CHAPTER 10

HEALTH

This chapter is concerned with activities of the Commonwealth relating to health including quarantine, national health benefits programs and health insurance; grants for health purposes; activities of national health services organisations, Commonwealth Government health advisory organisations and organisations associated with public health such as the Royal Flying Doctor Service and the National Heart Foundation of Australia. Also included are statistics of personal health benefit payments, notifiable diseases, health related surveys, causes of death, perinatal deaths 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 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 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 on the Cocos (Keeling) Islands provides the means whereby the safe importation of a wide range of animals is 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

On 29 April 1981 the Minister for Health announced major changes to the Australian health care financing arrangements. Except where indicated otherwise, these arrangements became effective from 1 September 1981.

National Health Benefits

Pensioners with pensioner health benefit (PHB) entitlement and people who satisfy the Commonwealth Government defined criteria as being in 'special need' are eligible to participate in special arrangements. People in special need include migrants and refugees in their first six months in Australia: current unemployment and special beneficiaries who meet the pensioner health benefit income test; and other persons who meet a specified income test. Dependants of those eligible pensioners and persons in special need are also covered by the special arrangements. All other persons must meet any health care costs incurred either through health insurance or by way of personal payments.

Medical

Commonwealth medical benefits at the rate of 30 per cent of the Schedule fee for each Schedule medical service are payable in respect of all persons insured with a registered medical benefits organisation. All other persons, excluding eligible pensioners and people in special need, and their dependants, must meet the full cost of their medical treatment—that is the Commonwealth medical benefits of 30 per cent of the Schedule fee are not payable.

Pensioners with PHB entitlement (and their dependants) continue to be eligible to receive Commonwealth medical benefits at the rate of 85 per cent of the Schedule fee for each Schedule medical service or the Schedule fee less $5 whichever is the greater amount. If the doctor bulk-bills the Commonwealth he will receive this 85 per cent/$5 Commonwealth medical benefit direct from the Commonwealth and he may require the patient to pay the balance of the fee. If the doctor does not bulk-bill, the patient can claim the same level of Commonwealth benefit from a registered medical benefits fund and the doctor may also require the patient to pay the balance of the fee.

People who satisfy the Commonwealth defined criteria as people in special need (and their dependants) are also eligible to receive Commonwealth medical benefits at 85 per cent of the Schedule fee for each Schedule medical service or the Schedule fee less $5 whichever is the greater amount. Where the doctor bulk-bills the Commonwealth to obtain benefits, the 85 per cent Commonwealth benefit must be accepted by the doctor in full settlement. If the doctor does not bulk-bill then the patient claims Commonwealth benefit at the 85 per cent/$5 rate from a health fund.

Where the doctor does not bulk-bill he may require the patient to make a personal contribution above the 85 per cent/$5 level of Commonwealth benefit towards his fee.

Hospital

The Commonwealth Government requires that States provide free hospital treatment (both inpatient and outpatient services) in public hospitals, including the provision of medical services by doctors engaged by the hospital, to PHB pensioners and people in special need and their dependants.

State Governments are however free to extend these benefits from their own resources to other people in the community. Subject to decisions individual State Governments may make in this regard, all other patients must meet any charges raised either through health insurance or from their own resources. The process of determining the actual level of hospital charges, and to whom they should apply (beyond pensioners and those in special need specified by the Commonwealth), is the responsibility of State health authorities.

Private insurance

Inpatient charges in recognised public hospitals increased in all States with effect from 1 September 1981. Shared room accommodation charges increased to $80 per day in all States and Territories except South Australia and Western Australia where the charge is $85 per day. Single room charges are $110 per day except for South Australia where the charge is as for a shared room, $85 per day.

As a result of these increased charges hospital insurance contribution rates and benefits payable increased. All registered hospital benefits organisations are required to operate a basic benefits table which provides: benefits equal to the declared standard fee for accommodation in a shared room; benefits equal to the professional service fee charged by the hospital where a patient chooses to utilise the services of hospital doctors; benefits for long term nursing home patients in hospitals (having regard to the requirement that such patients must contribute towards the cost of their care and accommodation in the same way as patients in nursing homes); and benefits equal to charges raised for services provided at the outpatient facilities of recognised public hospitals.

From 1 September 1981 all registered medical benefits funds have been required to provide medical benefits in their basic tables which, when combined with the flat Commonwealth medical benefit of 30 per cent, covers 85 per cent of the Schedule fee for each medical service, with the maximum payment by the patient of $10 for each service, where the Schedule fee is charged. The funds continue to pay Commonwealth medical benefits on behalf of the Commonwealth Government.

The scope of other tables offered by the registered health insurance organisation remains a matter essentially for organisations to determine. However, as from 1 September 1981 optional (variation-to-basic) benefit tables (e.g. whereby contributors personally meet a fixed amount of their own health care costs say, the first $200 before benefits become payable), have been prohibited.

A tax rebate of 32 cents in the dollar, separate from the existing concessional rebate arrangements, was introduced for the cost of basic hospital and basic medical insurance with registered health benefits funds in respect of contributions paid since, and in respect of coverage from, 1 July 1981.

Financing

From 1 July 1981 in all States and the Northern Territory, except South Australia and Tasmania, the hospital cost sharing agreements were terminated. The Commonwealth, under new arrangements, now provides funds to these States and the Northern Territory in the form of an identifiable general purpose grant, within tax sharing arrangements for the operation of their public hospitals and/or services previously funded under the *Community Health Program* and the *School Dental Scheme*. The level of the grant is based on the funding provided by the Commonwealth in 1980–81, plus 10 per cent, less a share of the revenue that the States can reasonably be expected to raise by the application of appropriate inpatient and outpatient charges from 1 September 1981 having regard to the new health insurance arrangements to operate from that date.

South Australia and Tasmania also receive an identifiable general purpose health grant for services previously funded under the *Community Health Program* and the *School Dental Scheme*. For hospitals in these two States, the cost sharing arrangements continue with the Commonwealth meeting 50 per cent of the agreed net operating costs of recognised public hospitals.

In respect of approved private hospitals the Commonwealth since 25 June 1981 has paid a bed day subsidy of $28 in respect of all patients undergoing prescribed surgical procedures—for all other patients a bed day subsidy of $16 continues to be payable.

The Section 34 (Health Insurance Act) arrangements which provided for the Commonwealth to fund fully the operational costs of 'public hospital beds' in private hospitals were abolished from 1 September 1981.

The *Hospital Benefits Reinsurance Trust Fund* arrangements continue with the Commonwealth's contribution set as $100 million for 1981–82.

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 and health program grants.

Nursing home benefits

Since 1 September 1981 there have been 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 payment of fees from some other source such as the Department of Veterans' Affairs, 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 approved 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 was: New South Wales $18.10; Victoria $26.80; Queensland $16.85; South Australia $24.30; Western Australia $16.00; and Tasmania $18.65.

(ii) *Extensive Care Benefit*

The extensive care benefit is payable at the rate of $6 a day, in addition to the 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 basic benefit, the extensive care benefit is payable in respect only of qualified patients who are not entitled to receive such payment of fees from the Department of Veterans' Affairs, workers' compensation or third party insurance.

Since 1 September 1981 all nursing home benefits have been paid by the Commonwealth, irrespective of insurance status.

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 7 May 1981, the minimum patient contribution payable by patients accommodated in nursing homes approved under the National Health Act was $8.95 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 is reduced by that amount.

Long Term patients

Long-term patients accommodated in all hospitals who no longer require hospital treatment are 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. The Governments of New South Wales, South Australia and The Northern Territory have not yet agreed to implement these arrangements in their public hospitals.

Deficit financing arrangements

As an alternative to the provision of patients 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 charitable and benevolent 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 qualified patients are charged only a prescribed fee equivalent to the minimum patient contribution.

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, is $42 a fortnight. 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 eligible people in special need. The total amount paid to approved organisations during 1980–81 was $4.4 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 wide 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 the supply of pharmaceutical benefits in situations where the normal conditions of supply do not apply, e.g. in remote areas.

For each supply of a pharmaceutical benefit a patient contribution of $3.20 is payable from 1 December 1981 by the general public other than persons in possession of either a Pensioner Health Benefits Card or a Health Benefits Card (e.g. eligible pensioners and certain sickness beneficiaries) and their dependants who are eligible to receive their benefits free of charge.

Under the Pharmaceutical Benefit Scheme the total cost, including patient contributions, for prescription drugs was $391.0 million in 1979–80 and $428.9 million in 1980–81. These figures do not include benefits supplied by certain hospitals and miscellaneous services or retrospective adjustments of chemists' remunerations.

Summary of personal benefit payments

For an analysis by purpose 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 personal benefit payments by Commonwealth Authorities for 1979–80.

COMMONWEALTH AUTHORITIES: PERSONAL BENEFIT PAYMENTS—HEALTH 1979–80

($'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	11,600	28,849	6,005	10,276	-3,378	-928	–	–	52,424
Private hospital daily bed payments	20,254	19,501	12,839	8,262	5,481	1,913	593	889	69,732
Hospital benefits, n.e.c.	(*b*)	(*b*)	(*b*)	(*b*)	(*b*)	(*b*)	(*b*)	(*b*)	(*b*)-102
Nursing home benefits	115,470	70,443	43,379	35,913	31,149	10,066	–	5,067	311,487
Tuberculosis campaign allowances	394	466	209	35	49	19	25	10	1,207
Rehabilitation of ex-servicemen	159	140	53	20	57	21	–	42	492
Total	*147,877*	*119,399*	*62,485*	*54,506*	*33,358*	*11,091*	*618*	*6,008*	(*b*)*435,240*

For footnotes *see* end of table.

COMMONWEALTH AUTHORITIES: PERSONAL BENEFIT PAYMENTS—HEALTH 1979-80—*continued*

($'000)

	N.S.W. (a)	*Vic.*	*Qld*	*S.A.* (a)	*W.A.*	*Tas.*	*N.T.* (a)	*A.C.T.* (a)	*Total*
Other health services—									
Medical benefits	270,101	152,988	77,845	49,375	40,845	13,519	4,514	11,852	621,039
Isolated patients travel and accommodation assistance	305	212	926	159	352	84	283	-	2,321
Pharmaceutical benefits for pensioners	70,915	39,130	25,844	13,936	11,047	4,571	99	819	166,361
Pharmaceutical benefits, n.e.c.	42,814	28,649	15,895	8,611	7,670	2,692	312	1,630	108,274
Domiciliary care	3,125	2,363	1,846	878	900	650	-	-	9,762
Health Insurance Commission—									
State cheques	-448	-253	-129	-82	-68	-22	-7	-20	-1,029
Total	*386,812*	*223,089*	*122,227*	*72,877*	*60,746*	*21,494*	*5,201*	*14,281*	*906,727*
Total health	**534,689**	**342,488**	**184,712**	**127,383**	**94,104**	**32,585**	**5,819**	**20,289**	(b)**1,341,967**

(a) State totals for New South Wales and South Australia also include most of the unallocatable expenditure on personal benefit payments to residents in the Australian Capital Territory and the Northern Territory respectively. (b) A State and Territory dissection of the total for *Hospital benefits, n.e.c.* is not available and therefore the sum of each of the State and Territory figures do not add to the total for Australia.

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 $746,000 in 1978–79, $1,207,200 in 1979–1980 and $1,317,000 in 1980–81.

Immunisation campaigns

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

Mass campaigns for rubella immunisation are routinely undertaken only on girls aged between 10 and 14 years. Rubella immunisation is also available when appropriate to females during their reproductive 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 1980–81, these laboratories carried out approximately 5.3 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 1980–81 the number of appointments provided was 143,263 and the number of hearing aids fitted was 41,457.

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. The allocation for 1981–82 is $23.3 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 1980–81 were $2,575,390 for administration and $175,964 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 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 1980–81 were $544,433 for administration and $9,595 for plant and equipment.

The *Australian Dental Standard Laboratory* is concerned with the quality, standards, and research related to dental and medical materials and devices. The number of samples tested in 1980–81 was 127.

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 1980–81 were $3,334,853 and a further $146,484 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 1980–81 ninety-two applications for approval to market new drugs and thirty applications to extend the indications or amend dosage regimes for currently marketed drugs were considered by the Committee. Ninety-three applications were approved, twenty-six rejected and three 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 the Commonwealth Departments of Health and Veterans' Affairs, each State health authority, 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 1980–81 subsidies totalling $13.5m were paid to 191 organisations providing home nursing services in the States. Home nursing services in the Northern Territory were provided by the Com-

monwealth 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 1980–81 amounted to $984,000.

Community health program

There are fifteeen non-government organisations which receive Commonwealth financial assistance as national projects under the *Community Health Program*. The Commonwealth provides funds to these organisations in respect of specific activities approved under the program.

The largest of these national projects is the *Family Medicine Program of the Royal Australian College of General Practitioners*, which provides vocational training for recently graduated doctors who intend to enter general medical practice. The other national projects are national co-ordinating secretariats of non-government health-related organisations operating in several States or health-related projects which have national application.

A total of $6,691,000 has been appropriated for these national projects by the Commonwealth for 1981–82.

Program of aids for disabled people

The *Program of Aids for Disabled People* is intended to provide a range of aids to daily living to people with disabilities of a permanent or indefinite duration who are ineligible for such assistance under other government-funded programs. The primary aim of the program is to increase the level of independence of disabled people in the community (i.e. non-institutional) setting. The program is operated through the health services networks administered by the health authorities in participating States and Territories.

A range of aids, including home modifications, wheelchairs, domiciliary oxygen, surgical footwear and walking aids, may be provided under this program.

In addition to meeting the cost of aids, the Commonwealth finances a handling charge of up to 15 per cent on the cost of aids issued.

For the period 1 April–30 June 1981, $700,000 was appropriated for this program. In 1981–82, $2.4 million has been appropriated.

Commonwealth Government grants to organisations associated with public health

In addition to providing the services already mentioned in this Chapter, 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 1981 the Commonwealth Government paid grants totalling $3,313,000 towards operational costs and matching assistance of $625,000 towards an approved program of capital expenditure. The Service made flights during 1980–81 totalling 4.9 million kilometres and transported 8,712 patients. In the same period medical staff conducted a total of 92,669 consultations and dental treatment was given to 2,013 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 lesser, 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 1980–81 was $8,045,505, made up as follows: New South Wales, $2,225,695; Victoria, $2,574,850; Queensland, $1,050,029; South Australia, $1,094,131; Western Australia, $826,300; Tasmania, $189,500; and Northern Territory, $85,000.

The *National Heart Foundation of Australia* is a voluntary organisation, supported almost entirely by public donations, 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 1980 was $5,073,036 of which $4,352,946 was from public donations and bequests. The Commonwealth Government made grants of $112,365 for specific projects conducted by the Foundation. Since the inception of the Foundation research has been a major function and a total of $12,803,000 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 1980 the expenditure on research was $1,470,000 while expenditure on education and community service was $825,000.

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 1980–81 was $3,106,273.

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 1980–81 was $436,169.

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. The scheme has now been extended to include referral for specialist oral surgery as well as special provisions for isolated cleft lip and/or cleft palate patients. For the 12 months up to 30 June 1981, 40,653 patients had been approved for benefit under the Scheme with a cost to the Commonwealth of $4,837,000.

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

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

The two isolation hospitals in Australia for the care and treatment of persons suffering from Hansen's Disease (leprosy) are at Little Bay in New South Wales and Derby in Western Australia. In North Queensland, a leprosy annexe is attached to the Palm Island Hospital near Ingham and in the Northern Territory leprosy sufferers are treated and cared for at the East Arm Hospital in Darwin. Treatment is also provided at a number of other hospitals in Australia which do not have facilities set aside specifically for leprosy patients.

In Australia, new cases of leprosy notified to the Commonwealth Department of Health numbered 55 in 1978, 59 in 1979 and 35 in 1980.

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 New South Wales, Queensland, Western Australia and Tasmania, however, are published in the ABS publications *Hospital In-patient Statistics* (4306.1), *Patients Treated in Hospitals* (4303.3), *Hospital In-patient Statistics* (4301.5) and *Hospital Morbidity* (4301.6) respectively. Statistics for New South Wales are also published by the State Health Commission in its publication, *Hospital Inpatients Statistics New South Wales.*

An examination of the New South Wales figures for 1978, which include psychiatric hospitals, indicates that the largest numbers of patients were treated for conditions of pregnancy, childbirth and the puerperium (10.7 per cent), genito-urinary diseases (9.9 per cent) and injury (9.9 per cent) but, in terms of hospital bed-days, the greatest occupancy rate was caused by mental disorders (28.4 per cent) followed by diseases of the circulatory system (14.7 per cent) and injury (6.8 per cent). Of the principal operations performed the largest number was for female genital organ surgery (16.2 per cent) followed by abdominal surgery (15.4 per cent) and obstetric surgery (12.2 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 1980 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 1980

Disease	*N.S.W.*	*Vic.*	*Qld*	*S.A.*	*W.A.*	*Tas.*	*N.T.*	*A.C.T.*	*Aust.*
Brucellosis	10	4	5	27	3	—	—	—	49
Cholera	—	1	2	—	—	—	—	—	3
Diphtheria	—	—	1	—	—	—	—	—	1
Gonorrhoea	3,643	2,744	1,838	866	1,208	197	722	269	11,487
Hepatitis A(infectious)	558	332	142	115	59	26	125	28	1,385
Hepatitis B(serum)	181	172	61	189	16	4	13	10	646
Hydatid	25	2	1	7	—	2	—	4	41
Leprosy	9	4	5	1	9	—	7	—	35
Leptospirosis	2	24	16	11	9	1	—	1	64
Malaria	113	90	207	54	50	4	7	16	541
Ornithosis	—	—	—	15	—	—	1	1	17
Salmonella	250	508	254	731	219	31	271	28	2,292
Syphilis	1,007	128	805	258	184	—	504	16	2,902
Tetanus	3	2	3	1	—	—	—	—	9
Tuberculosis	462	432	291	130	167	15	26	31	1,554
Typhoid fever	7	5	1	1	4	1	—	—	19

(*a*) There were no cases of plague, smallpox, yellow fever, poliomyelitis or any form of typhus.
NOTE: Excluded from the figures in the table are 8 cases of "Carriers" in Victoria where the persons did not suffer from the illness reported: 2 cases of Diphtheria and 6 cases of Typhoid 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 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 (4313.0 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.
- 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.
- 12.7 per cent of persons reported one or more hospital episodes (admissions and discharges) in the twelve months before interview.
- 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.

Health Insurance Survey

In March 1981 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 1981, 56.2 per cent of all possible contributor units had some type of private health insurance. This represents 3.2 percentage points less than in March 1980 and 6.2 percentage points less than in March 1979. A further 16.6 per cent were identified as being covered by Special Commonwealth Health benefits (i.e. as pensioners, veterans or disadvantaged), leaving 27.2 per cent of all possible contributor units without health insurance nor identified access to special Commonwealth health benefits.

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 changes in health insurance cover in the previous 12 months are published in *Health Insurance Survey, Australia, March 1981* (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).

Survey of Handicapped Persons

During February to May 1981 a survey was conducted throughout Australia to obtain information about the nature and extent of various disabilities and handicaps in the Australian community.

The survey examined the needs of and the kinds of problems experienced by persons with different types of handicaps. The areas examined in respect of handicapped persons included causes, disabling conditions, services, aids, accommodation, employment, education, income, transport, recreation and institutionalised care.

The sample for the survey consisted of two distinct parts. In the first part, a sample of 33,000 households was selected from all households in Australia and in the second part, a sample of 5,300 patients or residents was selected from 723 randomly selected health establishments throughout Australia.

For the purposes of the survey, a disabled person was defined as a person who had one or more of a set of selected disabilities or impairments (e.g. loss of sight, loss of hearing, slowness at learning or understanding, incomplete use of arms and fingers, restriction in physical activities). These had to have lasted or be likely to last for 6 months or more.

A handicapped person was defined as a disabled person who was further identified as being limited to some degree in his/her ability to perform certain activities or tasks in relation to one or more of the following five areas: self care, mobility, communication, schooling, employment. Since the measurement of handicap could not be readily applied to children under 5 years of age, all disabled persons in this age group were regarded as being handicapped.

The main features of the survey results are:

- 1,264,600 Australians or 8.6 per cent of the population are handicapped. A further 4.6 per cent of the population are disabled but suffer no subsequent handicap.
- Of the 1,264,600 handicapped persons, 295,800 were midly handicapped, 253,700 were moderately handicapped and 513,900 were severely handicapped. (Severity of handicap was not determined for 201,200 persons with only a schooling or employment limitation, or aged less than 5 years).
- Of those who are handicapped, 111,000 are residents of health establishments and 1,153,600 are resident in households.
- The handicaps of persons in health establishments tended to be more severe than those of persons in households. For example, over 90 per cent of handicapped persons in health establishments were severely handicapped compared with 36 per cent of handicapped persons in households.
- As age increases the likelihood of being handicapped also generally increases. For example, in the age range 15 to 24 years, there were 66,200 handicapped persons (2.6% of persons aged 15 to 24) whilst in the age range 65 to 74 years there were over 220,000 (24.1% of persons aged 65 to 74).

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 1979 and represent the number of deaths registered that year rather than the number of deaths which actually occurred in 1979.

The major causes of death in the community in 1979 were ischaemic heart disease (accounting for 29.0 per cent), malignant neoplasms (cancers) (20.8 per cent), cerebrovascular disease (strokes) (12.6 per cent) and external causes of injury or poisoning (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 1979, 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 in 1979) 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, 1979

	Age group (years)									
Causes of death	*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	11	163	147	337	728	2,355	4,918	6,877	6,602	22,138
Ischaemic heart disease	–	1	6	73	516	2,116	5,468	9,501	13,251	30,937
Cerebrovascular disease	–	8	37	73	190	546	1,344	3,056	8,178	13,432
Other diseases of the circulatory system	20	24	42	92	161	489	1,045	2,156	7,162	11,193
Congenital anomalies	713	101	36	27	18	33	22	21	14	985
Certain conditions originating in the perinatal period	1,093	2	1	–	–	–	–	–	–	1,096
Bronchitis, emphysema and asthma	1	20	28	26	31	132	336	649	936	2,159
Other diseases of the respiratory system	84	53	27	36	60	214	549	1,280	2,711	5,015
Motor vehicle accidents	15	323	1,333	596	325	296	295	255	207	3,648
Other accidents	56	276	313	273	213	274	271	259	815	2,751
Suicides and self-inflicted injuries	–	3	305	358	279	307	232	143	48	1,677
All other causes(*b*)	541	261	318	386	462	1,053	1,648	2,458	4,399	11,537
All causes	**2,534**	**1,235**	**2,593**	**2,277**	**2,983**	**7,815**	**16,128**	**26,655**	**44,323**	**106,568**
					RATE(*c*)					
Malignant neoplasms	5	5	6	15	43	154	380	783	1,371	154
Ischaemic heart disease	–	–	–	3	30	139	423	1,082	2,752	215
Cerebrovascular disease	–	–	1	3	11	36	104	348	1,698	93
Other diseases of the circulatory system	9	1	2	4	9	32	81	246	1,487	78
Congenital anomalies	320	3	1	1	1	2	2	2	3	7
Certain conditions originating in the perinatal period	490	–	–	–	–	–	–	–	–	8
Bronchitis, emphysema and asthma	–	1	1	1	2	9	26	74	194	15
Other diseases of the respiratory system	38	2	1	2	4	14	42	146	563	35
Motor vehicle accidents	7	9	53	26	19	19	23	29	43	25
Other accidents	25	8	12	12	12	18	21	29	169	19
Suicides and self-inflicted injuries	–	–	12	16	16	20	18	16	10	12
All other causes	242	8	13	17	27	69	127	280	914	80
All causes	**1,136**	**36**	**103**	**99**	**175**	**512**	**1,247**	**3,035**	**9,205**	**739**
					PERCENTAGE(*d*)					
Malignant neoplasms	0.4	13.2	5.7	14.8	24.4	30.1	30.5	25.8	14.9	20.8
Ischaemic heart disease	–	0.1	0.2	3.2	17.3	27.1	33.9	35.6	29.9	29.0
Cerebrovascular disease	–	0.6	1.4	3.2	6.4	7.0	8.3	11.5	18.5	12.6
Other diseases of the circulatory system	0.8	1.9	1.6	4.0	5.4	6.3	6.5	8.1	16.2	10.5
Congenital anomalies	28.1	8.2	1.4	1.2	0.6	0.4	0.1	0.1	–	0.9
Certain conditions originating in the perinatal period	43.1	0.2	–	–	–	–	–	–	–	1.0
Bronchitis, emphysema and asthma	–	1.6	1.1	1.1	1.0	1.7	2.1	2.4	2.1	2.0
Other diseases of the respiratory system	3.3	4.3	1.0	1.6	2.0	2.7	3.4	4.8	6.1	4.7
Motor vehicle accidents	0.6	26.2	51.4	26.2	10.9	3.8	1.8	1.0	0.5	3.4
Other accidents	2.2	22.3	12.1	12.0	7.1	3.5	1.7	1.0	1.8	2.6
Suicides and self-inflicted injuries	–	0.2	11.8	15.7	9.4	3.9	1.4	0.5	0.1	1.6
All other causes	21.3	21.1	12.3	17.0	15.5	13.5	10.2	9.2	9.9	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*) *Total* includes 25 deaths where age is not known. (*b*) Includes 396 deaths from external causes and 503 deaths from infectious diseases. (*c*) 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. (*d*) 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 fetal death (stillbirth), special tabulations are prepared combining the two. These are termed 'perinatal deaths'. The statistical definition of perintal deaths in Australia has been amended for 1979 from that previously used, in accordance with a recommendation of the Ninth Revision Conference (1975) of the World Health Organization "that national perinatal statistics should include all fetuses and infants delivered weighing at least 500 grams (or, when birthweight is unavailable, the corresponding gestational age (22 weeks) or body length (25 cm crown-heel)), whether alive or dead". The following table incorporates a further recommendation of the Conference in that it shows for 1979 the number of fetal, neonatal and total perinatal deaths in Australia classified by both the main condition in the fetus/infant and the main condition in the mother;

The perinatal death rate for Australia continues to decline. In 1979 the rate (on the new definition) was 14.96 per 1,000 total births whereas, on the same definition, it was 16.11 in 1978 and 21.51 in 1974.

Of the conditions in the child, the two main groups responsible for perinatal deaths were *Hypoxia, birth asphyxia and other respiratory conditions* (34.1 per cent of the total) and *Congenital anomalies* (23.3 per cent). Forty-six per cent of all perinatal deaths did not mention any condition in the mother as contributing to the death. Of those deaths where maternal conditions were reported, 51 per cent were reported as being due to *Complications of placenta, cord and membranes.*

PERINATAL DEATHS BY CAUSE, AUSTRALIA, 1979

	Number of deaths			*Rate*		
Cause of death	*Fetal*	*Neonatal*	*Perinatal*	*Fetal(a)*	*Neonatal (b)*	*Perinatal (a)*
Conditions in fetus/infant—						
Slow fetal growth, fetal malnutrition and immaturity	122	217	339	0.54	0.97	1.51
Birth trauma	12	62	74	0.05	0.28	0.33
Hypoxia, birth asphyxia and other respiratory conditions	703	445	1,148	3.13	2.00	5.11
Fetal and neonatal haemorrhage	36	118	154	0.16	0.53	0.69
Haemolytic disease of fetus and newborn	19	9	28	0.08	0.04	0.12
Other conditions originating in the perinatal period	612	128	740	2.72	0.57	3.29
Congenital anomalies	242	540	782	1.08	2.42	3.48
Infectious and parasitic diseases	8	7	15	0.04	0.03	0.07
All other causes	3	79	82	0.01	0.35	0.36
Conditions in mother—						
Maternal conditions which may be unrelated to present pregnancy	232	115	347	1.03	0.52	1.54
Maternal complications of pregnancy	184	252	436	0.82	1.13	1.94
Complications of placenta, cord and membranes	730	200	930	3.25	0.90	4.14
Other complications of labour and delivery	43	59	102	0.19	0.26	0.45
No maternal condition reported	568	979	1,547	2.53	4.39	6.88
All causes—1979	**1,757**	**1,605**	**3,362**	**7.82**	**7.20**	**14.96**
1978	1,904	1,737	3,641	8.43	7.75	16.11
1977	1,896	1,869	3,765	8.31	8.26	16.51
1976	2,121	2,165	4,286	9.23	9.51	18.65
1975	2,178	2,217	4,395	9.27	9.52	18.70
1974	2,596	2,732	5,328	10.48	11.15	21.51

(*a*) Per 1,000 births registered (live births and stillbirths) weighing 500 grams or more at birth. (*b*) Per 1,000 live births registered weighing 500 grams or more at birth.

Note: The statistics for the years 1974 to 1978 in this table are also based on the revised definition used for 1979.

Cremations

The first crematorium in Australia was opened in South Australia in 1903. At 31 December 1980 there were thirty-eight crematoria in Australia, situated as follows: New South Wales, 17; Victoria, 4; Queensland, 9; 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 1978 was 50,103 (46.2 per cent of all deaths); in 1979 it was 49,568 (46.5 per cent of all deaths) and in 1980 the number was 50,629 (46.6 per cent of all deaths).