



THE UNIVERSITY OF ADELAIDE

# The Child Dental Health Survey, South Australia 1997

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AIHW Dental Statistics and Research Unit  
The University of Adelaide

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in collaboration with  
The South Australian Dental Service

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The AIHW Dental Statistics and Research Unit (DSRU) is a collaborative unit of the AIHW established in 1988 at The University of Adelaide. The DSRU aims to improve the oral health of Australians through the collection, analysis and reporting of dental statistics and research on the dental workforce, dental health status, dental practices and the use of dental services.

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## Abbreviations

d – deciduous decayed teeth

m – deciduous missing teeth

f – deciduous filled teeth

dmft – deciduous decayed, missing and filled teeth

D – permanent decayed teeth

M – permanent missing teeth

F – permanent filled teeth

DMFT – permanent decayed, missing and filled teeth

SD – standard deviation

## Purpose of this report

The Child Dental Health Survey, originally established in 1977 by the (then) Commonwealth Department of Health, is intended to provide time-series data for the purpose of monitoring the dental health status of primary school students. This report continues the series of annual reports providing descriptive statistics concerning child dental health in South Australia, and follows the 1996 report. There are four aims of the Survey:

1. To maintain the national time-series of statistics providing annual estimates of children's dental health status in Australian States and Territories;
2. To examine temporal changes in caries experience among Australian children;
3. To examine the distribution of dental health status by geographic location and demographic factors;
4. To identify high risk groups according to geographic location and demographic status.

The following sections of this report describe: the age and sex of participants in the sample; their deciduous and permanent caries experience; frequency of fissure sealants; and history of School Dental Service examinations. In addition, there is a simple summary statement highlighting differences between the 1997 and 1996 data. However, no tests of statistical significance have been undertaken and descriptions of difference between years are intended as a guide to the reader rather than a formal evaluation of trends.

## Survey methods

Data for the Child Dental Health Survey were collected during the 1997 calendar year from a sample of patients of the South Australian School Dental Service by dental therapists and dentists. They transcribed data items from routine clinical records on to Optical Mark Reader (OMR) data sheets which were forwarded to the AIHW Dental Statistics and Research Unit for processing and analysis.

## Data preparation

Prior to analysis a check was made for missing or erroneous data. Where tooth level information was incorrect (e.g., a tooth indicated as both fissure sealed and unerupted) or where required fields were missing, the OMR form was returned to the relevant clinic for correction.

Linear regression of age on the number of deciduous teeth present and the number of permanent teeth present revealed several outliers with standardised residuals greater than 3 standard deviations from the mean. A visual check of these cases via a scatterplot identified all but two of these as being highly implausible (e.g., a 16-year-old with 20 deciduous teeth and 0 permanent teeth). As a result, these cases ( $n=10$ ) were eliminated from the data set.

## Sampling procedure

A random sampling procedure was used by selecting those students whose birthdays were on the 13th, 30th or 31st day of any month, a sampling ratio of approximately 1:12. Participants from non-metropolitan clinics who had previously participated in the Child Fluoride Study<sup>1</sup> were sampled at a higher rate by including students born on the 13th or between the 26th and 31st of any month, a sampling rate of approximately 1:4.7. Approximately one third of students sampled from non-metropolitan clinics had previously participated in the Child Fluoride Study and these students comprised approximately one fifth of the total sample for this report.

Actual sampling rates varied widely across South Australian clinics and for all clinics fell short of the intended sampling rate. Several clinics sampled no students while only two clinics sampled in excess of 90 per cent of the expected number of students. Overall, one third of the number of children who were expected to be sampled were actually sampled. This comprised less than 3% of the total number of students examined by the South Australian School Dental Service in 1997.

Approximately twice as many students were sampled from clinics in metropolitan Adelaide than were sampled from non-metropolitan clinics (see Table 1). Sampling rates between metropolitan and non-metropolitan areas across age groups are roughly comparable. The weighted distribution shown in Table 1 indicates that weighted results are based on a sample comprising approximately 3½ times the students seen in metropolitan clinics ( $n=2,948$ ) than those seen in non-metropolitan clinics ( $n=844$ ). The mean age of clients at metropolitan clinics was 11.05 compared to a mean age of 10.80 for children at non-metropolitan clinics.

**Table 1: Area of sampling (weighted)**

Age (years)	Metro		Non-metro		Unknown		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
2	1	0.0	0	0.0	0	0.0	1	0.0
3	18	0.6	3	0.4	0	0.0	21	0.6
4	43	1.5	15	1.8	0	0.0	58	1.5
5	103	3.5	29	3.4	0	0.0	132	3.5
6	154	5.2	51	6.0	0	0.0	205	5.4
7	205	7.0	61	7.2	1	5.0	267	7.0
8	190	6.4	76	9.0	1	5.0	267	7.0
9	209	7.1	57	6.8	1	5.0	267	7.0
10	315	10.7	73	8.6	1	5.0	389	10.2
11	359	12.2	102	12.1	3	15.0	464	12.2
12	341	11.6	104	12.3	2	10.0	447	11.7
13	259	8.8	90	10.7	1	5.0	350	9.2
14	201	6.8	58	6.9	3	15.0	262	6.9
15	235	8.0	55	6.5	2	10.0	292	7.7
16	174	5.9	44	5.2	5	25.0	223	5.8
17	131	4.4	26	3.1	0	0.0	157	4.1
18	10	0.3	0	0.0	0	0.0	10	0.3
<b>Total</b>	<b>2948</b>	<b>100.0</b>	<b>844</b>	<b>100.0</b>	<b>20</b>	<b>100.0</b>	<b>3812</b>	<b>100.0</b>

<sup>1</sup> An NHMRC funded project, conducted in collaboration with SADS, designed to examine the effect of water fluoridation on caries incidence.

## Data analyses

All data were weighted by both the sampling ratio used for selection and months since last visit (which was used due to the under-representation of students on longer recall schedules in the sample). Effectively this resulted in reducing the contribution of those students from non-metropolitan areas who had previously participated in the Child Fluoride Study and students whose last School Dental Service examination was more recent. The intended purpose of the weighting protocol was to obtain a sample with characteristics representative of those of the student population covered by the School Dental Service for 1997. It should be noted that all analyses use the weighted distribution of children to derive results. However, months since last visit was not used to weight the data in Table 8 because the results included time since last visit. Weighted numbers are rounded to the nearest whole number for ease of interpretation.

Information listed in this report includes: the age and sex of students in the sample; their deciduous and permanent caries experience; frequency of fissure sealants; and children's history of School Dental Service examinations. Counts of decayed teeth also includes recurrent caries in filled teeth. Except where mentioned (e.g., Table 8) data relating to second or subsequent examinations of students within the study period have been eliminated for all analyses. Age-specific indices denoted with an asterisk (\*) are those in which the relative standard error exceeds 40 per cent and population estimates of these indices should be viewed as statistically unreliable.

## Demographic composition of the sample

Table 2 lists at the left the number of students sampled according to their age. The majority of students were aged 5 years or more (94.0%) and there were large numbers of students in the range 5 to 15 years. There was a tendency for students aged 10–13 years old within this age range to be represented in slightly greater numbers. The smaller number of children in the age range 14+ may have been due to the annual subscription fee charged to secondary school students who are not dependents of Social Security cardholders or who are not recipients of School Card benefits.

The age distribution of the sample is related to the main target groups of students served by the School Dental Service in SA. This illustrates that the sample is representative of students in primary school and early secondary school, rather than all students in South Australia. Consequently, those children who are outside the main school dental service target groups (less than 5 or more than 17 years) may differ on key characteristics and are likely to be less representative of their respective age groups in the SA population.

Males and females were represented in approximately equivalent numbers although more males than females were sampled overall. The mean ages of males and females were 10.60 and 10.57 respectively. There was not more than 20 per cent variation in the gender balance within most age groups although some variation was apparent. The largest gender differences were for 9-year-olds (30.4% fewer females than males) and for 12-year-olds (30.7% fewer females than males).

**Table 2: Demographic composition of the sample**

Age (years)	Children in sample			Children in sample (weighted)		
	Males	Females	Persons	Males	Females	Persons
	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>	<i>n</i>
2	6	10	16	0	1	1
3	36	50	86	8	13	21
4	68	60	128	30	28	58
5	93	107	200	60	72	132
6	116	96	212	110	95	204
7	119	118	237	137	130	267
8	121	113	234	134	133	267
9	128	101	229	158	110	267
10	185	166	351	201	188	389
11	233	223	456	242	223	464
12	257	187	444	264	183	448
13	176	176	352	169	181	350
14	136	121	257	141	121	262
15	119	144	263	132	160	291
16	112	90	202	130	94	224
17	63	77	140	72	85	157
18	3	3	6	4	6	10
<b>Total</b>	<b>1971</b>	<b>1842</b>	<b>3813</b>	<b>1993</b>	<b>1821</b>	<b>3814</b>

Table 2 also shows the weighted distribution of students by age. As can be seen the number of 2–4-year-olds was weighted down (from 230 students to 80 students) whereas the number of older students (aged 15–18 years) was weighted up slightly. This is reflected in the mean age of the sample which increased from 10.58 for the unweighted data to 11.01 for the weighted data.

### Changes since 1996

The 1997 sample was slightly smaller than the 1996 sample. Students aged 9–11-years-old were represented in reduced numbers in 1997 although students aged between 15 and 17 years of age had somewhat higher numbers in 1997 compared to 1996. The ratio of males to females was slightly higher in 1997 (1.09:1) than in 1996 (1.04:1).

## Deciduous teeth: age-specific caries experience

The mean number of clinically decayed teeth ranged from a low of 0.31 among students aged 10 years to a high of 0.82 among children up to four years of age (see Table 3). However this trend is not linear with 5-year-olds having relatively little clinically detectable decay and 9-year-olds having relatively more decay. There was an age-associated decline in the number of clinically decayed teeth up to the age of 10 years. The trend in dmft indicated an increase from the youngest age groups to a plateau between seven and nine years of age. Deciduous dmft was highest among 9-year-olds (mean = 1.59) and lowest among 5-year-olds (mean = 0.92) despite the 9-year-olds having, on average, nine fewer deciduous teeth than 6-year-olds.



**Table 3: Deciduous teeth: age-specific caries experience**

Age (years)	Students (weighted) <i>n</i>	Teeth Present mean	Decayed		dmft		d/dmft	Children with dmft=0
			mean	SD	mean	SD	%	%
Up to 4	81	19.97	0.82	1.62	1.05	1.95	79.33	67.3
5	132	19.52	0.35	1.11	0.92	2.36	46.05	76.8
6	204	17.76	0.51	1.19	1.39	2.73	49.94	60.0
7	267	14.65	0.51	1.11	1.53	2.79	42.54	61.1
8	267	12.53	0.39	0.79	1.57	2.14	29.37	47.0
9	267	10.63	0.47	0.86	1.59	2.24	36.08	49.6
10	389	7.60	0.31	0.75	1.28	1.91	27.84	56.9

The percentage of caries experience presenting as untreated decay (d/dmft) shows a strong age-associated decline, reducing from 79.3% among students aged up to four years to 27.8% for students aged 10 years. This pattern of deciduous caries experience among the youngest groups (dominated by patients new to the School Dental Service) indicates that these students entered the dental program with a relatively high level of untreated decay.

The percentage of students free of caries experience (% dmft = 0) also showed a general age-associated reduction from 67.3% among children up to the age of four years to 47.0% among 8-year-olds before increasing to 56.9% for 10-year-olds. The 5-year-old age group had the greatest percentage of caries-free children (76.8%).

### Changes since 1996

The mean number of clinically decayed teeth increased from 1996 across all age groups with the exception of the 5-year-old age group. Decay in 7-year-olds increased by approximately one-third between 1996 and 1997 and by 16% for 6-year-olds. There were also increases in the mean dmft for 6–8-year-olds of approximately 0.2 teeth. However, little change in dmft was apparent for 9–10-year-olds while children up to four years of age and those aged five years showed a decrease in mean dmft scores.

The confluence of these results produced an increase for a number of age groups in the percentage of dmft expressed as decay. However, changes in the percentage of students with no deciduous caries experience (dmft=0) were not uniform between 1996 and 1997. Percentage dmft=0 increased for children aged five years old, decreased for children aged six and eight years old, and remained relatively unchanged for the remaining age groups.

## Permanent teeth: age-specific caries experience

The mean number of clinically decayed permanent teeth was consistently smaller than the mean number of decayed deciduous teeth for students aged less than 11 years (see Table 4). In students up to the age of eight years this can be accounted for by the small number of permanent teeth present. However the mean number of clinically decayed teeth remained low into the teen years (peaking at a mean of 0.26 for 14-year-olds) despite the increasing number of permanent teeth present from the age of nine years onwards. The mean DMFT increased with age from a low of 0.01 for 5 year-olds to a high of 1.36 for 16–18-year-olds. The mean DMFT for 12-year-olds was 0.51.

The D/DMFT ratio declined with age, reducing from 100% for 6 year-olds to 16.7% for 16–18-year-old students. Just over one third of 12-year-old DMFT was accounted for by clinically detectable decay. The percentage of students with no caries experience in their permanent dentition also declined systematically with increasing age. Approximately 70% of 12-year-old students had a DMFT=0.

### Changes since 1996

There was evidence of a small increase in the number of decayed permanent teeth across several age groups, however the magnitude of these differences was small. For some ages there was a decrease in evident decay although this is primarily attributable to what were possibly anomalous findings in 1996 (e.g., an especially high decayed component for 14-year-old students). DMFT scores were relatively unchanged between 1996 and 1997 for students up to 12-years-old. Differences in DMFT were not consistent in the older age groups.

Changes in the percentage of students with DMFT=0 were also inconsistent between 1996 and 1997 with some age groups showing a small increase and others showing a small decrease. There was a 2.3% decline in the percentage of 12-year-old children with no caries experience between 1996 and 1997.

**Table 4: Permanent teeth: age-specific caries experience**

Age (years)	Students (weighted) <i>n</i>	Teeth Present mean	Decayed		DMFT		D/DMFT	Children with DMFT=0
			mean	SD	mean	SD	%	%
5	132	0.97	–	–	0.01*	0.15*	–	99.3
6	204	4.04	0.03*	0.16*	0.03*	0.16*	100.0	97.3
7	267	8.47	0.06	0.26	0.08	0.32	87.3	93.7
8	267	10.93	0.08	0.36	0.18	0.59	41.2	88.4
9	267	13.12	0.09	0.33	0.22	0.56	46.8	84.1
10	389	16.51	0.10	0.40	0.29	0.70	31.8	80.9
11	464	20.79	0.10	0.35	0.43	0.92	24.8	74.5
12	448	23.93	0.18	0.49	0.51	0.94	35.8	69.5
13	350	26.13	0.23	0.59	0.71	1.19	32.3	61.5
14	262	27.09	0.26	0.70	0.83	1.46	30.2	60.8
15	291	27.45	0.23	0.55	0.99	1.53	27.3	56.0
16–18	391	27.41	0.20	0.55	1.36	1.93	16.7	46.7

## All teeth: age-specific caries experience

Shown in Table 5, the percentage of students with at least one instance of untreated caries in the combined deciduous and permanent dentition ranged from 14.6% of 16–18-year-olds to 35.1% of students aged nine years. Apart from the low percentage for 5-year-old children and the high percentage for 9-year-old children there was a fairly linear decrease in the percentages of students with at least one decayed tooth with increasing age. Based on observations from previous tables much of this untreated decay seen in the younger ages could be attributed to observable carious lesions in the deciduous dentition.

Participants across all ages had few deciduous or permanent teeth missing due to caries ( $m+M=0$ ), however it should be noted that almost 4% of both 6- and 7-year-old students had at least one tooth extracted due to decay. The distribution of the percentage of students with no fillings shows a bimodal distribution, the low point being for students aged 8–11 years of age. The reduction in the percentage  $f+F=0$  across these years most likely represents the exfoliation of filled deciduous teeth and the time lag before the filling of permanent teeth. The percentage of students with neither deciduous or permanent caries experience ( $dmft+DMFT=0$ ) also declined into the middle age ranges (8 to 11 years). There was evidence of a beginning of a decline in both  $f+F=0$  and  $dmf+DMF=0$  for students aged 15 years old and over.

**Table 5: All teeth: age-specific caries experience**

Age (years)	Students (weighted) <i>n</i>	d+D=					m+M=0	f+F=0	dmft+DMFT=0
		0	1	2	3	4+			
Up to 4	81	69.8	10.3	7.6	0.6*	9.3	97.7	89.5	67.3
5	132	85.3	6.1	5.1	1.2*	0.5*	98.5	82.5	76.3
6	204	73.5	15.6	4.0	0.4*	4.7	96.2	76.0	58.9
7	267	72.6	13.0	7.0	4.1	3.3	96.2	70.7	59.5
8	267	72.6	15.3	7.4	3.1	0.5*	98.9	54.5	42.3
9	267	64.9	21.3	8.3	3.6	0.4*	98.4	56.4	45.2
10	389	74.7	16.2	4.6	2.8	1.6	98.5	57.0	48.8
11	464	80.0	12.3	5.1	1.5	0.4*	98.9	58.4	49.0
12	448	80.4	14.0	4.4	0.5*	0.8*	98.8	68.5	58.4
13	350	80.3	13.6	4.0	0.4*	0.7*	99.9	65.1	56.8
14	262	82.0	11.8	4.5	0.5*	0.8*	100.0	68.1	58.8
15	291	81.8	13.2	4.4	0.7*	3.3*	100.0	63.4	55.1
16–18	391	85.4	11.4	1.8	0.5*	0.8*	99.6	51.9	46.7

## Changes since 1996

Between 1996 and 1997 there were decreases in the percentages of students with  $d+D=0$  across most ages. Accompanying these changes, there were increases in the percentages of students presenting with extensive decay experience ( $d+D=3$  or  $d+D=4+$ ) and this was especially noticeable among most of the younger age groups. There were also decreases in the percentages of students with  $dmft+DMFT=0$  across most age groups with an increase of approximately 3–5% among older children.

## Fissure sealants: age-specific experience

As can be seen in Table 6, the mean number of fissure sealants increased in a linear fashion with the increasing age of the participants. There was a mean of 1.32 sealants per student among 12 year-olds. The prevalence of fissure sealants among those without permanent caries experience ( $DMFT=0$ ) was consistently less than among those with some permanent caries experience ( $DMFT=1+$ ). For children over the age of eight, the percentage of students with fissure sealants was between 18.0% (15-year-olds) and 117.6% (8-year-olds) greater for students with some caries experience compared to those with no caries experience. This suggests that fissure sealants were being used preferentially in students with past caries experience.

## Changes since 1996

There were few changes in the average number of fissure sealants for most ages between 1996 and 1997. Those changes which were apparent were due primarily to a small number of 1996 figures which were outside the expected results. For children with no caries experience there was an increase in the percentage who had fissure sealants in 1997 compared to 1996.

**Table 6: Fissure sealants: age-specific experience**

Age (years)	Students (weighted) <i>n</i>	No. of sealants		Children with $DMFT=0$		Children with $DMFT=1+$	
		mean	SD	<i>n</i>	%	<i>n</i>	%
6	204	0.01*	0.21*	199	0.8*	6	0.0*
7	267	0.19	0.71	250	7.9	17	9.1
8	267	0.55	1.17	236	19.3	31	42.0
9	267	0.84	1.43	225	27.6	42	57.7
10	389	0.96	1.41	315	33.5	75	64.3
11	464	1.13	1.43	346	42.9	118	58.3
12	448	1.32	1.71	311	44.1	137	62.8
13	350	1.62	1.85	215	49.1	135	73.0
14	262	1.89	2.30	159	47.0	103	70.2
15	291	2.45	2.46	163	63.5	128	74.9
16–18	391	2.62	2.60	183	52.8	208	83.1

## Immediate treatment needs

Immediate treatment needs refers to children who at the time of examination have, or are likely to develop within four weeks, pain, infection or serious life threatening conditions. It is intended to capture the more severe clinical conditions which may not be apparent from statistics such as the number of teeth affected with some caries experience. As is shown in Table 7 extremely low percentages of children had immediate treatment needs. However, both deciduous and permanent caries experience (dmft and DMFT) were generally high for this group.

### Changes since 1996

Although, due to small numbers, there has been no significant change across most age groups in the percentage of children with immediate treatment needs, overall there was a small reduction in the number of children indicated as needing immediate treatment (from 48 in 1996 to 41 in 1997).

## School Dental Service examinations

Table 8 shows that an overwhelming majority of the students had previously been examined within the School Dental Service. The youngest children were the least likely to have had a previous examination. However, by seven years of age more than 90% of students were found to have had a prior examination.

Table 9 refers to the period of time since the previous School Dental Service examination among children with a previous record of examination. There was a distinctive age-related pattern with younger children more likely than older children to have received a previous examination within the last 12 months. This is reflected in the mean time since last visit which increased linearly with age, from 12.9 months for the youngest group to 17.4 months for the oldest students. Approximately 39% of

**Table 7: Immediate treatment needs: age-specific distribution**

Age (years)	Immediate treatment needs		dmft		DMFT		% with d+D=				
	n	%	mean	SD	mean	SD	0	1	2	3	4+
Up to 4	0	0.1*	9.00	–	–	–	0.0*	0.0*	0.0*	0.0*	100.0
5	1	0.7*	8.91	–	–	–	90.9	0.0*	0.0*	0.0*	9.1*
6	3	1.2*	2.80*	1.90*	–	–	61.0*	39.0*	0.0*	0.0*	0.0*
7	5	2.0*	2.15	1.46	0.19*	0.44*	0.0	55.2	19.4*	25.4*	0.0*
8	5	1.9*	3.84	1.96	0.46*	0.94*	23.0*	18.0*	20.0*	16.0*	23.0*
9	2	0.7*	2.18	–	2.00	–	0.0*	100.0	0.0*	0.0*	0.0*
10	2	0.6*	–	–	1.30*	2.00*	0.0*	0.0*	0.0*	44.0*	56.0*
11	5	1.1*	0.72*	1.30*	1.40*	1.80*	45.3*	47.3*	7.4*	0.0*	0.0*
12	7	1.6	0.48*	1.10*	1.40*	1.60*	38.0*	28.0*	34.0*	0.0*	0.0*
13	1	0.3*	1.59	–	4.56	–	3.0*	53.0*	0.0*	0.0*	44.0*
14	3	1.2*	–	–	3.17	1.48	31.2*	68.8	0.0*	0.0*	0.0*
15	5	1.7*	–	–	1.89	1.30	30.0*	70.0	0.0*	0.0*	0.0*
16–18	2	0.6*	–	–	3.10*	2.00*	18.0*	78.7	0.0*	0.0*	3.3*

children aged six years or less had received an examination within the previous 12 months. Between one-half and three-quarters of children had received their previous School Dental Service examination between 1 year and 2 years previously.

### Changes since 1996

The number of children up to 5 years of age who had not received a previous examination increased between 1996 and 1997. In addition, there was a marked increase in the percentage of students having received an examination in the previous 12 months. However, it should be noted that the 1996 results used data weighted by time since last visit making direct comparisons with the 1997 results problematic.

**Table 8: School Dental Service examinations: age-specific distribution**

Age (years)	Students	Previous examination in School Dental Service		
		Yes	No	Unknown
	<i>n</i>	%	%	%
Up to 4	282	28.8	67.9	3.2
5	248	58.8	38.9	2.3
6	252	84.7	13.5	1.8*
7	283	90.0	8.8	1.2*
8	278	93.5	4.9	1.6*
9	280	93.9	2.8	3.2
10	389	97.1	1.7	1.2*
11	443	98.5	0.8*	0.8*
12	422	98.4	0.5*	1.1*
13	333	99.3	0.7*	0.0*
14	242	98.6	0.9*	0.5*
15	258	99.6	0.0*	0.4*
16–18	337	98.7	0.7*	0.7*

**Table 9: School Dental Service examinations: time since last visit**

Age (years)	No. of Students	Time since last examination				Time since last examination	SD
		0–6 months	7–12 months	13–24 months	25+ months		
Up to 4	81	7.0	41.8	51.3	0.0*	12.88	4.14
5	146	8.1	27.3	63.9	0.8*	13.31	4.42
6	214	3.7	33.6	60.5	2.1	13.79	4.22
7	255	3.6	29.7	61.4	5.3	15.04	5.53
8	260	1.7*	27.9	65.1	5.2	15.07	5.01
9	263	4.3	22.6	66.0	7.1	15.20	5.51
10	378	2.7	19.5	73.2	4.6	15.45	4.75
11	436	2.5	19.3	74.1	4.0	15.50	4.85
12	415	3.5	17.4	74.1	5.0	15.80	5.27
13	330	1.0*	21.3	71.8	5.8	15.88	4.87
14	239	2.7	14.3	72.5	10.5	16.55	5.53
15	257	1.9*	12.7	72.9	12.5	17.31	6.12
16–18	332	1.5*	16.6	68.3	13.6	17.38	6.21

## Percentage of children with dmft=0, DMFT=0 and d+D=4+

Figure 1 presents data contained in Tables 3, 4 and 5 to summarise the extent of dental health (represented by percentage with no deciduous and permanent caries experience) and the extent of more extensive untreated decay (represented by the percentage with d+D=4 or more).

Figure 1: Percentage of children with dmft=0, DMFT=0 and d+D=4+

