The recently completed reporting year has seen a continuing increase in the level of health surveillance and immunisation services provided to the councils that form the Eastern Health Authority.

The H1N1 influenza pandemic placed significant strains on the Authority, with increased demand from both the general public and businesses seeking to protect their workers from the disease. It is a testament to staff that normal service provision continued uninterrupted during this period.

The Icelandic volcano eruption although on the other side of the world also had an impact because the delivery of the H1N1 vaccine was interrupted to the extent that the supply of the vaccine had to be rationed to the most critical areas of the community until reliable supplies were restored.

The educative and monitoring work conducted in the area of environmental health continues to grow with many positive impacts on businesses being observed. We believe that this work helps to reduce diseases that may result from poor maintenance and hygiene. As an example, inspections of an increasing number of warm water systems and cooling towers assist in reducing the incidence of Legionnaires Disease.

The operations of the Authority illustrate the increase in efficiency and effectiveness that is achievable by the grouping of common council service operations into a single organisation dedicated to the provision of these services. Staff can be efficiently allocated to whatever council area that requires the services without impacting on the overall efficiency of the organisation.

Members of the community who reside in our various constituent councils are able to attend any of our public clinics within our extended area. Our clients know that the services are delivered by the same organisation and its staff wherever they attend. They are provided with a huge range of dates, times and locations which is one demonstration of the benefits of regional cooperation.

I congratulate the CEO, Michael Livori, and his dedicated staff who have achieved miracles in the performance of the operations of the Authority creating a model that can be used by other councils if they so desire.

An organisation such as the Authority cannot do its work well without the support of a Board that is switched onto the requirements of the organisation. The existing Board has performed this task very well and I thank them for their efforts this year.

It has also been my greatest pleasure to chair the Board over the last 12 months, helping the Authority deal with complex environmental health issues in a climate of chaos.
The Eastern Health Authority (the ‘Authority’) is a regional subsidiary established pursuant to the Local Government Act 1999. Section 43 of the Local Government Act 1999 enables two or more councils (known as constituent councils) to establish a regional subsidiary to perform a function of the councils in a joint service delivery arrangement. The function performed may be prescribed by the Local Government Act or another Act.

The Authority’s constituent councils are:

- City of Burnside
- Campbelltown City Council
- City of Norwood Payneham and St Peters (NPSP)
- City of Prospect
- The Corporation of the Town of Walkerville.

The region that the five councils encompass is predominantly residential with retail / commercial land use and limited industrial activity. Development dates from the mid 1800s and many heritage-listed buildings remain. Major features of the area include popular dining and shopping precincts, numerous public and private schools, large sporting complexes, public swimming centres, hospitals, two national parks and one university. The River Torrens and five major creeks traverse the area.
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The diversity and increasing complexity of environmental health makes it difficult for small organisations to have staff who are experienced and fully competent across all spheres of the profession. The Authority is structured to proficiently deliver all required services on behalf of its constituent councils.

Service provision opportunities minimise the constituent councils’ financial contributions to the Authority’s operations. During 2009, the Authority successfully tendered to provide immunisation services for Adelaide City Council. Licensing of supported residential facilities continues to be contracted to the Authority and performed under delegated authority on behalf of the City of Unley.

The Authority discharges its constituent councils’ environmental health responsibilities that are mandated in the following legislation:

- Public and Environmental Health Act 1987
- Food Act 2001
- Supported Residential Facilities Act 1992
- Environment Protection Act 1993

A wide range of functions are performed to protect the health and wellbeing of 156,464 residents plus those people who visit the region. Functions include the provision of immunisation services, hygiene and sanitation control, licensing and monitoring of supported residential facilities and surveillance of food premises.
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The Authority is a body corporate, governed by a Board of Management.

The Board of Management is responsible for managing the business and administrative affairs of the Authority, ensuring that it acts in accordance with its Charter. Two elected members from each constituent council comprise the Board, which consists of ten members.

The Board met five times during the year to consider the Authority’s business. Meetings were conducted in accordance with the Local Government (Procedures and Meetings) Regulations 2000. The Board also met informally at a workshop that was held to discuss the 2010-11 budget.

During 2009-10, the Board considered two items where it was necessary to exclude the public from discussion. The table below identifies the grounds on which the Board determined to exclude the public.

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**Board of Management as at 30 June 2010**

**Terence Cody**  
Campbelltown City Council  
Chairperson  
Meetings attended: 5

**Lance Manser**  
City of Norwood Payneham & St Peters  
Deputy Chairperson  
Meetings attended: 6

**David Lincoln**  
City of Burnside  
Board Member  
Meetings attended: 2

**Andrew Hillier**  
City of Burnside  
Board Member  
Meetings attended: 3

**Anne Fitzharris**  
Campbelltown City Council  
Board Member  
Meetings attended: 2

**Sue Whittington**  
City of Norwood Payneham & St Peters  
Board Member  
Meetings attended: 4

**Grace Fitzpatrick**  
City of Prospect  
Board Member  
Meetings attended: 5

**Tim Newall**  
City of Prospect  
Board Member  
Meetings attended: 3

**Carolyn Wigg**  
Corporation of the Town of Walkerville  
Board Member  
Meetings attended: 5

**Heather Wright**  
Corporation of the Town of Walkerville  
Board Member  
Meetings attended: 5
The Eastern Health Authority continued to deliver very high quality environmental health services to more than 150,000 residents who live in the areas serviced by our constituent councils during 2009-2010. This quality of service was yet again recognised by the Public and Environmental Health Council through the Authority being shortlisted for the Public and Environmental Health Award for Metropolitan Councils. This award recognises and rewards efforts in attaining excellence in the field of public and environmental health. I can proudly say that we have been a finalist in four of the five years since the awards inception and the inaugural winner in 2006.

The increase in demand for access to the Authority’s Public Immunisation Services continued through a year which saw the longest Seasonal Influenza Program in history. The Swine Flu (H1N1) pandemic was the catalyst which elevated awareness and the demand for influenza vaccines to unprecedented levels.

The result was a 47% increase in the number of clients seen at public clinics and a 60% increase in worksite clients for the year. October to December 2009 was incredibly busy with almost twice the average number of monthly vaccines being delivered at peak demand.

It is important to know how you are perceived by your customers and we had planned to undertake an immunisation survey during the year. The timing of the survey happened to coincide with the peak in immunisation demand. We decided to continue irrespective of the H1N1 pandemic and the survey results in this environment were truly remarkable.

During a period when clients may be waiting up to 2 hours to be vaccinated, 99% of those clients surveyed were satisfied by the service. Staff performance was rated on average at greater than 4.5 out of 5 (90%+) by respondents against a range of professional and customer service indicators. The results are a reflection of an extremely professional and dedicated team of nurses and support staff who deliver our programs.

Food safety enforcement continues to be core business and the Authority continues to be an industry leader in this area. Last year we reported on a significant increase in enforcement activity, particularly with the issue of formal improvement notices. The changes that were seen across the board in food premises during the past year resulting from this activity are considerable.

We have seen a reduction in the required inspection frequency, a reduction in food handling complaints and a significant reduction in the number of improvement notices issued. It was very pleasing to see that the vast majority of businesses who were given an improvement notice the previous year were not issued with one this year.
I believe we have a very fair and balanced approach to our enforcement in the food area and we continue to complement enforcement with onsite education and our Preventing Kitchen Nightmares food handler training sessions.

There are a growing number of people living in squalor in South Australia and dealing with issues involving domestic squalor can be complex, problematical and time consuming. There are many factors which complicate effective resolution of a squalor situation such as compulsive hoarding, mental health issues and social isolation.

We were involved in a number of significant issues during the last year where our environmental health officers went far above and beyond the call of duty to enable effective outcomes for vulnerable persons. In one situation officers even went as far as applying to have guardians appointed to monitor the welfare of the persons involved when they became aware that they had been severely financially disadvantaged by unscrupulous people and that their health was extremely poor.

A number of matters required a long and arduous process to achieve resolution. Much of the work done was far beyond what we are legally required to do as a Health Authority. I am extremely grateful for the dedication of the staff in the resolution of issues such as these.

A periodic review of the Authority’s charter was finalised in March 2010. The revised Charter is now more contemporary and strengthens governance provisions. One such change is the requirement to establish an Audit Committee. The Audit Committee will be responsible for overseeing and monitoring the participation of management and external auditors in the financial reporting process. It will also consider business risks, corporate and financial governance responsibilities and legal compliance.

The South Australian Public Health Bill 2009 was released for public consultation during August 2009. The Public Health Act will replace the Public and Environmental Health Act 1987 and will significantly change the approach to we take in protecting and promoting public health. While not finalised, the new legislation will broaden local government’s role and provide us with significant challenges. I am confident that our structure and capacity is extremely well placed to deal with the challenges that do result.

I remain privileged and proud to be involved with an organisation that has staff who are caring, committed and professional and without peer in the provision of exceptional environmental health services. I thank them sincerely for their efforts in this reporting period.

The Board of Management continues to be proactive supporters of Environmental Health and understand its importance in relation to the communities we serve. On behalf of the staff and myself I would like to thank them for their continuing support.

Michael Livori
Chief Executive Officer
The efficient and effective management of the affairs of the Authority are the responsibility of the Chief Executive Officer.

The Authority comprises three functional areas - environmental health, immunisation and administration. The importance of good administration and governance to support environmental health and immunisation service-delivery functions has prompted several new projects, discussed in this section.
The staffing of the Authority as at 30 June 2010 was:

- Chief Executive Officer
- Senior Environmental Health Officer
- Environmental Health Officers (7.6 FTE)
- Team Leader Immunisation Services
- Immunisation Nurses (3.0 FTE plus casual staff employed as required)
- Team Leader Administration
- Clerical Officers (2.1 FTE plus temp staff employed as required)
- Medical Officer of Health (Dr Rodney Pearce - consultant)
- Auditor (Dean Newbery and Partners)
PROFESSIONAL DEVELOPMENT AND PROFESSIONAL AFFILIATION

The Board of Management and staff pride themselves on delivering high quality but efficient services to the constituent councils. Competent and professional staff are vital to the Authority being able to maintain this standard. Ongoing professional development and affiliation with professional networks ensures that staff continue to be exposed to new concepts and expand their knowledge.

Education and training sessions attended by staff during the reporting period addressed the following topics:

- Mandatory notification of child abuse
- Cardiopulmonary resuscitation
- Senior first aid
- Consent for immunisation of school children
- 2, 4 and 6 month old encounters at public immunisation clinics
- 'Immunisation - The Basics'
- H1N1 immunisation
- 'We are family' pet safety
- Ergonomic workstation assessment
- Manual handling
- Environmental Health Australia 32nd State Conference
- 'Training Tactics' for adult learning
- Evidence gathering and enforcement procedures
- Swimming pool operation and maintenance
- Creating reports with Crystal
- Legionella control and warm water systems
- 'Health Manager' system administration
- Excel 2007 Intermediate
- Website content management with Drumbeat

The ‘Professional Certificate In Immunisation’ offered by the University of South Australia aims to provide registered nurses with the knowledge, skills and experiences to competently provide quality immunisation services. The course is three months in duration and delivered online with discussion forums, power point lectures, audio interviews and video streaming of immunisation procedures. Having successfully completed the required assignments, a newly appointed immunisation nurse attained the Certificate during the reporting period.

Workforce shortages have had a direct impact upon staff recruitment. One strategy to address this is to ensure that university graduates are aware of the opportunities for a profession in local government. During the reporting period, two second year students (one environmental health and one nursing) were hosted during their community field placements. Staff mentored the students during their placements which varied from one week fulltime to six weeks part-time.

Professional associations that the Authority and / or staff hold membership of include Environmental Health Australia, Public Health Association of Australia and South Australia Immunisation Network. Meetings of Special Interest Groups and the ImPs Users Group were regularly attended.
OCCUPATIONAL HEALTH, SAFETY AND WELFARE

During 2009, the Local Government Association Workers Compensation Scheme (LGAWCS) appointed a consultant to help local government subsidiaries bring their occupational health, safety and welfare (OHSW) policies and procedures in line with model documents. With the consultant’s guidance, new OHSW policies were endorsed during 2010 and the review and adaption of OHSW procedures commenced. This involves a significant upgrade of the Authority’s current OHSW system to ensure compliance.

Staff participated in the Local Government Association’s Changing Shape Program, which involves health assessments, skin cancer checks and the new ‘Step Up’ program. ‘Step Up’ involved the use of a pedometer to improve physical activity prior to participants’ health assessment so that the positive outcomes of a healthy lifestyle could be seen.

As an ongoing OHSW program, five Diphtheria Tetanus Pertussis (dTpa), three Hepatitis A & B and two HPV vaccinations were administered to staff. 100% of staff received the H1N1 influenza vaccine offered in October 2009 and there was a similar uptake by staff for annual influenza vaccination in March 2010.

ANNUAL BUSINESS PLAN

Each year the Authority develops an Annual Business Plan that identifies the organisation’s core activities, outlines actions and sets measures to assess performance. Significant factors that influenced the preparation of the 2009-10 Annual Business Plan were:

- ongoing auditing of food businesses that serve “Vulnerable Populations”;
- an increase in administrative impact of food auditing, registration of cooling towers and warm water systems and ongoing immunisation programs.
- Enterprise Bargaining and increment level increases for staff employment arrangements.

2009-10 was a challenging year due to the continuing implementation of Food Safety Standard 3.3.1 (Food Safety Programs for Food Service to Vulnerable Populations) and the Public and Environmental Health (Legionella) Regulations 2008. The Australian H1N1 Influenza vaccination program, an unknown influence at the time the business plan was prepared, further strained services.

Despite this, evaluation of core program indicators shows that a majority of performance targets were met and positive outcomes for public health were demonstrated. A full report detailing performance against the business plan was presented to the Board of Management during August 2010.
RECORDS MANAGEMENT

In March 2010 an information and records management consultant was engaged to assess the Authority’s records management systems and practices. It was identified that development and implementation of a records management program is required. This will ensure the organisation can be accountable, be compliant, operate efficiently, provide timely access to accurate information to all stakeholders and mitigate risks.

A records management plan has been developed and an electronic records management system was approved in the 2010-11 budget. Implementation will commence in late 2010.

Included in this process is the development of a disposal program including adequate sentencing of existing inactive records and the mandatory transfer of permanent records to State Records.

Training for all staff on the new system is part of the implementation process.

WEBSITE

The website continues to provide current information and details about our services to the public. Following the website’s launch mid 2009, three staff members received training to enable continuous improvement of its functionality and content. Public accessibility to information and services has improved particularly in relation to immunisation, such as availability of the H1N1 (Swine flu) vaccine and withdrawal of the seasonal flu vaccine for children under five years of age. Indications show that the website is being well utilised as there were 3,466 hits relating to H1N1 alone during the last financial year.

Environmental health issues are also well represented and received on the website. This is shown by the number of hits, for example 1,597 hits were made for food business notification.
BUSINESS CONTINUITY
The Business Continuity Plan outlines how the Authority will recover and restore services in the event of an emergency affecting the organisation itself. Computer systems are essential to many critical functions such as accounting, records management, employee pay and data relating to environmental health and immunisation.

The plan contemplates the implementation of a computer fail-over system. In the event of a major incident where computer systems are lost, it will be possible to access our systems via a fail-over system in a relatively short period of time ensuring critical functions continue appropriately.

Procurement and implementation of a fail-over system was approved in the 2010-11 budget.

FREEDOM OF INFORMATION
Two freedom of information applications were received during 2009-10. Information requested by one applicant was released, however the second application was rejected as there was no information that matched the request.
The Minister for Health received this H1N1 (swine flu) vaccine at the SA Health Media Conference which was hosted by the Authority at its Payneham immunisation clinic.

137 food handlers attended the Authority’s food handler training session ‘Preventing Kitchen Nightmares - A Guide to Food Safety Fundamentals’.

Food Safety Week was promoted at Northpark Shopping Centre to highlight the importance of food safety in light of Australians seeking good value whilst cooking and entertaining more at home.

A project to inform parents that immunisation of their four year old children was overdue resulted in 62% subsequently reporting their booster vaccines to the Australian Childhood Immunisation Register.

OBJECTIVE
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Promotion of public and environmental health is a statutory requirement of all Councils under the Public and Environmental Health Act 1987, which states:

Section 12A(2) . . . it is the duty of a local council -

(a) to promote proper standards of public and environmental health in its area; and

(b) to take reasonable steps to prevent the occurrence and spread of notifiable diseases within its area.

Health promotion compliments and supports the Authority’s enforcement functions and is vital to creating healthy living environments and positive health outcomes. Health promotion activities that are routinely undertaken include:

• Promotion of public health messages via publications produced by the constituent councils.
• Display of public health promotional and hand-out material in the customer service areas of the constituent councils, libraries and the Authority.
• Mail-out of the annual immunisation clinic timetable to community centres.
• Attendance at the ‘Parent & Baby Expo’ immunisation stand sponsored by the Immunisation Section SA Health.
• Immunisation education sessions at child care centres.

PREVENTING KITCHEN NIGHTMARES - A GUIDE TO FOOD SAFETY FUNDAMENTALS

The food handler training session ‘Preventing Kitchen Nightmares - A Guide to Food Safety Fundamentals’ continued into its second successful year. Environmental Health Officers conducted seven training sessions with 117 people attending. There was also a request from a food business for in-house training that was attended by 20 staff.

Initially the training program attracted food handlers from food businesses that provided food to vulnerable populations. However, over the past year there has been a shift of interest with restaurants, deli’s, home businesses and takeaway food premises registering their staff to attend.

The training program was reviewed at the beginning of 2010. A stronger emphasis was placed on safe food processing in the presentation and new activities were introduced to help participants better understand methods of temperature control, in particular cooling of potentially hazardous food.

The training program has been a success and a learning experience for all involved. Officers have seen a significant improvement in the standard of food handling and cleanliness of businesses whose staff attended. In addition, the training has enabled officers to develop a rapport with food handlers, proprietors and managers resulting in a positive reception during inspections.
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- Prevention Kitchen Nightmares - a Guide To Food Safety Fundamentals.

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Food Safety Week is a national event and initiative of the Food Safety Information Council. The theme for 2009 ‘Safe Food - Smart and Great Value’ focussed on food safety in light of Australians seeking good value whilst cooking and entertaining more at home.

On 12 November 2009, the Authority promoted Food Safety Week at Northpark Shopping Centre. The public were informed over the PA system that there would be a questions and answer session, the attraction being a free cooler bag for all participants. Questions addressed the Food Safety Week theme and included bulk buying, freezing, thawing, cold storage and cross contamination.

A display stand was stocked with a range of promotional materials and gifts which drew public interest. Environmental Health Officers passed on valuable information to remind people just how important food safety is in preventing food poisoning and its potentially life threatening consequences.

To reduce both the nuisance and illness impacts of mosquitoes, a proactive approach was taken by promoting personal protection and avoidance measures within the community. ‘Fight the Bite’ promotional information developed by SA Health including posters, pamphlets and fact sheets was distributed during the summer period as mosquito populations started to increase. The relevant literature was delivered to the constituent councils, libraries, medical centres, community centres, caravan parks and other venues where mosquito problems may occur. Where necessary, the issue at hand was discussed at each venue and they were advised to contact the Authority for any further help or information.
HEPATITIS A - A HIDDEN RISK FOR FOOD HANDLERS & THE COMMUNITY

A proposal for an adult immunisation program - 'Hepatitis A - A hidden risk for food handlers & the community' was submitted to the GlaxoSmithKline Adult Immunisation National Grants Program 2009. Our submission was highly regarded by the judges and made the final shortlist, but was not successful in obtaining the grant.

H1N1 INFLUENZA VACCINATION PROMOTION

Following the launch of the Australian Governments H1N1 Influenza Vaccination Program, the Authority hosted SA Health’s media conference and promotion campaign to remind people to have their vaccination. As shown in the photo below, the message succeeded and high client attendance was observed at our dedicated H1N1 clinics held from October 2009 to January 2010.

OVERDUE FOUR YEAR OLD RECALL

A 3-month project was undertaken to recall four year olds whose immunisations were overdue, regardless of their previous immunisation service provider. The project captured children who live within the area covered by our constituent councils and Adelaide City Council. Support and assistance was provided by the Australian Childhood Immunisation Register (ACIR) and the Immunisation Section of SA Health.

According to ACIR, 119 children were due for their 4 year old booster vaccines. Following a letter being sent, ACIR records were reviewed to determine the number of children who had attended for vaccination. 73 of 119 (61.34%) of children have subsequently had their 4 year old booster vaccines reported to ACIR.

Get Set for Kindy...
Immunisations are due at 4.
Hepatitis A - a hidden risk for food handlers & the community

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H1n1 influenza vaccination promotion

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Immunisation Nurse and a 4 year old client with ‘sweet’ distraction
A customer satisfaction survey found that 99% of clients were satisfied with the immunisation service they received and 96% highly value the service.

7689 H1N1 and seasonal influenza vaccines were provided to the community through public clinics and worksite programs.

7068 clients attended our public clinics and received 11978 vaccinations, a 47% increase in client attendance and a 21% increase in vaccinations.

A 100% increase in dTPa immunisation resulted from immunisation nurses promoting vaccination to parents and close family contacts of newborn infants because of continued outbreaks of whooping cough.

4012 vaccinations were delivered through the worksite program, an increase of 63% when compared with the previous year.
immunisation

The provision of a comprehensive, accessible and efficient immunisation service valued by the community

OBJECTIVE

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- 7689 H1N1 and seasonal influenza vaccines were provided to the community through public clinics and worksite programs.
- 7068 clients attended our public clinics and received 11978 vaccinations, a 47% increase in client attendance and a 21% increase in vaccinations.
- A 100% increase in dTPa immunisation resulted from immunisation nurses promoting vaccination to parents and close family contacts of newborn infants because of continued outbreaks of whooping cough.
- 4012 vaccinations were delivered through the worksite program, an increase of 63% when compared with the previous year.
The success of government immunisation programs has dramatically reduced morbidity and mortality of vaccine-preventable diseases in the population, especially in infants and young children. The Authority contributes to this success as a proactive local government immunisation provider whose services encompass three main programs: public clinics, schools and workplaces. Education and balanced information on the benefits and possible risks of immunisation, including the implications of refusing immunisation is a valued part of our comprehensive service.

The increasing demands on the Authority’s public clinics prompted a client survey to be undertaken as part of the annual immunisation service evaluation and review. The survey aimed to identify strengths, weaknesses and critical factors to guarantee an ongoing successful service.

As shown in the following graph, the clients surveyed were very satisfied with the staff and how the immunisation service is delivered. We believe it highlights that the investment made in training, customer service and staff development is recognised by our clients and is valued highly by them.

Out of 5 how would you rate staff performance?

Even with very long waiting periods, sometimes up to one to two hours for the H1N1 vaccine, 99% of clients were satisfied with the service they received.

The survey also found that the community highly values the immunisation service. 85% of clients rated local government immunisation services as very important, and in total 96% considered that the service is important.
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Are you satisfied with EHA's immunisation service?

How would you rate the importance of local government immunisation services?

Out of 5 how would you rate staff performance?

4.6
4.55
4.5
4.45
4.4
4.35
4.3
4.25
4.2
4.15
4.1
4.05
4.0
3.95
3.9
3.85
3.8
3.75
3.7
3.65
3.6
3.55
3.5
3.45
3.4
3.35
3.3
3.25
3.2
3.15
3.1
3.05
3.0
2.95
2.9
2.85
2.8
2.75
2.7
2.65
2.6
2.55
2.5
2.45
2.4
2.35
2.3
2.25
2.2
2.15
2.1
2.05
2.0
1.95
1.9
1.85
1.8
1.75
1.7
1.65
1.6
1.55
1.5
1.45
1.4
1.35
1.3
1.25
1.2
1.15
1.1
1.05
1.0
0.95
0.9
0.85
0.8
0.75
0.7
0.65
0.6
0.55
0.5
0.45
0.4
0.35
0.3
0.25
0.2
0.15
0.1
0.05
0.0

PANDEMIC AND SEASONAL INFLUENZA

Swine (H1N1) & Seasonal Flu vaccination dominated service provision for the year. The 2009-10 ‘Flu Season’ simply rolled on from the 2008-09 season, making it the longest ‘Seasonal Influenza Program’ ever experienced. Enquiries and high demand for flu vaccinations continued for over twelve months, and kept pace with media and government releases on the H1N1 influenza pandemic.

While participation in the Australian Government’s H1N1 Influenza Vaccination Program was voluntary, 47 dedicated H1N1 public clinics were conducted during October, November and December 2009 for the wellbeing of our communities. A total of 2874 H1N1 influenza vaccinations were provided at these clinics.

In total an exceptional number of 7689 influenza vaccines (H1N1 and seasonal influenza) were provided to the community at our public clinics and worksite programs. Our website received over 9800 hits during the peak period for influenza information highlighting the level of interest in the vaccine.

2009-10 has seen awareness of the benefits of annual influenza immunisation dramatically increase within the general community and business sector, especially by younger adults and those who do not consider themselves ‘at risk’. The increasing demand for seasonal flu vaccination can be seen as a positive outcome from the H1N1 influenza pandemic.

Protect yourself, your family and the community

get your free swine flu vaccine now

Ask your GP now or call 180 2007 for more information or go to www.healthemergency.gov.au

*GPs may charge a consultation fee.

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PUBLIC IMMUNISATION CLINICS

Approximately 30 clinics per month were held this year and attended by 7068 clients who received 11978 vaccinations. This was a 47% increase in client attendance and a 21% increase in vaccinations compared to the previous year. The availability of the government funded H1N1 influenza vaccine from October 2009 contributed significantly to these increases.

Immunisation programs are targeted at whole populations because it is important to achieve the required ‘herd immunity threshold’ to prevent disease outbreak. Statistically over 50% of children diagnosed with whooping cough will be infected by adults who are close family members. Vaccination remains one of the most effective ways to reduce the amount of whooping cough in the community. Due to continued outbreaks of whooping cough in 2009-10, the immunisation nurses actively encouraged diphtheria, tetanus, pertussis (dTpa) vaccination to clients who had regular contact with newborn infants. The dTpa promotion to parents, grandparents and close family members resulted in 248 booster doses of whooping cough provided at the public clinics to parents and close family contacts. This was an increase of 124 or 100% on non-funded dTpa immunisation from the previous year.

The graph opposite illustrates the ongoing increase in demand at the public clinics over the last three years. Peaks in attendance from October to December 2009 and again during March to April 2010 coincide with H1N1 and seasonal influenza immunisation programs. This spike in demand emphasises the need for a range of immunisation services that the community can access during a period of high demand such as the recent pandemic.

One of the benefits of providing immunisation by a regional subsidiary is that the communities in the councils serviced have a wide choice of immunisation venues, dates and times.

The table opposite illustrates the fact that residents take advantage of this variety. If we take the 296 Walkerville clients as an example we find that while 36% attended the Walkerville clinic, 28% attended Payneham and a further 21% attended St Peters. Walkerville residents attended every one of the venues offered during the year. This trend is similar for all councils served. The availability of such a variety of clinics to our residents is an important strategy in improving access to services and enhancing immunisation coverage.
Ratepayers per Council and Clinics attended for 2009-10

<table>
<thead>
<tr>
<th>Client Council of Origin</th>
<th>Total Number of Clients From Each Council Area</th>
<th>Burnside</th>
<th>Campbelltown</th>
<th>Prospect</th>
<th>Walkerville</th>
<th>NPSP</th>
<th>Payneham</th>
<th>Adelaide</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnside</td>
<td>1384</td>
<td>40%</td>
<td>5%</td>
<td>2%</td>
<td>2%</td>
<td>14%</td>
<td>36%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>Campbelltown</td>
<td>1507</td>
<td>5%</td>
<td>37%</td>
<td>1%</td>
<td>2%</td>
<td>13%</td>
<td>42%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>NPSP</td>
<td>2148</td>
<td>6%</td>
<td>4%</td>
<td>2%</td>
<td>3%</td>
<td>24%</td>
<td>60%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>Prospect</td>
<td>497</td>
<td>4%</td>
<td>1%</td>
<td>38%</td>
<td>8%</td>
<td>19%</td>
<td>29%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>Walkerville</td>
<td>296</td>
<td>5%</td>
<td>5%</td>
<td>3%</td>
<td>36%</td>
<td>21%</td>
<td>28%</td>
<td>2%</td>
<td>100%</td>
</tr>
<tr>
<td>Adelaide</td>
<td>391</td>
<td>7%</td>
<td>2%</td>
<td>14%</td>
<td>8%</td>
<td>18%</td>
<td>26%</td>
<td>25%</td>
<td>100%</td>
</tr>
<tr>
<td>Other</td>
<td>845</td>
<td>16%</td>
<td>10%</td>
<td>11%</td>
<td>5%</td>
<td>17%</td>
<td>35%</td>
<td>6%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7068</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SCHOOL BASED IMMUNISATION PROGRAM

Ninety-two sessions at 24 schools were booked for the 2010 School Based Immunisation Program (SBIP) which involved:

- year eight male and female students receiving two doses of Hepatitis B vaccine;
- year eight male and female students receiving one dose of Varicella (chicken pox) vaccine;
- year eight female students receiving three doses of Human Papillomavirus (HPV) vaccine;
- year nine male and female students receiving one dose of Diphtheria-Tetanus-pertussis (dTpa) vaccine.

Additional to normal SBIP funding, the State Government negotiated service delivery funding with local government to enable H1N1 vaccination for ‘at risk’ students with special needs. During October 2009 to April 2010, the Authority provided a H1N1 SBIP to six special schools over eight sessions.

As detailed in the table below, 10505 vaccines were delivered during 2009-10.

The graph opposite illustrates that the ongoing SBIP delivery is comparable to the 2008-09 year. The small decrease is mainly due to fewer dTpa school sessions completed before the end of June 2010 than the previous year.

### VACCINATIONS ADMINISTERED FOR THE 2009-10 SCHOOL BASED IMMUNISATION PROGRAM

<table>
<thead>
<tr>
<th>School Program 2009-10</th>
<th>Hep B</th>
<th>VZV</th>
<th>HPV</th>
<th>dTp</th>
<th>H1N1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adelaide</td>
<td>1110</td>
<td>263</td>
<td>850</td>
<td>559</td>
<td>-</td>
<td>2782</td>
</tr>
<tr>
<td>Burnside</td>
<td>764</td>
<td>263</td>
<td>862</td>
<td>427</td>
<td>16</td>
<td>2332</td>
</tr>
<tr>
<td>Campbelltown</td>
<td>913</td>
<td>267</td>
<td>643</td>
<td>680</td>
<td>28</td>
<td>2531</td>
</tr>
<tr>
<td>NPSP</td>
<td>822</td>
<td>230</td>
<td>621</td>
<td>324</td>
<td>18</td>
<td>2015</td>
</tr>
<tr>
<td>Prospect</td>
<td>247</td>
<td>80</td>
<td>25</td>
<td>169</td>
<td>-</td>
<td>521</td>
</tr>
<tr>
<td>Walkerville</td>
<td>92</td>
<td>25</td>
<td>151</td>
<td>56</td>
<td>-</td>
<td>324</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3948</strong></td>
<td><strong>1128</strong></td>
<td><strong>3152</strong></td>
<td><strong>2215</strong></td>
<td><strong>62</strong></td>
<td><strong>10505</strong></td>
</tr>
</tbody>
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<td>25</td>
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The graph opposite illustrates that the ongoing SBIP delivery is comparable to the 2008-09 year. The small decrease is mainly due to fewer dTpa school sessions completed before the end of June 2010 than the previous year.

**WORKSITE PROGRAM**

Before this year’s promotional mail out for the influenza worksite programs had been completed, workplaces were already booking their seasonal influenza programs for March 2010. This early commitment for influenza vaccination alerted us that 2010 was going to be an extraordinary year for ‘Flu’ worksite bookings. One hundred and twenty-six worksites were serviced and 4012 vaccinations were provided, an increase of 1555 or 63% on the previous year.

Local Government was able to offer H1N1 Influenza worksite programs provided the participating business or organisation paid for the service delivery. From October to December 2009 sixteen H1N1 influenza worksite programs were delivered to business organisations, with a total of 311 H1N1 vaccines administered. The graph above reflects the sharp increase in the delivery of Influenza Vaccines through the Worksite Program in 2009-10.
The table below shows the breakdown of the vaccine types administered at worksite programs.

### Vaccines provided for the Worksite Program 2009-10

<table>
<thead>
<tr>
<th>Vaccine type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza</td>
<td>3964</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>4</td>
</tr>
<tr>
<td>Hepatitis A &amp; B</td>
<td>14</td>
</tr>
<tr>
<td>ADT</td>
<td>1</td>
</tr>
<tr>
<td>dTpa</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4012</strong></td>
</tr>
</tbody>
</table>

**VACCINE & COLD CHAIN MANAGEMENT**

In line with the current National Vaccine Storage Guidelines, ‘Strive for 5’, the cold chain temperature range of 2°C - 8°C is monitored and managed to ensure stored vaccines remain effective and potent. Vaccine and cold chain management during the reporting period involved:

- Recording of the pharmaceutical refrigerator minimum and maximum temperature twice daily.
- Checking freeze sensitive monitors placed on each shelf of the pharmaceutical refrigerator.
- Checking each temperature data logger daily and downloading graphs weekly or when the data loggers read out of temperature range.
- Calibration and service of the data loggers annually by a NATA approved agent.
- Maintenance and service of the pharmaceutical refrigerator.
- Reviewing cold chain standard operating procedures.
- Monthly vaccine stock take, rotating vaccines and disposing of vaccines that have passed the ‘expiry date’.
- Management and maintenance of the cold chain when transporting vaccines in a cooler to clinic venues.

**STANDING DRUG ORDERS**

The Authority, as a local government organisation providing a community based immunisation program, uses Standing Drug Orders (SDOs) that are reviewed and endorsed bi-annually or updated earlier if required. The SDOs are consistent with the current NHMRC Australian Immunisation Handbook and used in conjunction with the handbook to assist the immunisation nurses with best practice principles. The endorsement committee consists of the Authority’s Medical Officer of Health, Chief Executive Officer and the Senior Immunisation Nurse. All immunisation nurses counter sign the endorsement page.
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<thead>
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<tr>
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<td>3964</td>
</tr>
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</tr>
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<td>14</td>
</tr>
<tr>
<td>ADT</td>
<td>1</td>
</tr>
<tr>
<td>dTpa</td>
<td>26</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4012</strong></td>
</tr>
</tbody>
</table>

Immunisation nurse providing an Influenza Vaccination at a SAPOL worksite Program

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Forty-four warm water systems in premises such as hospitals and aged-care facilities were inspected for the first time to assess their operation and maintenance in accordance with the Public and Environmental Health (Legionella) Regulations 2008.

A case of domestic squalor and hoarding was resolved this year after a successful application to the Guardianship Board. Neighbours are no longer subjected to offensive odours arising from the hoarding of animals.

‘Environmental Health comprises those aspects of human health, including quality of life, that are determined by chemical, physical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.’

(World Health Organisation 1972)
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(World Health Organisation 1972)
The Public and Environmental Health Act 1987 and Regulations are mechanisms employed by the Authority to fulfil its duty of care for the constituent councils. The Act deals with the following environmental health issues:

- prevention of insanitary conditions
- remediation of housing unfit for human habitation
- surveillance of swimming pool, spa pool, cooling tower and warm water system operation
- assessment of hairdressing salons, beauty salons, acupuncture clinics and tattoo parlours
- approval and inspection of waste control systems
- control of offensive activities and discharges of waste to the environment
- prevention and control of notifiable diseases.

**COMPLAINTS AND REFERRALS**

During 2009-10, officers responded to 200 complaints under the Public & Environmental Health Act 1987. As shown in the following table, the majority related to vector control and insanitary premises.

<table>
<thead>
<tr>
<th>Disease Control Complaints received 1 July 2009 - 30 June 2010</th>
<th>Burnside</th>
<th>Campbelltown</th>
<th>NPS</th>
<th>Prospect</th>
<th>Walkerville</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Keeping</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Notifiable Disease</td>
<td>6</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>17</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>9</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Sanitation</td>
<td>18</td>
<td>13</td>
<td>14</td>
<td>7</td>
<td>2</td>
<td>54</td>
</tr>
<tr>
<td>Vector Control</td>
<td>21</td>
<td>26</td>
<td>29</td>
<td>11</td>
<td>3</td>
<td>90</td>
</tr>
<tr>
<td>Waste Control Systems</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>56</strong></td>
<td><strong>63</strong></td>
<td><strong>26</strong></td>
<td><strong>6</strong></td>
<td><strong>200</strong></td>
</tr>
</tbody>
</table>
The graph above depicts a breakdown of complaints for each council area, and a comparison of disease control complaints received over the past three years. The overall number of complaints received was similar to 2008-09 with a reduction of only 2%. However, there has been a decline in total complaints over preceding years. From 2006-07 to 2009-10 there has been a 25% decrease in complaints received. This is partly attributable to the method that officers now employ to vet initial complaints. By better clarifying the situation of concern, an appropriate response can be determined.

The decrease in complaints has enabled officers to devote greater time to complex complaints, such as those involving domestic squalor and hoarding. An increase in routine monitoring and surveillance has also resulted. From 2007-08 to 2009-10, the total number of routine inspections performed each year has doubled from 137 to 266.

**Animals**

Nineteen animal keeping complaints were received this year, which is comparable to last year. Pigeon flocks and their droppings were the predominant cause of concern. Pigeons have easily adapted to the urban environment and prospered. Uncontrolled and unowned pigeons generally constitute a nuisance rather than a direct threat to public health. Where there is no direct contact with pigeons or their faeces, the relative risk of contracting disease is low. For control techniques to be effective, often all sectors of the community must be willing to take responsibility by limiting roosting points and food sources.
The Public and Environmental Health Act 1987 prescribes an extensive list of diseases that are notifiable including Hepatitis A, Influenza, Meningococcal and Smallpox. Notifiable diseases pose a risk to public health due to their severity and their effective mode of transmission. The above table provides a breakdown for each constituent council of vaccine preventable and food and water-borne diseases reported to SA Health over the past year.

The reporting period saw 125 confirmed cases of Campylobacter and 60 confirmed cases of Salmonella. As shown in the following table, the number of Campylobacter and Salmonella cases reported across our constituent councils has reduced since 2006-07. Rates of disease vary over time for a variety of reasons. Factors behind the decline may include improved regulation of the food industry and education about food handling.
Environmental Health Officers always respond to gastroenteritis outbreaks in aged care facilities primarily due to the vulnerability of the residents. There were seven notified incidents of gastroenteritis at aged care facilities in 2009-10, of which five were confirmed to be caused by Norovirus. When introduced into an aged care facility, Norovirus spreads easily due to its high rate of transmission between people. The Authority’s role is to ensure appropriate infection control measures are implemented, and if the causative agent is not yet known, determine if food may be the source.

Two residents contracted Legionella pneumophila, requiring investigation by Environmental Health Officers. The standard procedure involves collection of water samples from the person’s home and environmental investigation of other potential sources of Legionella that the person may have been exposed to. In both cases the exact source of the illness was not identified.

Sanitation
This year 54 complaints were received about alleged insanitary conditions. As with previous years, most of these complaints related to an accumulation of rubbish and other materials that had the potential to harbour vermin. In the majority of cases, the premises were deemed not to be in an insanitary condition, as defined by the Public and Environmental Health Act 1987.

When premises were confirmed to be in an insanitary condition and negotiation with the resident failed to resolve the issue, enforcement action was taken. During 2009-10, officers issued five notices under Section 15 of the Public and Environmental Health Act 1987. Two notices declared the premises to be unfit for human habitation. In both instances notices were also issued under section 20 due to inadequate facilities for sanitation and personal hygiene.

Complex insanitary conditions that involve domestic squalor and hoarding have become an emerging issue in recent years. Mental health issues relating to dementia, obsessive-compulsive behaviour or other disorders often contribute to residents becoming unable to maintain their properties. Complaints arise often when rat problems become persistent or odours emanate from the premises. These are difficult and time consuming to resolve. A multidisciplinary approach is required to address the underlying problem in a sensitive manner and reach the best outcome. Officers have worked with agencies such as Council Home Assist, Domiciliary Care, Aged Rights Advocacy Service, the Office of the Public Advocate and the RSPCA. To bring resolution to a case that officers had pursued since 2006, the Authority successfully applied to have guardians appointed to monitor the residents’ medical, social and financial welfare. The property is no longer insanitary and neighbours are no longer subjected to offensive odours arising from the hoarding of animals.
In some instances, the Authority may undertake a clean-up of the property if the requirements of a Notice are not fulfilled. There were two cleanups this year, costing approximately $22,000. Assistance was sought from other agencies to provide the residents ongoing support post clean-up.

Vector Control
During 2009-10, 90 vector complaints were received and investigated. This represents an increase of approximately 8% from 2009-10.

The majority of complaints arose from sightings of rats and mice on residential properties. They were commonly alleged to be due to accumulated hard refuse and poor poultry keeping. Educative material on rodent control was distributed to neighbouring residents and free samples of rodent bait offered to concerned residents. To resolve potential insanitary conditions, inspections were conducted and instructions given to assist residents implement appropriate remedial action.

A significant number of complaints were received about mosquito breeding in unmaintained sites including creeks, ponds and neglected swimming pools. A small number of complaints related to pigeons and cockroaches. Inspections were conducted where necessary and premises that were determined to be conducive to harbourage of vectors were required to take remedial action accordingly.

Waste Control Systems
Two applications for waste control systems were received both of which were for grey water re-use systems. The systems were both installed on premises within SA Water’s sewerage area. As such, applications to SA Water were also required. Four inspections of these waste control systems were undertaken to ensure that they were approved and installed in compliance with the Regulations and approval conditions.

The increased awareness by the general population of water saving and re-use initiatives has provided an increase in enquiries, although many people opt for non-permanent grey water re-use measures. Many people find permanent systems to be quite costly, particularly when retrofitting them to existing properties. They can also require large areas to dispose of the water, where as it is more common that open space and property sizes are reducing.

One complaint was received which alleged that a property had installed a permanent grey water re-use system without approval. A new property had been built ready for sale with connections available for grey water re-use, but no system had been installed.

MONITORING AND SURVEILLANCE

Personal Grooming, Body Art and Health Care
Officers routinely inspected 101 premises during 2009-10, consisting of 89 hair and beauty salons, 11 acupuncturists and one tattooist. A high level of compliance was observed and only three businesses required a follow up inspection. Officers identified three newly established businesses during the reporting period and inspected them accordingly. One complaint was received and investigated.

To enhance hygienic practice within the beauty industry, an increased focus was placed on educating businesses. Educational materials were distributed and discussed with operators to improve their knowledge and ensure they adhere to the relevant guidelines.
A third year environmental health student from Flinders University accepted a research project that was proposed by the Authority early in 2010. The project involves evaluating the hygiene and infection control practices of the hairdressing and beauty industry with the aim of increasing awareness of the risks associated with their services. An officer is supervising the project that is in progress.

**Cooling Towers and Warm Water Systems**

The introduction of the Public and Environmental Health (Legionella) Regulations 2008 has resulted in an expansion of duties and resources applied to Legionella control. The Regulations were enacted to improve the management and operation of high-risk manufactured water systems (HRMWS), defined to be either a cooling tower or warm water system.

There were 30 sites encompassing 73 HRMWS registered this financial year. All registered systems were inspected at least once and 24 follow up inspections were required. As this was the first time warm water systems were inspected, non-compliances were identified in the majority of systems. The main reasons included insufficient operation manuals, site plans and maintenance records. Additionally, several cooling towers did not have compliant drift eliminators fitted. Most businesses were cooperative, however it was necessary to serve three notices due to serious or ongoing non-compliances.

The Regulations require operators of HRMWS to notify the Authority when high Legionella counts are detected. The information must then be reported to SA Health. This financial year 39 notifications of high counts were received from eight premises. Two sites accounted for 29 of these notifications. Discussions ensued with site owners about how they intend to address the issues associated with their systems. Progress was monitored to ensure they take all appropriate measures to comply with the Regulations.

Environmental investigations are required when individuals acquire Legionnaires Disease. These may be either persons who live within the area, or persons who have visited places within the Authority’s area during the incubation period of the disease. SA Health reported five cases during the year that required investigation into any potential sources of Legionella. All sites returned negative results from the samples collected.

**Public Swimming Pools and Spas**

During the year, officers conducted 92 inspections of 50 public swimming pools and spas located at 35 sites.

Officers’ persistent approach to ensuring that standards prescribed by the Public and Environmental Health (General) Regulations 2006 are met has seen a willingness to improve swimming pool and spa standards. Improvements made by pool operators to pool maintenance, record management and frequency of monitoring have resulted in a significant decline of common issues relating to inadequate disinfection.

Four swimming pools/spas were closed compared to eleven closures during the previous reporting period. When the pool operator could demonstrate that their pool was operating within prescribed disinfection parameters, officers re-inspected and re-opened the closed pool.
There was also a decline in complaints with only one received relating to cleaning and maintenance of areas surrounding the pool.

**Lodging Houses**

A research paper prepared by SA Health in 2003 entitled 'It’s No Palace - Boarding Houses: the Sector, its Clientele and its Future’ defines a lodging house and boarding house as follows.

**Boarding houses provide low-cost accommodation to some of the most marginal and disadvantaged members of our community. Most boarding houses are smaller premises accommodating between 3-8 residents. Most boarding houses in South Australia operate in older premises; this has implications for the standard stock as well as the costs of maintenance and improvements.**

This accommodation sector charges a weekly rent and in return, the residents may receive a single room with shared kitchen and bathroom facilities. Meals are included in some cases.

Within the Authority’s jurisdiction, there are the traditional lodging houses that accommodate those on the brink of homelessness, as well as those providing accommodation for international university students.

Nine lodging houses were inspected to ensure the dwellings were in a sanitary condition as per the *Public and Environmental Health Act 1987*. Minor concerns were identified and discussed with proprietors to enable improvements to be implemented.
Case Study

The insanitary condition of a dwelling was discovered early in 2009 after police responded to reports from concerned neighbours that an elderly resident had not been seen for some time during a heat wave.

Upon making contact with the property owner, officers’ attempts to co-operate were unsuccessful as the person appeared unable to comprehend that their property was insanitary or that they demonstrated hoarding behaviour. A notice issued under the Public and Environmental Health Act 1987 was not complied with, resulting in the Authority conducting a clean-up.

An unfortunate and complicating factor was that the person was socially isolated meaning that family members or friends could not be introduced as a support network. Officers used their interpersonal skills as best they could to support the property owner who felt overwhelmed, angry and tired during the week long clean-up. Extensive vermin harbourage was discovered as newspapers, plastic bags and cardboard were removed from the property.

After pursuing various lines of enquiry, officers were finally able to contact estranged family members and their involvement has now seen the property owner receive proper medical assistance.
Positive outcomes have become evident this year as a result of strategies implemented in recent years to improve standards of food safety.

The decline in complaints relating to poor food handling practices continued.

Many businesses demonstrated during their second mandatory audit that their food safety program was being effectively implemented, resulting in their audit frequency being reduced.

Safe food is something we take for granted in Australia as we have access to a large variety of food that is manufactured here and around the world.

To ensure the food we consume everyday remains safe and does not become contaminated, legislation is in place and enforced by the Authority within its jurisdiction.

An acceptable standard of food hygiene and safety is maintained by food business and food handlers.
Positive outcomes have become evident this year as a result of strategies implemented in recent years to improve standards of food safety.

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To ensure the food we consume everyday remains safe and does not become contaminated, legislation is in place and enforced by the Authority within its jurisdiction.
The Food Act 2001 in conjunction with the Food Safety Standards (Chapter 3 of the Australia New Zealand Food Standards Code) aims to:

- ensure food for sale is both safe and suitable for human consumption
- prevent misleading conduct in connection with the sale of food
- provide for the application of the Food Standards Code.

The Authority monitors and promotes food safety by:

- conducting regular assessments of food premises including vehicles and special events using the Australian Food Safety Assessment inspection tool
- investigating food related complaints, alleged food poisoning and food recalls
- ensuring receipt of notification from all food businesses
- providing advice and information to food proprietors and the community on matters relating to food safety
- providing training on food safety and hygiene principles to food handlers
- being involved with Environmental Health Australia and state and local government agencies to encourage consistency in the application of legislation
- pursuing special initiatives that raise awareness of food safety amongst the community and food handlers' understanding of food hygiene.

**FOOD BUSINESS NOTIFICATION**

As at 30 June 2009 there were 1068 known food premises operating within the Authority’s jurisdiction, representing an increase of 14 premises when compared with last year. The table below provides a breakdown of the number of food premises per constituent council area. Most businesses fall within the food service sector and include restaurants, take-away food outlets and cafes. The multicultural socio-demographics of the community are reflected in the food industry, in particular manufacturers that distribute their food across Adelaide.

<table>
<thead>
<tr>
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<td>Total</td>
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<tr>
<td>Total</td>
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</tbody>
</table>
Food businesses have defined responsibilities under the legislation to notify the Authority of specific details about their food business. There were 91 notifications received comprising primarily of new food businesses and change of ownership.

**INSPECTIONS**

Officers conducted 1269 inspections during the year, of which 94% involved routine inspections (779) and follow-up inspections (375). Eight-two inspections were specifically in response to complaints received from the public.

An additional 33 inspections were advisory in nature and predominantly related to the proper construction and fit-out of premises used for food handling.

<table>
<thead>
<tr>
<th>Food Premises Inspections 1 July 2009 - 30 June 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burnside</td>
</tr>
<tr>
<td>Complaint Inspection</td>
</tr>
<tr>
<td>Follow Up</td>
</tr>
<tr>
<td>Routine Inspection</td>
</tr>
<tr>
<td>Other inspections</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
The Authority’s approach to food safety in recent years has been to inform, educate and if required, enforce. The benefit to public health is now becoming apparent.

This approach has involved Environmental Health Officers taking time during inspections to inform proprietors and explore with them how to improve cleanliness, structural maintenance and food handling. This is complemented by regular food safety training sessions that educate food handlers about basic food safety principles.

Since 2007, the response to unsatisfactory standards of food safety resulted in an increase in inspection frequency of businesses and more frequent monitoring, peaking in 2009. Standards within food premises have markedly improved and inspection frequencies are starting to return to normal levels as shown in the table below. This resulted in a reduction in the number of routine inspections and re-inspections during 2009-10 compared with the previous financial year.

### Comparison of type of food inspections performed 1 July 2009 - 30 June 2010

![Graph showing comparison of type of food inspections](image)

### Food business inspection frequency 2007 - 2010

<table>
<thead>
<tr>
<th>Inspection Frequency</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 month</td>
<td>663</td>
<td>667</td>
<td>616</td>
<td>628</td>
</tr>
<tr>
<td>6 month</td>
<td>21</td>
<td>36</td>
<td>69</td>
<td>44</td>
</tr>
<tr>
<td>3 month</td>
<td>0</td>
<td>0</td>
<td>14</td>
<td>16</td>
</tr>
</tbody>
</table>
**FOOD COMPLAINTS**

The Authority received 140 food complaints during the reporting period. This figure is comparable to the 143 complaints received the previous year. Complaints relating to alleged food poisoning accounted for the majority and contributed to 24% of complaints received. Complaints that related to contamination of food by foreign matter, such as stone, plastic, metal fragments and insects, accounted for 21%. These two issues combined contributed to 45% of food complaints received.

The most significant trend illustrated by the following graph is the continual decline in the number of complaints related to poor food handling practices. During 2009-10, 16 complaints were received, compared to 19 for 2008-09 and 34 for 2007-08. This equates to a 64% reduction since 2007-08. The improved sense of ownership and responsibility for a high standard of food safety by proprietors and food handlers is another positive outcome of the Authority’s recent approach to food safety.

**Comparison of food complaints received 1 July 2007 - 30 June 2010**
FAIRS AND SPECIAL EVENTS
Special events can range from small fundraiser sausage sizzles to large festivals and fairs that pose challenges for food safety.

This year saw the introduction of the African Twilight Market, a new open-air event held every Friday evening during daylight saving at which African food is sold. Due to language barriers, an officer conducted basic training during an informal meeting and attended the Market twice. Stalls that sold food at the following annual events were also inspected:

- St Peters Annual Fair
- Prospect Up Market Fair
- Prospect Fair
- The Natuzzi Parade Food and Wine Fair
- Prospect Food Fashion Affair
- Magill Alive.

The relationship between officers and council event co-ordinators has continued to strengthen. The introduction of a special events booklet, strong support from the constituent councils and officer attendance at stallholder meetings has prompted a significant rise in the number of ‘temporary event notifications’. Improvements in the following food safety measures have also been observed:

- supply of sufficient potable water
- provision of hand washing facilities
- safe food storage
- adequate cooking and heating facilities
- cleaning and sanitation of food contact surfaces (eg. Benches, equipment)
- avoidance of cross contamination
- appropriate packaging and labelling of food
- adequate toilet and waste management facilities.

IMPROVEMENT NOTICES AND PROHIBITION ORDERS
Where an informative and educative approach fails, or serious non-compliance that compromises public health is identified, enforcement tools provided by the Food Act 2001 are utilised. Improvement notices, expiations and prohibition orders may be issued or prosecutions instigated.

During 2009-10, the number of improvement notices issued (64) declined in comparison to 2008-09 due to improved standards of food safety. Officers noted an improvement in food handlers skills and knowledge and willingness to improve food safety standards within their food premises. This observation is supported by an analysis of 65 businesses that received an improvement notice in 2007-08 and/or 2008-09. None of these businesses received an improvement notice during 2009-10 and 52% had an improvement in their inspection frequency.

Recurrent non-conformances that were addressed by improvement notices related to food storage, fixtures and fittings, hand washing, cleaning and sanitising. The extra time that officers are taking during routine inspections enables them to gain a better appreciation of food processing methods and identify the need for improvements. During 2009-10, there was an increase in food processing-related non-conformances such as improper cooling in particular curries and rice, inadequate cooking and improper reheating eg: gravies and sauces in bain-maries.

No prohibition orders were issued during 2009-10.
Case Study

Despite previous enforcement action, serious breaches of the Food Safety Standards were found during a routine inspection of a food business. Cockroaches had infested the entire kitchen and potentially hazardous food, such as seafood and cooked meat, were stored out of temperature control for the entire day. The standard of cleanliness of the kitchen was inadequate and structural maintenance had been neglected.

Senior management and company directors were contacted regarding the condition of the premises and the seriousness of the situation. Improvement notices were served to trigger immediate action on issues such as pest control, cleaning and food storage. Due to the severity of the incident and past history of non-compliance, expiations were issued to the business totalling $8310.

Officers worked with new management and new food handling staff who have since commenced employment to ensure that all required improvements were completed and changes to food handling practices implemented. Staff now undergo regular training to ensure that they are sufficiently knowledgeable in food hygiene and safety.

The operator of the food business has also implemented a food safety scheme across all their sites in Australia. A policy and procedures manual has been implemented to ensure that all managers and food handlers are aware of the standards that must be maintained and the actions required to achieve this. They include daily food temperature monitoring and six monthly audits by a private company. This business has gone from one of the worst ranking facilities across Australia in the group to the top ranked facility for food safety.
EXPIATIONS & PROSECUTION

Breaches of the Food Safety Standards are a serious concern and with sufficient evidence, an expiation notice may be issued. A total of 23 offences were expiated under the Food Act 2001 for 2009-2010, resulting in $31,500 in fines. This is consistent with the previous year.

The following table itemises the expiations issued for breaches of the Food Act 2001 during 2009-10. No prosecutions were initiated this year.

<table>
<thead>
<tr>
<th>Section</th>
<th>Offence</th>
<th>Expiations Issued</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Act 2001 Section 16 (2)</td>
<td>A person must not sell food that is unsafe.</td>
<td>2</td>
</tr>
<tr>
<td>Food Act 2001 Section 50</td>
<td>A person must not, without reasonable excuse, contravene or fail to comply with an improvement notice or a prohibition order served on the person under this Part.</td>
<td>4</td>
</tr>
<tr>
<td>Food Act 2001 Section 86</td>
<td>The proprietor of a food business must not conduct the food business unless the proprietor has given written notice, in the approved form, of the information specified in the Food Safety Standards that is to be notified to the appropriate enforcement agency before the business is conducted.</td>
<td>1</td>
</tr>
<tr>
<td>Food Act 2001 Section 21 Food Safety Standard 3.2.2 Clause 6</td>
<td>A food business must when storing food, store the food in such a way that it is protected from the likelihood of contamination and under temperature control.</td>
<td>4</td>
</tr>
<tr>
<td>Food Act 2001 Section 21 Food Safety Standard 3.2.2 Clause 17</td>
<td>A food business must, for each food premises: maintain easily and accessible hand washing facilities.</td>
<td>3</td>
</tr>
<tr>
<td>Food Act 2001 Section 21 Food Safety Standard 3.2.2 Clause 19</td>
<td>A food business must maintain food premises and all fixtures, fittings and equipment to a standard of cleanliness where there is no accumulation of garbage, except in garbage containers; recycled matter except in containers; food waste; dirt; grease or other visible matter.</td>
<td>8</td>
</tr>
<tr>
<td>Food Act 2001 Section 21 Food Safety Standard 3.2.2 Clause 24</td>
<td>A food business must take all practicable measures to eradicate and prevent the harbourage of pests on the food premises and those parts of vehicles used to transport food.</td>
<td>1</td>
</tr>
</tbody>
</table>