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; details 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 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.

A valid International Certificate of Vaccination is required of travellers to Australia as follows:

Yellow fever. From travellers over one year of age 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 aircraft or ship and who fail to meet Australia's vaccination requirements.

Animal quarantine

The objectives of animal quarantine being developed within the Department in consultation with Australia's agricultural and livestock groups, seek to combine the need to provide improved genetic material for Australia's livestock industries, with the maximum practical protection against the entry of exotic livestock diseases.

Importation of animals is restricted to certain species from designated overseas countries whose diseases status and pre-entry quarantine facilities meet Australia's stringent requirement. With few exceptions all imported animals are required to serve a period in quarantine on arrival.

Animal quarantine stations are located at most capital cities. A high security animal quarantine station currently under construction and nearing completion on the Cocos (Keeling) Islands will shortly provide the means whereby the safe importation of a wider range of animals becomes possible. Applications to import animals through the Cocos station are now being sought.

Measures to prevent the entry of exotic diseases are also applied through the recently enhanced Northern Surveillance program and the rigorous screening of applications to import biological materials and animal products.

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

The Australian health insurance arrangements, while undergoing changes on 1 September 1979, have continued to guarantee protection to all Australian residents against high cost medical services, and have continued to provide free shared ward hospital accommodation in recognised hospitals. Special cover is also provided for pensioners with Pensioner Health Benefits (PHB) cards and disadvantaged persons, whilst individuals are free to choose additional coverage from private insurers.

Medical

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 are 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 are eligible to have their medical accounts bulk-billed (at 75 per cent of the Schedule fee).

Hospital

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

Private insurance

All private health funds are required to maintain a basic medical benefits table to provide cover for 75 per cent of the Schedule medical fee, with a maximum payment by the patient of $10 for each service where the Schedule fee is charged. Funds also pay Commonwealth medical benefits on behalf of the Commonwealth Government to both insured (included in basic table) and uninsured persons for medical costs above $20 up to the level of the Schedule fee.

Funds are also required to offer a basic hospital table which provides benefits of (currently) $50 per day, to cover the private patient charge for shared ward accommodation with doctor of choice in a recognised hospital, or to partly cover the charge ($75) for a private room in a recognised hospital or for accommodation in a private hospital. This basic table also covers charges ($25 per day) for professional services' rendered to private patients in recognised hospitals by doctors employed by the hospitals. Outpatient benefits (where a charge is raised by the hospital) and nursing home fund benefits are also included in the basic table.

The scope of other than basic medical and hospital tables offered by the registered health insurance organisations, is wide ranging and provides benefits to cover the majority of all health care needs.

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 were 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 remains.

From 1 August 1980, the Government increased its contribution to the Reinsurance Trust Fund from $50 million to $125 million a year.

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 so that, when combined with the minimum patient contribution (as explained below) the resultant amount will fully cover the appproved fees 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 6 November 1980.

As at 6 November 1980, the maximum amount of basic nursing home benefit payable per day, in each State and Territory was: New South Wales and the Australian Capital Territory $18.10; Victoria $26.80; Queensland $16.85; South Australia and the Northern Territory $24.30; Western Australia $16.00; and Tasmania $18.65.

(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). The minimum patient contribution is calculated as 87.5 per cent of the single rate pension plus supplementary assistance.

As at 6 November 1980, the minimum patient contribution payable by patients accommodated in nursing homes approved under the National Health Act was $8.60 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 have been made 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 further 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

The rate of the domiciliary nursing care benefit which is payable to persons who are willing and able to care in their own homes for relatives who would otherwise qualify for admission to a nursing home, was increased from $28 a fortnight ($2 daily) to $42 a fortnight ($3 daily) with effect from 4 September 1980. 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.

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*, 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 are required to impose charges, where appropriate, for services involving privately insured patients. Generally, the grant covers the cost of Schedule 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.

The total amount paid to approved organisations during 1979–80 was $3.7 million.

Commonwealth 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 where the normal conditions of supply do not apply, 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 $391.1 million in 1978–79 and $391.0 million in 1979–80. 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 Commonwealth Authorities for 1978–79.

COMMONWEALTH AUTHORITIES: HEALTH CASH BENEFITS TO PERSONS 1978–79

($'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	12,400	22,956	5,400	8,800	-2,100	-500	-	-	46,956
Medibank—Private hospital daily bed payments	22,137	20,976	13,187	8,741	5,975	1,961	-	-	72,977
Hospital benefits, n.e.c.	91	4	47	2	9	9	-	-	162
Nursing home benefits	105,801	59,081	36,563	31,061	26,390	9,004	-	-	267,900
Tuberculosis campaign allowances	283	181	138	55	68	20	-	-	746
Rehabilitation of ex-servicemen	144	133	45	21	34	21	-	21	418
Total	*140,856*	*103,331*	*55,380*	*48,680*	*30,376*	*10,515*	-	*21*	*389,159*
Other health services—									
Medibank—Medical benefits	224,973	128,667	70,202	44,692	36,301	10,334	3,954	9,760	528,883
Isolated patients travel and accommodation assistance	25	26	171	85	54	10	3	-	374
Pharmaceutical benefits for pensioners	63,212	35,753	24,241	13,094	9,917	4,157	74	677	151,126
Pharmaceutical benefits, n.e.c.	46,433	32,425	18,044	9,984	8,370	2,892	329	1,715	120,193
Domiciliary care	2,557	1,965	1,593	796	876	547	-	-	8,333
Total	*337,200*	*198,836*	*114,251*	*68,651*	*55,518*	*17,940*	*4,360*	*12,152*	*808,909*
Total health	**478,056**	**302,167**	**169,631**	**117,331**	**85,894**	**28,455**	**4,360**	**12,173**	**1,198,068**

(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 $762,000 in 1977–78, $746,000 in 1978–79 and $1,207,200 in 1979–1980.

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 Service* provides clinical 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 1979–80, these laboratories carried out approximately 4.1 million pathology tests and investigations in respect of 1.0 million patient requests.

The Commonwealth Serum Laboratories Commission (CSL) produces pharmaceutical products for human and veterinary use and is one of Australia's foremost scientific institutes. The Commission's main function is to produce and sell prescribed pharmaceutical products used for therapeutic purposes and to ensure the supply of essential pharmaceutical products in accordance with national health needs. The Commission's functions also include research and development relating to many kinds of human and veterinary diseases covering the fields of bacteriology, biochemistry, immunology and virology. The Commission's 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, penicillin, human blood fractions, Bacillus Calmette-Guerin (BCG) and an increasing range of veterinary biological products needed by Australia's sheep, cattle, pig and poultry industries. The role of CSL has expanded as a result of amendments to the CSL Act from 1 July 1980 that allow CSL to produce, buy, import, supply, sell or export prescribed pharmaceutical products (either of a biological or non-biological nature).

The Commission employs 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 1979–80 the number of appointments provided was 133,948 and the number of hearing aids fitted was 36,876.

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 1980–81 is $18.0 million. The secretariat for the Council and its Committees is provided by the Commonwealth Department of Health and is located in Canberra.

The *Commonwealth Institute of Health* (formerly the *School of Public Health and Tropical Medicine*) is located in the University of Sydney and provides teaching, research and consultation in all fields relating to health and its maintenance and promotion including resources devoted to the study of health problems of the tropics and developing nations. The Institute's academic and research functions are under the direction of the University, whilst its various training, consultative and professional service roles are maintained by the Commonwealth Department of Health which funds the Institute's activities.

The Institute has an important new role as a resource and data collection centre for the nation and it is endeavouring to promote health and a better understanding of health care and its delivery throughout Australia and neighbouring countries.

The Institute offers undergraduate and postgraduate training in a wide range of Public Health specialities, the largest programme being the Master of Public Health.

Costs for the Institute paid by the Commonwealth Government during 1979–80 were $2,235,646 for administration and $169,997 for plant and equipment.

The *Institute of Child Health* is associated with the Commonwealth Institute of Health located 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 post-graduate 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 1979–80 was 298.

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 1979–80 were $3,717,990 and a further $171,482 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 1979–80 seventy applications for approval to market new drugs and twelve applications to extend the indications or amend dosage regimes for currently marketed drugs were considered by the Committee. Forty-six applications were approved, twenty-nine rejected and seven 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 *Standing Committee of the Health Ministers Conference* was established by the 1980 Australian Health Ministers' Conference to carry out any tasks or directions referred to it by the Conference. The Committee's membership consists of representatives from each State health authority, the Commonwealth Departments of Health and Veterans' Affairs, the Northern Territory Department of Health and the Capital Territory Health Commission.

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 1979–80 subsidies totalling $12.3m were paid to 192 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 1979–80 amounted to $876,000.

Community health program

The Commonwealth Government's *Community Health Program* provides grants for both capital and operating costs for 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 75 per cent of both capital and operating costs for ethnic health workers and interpreter/translator services.

In 1980–81, an amount of $60.075m has been appropriated for the block grants to the States. Included in this amount is $58.82m for general projects and women's refuges, $0.315m for ethnic health workers and $0.940m for interpreters and translators.

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 1980–81 there are fifteen such projects.

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.
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	64,552	–	–	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
1979–80 . .	20,518	13,134	4,788	2,650	4,819	1,936	47,845	412	–	6,000	54,257

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 improve the dental health and awareness of the community through the provision of free dental care, including dental health education and prevention, to primary school children.

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 36 per cent of the nation's primary school population is presently covered by the School Dental Scheme.

Nine dental therapy schools, located in all States, are presently operating under the Scheme. In addition, 756 school dental clinics, including mobile clinics, are also in operation under the Scheme.

The overall approved costs of the Scheme are being shared by the Commonwealth, the States and the Northern Territory on a 50:50 basis. Details of Commonwealth expenditure on the Scheme to date, including estimated expenditure in 1980–81, together with the number of primary school children examined during the 1979–80 financial year appear below.

COMMONWEALTH EXPENDITURE: SCHOOL DENTAL SCHEME

($ millions)

Year	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*N.T.*	*Aust.*
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
1979–80	4.99	3.77	4.42	3.63	3.97	2.07	0.40	23.25
1980–81 (est.)	4.86	3.96	4.80	3.47	3.77	1.83	0.56	23.25

Note: For funding purposes, the Northern Territory entered the Scheme on 1 July 1979.

The number of primary school children examined by the various school dental services in Australia in 1979–80 totalled 669,993; New South Wales, 146,081; Victoria, 51,368; Queensland, 123,485; South Australia, 141,192; Western Australia, 114,211; Tasmania, 50,830; Northern Territory, 11,181 and the Australian Capital Territory, 31,645.

Commonwealth Government grants to organisations associated with public health

In addition to providing the services mentioned on pages 213–20 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 1980 the Commonwealth Government paid grants totalling $2,507,000 towards operational costs and matching assistance of $753,262 towards an approved program of capital expenditure. The Service made flights during 1979–80 totalling 6.3 million kilometres and transported 8,664 patients. In the same period medical staff conducted a total of 92,635 consultations and dental treatment was given to 3,123 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 1979–80 was $7,470,731, made up as follows: New South Wales, $2,301,328; Victoria, $2,172,027; Queensland, $977,921; South Australia, $1,019,494; Western Australia, $750,777; Tasmania, $161,400; and Northern Territory, $87,784.

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 1979 was $3,613,503 of which $2,892,524 was from public donations and bequests. The Commonwealth Government made grants of $75,535 for specific projects conducted by the Foundation. Since the inception of the Foundation research has been a major function and a total of $11,333,000 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 1979 the expenditure on research was $1,282,248 while expenditure on education and community service was $875,982.

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 1979–80 was $2,716,591.

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 1979–80 was $361,660.

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 12 months up to 30 June 1980, 19,208 patients had been approved for benefit under the Scheme with a cost to the Commonwealth of $2,321,000.

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 health departments and health commissions. For details of legislation and administrative changes in previous years *see* earlier issues of the Year Book.

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, créches, 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.

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 three 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 two 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 1979 were: Little Bay, New South Wales, 0; and Derby, Western Australia, 22.

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 30 June 1980 there were 27 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 the ABS publications *Patients Treated in Hospitals* (4303.3), *Hospital In-patient Statistics* (4301.5) and *Hospital Morbidity* (4301.6) respectively. Statistics for New South Wales are published by the State Health Commission in its publication, *Hospital Inpatients Statistics New South Wales.*

An examination of Western Australian figures for 1978 indicates that the largest numbers of patients were treated for injury (11.1 per cent), genito-urinary diseases (10.2 per cent) and respiratory diseases (10.0 per cent) but, in terms of hospital bed-days, the greatest occupancy rate was caused by diseases of the circulatory system (11.7 per cent) followed by injury (10.9 per cent) and maternity (9.6 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 which are published in *Communicable Diseases Intelligence.* 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 1979 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 1979

Disease	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*N.T.*	*A.C.T.*	*Aust.*
Brucellosis	17	9	3	28	1	—	—	—	58
Cholera	—	1	—	—	—	—	—	—	1
Diphtheria	—	—	—	—	—	—	—	—	—
Gonorrhoea	3,656	2,601	1,695	1,110	1,203	191	911	280	11,647
Hepatitis, infective	644	490	242	108	48	86	217	62	1,897
Hepatitis, serum	177	268	88	189	30	1	17	15	785
Hydatid	10	5	2	3	—	1	—	6	27
Leprosy	5	9	9	6	12	—	18	—	59
Leptospirosis	2	36	12	15	1	—	—	—	66
Malaria	93	68	132	33	35	1	9	18	389
Ornithosis	2	—	—	7	1	1	—	—	11
Poliomyelitis	—	—	—	—	—	—	—	—	—
Salmonella	284	128	115	461	451	28	294	19	1,780
Syphilis	784	113	1,097	355	230	2	578	6	3,165
Tetanus	3	6	5	1	—	—	—	—	15
Tuberculosis	598	399	241	123	179	17	35	20	1,612
Typhoid fever	13	4	2	—	4	1	—	—	24
Typhus (all forms)	—	—	2	—	1	—	—	—	3

(*a*) There were no cases of 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), detailed results are published in a series of publications (4312.0 to 4322.0) dealing with the special topics of the survey.

The main features of the survey results are:

- Approximately 45.1 per cent of the Australian population reported having one or more chronic conditions, the most frequently reported being Arthritis, Hayfever and Hypertensive disease.
- On average, 57.0 per cent of persons with a chronic condition had consulted a doctor about their major chronic condition in the previous six months.
- Of the 6.2 million persons with a chronic condition, 1.4 million reported being limited in their activities because of illness. This comprises 10.3 per cent of the population aged 2 years and over.
- Approximately 64.2 per cent of persons reported consulting a doctor in the 6 months before interview; 17.7 per cent reported consulting a doctor in the 2 weeks before interview.
- 49.8 per cent of persons reported taking medication in the two days before interview; 32.7 per cent of the population indicated that some or all of their medications were prescribed. The types of medications ranged from vitamins and tonics through to medicines for heart conditions and blood pressure.
- Approximately 7.0 per cent of persons aged 2 years or more had one or more days in bed due to illness or injury in the two weeks before interview.
- 65.3 per cent of persons reported experiencing an illness or other health problem in the two weeks before interview.

- A total of 16.4 million recent illnesses (i.e. experienced in the two weeks before interview) were reported in the survey. Major groups of conditions reported were diseases and symptoms of the respiratory system (e.g. common cold) which comprised 30.3 per cent of the total; mental disorders, nervous tension and depression, 22.4 per cent; and diseases and symptoms of the musculoskeletal system and connective tissue (e.g. arthritis, back pain), 18.4 per cent.
- 18.7 per cent of all recent illnesses (or other health problems) involved a doctor consultation in the same two week reference period.
- Of the Australian population aged 2 to 5 years, 3.5 per cent had NOT received any immunisation against Poliomyelitis (Sabin vaccine) and 2.2 per cent had NOT received any doses of Triple Antigen vaccine for immunisation against Diptheria, Tetanus and Whooping Cough.
- 12.7 per cent of persons reported one or more hospital episodes (admissions and discharges) in the twelve months before interview.
- The average number of days of hospitalisation of persons reporting one or more hospital episodes was about 10 days throughout the year.
- "Surgery" was the most frequently reported reason for the most recent episode in hospital (47.0 per cent of persons).
- The survey also collected some information on consultations with health professionals other than doctors and dentists (e.g. nurses, physiotherapists, chemists, chiropractors). It was found the most frequently reported type of other health professional consulted in the four weeks preceding interview was a chemist (reported by 2.5 per cent of persons).

A special publication (4323.0) has also been released outlining the Concepts, Methodology and Procedures used in the survey.

Health Insurance Survey

In March 1980 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 at the time of the survey, and their arrangements 12 months previously.

The survey found that as at March 1980, 59.4 per cent of all possible contributor units had some type of private health insurance. A further 15.8 per cent were covered by special Commonwealth health benefits (i.e. as pensioners, veterans or disadvantaged) leaving 24.8 per cent of all possible contributor units with neither health insurance nor access to special Commonwealth health benefits. Comparing the overall results with those obtained in a similar survey in March 1979, there appears to have been a net decrease of 3 percentage points in the proportion of contributor units with some type of private health insurance.

Results of the survey showing such details as type and level of health insurance cover; income and composition of contributor units; age of head of contributor unit; special Commonwealth health benefits and charges in health insurance cover in the previous 12 months are published in *Health Insurance Survey, Australia, March 1980* (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).

A similar survey was conducted for persons aged 2 to 14 years but contained data only on cause of hearing problem and whether persons have had their hearing tested in the last 5 years. Results of this survey are contained in the publication *Sight, Hearing and Dental Health (Persons aged 2 to 14 years) February–May 1979* (4337.0).

Sight Survey

During February to May 1979 the ABS conducted a survey to obtain information on sight problems and the use of glasses/contact lenses for the Australian population aged 2 years or more. Details included type of sight problems, reason glasses/contact lenses are worn, how often they are worn and whether persons have had their sight tested in the last 5 years.

The main features of the survey were:

- Approximately 39 per cent of the population reported having some loss of sight. However only 3 per cent of all persons aged 2 years or more reported that the loss of sight could not be helped by glasses/contact lenses.
- Approximately 38 per cent of the population have glasses/contact lenses. Almost 40 per cent of persons with glasses/contact lenses wear them for more than 8 hours a day. However, approximately 4 per cent wear their glasses/contact lenses less than once a week or never.
- The most frequently reported reason for using glasses/contact lenses was 'to help see close up only' reported by 52 per cent of persons with glasses/contact lenses.

Results of the survey for persons aged 2 to 14 years have been published in the publication *Sight, Hearing and Dental Health (persons aged 2 to 14 years) February–May 1979* (4337.0). For persons aged 15 years or more the relevant publication is *Sight Problems and the Use of Glasses/Contact Lenses (persons aged 15 years or more) February–May 1979* (4338.0).

Dental Survey

During February to May 1979 the ABS conducted a survey to obtain information on the dental health of the Australian population aged 2 years or more. Information collected included time since last visit to a dentist; number of visits in the last 12 months, treatment received at last visit and usual number of check-ups per year. Data were also collected for persons aged 15 years or more as to whether false teeth were worn.

The main features of the survey were:

- Approximately 48 per cent of the population had their most recent visit to a dentist within the last 12 months.
- The most frequently reported type of treatment received at the last visit reported by persons who visited a dentist in the last 12 months was Filling(s), reported by 44 per cent of these persons.
- Approximately 32 per cent of the population usually have a dental check-up at least once a year.
- Of persons aged 15 years or more, over 40 per cent (42.3 per cent) have some false teeth, although only 45 per cent of persons with some false teeth have full sets for both upper and lower jaws.

Results of the survey for persons aged 2 to 14 years have been published in the publication *Sight, Hearing and Dental Health (persons aged 2 to 14 years) February–May 1979* (4337.0). For persons aged 15 years or more the relevant publication is *Dental Health (persons aged 15 years or more) February–May 1979* (4339.0).

DEATHS

Causes of Death and Perinatal Deaths

Causes of death in Australia are currently classified according to the Ninth Revision of the International Classification of Diseases (ICD) produced by the World Health Organization (WHO). For the years 1968 to 1978, causes of death were classified according to the Eighth Revision of the ICD. Detailed statistics are published in the publication *Causes of Death, Australia* (3303.0), and only broad groupings of causes of death are shown in the table below. The statistics in the table relate to 1978 and represent the number of deaths registered that year rather than the number of deaths which actually occurred in 1978.

The major causes of death in the community in 1978 were ischaemic heart disease (accounting for 30.0 per cent), malignant neoplasms (cancers) (20.2 per cent), cerebrovascular disease (strokes) (13.0 per cent) and external injuries (7.9 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 1978, only 0.5 per cent of all deaths were due to such diseases.

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. The majority of infant deaths (67 per cent) occur within 28 days after birth. Nearly all of these neonatal deaths are due to congenital anomalies, birth injury or other conditions present from birth.

CAUSES OF DEATH IN EACH AGE GROUP, AUSTRALIA, 1978

Causes of death	Age group (years) Under one	1–14	15–24	25–34	35–44	45–54	55–64	65–74	75 and over	Total (a)
NUMBER OF DEATHS										
Malignant neoplasms	10	168	153	339	786	2,434	5,090	6,531	6,376	21,887
Ischaemic heart disease	–	–	9	83	513	2,311	5,771	9,604	14,239	32,532
Cerebrovascular disease	–	10	30	68	203	551	1,410	3,252	8,624	14,149
Other diseases of the circulatory system	9	26	47	86	150	399	1,050	2,126	6,348	10,241
Congenital anomalies	711	121	47	24	25	29	27	26	15	1,025
Certain causes of perinatal mortality	1,187	1	–	–	–	–	–	–	–	1,188
Bronchitis, emphysema and asthma	3	26	33	25	45	212	715	1,445	1,950	4,454
Other diseases of the respiratory system	104	46	28	24	52	131	249	479	1,923	3,037
Motor vehicle accidents	19	336	1,452	598	307	319	336	273	199	3,840
Other accidents	47	285	337	244	260	259	256	265	816	2,773
Suicides and self-inflicted injuries	–	6	284	329	268	283	223	134	66	1,595
All other causes	643	267	311	396	542	1,185	1,740	2,548	4,071	11,704
All causes	**2,733**	**1,292**	**2,731**	**2,216**	**3,151**	**8,113**	**16,867**	**26,683**	**44,627**	**108,425**
RATE(b)										
Malignant neoplasms	4	5	6	15	48	159	400	770	1,368	154
Ischaemic heart disease	–	–	–	4	31	151	454	1,132	3,055	228
Cerebrovascular disease	–	–	1	3	12	36	111	383	1,851	99
Other diseases of the circulatory system	4	1	2	4	9	26	83	251	1,362	72
Congenital anomalies	317	3	2	1	2	2	2	3	3	7
Certain causes of perinatal mortality	529	–	–	–	–	–	–	–	–	8
Bronchitis, emphysema and asthma	1	1	1	1	3	14	56	170	418	31
Other diseases of the respiratory system	46	1	1	1	3	9	20	56	413	21
Motor vehicle accidents	8	10	58	26	19	21	26	32	43	27
Other accidents	21	8	14	11	16	17	20	31	175	19
Suicides and self-inflicted injuries	–	–	11	15	16	18	18	16	14	11
All other causes	287	8	12	17	33	77	137	300	874	82
All causes	**1,219**	**37**	**110**	**98**	**191**	**529**	**1,326**	**3,146**	**9,576**	**761**
PERCENTAGE(c)										
Malignant neoplasms	0.4	13.0	5.6	15.3	24.9	30.0	30.2	24.5	14.3	20.2
Ischaemic heart disease	–	–	0.3	3.7	16.3	28.5	34.2	36.0	31.9	30.0
Cerebrovascular disease	–	0.8	1.1	3.1	6.4	6.8	8.4	12.2	19.3	13.0
Other diseases of the circulatory system	0.3	2.0	1.7	3.9	4.8	4.9	6.2	8.0	14.2	9.4
Congenital anomalies	26.0	9.4	1.7	1.1	0.8	0.4	0.2	0.1	–	0.9
Certain causes of perinatal mortality	43.4	0.1	–	–	–	–	–	–	–	1.1
Bronchitis, emphysema and asthma	0.1	2.0	1.2	1.1	1.4	2.6	4.2	5.4	4.4	4.1
Other diseases of the respiratory system	3.8	3.6	1.0	1.1	1.7	1.6	1.5	1.8	4.3	2.8
Motor vehicle accidents	0.7	26.0	53.2	27.0	9.7	3.9	2.0	1.0	0.4	3.5
Other accidents	1.7	22.1	12.3	11.0	8.3	3.2	1.5	1.0	1.8	2.6
Suicides and self-inflicted injuries	–	0.5	10.4	14.8	8.5	3.5	1.3	0.5	0.1	1.5
All other causes	23.5	20.7	11.4	17.9	17.2	14.6	10.3	9.5	9.1	10.8
All causes	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

(a) Includes a small number whose ages are not known. (b) 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. (c) 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 1978; further details are published in *Perinatal Deaths, Australia* (3304.0).

The three main groups responsible for perinatal deaths in 1978 were *Congenital anomalies* (19.8 per cent of all perinatal deaths), *Conditions of placenta* (17.5 per cent) and *Other complications of pregnancy and childbirth* (16.2 per cent). The main individual causes were *Premature separation of placenta* (8.7 per cent of all perinatal deaths) and *Placental insufficiency, unspecified* (4.8 per cent) within the *Conditions of placenta* group, *Pre-eclampsia of pregnancy* (5.9 per cent) within the *Toxaemias of pregnancy* group and *Multiple pregnancy* within the group, *Other complications of pregnancy and childbirth*.

PERINATAL DEATHS BY CAUSE, 1978

	Number of deaths			*Rate*		
Cause of death	*Foetal*	*Neonatal*	*Perinatal*	*Foetal(a)*	*Neonatal (b)*	*Perinatal (a)*
Chronic circulatory and genitourinary disease in mother	24	3	27	0.11	0.01	0.12
Other maternal conditions unrelated to pregnancy	109	46	155	0.48	0.21	0.68
Toxaemias of pregnancy	195	62	257	0.86	0.28	1.14
Maternal ante- and intrapartum infection	18	27	45	0.08	0.12	0.20
Difficult labour	51	65	116	0.23	0.29	0.51
Other complications of pregnancy and childbirth	302	338	640	1.33	1.51	2.83
Conditions of placenta	526	166	692	2.32	0.74	3.06
Conditions of umbilical cord	209	25	234	0.92	0.11	1.03
Birth injury without mention of cause	7	43	50	0.03	0.19	0.22
Haemolytic disease of newborn	28	23	51	0.12	0.10	0.23
Anoxic and hypoxic conditions not elsewhere classified	157	249	406	0.69	1.11	1.79
Other conditions of foetus and newborn	221	123	344	0.98	0.55	1.52
Congenital anomalies	264	517	781	1.17	2.31	3.45
Infections of foetus and newborn	2	51	53	0.01	0.23	0.23
Other diseases of foetus and newborn	7	91	98	0.03	0.41	0.43
External causes of injury to newborn	–	5	5	–	0.02	0.02
All causes	**2,120**	**1,834**	**3,954**	**9.37**	**8.18**	**17.47**

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

The perinatal death rate in 1978 was 17.47 per 1,000 total births, compared with 23.34 per 1000 births in 1973. This represents a decrease in the perinatal death rate of 25 per cent over the six year period.

Cremation

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1979 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) and in 1979 the number was 49,308 (46.3 per cent of all deaths).