

ROYAL ACADEMY OF MEDICINE IN IRELAND

SECTION OF EPIDEMIOLOGY AND PREVENTIVE MEDICINE

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VACCINATION STATUS OF SCHOOL ENTRANTS

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The history of compulsive vaccination is not new. It started in 1807 in Bavaria when vaccination against variola was made compulsory.

There have been suggestions that vaccinations against childhood illnesses should be made compulsory before a child may enter school.

This prompted us to look at the vaccination status of a cohort of our school entrants in Co. Wexford.

The results of the survey which looked at the immunisation status of 542 children presenting for their initial examination in the school medical service in the school year 1987-88 indicated that:

95% had received BCG

56% had received 2/1

39% had received 3/1

97% had received polio vaccination

and 38% had received a booster of 2/1 + polio before school entry.

Because the uptake of boosters was so poor we started to provide boosters at the Health Centre and sent notices home to parents from school about the need for boosters. Following this the uptake improved considerably.

Our results would indicate that while the uptake of these vaccinations still holds room for improvement this can be done by means of improving our Health Education programme for parents and by making it easier to avail of vaccinations without the need for laws compelling them to do so.

A review of the relevant literature would indicate that similar results have been found elsewhere in Europe.

IRISH WOMEN'S KNOWLEDGE OF AND ATTITUDE TOWARDS CERVICAL CANCER SCREENING

Patricia McDonald.

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The purpose of the study was to obtain women's opinions on cervical cancer screening and to identify barriers to responding to a screening programme.

Questionnaires were administered to a presenting sample of 150 female medical card holders attending their general practitioners in the Dublin area.

The majority of these women had heard of the smear test but knowledge of its function was confined to the perception that it is to detect rather than to prevent cancer. Although three-quarters had had a test, one-third had not had one in the previous 6 years. Over half gave a clear test while only 44% were willing to attend their own doctor. Older women were significantly less willing to have a smear test.

In the light of these findings, it was recommended that a screening programme should

- 1) Communicate the preventive role of the smear test.
- 2) Give the option of having the test performed by a female.
- 3) Develop a special approach for the older woman.

A STUDY OF CONSUMER SATISFACTION AND APPROPRIATE UTILISATION OF A PAEDIATRIC HOSPITAL OUT-PATIENT CLINIC

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This study was undertaken with the background of the current emphasis on out-patient care especially for children in Ireland. The aim was to evaluate a general paediatric out-patient clinic with regard to certain aspects of consumer satisfaction and the appropriateness of the level of care.

150 accompanying parents were interviewed at the general medical paediatric out-patient clinics at the Cork Regional Hospital. In addition a structured questionnaire was completed by the paediatrician consulted by each study member. The parents' questionnaire was used to assess satisfaction with the clinic attendance while the paediatrician's questionnaire detailed their subjective judgement of the appropriateness of the visits under review.

A high level of overall satisfaction was expressed by the parents with the clinic: 59% were very satisfied; 39% were satisfied with reservations and only 2% were dissatisfied. The time spent waiting and the conditions in the waiting room emerged as the major causes of discontent while, the medical care was the major reason for favourable comment. Satisfaction was not associated with sociodemographic details, costs incurred or the perceived seriousness of the child's complaint. However, satisfaction was significantly related to the parent finding out all that they wanted to know about the child's condition at the clinic.

Some deficiencies in the input of primary care were highlighted. Although almost half of the children at the clinic were initially referred by a general practitioner: only 20% of the attenders had any investigation ordered by a primary care doctor; only 20% of those on medication had been prescribed same by their family doctor and only 50% of return patients had visited their own doctor in between clinic visits.

As a result of the study it was recommended that combined care protocols for common childhood diseases should be developed and case management plans should be formulated at the first clinic visit in consultation with the general practitioner. The urgent need to reduce the waiting time at the clinic and to improve play facilities in the waiting area was stressed. The need for review of general practitioner's use of investigative procedures was recommended. It was suggested that clinic staffing arrangements should be altered in order to improve opportunities for good doctor-patient communication.

CHILD SEXUAL ABUSE: A PROFILE OF VICTIMS AND THEIR FAMILIES IN RELATION TO INTERVENTION AND SHORT-TERM OUTCOME

Elizabeth Keane.

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The sexual abuse of children is a problem that has become prominent in the past 10 years. There is a lack of research into its epidemiology and management.

Girls were three times likely to be victims as boys. The mean age

of onset of abuse was 4.5 years and 10.1 years at presentation. Pre-school children accounted for 17.5% of victims. The majority (83.5%) of children were abused more than once and in 40% of these the duration was longer than 3 years. In most (97%) cases the abuser was male and either a family member or known to the family. Seventy per cent of victims suffered serious abuse.

Two-thirds of families were in social classes 5 or 6, more than twice the area population. Families were twice as likely to live in urban rather than rural areas.

Positive physical findings were evident in 17% of cases. One in ten of the children entered foster care. Almost half of the perpetrators who were household members remained at home.

The mothers of victims, in general, were satisfied with the support (68.8%), information (87.5%) and communication (81.3%) with health professionals following notification of the abuse.

This study highlights the extent of child sexual abuse within a rural area. It provides guidelines for the development of preventive programmes. It raises concern at the outcome of intervention research in this subject while emphasising the urgent need for further research particularly on the longterm sequelae and the effects of intervention on abused children and their families.

U.T.I. SCREENING OF PATIENTS' URINE USING MULTISTICK 10 SG

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A prospective study was carried out in July/August 1989. It examined the ward urine screening procedures used in a Dublin hospital compared with laboratory findings. A pilot study identified 9 wards as being representative of the overall hospital population, and 621 consecutive urine samples were then obtained. The aims of this study were to evaluate the performance of a new Multistick 10 SG against the ward dipstick, laboratory dipstick, culture and microscopy results, and to establish the level of agreement between ward (Multistick SG) and laboratory (Uriflet 8A) measurements.

A U.T.I. prevalence rate of 10.5% was found. The sensitivity, specificity and predictive values of protein, blood, nitrate and leucocyte esterase dipstick tests alone, or in combination were calculated. Culture as defined by Kass' criteria was used as a gold standard.

Multistick 10 SG (nitrite, leucocyte esterase, protein and blood) had a negative predictive value of 96.8% and was recommended as a useful screening tool for eliminating negative urines at ward level. While Multistick 10 SG (nitrite and leucocyte esterase) showed similar predictive value (96.41%) it also indicated a higher sensitivity.

Laboratory microscopy (white blood cells and bacteria) had an acceptably high negative predictive value of 97.3% with a sensitivity of 82.8% and specificity of 74.3%

The results of the positive predictive value were not acceptably high in any case, due to an increased number of false positives. Three confounding factors were highlighted which had a notable influence on results: Specimen collection and transport; Antibiotic status of the patient; Inclusion of catheter specimens.

Recommendations have been made at ward and laboratory level to address the issues raised by the study.

THE ECONOMIC COST OF AN OUTBREAK OF SALMONELLA TYPHIMURIUM FOOD POISONING

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In July 1989, a large outbreak of salmonella typhimurium occurred in persons who attended a barbeque. The outbreak resulted in considerable morbidity. The study examined the economic impact of the outbreak. Data was collected on the following costs incurred during the investigation:

The number of days of hospitalisation.

The number of general practitioner visits.

The number of microbiological samples processed.

Salaries, travel and sundry costs to the Health Boards in the investigation and management of the outbreak.

Amount of work and leisure time lost due to illness.

The average cost for each item and the number of units of economic activity for each item lost or used in the outbreak were determined.

The overall cost of the outbreak was £84,251 of which one third was borne by the individuals involved and their employers. The economic implications of such an outbreak are considerable in view of the fact that such food borne illness are entirely preventable.