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The Child Dental Health Survey Queensland 1996

**AIHW Dental Statistics and Research Unit
The University of Adelaide**

AIHW Catalogue No. DEN 46

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Suggested citation

AIHW Dental Statistics and Research Unit (1998). *Child Dental Health Survey, Queensland 1996*.

Acknowledgments

These data were collected in collaboration with the dental authorities in participating States/Territories of Australia. The support of those dental authorities and their staff was crucial to the successful collection of data for this survey.

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Background to the Child Dental Health Survey

The 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 children. The establishment of the Survey coincided with the development of the Australian School Dental Scheme (ASDS), a government-funded program providing dental care for school children. Implicit within the original goals of the Child Dental Health Survey was the collection of routine data from among all patients of the ASDS which was administered through each of the State and Territory health authorities. There was no attempt to obtain information about those children not enrolled in the ASDS. From the inception of the Survey, data have been collected by School Dental Service staff.

The Survey has been maintained annually since 1977. Following some changes to the Survey procedures by individual State and Territory health authorities (principally in the methods of sampling, but also including some alterations to data items), a redesigned Survey was developed in 1988. At that time, responsibility for the management and processing of the Survey was passed to Dental Statistics and Research Unit (DSRU), an external unit of the (then) Australian Institute of Health. In the process of transferring responsibility for the Survey, State and Territory health authorities were encouraged to adopt some limited changes to the types of data collected and to move towards sampling of a proportion of children. Those changes were adopted uniformly by the end of 1991.

Scope and aims of the Survey

The redesigned Child Dental Health Survey provides dental health data concerning the population of persons enrolled in School Dental Services throughout the States and Territories. 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.

Survey methods

Data for the Child Dental Health Survey were collected during the 1996 calendar year from a sample of patients of the Queensland School Dental Service by dental therapists and dentists. They transcribed data items from routine clinical records on to Optical Mark Reader data sheets which were processed and edited.

Processing and editing of all data forms was performed by the AIHW Dental Statistics and Research Unit. Unit record data were forwarded to the DSRU in Adelaide for processing and analysis. Analyses were undertaken to compute summary statistics describing caries experience, frequency of fissure sealants, immediate treatment needs and children's history of School Dental Service examinations among age groups.

Source of subjects and sampling

It was intended that children throughout Queensland would be sampled at a ratio of approximately 1:15 by selecting those whose date of birth was on either the first or the sixth day of any month. This is an alteration of the sampling frame from 1995 where children were selected if their date of birth fell on any of the first six days of a month. All children with an unknown date of birth were also sampled. Sampling occurred at the time of routine clinical examinations, prior to the commencement of any course of care.

The outcome of sampling varied widely across Queensland regions, and within regions varied by clinics. The number of children sampled in each region and the sampling procedure predominantly used are given in Table 1. As can be seen, the bulk of the children came from the Brisbane North, Brisbane South, Darling Downs, Mackay, Sunshine Coast and Wide Bay regions. While six regions employed the intended sampling procedure, three regions sampled all children with dates of birth between the 1st and 6th of any month, and two regions did not sample on the basis of date of birth. Some clinics in the Darling Downs region sampled children with dates of birth on either the 1st, 3rd, or 6th of any month.

Overall, 39.3 per cent of the children were sampled on the basis of them having been born on the 1st or 6th of the month, 39.3 per cent were sampled due to them having birthdays between the 1st and 6th of any month, 16.4 per cent were sampled irrespective of day of birth and 5.1 per cent were sampled due to them being born on the 1st, 3rd or 6th of any month.

Data items

Demographic and service provision data items included the child's age, sex and the date of the current and previous examination. Provision was made for recording country of birth and the indigenous status of each child and mother.

Dental health status data items included a count of the number of teeth which were decayed, missing (because of dental caries) or filled (because of dental caries). Separate counts were made of deciduous and permanent teeth. A count of the number of permanent teeth with fissure sealants (and which were not decayed or filled) was also made. An additional data item was marked to indicate if the child had a need for immediate treatment, defined as the presence of oral pain or infection, or the likely occurrence of oral pain or infection within four weeks. This would include children requiring treatment for existing pain, dental abscesses, grossly decayed teeth with pulp exposure, avulsed or fractured teeth, or life threatening conditions. All indices follow recommendations made by World Health Organisation (1987) and by Palmer *et al.* (1984) concerning epidemiological recording of dental conditions.

A survey guide was issued to all clinics explaining the conventions for data recording. However, there were no formal procedures for training or calibration in the clinical procedures for detection of caries experience. Instead, clinical staff used their own clinical judgement when making decisions about the presence or absence of decayed, missing, filled or fissure sealed teeth.

Analyses

Data were analysed to provide age-specific means and percentages for each dental health index and for periodicity of examinations. Standard deviations were computed for all means. The level of statistical precision for all age-specific estimates was assessed by computing the relative standard error (that is, standard error of the estimate divided by the estimate, and expressed as a percentage). When the relative standard error exceeded 40 per cent, the statistics for that estimate were marked with an asterisk.

A further aspect of the analysis was the weighting of unit records to reflect the sampling procedure. This was necessary because children were sampled using different probabilities of selection. The probability was 1.0 (i.e., selected by full enumeration) for children with an unknown date of birth throughout the state. Elsewhere the probability was approximately 0.066 (ie equivalent to the ratio of 1:15) for children sampled according to the intended procedure and approximately 0.2 for children sampled due to dates of birth falling between the 1st and 6th of any month (i.e., equivalent to the ratio of 1:5). Hence, the weighting process considered the number of children sampled (n_i) and the number of children in the population (assuming accurate sampling, $N_i=n_i/[\text{sampling probability}]$) for each sampling strata. Stratum specific weights, w_i , which could be applied to unit record data were computed to avoid inflating the sample size. The following formula was used:

$$w_i = \frac{N_i / n_i}{\sum N_i / \sum n_i}$$

Application of the formula above yields a unit record weight, w_1 of approximately 1.760 for children sampled at the ratio of 1:15, 0.587 for children sampled at the ratio 1:5, 0.116 for children sampled at 1:1 and 1.173 for those children sampled at 1:10. These unit record weights were applied to all statistics computed for Tables 2 to 8.

Purpose of this report

This report is part of the annual series providing descriptive statistics concerning child dental health in Queensland. The report contains tables and figures. Information listed in the tables includes: the age and sex of children in the sample, their deciduous and permanent caries experience, frequency of fissure sealants, immediate treatment needs and children's history of school dental service examinations. The figures combine and summarise information from four of the tables.

The following sections briefly describe the data in each table and provide a simple, summary statement highlighting differences between the 1996 and 1995 findings. However, no formal hypothesis tests have been undertaken, and descriptions of differences between years are intended as a guide to the reader, rather than a formal evaluation of trends.

Supplementary tables requested by the Queensland Department of Health also have been prepared. They contain region-specific caries experience data for both deciduous and permanent teeth along with further detail of the components of deciduous and permanent caries experience.

Demographic composition of the sample

A total number of 7,582 children were sampled during 1996. The majority of children in the complete sample were aged between 5 and 15 years inclusive (see Table 2). There were very small numbers of children aged less than 4 or greater than 15 years. Males were represented in slightly smaller numbers ($n = 3,676$) than females ($n = 3,847$). Gender was not recorded for 59 children.

The age distribution reflects the age range of school children who are the principal target group of the Queensland School Dental Service. However, there are some individual ages (18 years or more) where it would appear that age has been recorded in error. The small numbers of children aged three years or less and 15 years or more results in less reliability of computed statistics for those ages. Furthermore, children in those ages are outside the main target group of the School Dental Service, and it is likely that they have some special characteristics which make them less representative of their respective age groups within the Queensland population.

Changes since 1995

The total number of children in 1996 was 2,468 cases more than for 1995.

In other respects, the percentage age and sex distribution did not change substantially in 1996, although more females than males were sampled in 1995.

Country of birth (including Indigenous status)

As shown in Table 3, the birthplace/Indigenous status of 61.3 per cent of children was recorded as not known. Australian-born (non-Indigenous) children represented 87.8 per cent of the remainder of the sample (34 per cent of the total sample). Australian-born Indigenous children comprised 0.9 per cent of the sample. Only small numbers of children were identified as being born outside of Australia.

Due to the small amount of known information concerning the birthplace/Indigenous status of the childrens' mothers, these results have been omitted from this report.

Changes since 1995

These data were not collected in 1995.

Deciduous teeth: age-specific caries experience

Table 4 shows that the mean number of clinically decayed teeth among children aged up to 10 years declined consistently across older age groups, from 1.46 for children aged up to 4 years of age to 0.45 for 10 year-olds. In contrast, there was no systematic trend in mean dmft, with scores ranging from 1.74 for five year-olds to 2.37 for nine year-olds. The percentage of dmft accounted for by clinically decayed teeth declined steadily across older age groups, from 78.2 per cent for children aged up to 4 years of age to 25.4 per cent for 10 year-olds.

The percentage of children free of clinical caries ($dmft=0$) ranges from a high of 57.2 per cent among five year-old children to a low of 38.9 per cent among nine year-olds.

Together these distributions suggest that younger children, probably presenting for the first time to the School Dental Service, have mostly untreated decay, and that this is managed in later years to achieve a relatively low frequency of untreated decay.

Changes since 1995

Changes in mean number of decayed and dmft teeth between 1995 and 1996 were small, although there was a trend for children aged between six and eight years to have slightly more clinical decay and for 8 to 10 year-old children to have lower dmft scores. The percentage of children with no clinical caries has increased slightly from 46.4 per cent to 47.9 per cent of all children up to the age of 10, with increases in percentage dfmt=0 for 5, 8, 9 and 10 year-olds.

Permanent teeth: age-specific experience

The mean number of clinically decayed and DMF teeth increased in a fairly consistent manner with increasing age (see Table 5). As a consequence, the percentage of children free of clinical caries in the permanent dentition (DMFT=0) declined substantially across older age groups. It is noteworthy that for age groups up to 12 years, more than 51 per cent of children in any group were free of clinical caries (DMFT=0). The percentage of DMFT present as untreated decay (D/DMFT) decreased from 95.2 for 5 year-olds to 22.6 for 15 year-olds.

Among those aged 11 to 15 years, the age-associated increase in mean DMFT was greater than the pattern observed for the younger half of the age range. This pattern suggests either that caries activity accelerates after the age of 11, or that these older children represent a cohort with a higher historical caries experience. However, this trend is also, no doubt, affected by the increasing number of permanent teeth at risk, and increasing years at risk, which occur with increasing age. The mean DMFT score for 12 year-old children was 1.30.

Changes since 1995

There were small reductions in DMFT scores from 1995 to 1996 for children aged 10, 11, 13 and 14 years of age. Percentages with DMFT=0 were similar for most ages.

All teeth: age-specific experience

Untreated clinical decay in the combined deciduous and permanent dentitions (d+D=1, 2, 3 or 4+) existed for between 26 and 42 per cent of the sample (see Table 6). The greatest likelihood of untreated decay occurred for children up to the age of four where 42.6 per cent had d+D of one or more. The most extensive levels of untreated clinical decay (d+D=4 or more) occurred in children aged six years or less.

While more than 94 per cent of children aged up to 12 years had no deciduous or permanent teeth missing due to caries. Smaller percentages avoided having fillings, and this was associated with age. There was a reasonably consistent decline in the percentage of children with no clinical caries experience in either deciduous or permanent dentition (dmft+DMFT=0), from 56.8 per cent at age five to 22.6 per cent for those aged 16 years or older. The percentage fluctuated around 30–40 per cent among most older ages, reflecting the pattern of exfoliation of deciduous teeth. This statistic serves to demonstrate that more than one third of children at any of the key primary school ages have no experience of clinical caries.

Changes since 1995

There are no substantial changes in these statistics between 1995 and 1996 for children in the key age groups of 5 to 12 years. However, there is evidence of a decrease in the

percentage of these children exhibiting a single clinically detectable decayed tooth and an increase in the percentage having three or more decayed teeth.

Fissure sealants: age-specific experience

The mean frequency of fissure sealants (see Table 7) shows a bimodal distribution, peaking for 9 and 14 year-olds. Children with some clinical caries experience (DMFT=1+) were more likely to have fissure sealants than those with no clinical caries experience (DMFT=0). This is consistent with the targeting of sealants to children with disease in older ages.

Changes since 1995

The mean number of fissure sealants was lower in 1996 compared to 1995. The percentage of younger children with fissure sealants who had a DMFT=0 was generally lower, while the percentage of older children with fissure sealants in the same group was higher.

Immediate treatment needs

As can be seen from Table 8, immediate treatment needs were observed in fewer than six per cent of children aged 5–12 years. However, those children clearly had a higher mean dmft, mean DMFT and percentage with four or more decayed teeth in comparison with the overall sample. These patterns of caries experience support the view that caries constitutes a substantial burden of disease for this small minority of children, and that it presumably contributes to immediate needs for treatment of pain or infection. The highest prevalence rate of immediate treatment needs was observed in the youngest ages although differences across age groups were not large.

Changes since 1995

The percentage of children with immediate treatment needs decreased since 1995.

School Dental Service examinations

Table 9 refers to the total number of examinations for children during 1996. The percentage of children with no previous examination in the School Dental Service was greatest among those up to four years of age, and reduced to 5 per cent or less for children aged more than seven years of age. These percentages were negatively approximated by the percentage with a previous examination, although relatively greater percentages of younger children had an unknown previous examination status.

Among children with a previous examination, more than one half within most ages had received examinations within a period of 13–24 months. That time interval was the most frequent of the four intervals contained in the table for each of the ages. A re-examination interval of 7–12 months occurred for most of the remaining children, and evidenced a bimodal distribution with peaks for 5 year-olds and 13 year-olds. Very few children had been examined either in the previous six months or longer than two years previously.

Changes since 1995

There was a consistent trend across all age groups for higher percentages of children to have had their most recent exam between 13 and 24 months previously.

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

Figure 1 presents data contained in Tables 4, 5 and 6 to summarise the extent of dental health (represented by percentage with no clinical caries experience) and the extent of more extensive untreated decay (represented by the percentage with d+D=4 or more).

Time since last dental examination

Figure 2 draws on information from Table 9, and selects 6 and 12 year-olds to demonstrate the variation in time since last examination.

References

Palmer JD, Anderson RJ, Downer MC. Guidelines for prevalence studies of dental caries. *Community Dental Health* 1984; 1:55-66.

World Health Organization. *Oral Health Surveys. Basic Methods*. 3rd Edition. WHO; Geneva, 1987.

TABLES

Table 1: Number of children sampled and sampling procedure by region

Region	<i>n</i>	Sampling procedure	Per cent sampled	
			at most common sampling procedure	Most common sampling ratio
Brisbane North	820	1 and 6	98.4	1 : 15
Brisbane South	1128	1 – 6	95.7	1 : 5
Darling Downs	1490	1 and 6	82.4	1 : 15
Mackay	1511	1 – 6	98.1	1 : 5
Northern	352	1 and 6	94.6	1 : 15
Peninsula/Torres Strait	20	1 and 6	75.0	1 : 15
South Coast	6	1 – 6	100.0	1 : 5
South West	172	all days	100.0	1 : 1
Sunshine Coast	730	1 and 6	95.2	1 : 15
West Moreton	179	1 and 6	79.9	1 : 15
Wide Bay	1154	all days	93.5	1 : 1
Unknown	241	1 and 6	56.0	1 : 15

Table 2: Demographic composition of the sample

Age (years)	No. of records processed						Weighted no. of children in sample ¹		
	Known date of birth			Age only known			Males	Females	Persons
	Males	Females	Persons	Males	Females	Persons			
1	0	3	3	0	0	0	0	2	2
3	2	0	2	0	0	0	4	0	4
4	81	87	169	0	0	0	73	68	143
5	355	322	686	3	3	6	345	320	674
6	420	439	869	1	2	3	413	482	910
7	368	428	802	1	0	1	395	455	858
8	333	383	722	1	0	1	349	428	784
9	349	394	745	1	0	1	324	398	723
10	344	322	670	0	0	0	368	336	707
11	336	377	719	1	0	1	355	387	749
12	356	334	692	8	10	18	403	380	785
13	245	255	501	29	16	47	253	251	506
14	223	230	456	23	13	36	195	201	400
15	95	125	220	10	22	32	72	105	177
16	16	18	34	2	6	8	12	18	29
17	2	3	5	0	0	0	2	4	6
18	0	1	1	0	0	0	0	0	0
19	0	0	0	0	0	0	0	0	0
20	1	0	1	0	0	0	2	0	2
21	1	0	1	0	0	0	1	0	1
Missing	69	54	130	0	0	0	63	54	121
Total	3596	3775	7428	80	72	154	3629	3890	7580

¹ Cases weighted according to sampling procedure used. Second and subsequent examinations of children within the reporting period are eliminated. These are rounded numbers of children.

Table 3: Country of birth (including Indigenous status)

Birthplace (Indigenous Status)	Frequency	Per cent	Valid per cent	Cumulative per cent
Australia (non-Indigenous)	2576	34.0	35.1	35.1
Australia (Aboriginal)	56	0.7	0.8	35.8
Australia (Torres Strait Islander)	12	0.2	0.2	36.0
United Kingdom and Ireland	15	0.2	0.2	36.2
Southern Europe	17	0.2	0.2	36.4
Other European	1	0.0	0.0	36.4
Middles East (West Asia)	2	0.0	0.0	36.5
South East Asia	8	0.1	0.1	36.6
Other Asia	9	0.1	0.1	36.7
Other	4	0.1	0.1	36.7
Not known	4648	61.3	63.3	100.0
Missing	234	3.1		
Total	7582	100.0		

Table 4: Deciduous teeth: age-specific experience¹

This table uses State-wide data to describe the dmft index and its components for individual (year of birth) ages. 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 are statistically unreliable.

Age (years)	No. of children in sample	Decayed ²		dmft		d/dmft	Children with dmft=0
		mean	sd	mean	sd	%	%
<=4	149	1.46	2.47	2.06	3.18	78.2	52.1
5	674	1.23	2.22	1.74	2.82	73.9	57.2
6	910	1.09	1.95	2.25	3.24	55.0	49.9
7	858	0.79	1.45	2.18	2.93	41.9	48.3
8	784	0.65	1.23	2.36	3.01	31.6	43.1
9	723	0.54	1.11	2.37	2.76	26.5	38.9
10	707	0.45	0.98	1.88	2.55	25.4	49.4
Total							47.9

¹ Legend d - decayed deciduous teeth
dmft - decayed, missing or filled deciduous teeth
sd - standard deviation

² Including recurrent caries in filled teeth

Table 5: Permanent teeth: age-specific caries experience¹

This table uses State-wide data to describe the DMFT index and its components for individual (year of birth) ages. 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 are statistically unreliable.

Age (years)	No. of children in sample	Decayed		DMFT		D/DMFT	Children with DMFT=0
		mean	sd	mean	sd	%	%
<=4	149	-	-	0.01*	0.13*	0.0	99.6
5	674	0.03	0.24	0.03	0.25	95.2	98.2
6	910	0.07	0.39	0.09	0.49	88.2	95.2
7	858	0.18	0.58	0.28	0.78	70.4	84.7
8	784	0.21	0.59	0.39	0.87	57.2	78.3
9	723	0.20	0.55	0.49	1.00	43.5	73.8
10	707	0.23	0.62	0.70	1.20	35.9	65.9
11	749	0.26	0.75	0.81	1.37	30.7	62.8
12	785	0.41	1.00	1.30	2.10	31.0	51.8
13	506	0.55	1.22	1.67	2.37	32.3	43.8
14	400	0.60	1.18	1.93	2.34	30.6	40.1
15	177	0.61	1.17	2.78	3.00	22.6	31.5
16+	37	0.75	1.13	2.00	2.03	50.9	33.7

¹ Legend D - decayed permanent teeth
 DMFT - decayed, missing or filled permanent teeth
 sd - standard deviation

Table 6: All teeth: age-specific experience¹

This table uses State-wide data to describe the combined dmft and DMFT indices and their components for individual (year of birth) ages. 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 are statistically unreliable.

Age (years)	No. of children in sample	% of children with d+D=					% of children with		
		0	1	2	3	4+	m+M=0	f+F=0	dmf+DMF=0
<=4	149	57.4	8.0	13.1	5.3	16.3	94.5	86.4	51.7
5	674	61.3	11.3	8.3	6.5	12.6	96.8	83.6	56.8
6	908	60.6	13.2	9.3	4.5	12.3	95.9	70.3	49.5
7	857	60.7	15.3	9.7	6.4	7.9	95.7	59.8	43.6
8	784	60.3	20.1	8.3	4.8	6.5	94.8	50.4	38.4
9	723	62.0	20.2	9.6	4.0	4.2	97.3	43.7	31.5
10	707	65.6	17.9	7.6	4.8	4.1	97.1	45.9	35.4
11	747	72.1	14.6	7.9	2.3	3.0	98.1	50.4	40.6
12	785	73.7	12.5	7.9	2.9	3.0	97.4	54.9	43.1
13	506	69.7	14.4	9.9	2.5	3.6	97.8	53.6	40.0
14	400	67.5	16.4	6.8	4.5	4.8	96.7	50.1	38.8
15	177	66.9	18.4	7.5	1.5*	5.7	94.3	36.9	31.5
16+	37	53.4	24.5	8.8*	6.3*	6.9*	88.7	54.1	22.6

¹ Legend

- d - decayed deciduous teeth
- D - decayed permanent teeth
- m - deciduous teeth missing due to caries
- M - permanent teeth missing due to caries
- f - deciduous teeth restored due to caries
- F - permanent teeth restored due to caries
- dmft - decayed, missing or filled deciduous teeth
- DMFT - decayed, missing or filled permanent teeth

Table 7: Fissure sealants: age-specific experience¹

This table uses State-specific data to describe the distribution of fissure sealants for individual (year of birth) ages, along with the caries experience of those who have fissure sealants and those who do not. 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 are statistically unreliable.

Age (years)	No. of children in sample ²	No. of sealants		Children with DMFT=0		Children with DMFT=1+	
		mean	sd	number	% with F/S=1+	number	% with F/S=1+
6	908	0.10	0.56	867	3.0	42	10.4
7	858	0.28	0.92	727	8.8	131	19.4
8	784	0.40	1.04	614	13.1	170	24.9
9	723	0.63	1.27	534	21.5	190	28.4
10	707	0.52	1.18	466	18.1	241	23.1
11	747	0.48	1.11	471	19.1	276	21.5
12	785	0.44	1.13	407	14.3	379	21.8
13	506	0.43	1.18	222	13.2	284	19.3
14	400	0.69	1.41	160	21.4	239	29.0
15	177	0.59	1.40	56	23.5	122	22.3
16+	37	0.62*	1.80*	13	33.7	25	*8.5

¹ Legend DMFT - decayed, missing or filled permanent teeth

² Data relating to second or subsequent examinations of children within this reporting period are eliminated

Table 8: Immediate treatment needs: age-specific distribution¹

This table, based on State-wide data, describes the number and proportion of children in immediate need of dental treatment. This classification is accorded to children who have, or who are likely to develop within four weeks, oral pain or infection. The dental caries experience of this group of children is also described. 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 are statistically unreliable.

Age (years)	No. of children in sample ²	No.	% of all children	dmft		DMFT		% with d+D=				
				mean	sd	mean	sd	0	1	2	3	4+
<=4	149	8	5.1	3.30*	4.30*	-	-	0.0	46.2	23.0*	0.0	31.0*
5	674	32	4.9	4.64	4.07	0.29*	0.94*	16.4	13.0*	16.4	5.5*	49.1
6	910	41	4.6	4.26	3.46	0.59	1.45	24.6	17.3	14.5	5.8*	37.8
7	858	43	5.2	4.46	4.12	0.91	1.48	21.6	35.1	13.8	7.6*	21.9
8	784	31	4.0	4.79	3.58	0.92	1.07	17.2	46.0	5.7*	7.7*	23.4
9	723	25	3.5	3.75	3.43	0.83	1.41	30.7	28.3	7.1*	17.0*	17.0*
10	707	25	3.7	3.01	3.43	1.97	1.67	17.0*	25.3	27.7	14.0*	17.0*
11	749	23	3.1	2.13	2.57	1.74	2.73	28.2	41.0	13.0*	7.7*	10.0*
12	785	34	4.5	1.27	2.54	2.92	2.91	38.1	13.0*	15.7	5.4*	27.6
13	506	13	2.6	0.47*	1.00*	3.93	2.69	16.0*	20.0*	32.5	15.0*	16.0*
14	400	12	3.0	0.51*	0.96*	3.61	2.83	27.0*	27.0*	7.9*	32.1	*5.9
15	177	3	2.0*	0.03*	0.21*	5.00*	4.20*	57.0*	9.9*	13.0*	3.3*	17.0*
16+	37	3	8.9*	-	-	2.30*	1.80*	3.7*	37.0*	0.0	56.0*	3.7*

¹ Legend: dmft - number of decayed, missing or filled deciduous teeth
 DMFT - decayed, missing or filled permanent teeth
 d - number of decayed deciduous teeth
 D - number of decayed permanent teeth

² Data relating to second or subsequent examinations of children within this reporting period are eliminated

Table 9: School Dental Service examinations: age-specific distribution

This table describes the percentage distribution of children who have received initial and subsequent dental examinations in the School Dental Service. Data from all examinations of children who were examined during the report period are included in this table; percentage estimates denoted with an asterisk (*) are those in which the relative standard error exceeds 40 per cent, and population estimates of these percentages are statistically unreliable.

Age (years)	No. of children examined	Previous examination in School Dental Service (%)			Children with previous examination Months since last examination (%) ¹			
		No	Yes	Unknown	0-6	7-12	13-24	25+
<=4	149	52.0	2.9*	45.1	0.0	19.0*	81.3	0.0
5	674	47.6	22.3	30.1	3.0*	56.2	39.6	1.2*
6	910	21.6	48.2	30.3	0.3*	43.1	54.1	2.5
7	858	7.4	73.1	19.5	0.6*	31.3	63.9	4.2
8	784	3.2	79.7	17.1	0.4*	29.7	59.6	10.3
9	723	3.5	80.7	15.8	1.0	30.3	63.4	5.3
10	707	3.2	80.1	16.7	1.3	30.2	59.5	9.0
11	749	2.3	85.6	12.1	0.5*	26.8	63.5	9.2
12	785	1.6	78.5	19.9	6.3	27.3	58.4	8.0
13	506	1.9	70.5	27.6	4.3	47.7	43.9	4.1
14	400	2.1	80.5	17.4	0.6*	47.0	46.7	5.6
15	177	2.1*	82.6	15.3	0.0	35.4	50.5	14.2
16+	37	17.9	32.7	49.4	0.0	26.0*	73.1	0.9*

¹ Excludes those with no previous examination and where the date of previous examination is unknown

FIGURES

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

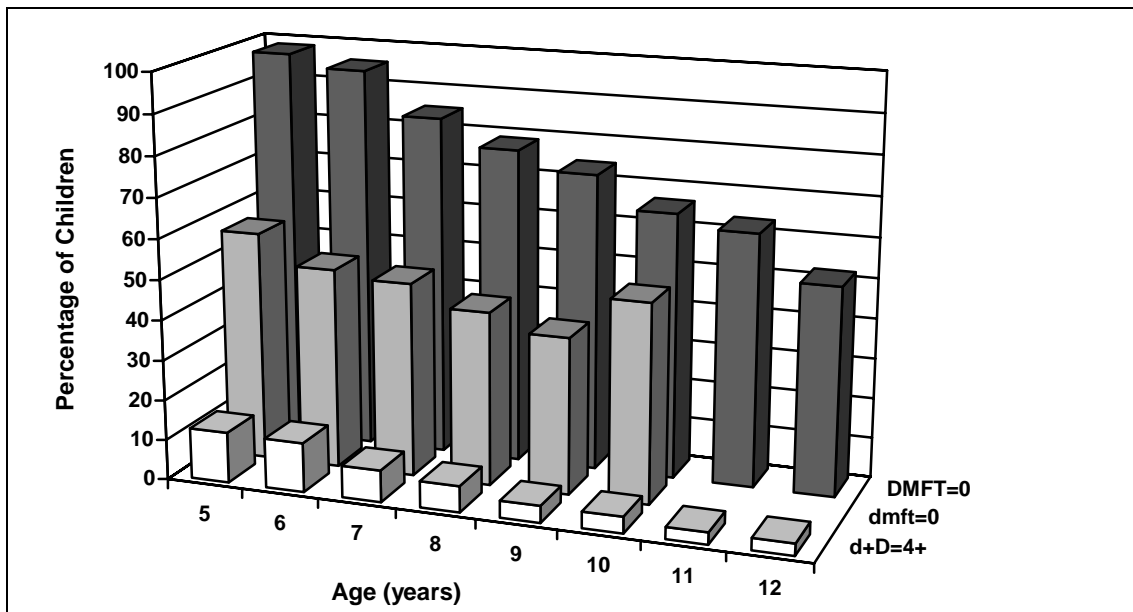


Figure 2: Time since last dental examination

