crèches, etc.

In all States, Acts have been passed with the object of supervising the conditions of infant life and reducing the rate of mortality. Stringent conditions regulate the adopting, nursing and maintaining of children placed in foster-homes by private persons.

Nursing activities

Several State Governments maintain centres which provide advice and treatment for mothers and children. In addition, subsidies are granted to various associations engaged in welfare work.

The following table shows particulars of infant welfare centres in States where they can be separately identified. In other areas, infant welfare services have been largely absorbed into the more general Community Health Services.

INFANT WELFARE CENTRES

	Qld	*S.A.*	*W.A.*	*Tas.*	*A.C.T.*
	1977–78	*1977–78*	*1978*	*1978–79*	*1978–79*
Number of centres(*a*)	299	328	(*b*)208	104	64
Attendance at centres–					
Pre-natal	6,257	n.a.	(*b*)18,734	3,208	n.a.
Post-natal–Number of children	519,052	276,223	287,742	150,530	86,675
Nurses' home-visits(*c*)	5,629	30,404	40,310	54,391	21,668
Nurses' hospital visits(*d*)	31,002	n.a.	28,232	9,355	208

(*a*) At end of year shown. (*b*) Part-time centres now included. (*c*) Pre- and post-natal. (*d*) Post-natal.

HOSPITALS AND NOTIFIABLE DISEASES

Public and Private Hospitals and Nursing Homes

The ABS no longer publishes Australia-wide details of these institutions although some limited State information is published by State offices of the ABS. Information is also published in the Annual Reports of the Commonwealth Department of Health.

Repatriation hospitals

A full range of services for the medical care and treatment of eligible veterans and certain dependants is available from the Department of Veterans' Affairs hospital system. Patients from the general community may also receive treatment at Repatriation hospitals provided bed capacity is available above the needs of the entitled veteran and the hospital facilities are appropriate to the treatment required.

In-patient treatment is provided at the six acute-care Repatriation General Hospitals (one in each State) and five auxiliary hospitals. In-patient treatment may also be provided in non-departmental public and private hospitals at the Department's expense in certain circumstances.

Mental patients requiring custodial care are, by agreement with the State Governments, accommodated at the expense of the Department in mental hospitals administered by the State authorities.

Details of patients, staff and expenditure on Repatriation institutions and other medical services are given in Chapter 9, Social Security and Welfare.

Hansenide hospitals

There are three isolation hospitals in Australia for the care and treatment of persons suffering from Hansen's disease (leprosy). The numbers of isolation patients at these hospitals in the year ended 31 December 1978 were: Little Bay, New South Wales, 2; Fairfield, Victoria, 4; and Derby, Western Australia, 28.

In Queensland, leprosy sufferers are treated at the leprosy annex of the Palm Island Hospital and at a number of other hospitals which do not have facilities set aside specifically for leprosy patients.

In the Northern Territory at 31 December 1978 there were 25 in-patients for the care and repair of deformity at the East Arm Hospital.

Mental health institutions

The presentation of meaningful statistics of mental health services has become increasingly difficult because of changes in recent years in the institutions and services for the care of mental patients. The emphasis has shifted from institutions for care of patients certified insane to a range of mental health services provided for in-patients and out-patients at psychiatric hospitals, admission and reception centres, day hospitals, out-patient clinics, training centres, homes for the mentally retarded and geriatric patients, psychiatric units in general hospitals, and the like. Numbers of institutions, beds available, staff and patients treated at locations catering only for the mentally ill in 1973–74 were published in Year Book No. 61, page 465. More recent figures indicate that fewer patients were treated as in-patients in nearly every State, but this should not be considered as an indication of improved mental health; it is rather a more advanced method of treatment, allowing patients greater contact with the outside world.

Hospital morbidity statistics

A major factor in the cost of health care in Australia is hospital treatment of patients. Attempts to measure the number of in-patients treated and bed-days involved for each disease or injury have been going on for some years, but as coverage is incomplete it is not yet possible to present national statistics. Figures for Queensland, Western Australia and Tasmania, however, are published in *Patients Treated in Hospitals, 1977* (4303.3), *Hospital In-patient Statistics, 1978* (4301.5) and *Hospital Morbidity, 1977* (4301.6) respectively.

An examination of Western Australian figures for 1977 indicates that the largest numbers of patients were treated for injury (11.8 per cent), genito-urinary diseases (10.5 per cent) and respiratory diseases (10.2 per cent) but, in terms of hospital bed-days, the greatest occupancy rate was caused by diseases of the circulatory system (12.3 per cent) followed by injury (10.8 per cent) and maternity (9.7 per cent).

Notifiable diseases

Although State and Territory Health Authorities are responsible for the prevention and control of infectious diseases within their areas of jurisdiction, certain powers and responsibility may be delegated to local authorities within each State. These usually involve such activities as personal health services, environmental sanitation and local communicable disease control.

The Commonwealth Department of Health receives notification figures from the States and Territories on a monthly basis and the national totals for the year are published in the annual report of the Director-General of Health.

The following table shows, by State and Territory, the number of cases notified in 1978 for those diseases which are notifiable in all States and Territories. The table does not include diseases which are notifiable only in certain States or Territories. Factors such as the following, affect both the completeness of the figures and the comparability from State to State and from year to year; availability of medical and diagnostic services; varying degrees of attention to notification of diseases; and enforcement and follow up of notifications by health authorities.

NOTIFIABLE DISEASES(*a*), NUMBER OF CASES NOTIFIED 1978

Disease	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*A.C.T.*	*N.T.*	*Aust.*
Brucellosis	19	13	7	11	–	–	–	–	50
Cholera	–	–	–	–	1	–	–	–	1
Diphtheria	–	–	2	1	–	–	–	–	3
Gonorrhoea	4,180	2,474	2,107	1,248	1,249	195	180	719	12,352
Hepatitis, infective	927	655	394	142	270	108	52	113	2,661
Hepatitis, serum	265	214	92	128	42	1	15	16	773
Hydatid	8	5	–	3	1	–	–	–	17
Leprosy	6	3	12	3	15	–	–	16	55
Leptospirosis	4	8	14	9	1	1	–	–	37
Malaria	79	46	71	21	32	1	12	11	273
Ornithosis	–	2	–	2	1	–	1	–	6
Poliomyelitis	–	1	–	–	–	–	–	–	1
Salmonella	1,117	189	100	277	194	1	22	159	2,059
Syphilis	818	133	1,272	254	230	3	5	607	3,322
Tetanus	8	2	4	–	–	–	–	–	14
Tuberculosis	527	302	195	93	165	29	15	37	1,363
Typhoid fever	16	3	–	2	3	–	–	–	24
Typhus (all forms)	1	–	–	–	–	–	–	–	1

(*a*) There were no cases of anthrax, plague, smallpox or yellow fever.

Health-related surveys conducted by the ABS

Alcohol and Tobacco Consumption Survey

A survey conducted by ABS in February 1977 into alcohol and tobacco consumption patterns of the Australian population aged 18 years and over showed that 2.2 per cent of them drank over 80 grams of alcohol per day (considered by health authorities to be heavy drinking) and 35.9 per cent currently smoked cigarettes.

Consumption patterns by State and by such personal characteristics as sex, age, marital status and occupation are published in the publications *Alcohol and Tobacco Consumption Patterns, February 1977* (4308.0 and 4312.0).

Australian Health Survey

A survey was conducted by ABS during the period July 1977–June 1978 to obtain information on the health of Australians and the use of and need for various health services and facilities. Topics covered by the survey included recent and chronic illness, accidents, use of medicines, and use of doctors, dentists, and other health workers and facilities, as well as a range of personal and family characteristics. The items are described more fully in *Australian Health Survey Information Paper* (4340.0). Summary results of the survey have been published in *Australian Health Survey 1977–1978* (4311.0), and work is continuing on the production of more detailed publications dealing with the special topics of the survey.

The main features of the survey results so far published are:

- 65.3 per cent of the total population reported having had one or more conditions of illness in the two weeks before interview.
- 9.6 per cent of all persons working had at least one day off work due to sickness or injury in the two weeks before interview.
- 17.7 per cent of the total population had consulted a doctor in the two weeks before interview.
- 54.6 per cent of all persons aged 15 years and over reported having taken some form of medication in the two days before interview.

Health Insurance Survey

In March 1979 the ABS conducted a survey throughout Australia to obtain information about levels of health insurance cover in the Australian community. The survey obtained, in respect of contributor units, details of the hospital and medical insurance arrangements they had prior to 1 November 1978, the arrangements they had at the time of the survey, and their insurance intentions over the six months following the interview.

The survey found that as at March 1979, there were an estimated 4.0 million contributor units insured with private health funds of which 1.3 million were single contributor units and 2.7 million were family contributor units. The average number of persons per family contributor unit was estimated to be 3.19 persons. Of the total possible contributor units 62.4 per cent were covered by private health insurance at March 1979.

Results of the survey showing such details as changes in health insurance cover; income and composition of contributor units; age, country of birth and labour force status of head of contributor unit, are published in *Health Insurance Survey March 1979* (4335.0).

Hearing Survey

In September 1978 the ABS conducted a survey to obtain information about hearing problems for persons aged 15 years or more. Details included the cause and extent of their problem, whether a hearing aid was used, and if not, the reason for not using an aid. It also contained data on whether persons have had their hearing tested in the last 5 years.

The main features of this survey were:

- approximately 7 per cent of the total Australian population aged 15 years or more reported some form of hearing problem.
- the two main causes of hearing problems for these persons are constant noise and disease or illness.
- of persons reporting a hearing problem, 20 per cent possess a hearing aid.
- approximately 16 per cent of the population aged 15 years or more had their hearing tested in the last 5 years.

Results of the survey have been published in the publication *Hearing and the Use of Hearing Aids (Persons aged 15 years or more) September 1978* (4336.0).

DEATHS

Causes of Death and Perinatal Deaths

Causes of death in Australia are currently classified according to the Eighth Revision of the International Classification of Diseases (ICD) produced by the World Health Organisation. Detailed statistics are published in the publication *Causes of Death* (3303.0), and only broad groupings of causes of death are reproduced in this Year Book. Figures shown relate to the year 1977.

The major causes of death in the community are heart disease (accounting for 35.6 per cent), malignant neoplasms (cancers) (19.6 per cent), cerebrovascular disease (strokes) (13.4 per cent) and external injuries (8.0 per cent). Infectious diseases have caused few deaths in Australia in recent years, largely as a result of quarantine activities, immunisation campaigns and similar measures. In 1977, only 0.6 per cent of all deaths were due to such diseases.

As can be seen from the following table, the relative importance of groups of causes of death varies with age. Heart disease, cancer and strokes are predominant in middle and old age. Accidents, particularly those involving motor vehicles, are the primary cause of death in childhood and early adulthood. Most deaths (70 per cent) of infants occur within 28 days after birth and are due to congenital anomalies, birth injury or other conditions present from birth.

PRINCIPAL CAUSES OF DEATH IN VARIOUS AGE GROUPS, 1977

	Number			*Rate(a)*			*Percentage(b)*		
Age group and causes of death	*Males*	*Females*	*Persons*	*Males*	*Females*	*Persons*	*Males*	*Females*	*Persons*
Under 1 year–									
Other causes of perinatal mortality	509	387	896	437	353	396	31.2	32.5	31.8
Congenital anomalies	430	347	777	369	316	343	26.4	29.1	27.5
Birth injury, difficult labour and other anoxic and hypoxic conditions	208	135	343	178	123	152	12.8	11.3	12.2
Symptoms and ill-defined conditions	216	130	346	185	197	153	13.3	10.9	12.3
1–4 years–									
All other accidents	99	58	157	20	12	16	27.3	21.6	24.9
Motor vehicle accidents	58	43	101	12	9	10	16.0	16.0	16.0
Congenital anomalies	48	37	85	10	8	9	13.2	13.8	13.5
All other diseases	40	42	82	8	9	8	11.0	15.7	13.0
5–14 years–									
Motor vehicle accidents	183	70	253	14	6	10	35.5	23.5	31.1
All other accidents	102	43	145	7	3	6	19.8	14.4	17.8
Malignant neoplasms	67	54	121	5	4	5	13.0	18.1	14.9
All other diseases	40	39	79	3	3	3	7.8	13.1	9.7
15–24 years–									
Motor vehicle accidents	1,130	297	1,427	90	25	58	55.7	44.9	53.1
All other accidents	291	62	353	23	5	14	14.4	9.4	13.1
Suicide and self-inflicted injuries	194	52	246	16	4	10	9.6	7.9	9.2
Malignant neoplasms	84	58	142	7	5	6	4.1	8.8	5.3
25–34 years–									
Motor vehicle accidents	463	120	583	41	11	26	30.3	17.9	26.5
Malignant neoplasms	171	164	335	15	15	15	11.2	24.5	15.2
Suicide and self-inflicted injuries	223	70	293	20	6	13	14.6	10.4	13.3
All other accidents	226	37	263	20	3	12	14.8	5.5	12.0
35–44 years–									
Malignant neoplasms	315	394	709	38	50	44	15.2	33.2	21.8
Ischaemic heart disease	460	110	570	55	14	35	22.2	9.3	17.5
Motor vehicle accidents	235	77	312	28	10	19	11.3	6.5	9.6
All other diseases	175	109	284	21	14	18	8.5	9.2	8.7
45–54 years–									
Ischaemic heart disease	2,084	475	2,559	263	63	166	36.3	15.9	29.3
Malignant neoplasms	1,264	1,226	2,490	160	163	161	22.0	41.0	28.5
Cerebrovascular disease	310	298	608	39	40	39	5.4	10.0	7.0
All other diseases	369	221	590	47	29	38	6.4	7.4	6.8
55–64 years–									
Ischaemic heart disease	4,455	1,475	5,930	731	231	476	40.3	25.3	35.1
Malignant neoplasms	2,858	2,045	4,903	469	321	393	25.8	35.1	29.0
Cerebrovascular disease	743	636	1,379	122	100	111	6.7	10.9	8.2
All other diseases	696	447	1,143	114	70	92	6.3	7.7	6.8

(*a*) Rates are per 100,000 of population at risk, except for children under one year of age which are per 100,000 live births registered.
(*b*) Percentage of all deaths within each age group.

PRINCIPAL CAUSES OF DEATH IN VARIOUS AGE GROUPS, 1977—*continued*

Age group and causes of death	Number			Rate(a)			Percentage(b)		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
65–74 years–									
Ischaemic heart disease	6,312	3,327	9,639	1,683	745	1,173	37.9	33.4	36.2
Malignant neoplasms	3,971	2,395	6,366	1,059	536	775	23.9	24.1	23.9
Cerebrovascular disease	1,750	1,648	3,398	467	369	414	10.5	16.6	12.8
All other diseases	1,179	783	1,962	314	175	239	7.1	7.9	7.4
75 years and over–									
Ischaemic heart disease	5,966	7,921	13,887	3,747	2,714	3,079	31.9	31.2	31.5
Cerebrovascular disease	2,897	5,906	8,803	1,820	2,024	1,952	15.5	23.2	19.9
Malignant neoplasms	3,230	2,978	6,208	2,029	1,021	1,376	17.3	11.7	14.1
All other diseases	1,849	2,787	4,636	1,161	955	1,028	9.9	11.0	10.5

(*a*) Rates are per 100,000 of population at risk, except for children under one year of age which are per 100,000 live births registered.
(*b*) Percentage of all deaths within each age group.

Perinatal deaths

Since deaths within the first four weeks of life (neonatal deaths) are mainly due to conditions originating before or during birth, and the same conditions can cause foetal death (stillbirth), special tabulations are prepared combining the two. These are termed 'perinatal deaths' and include all children born dead after the twentieth week of gestation or weighing 400 grams or more at delivery and all live-born children who die within 28 days after birth. The following table shows the number of foetal, neonatal and perinatal deaths from the major groups of causes in 1977; further details are published in *Perinatal Deaths* (3304.0).

Within the largest group, 'Other complications of pregnancy and childbirth', the main individual causes were maternal incompetent cervix (4.3 per cent of all perinatal deaths) and multiple births (5.3 per cent). Placental conditions were responsible for 16.5 per cent, and congenital anomalies for 20.0 per cent.

PERINATAL DEATHS BY CAUSE, 1977

Cause of death	Number of deaths			Rate		
	Foetal	Neonatal	Perinatal	Foetal(a)	Neonatal (b)	Perinatal (a)
Chronic circulatory and genito-urinary disease in mother	34	7	41	0.1	–	0.2
Other maternal conditions unrelated to pregnancy	99	46	145	0.4	0.2	0.6
Toxaemias of pregnancy	183	73	256	0.8	0.3	1.1
Maternal ante- and intrapartum infection	12	13	25	0.1	0.1	0.1
Difficult labour	54	58	112	0.2	0.3	0.5
Other complications of pregnancy and childbirth	308	416	724	1.3	1.8	3.2
Conditions of placenta	520	154	674	2.3	0.7	3.0
Conditions of umbilical cord	233	30	263	1.0	0.1	1.2
Birth injury without mention of cause	11	31	42	–	0.1	0.2
Haemolytic disease of newborn	31	18	49	0.1	0.1	0.2
Anoxic and hypoxic conditions not elsewhere classified	156	245	401	0.7	1.1	1.8
Other conditions of foetus and newborn	229	131	360	1.0	0.6	1.6
Congenital anomalies	253	565	818	1.1	2.5	3.6
Infections of foetus and newborn	3	58	61	–	0.3	0.3
Other diseases of foetus and newborn	4	108	112	–	0.5	0.5
External causes of injury to newborn	–	13	13	–	0.1	0.1
All causes	**2,130**	**1,966**	**4,096**	**9.3**	**8.7**	**17.9**

(*a*) Per 1,000 total births (live and dead). (*b*) Per 1,000 live births.

The perinatal death rate in 1977 was 17.93 per 1,000 total births, compared with 23.37 per 1,000 births in 1972 when the present definition was first adopted. Prior to 1972, stillbirths comprised only

those of at least 28 weeks gestation but, even on this limited basis, the perinatal death rate was 24.8 per 1,000 births in 1965; so it is obvious there has been considerable improvement over the last twelve years.

Cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1978 there were thirty-four crematoria in Australia, situated as follows: New South Wales, 16; Victoria, 4; Queensland, 6; South Australia, 2; Western Australia, 3; Tasmania, 2; Australian Capital Territory, 1. There is no crematorium in the Northern Territory. The number of cremations carried out in 1977 was 49,265 (43.7 per cent of all deaths); in 1978 it was 49,858 (46.0 per cent of all deaths).