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HEALTH & WELFARE



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The Child Dental Health Survey Queensland 1994

by

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AIHW Catalogue No. DEN15

Published by:
AIHW Dental Statistics and Research Unit
The University of Adelaide
AUSTRALIA 5005

29th November 1996

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This report is the Queensland component of the Child Dental Health Survey, a project in which all Australian States and Territories are participating.

The AIHW Dental Statistics and Research Unit (DSRU) is an external unit of the Australian Institute of Health and Welfare, and was established in 1988 at The University of Adelaide. The DSRU was funded to improve the range and quality of dental statistics and research on the dental workforce, dental health status, dental practices and use of dental services.

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THE CHILD DENTAL HEALTH SURVEY - QUEENSLAND 1994

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 were collected by School Dental Service staff and processed by the Commonwealth Department of Health in Canberra.

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 1994 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 onto Optical Mark Reader data sheets which were processed and edited. During the first half of 1992, the sampling and data recording procedures established at the start of 1991 were used throughout the State. Between July and December, an extension to the established data collection was adopted in

Brisbane and Townsville. The extension was part of the Child Fluoride Study, a National Health and Medical Research Council supported investigation of the role of fluorides in children's dental health. Information from the established Child Dental Health Survey and the new Child Fluoride Study was combined to create common data items and formats. This data collection methodology is continued throughout 1994.

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

Children in Townsville are sampled at the ratio of 1:1, in accordance with the abovementioned methodology. Children throughout the rest of Queensland were theoretically sampled at a ratio of 1:5 by selecting those whose date of birth fell on the first six days of any month. All children with an unknown date of birth also were sampled. Sampling occurred at the time of routine clinical examinations which occurred prior to the commencement of any course of care.

Data items

Core data items for the established Child Dental Health Survey were collected in a uniform manner throughout Queensland during the first six months of the year. 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 Aboriginality of each child and mother, although the items were not recorded in Queensland during 1994.

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) also was 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 Organization (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.

In Townsville and Brisbane, the data items were changed in July 1991 to allow for more detailed recording of caries experience. Specifically, the individual tooth surfaces were

coded to indicate if they were decayed, filled or fissure sealed. In addition, the specific teeth were denoted as present, unerupted or missing due to caries. This method of recording provided more data than the simple count of affected teeth, and was adopted for the purpose of the Child Fluoride Study. However, for the current report the detailed data were reduced to the core data items used in the established Child Dental Health Survey. A computer algorithm was used to assign a single score to each tooth present in the mouth after evaluating the status of all tooth surfaces. Specifically:

- a) a tooth was scored as decayed if any surface was coded as decayed, even if other surfaces of the tooth were filled or fissure sealed;
- b) a tooth with no decay was coded as filled if any surface was coded as filled, even if other surfaces of the tooth were fissure sealed. Fillings referred to restorations placed because of dental caries;
- c) a tooth with no decay and with no fillings (placed because of dental caries) was coded as sealed if any surface had a fissure sealant.

This hierarchy conforms with the epidemiological conventions for coding individual teeth. For example, clinical examiners recording the core data items for the Child Dental Health Survey would code a tooth which had both decay and a filling as decayed. A final part of the computer algorithm simply summed the total number of decayed, missing, filled and fissure sealed teeth for each child.

Analyses

Data were analyzed 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 not printed. This convention follows those used by other authorities, such as the Australian Bureau of Statistics.

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 (ie selected by full enumeration) for children with an unknown date of birth throughout the state, and for children in Townsville between July and December. Elsewhere the probability was 0.2 (ie 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 ($N_i = n_i / [\text{sampling probability}]$) for each of two sampling strata. Two 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 those figures to the formula above yields a unit record weight, w_1 of 1.108 (rounded) for children sampled at the ratio of 1:5 and 0.222 (rounded) for the other children. Those unit record weights were applied to all statistics computed for Tables 2 to 7. Table 8

deals with a different number of sampled children (since it refers to total number of examinations rather than total number of children examined), and hence slightly different weights were computed using the same formula.

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 summarize information from four of the tables.

The following sections briefly describe each table and provide a simple, summary statement highlighting differences between the 1994 and 1993 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.

Table 1: Demographic composition of the sample

A total number of 9,563 children were sampled during 1994, with 2.8 per cent of them representing children selected by full enumeration. Although not shown in Table 1, the great majority of fully enumerated children were from Townsville and they were selected in this manner for the Child Fluoride Study described above. The majority of children in the complete sample were aged between five and 12 years inclusive. There were very small numbers of children aged less than four or greater than 13 years. Females were represented in slightly smaller percentages (49.9 per cent across all ages) than males.

This distribution reflects the age range of primary 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 or less and 14 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 1993

The total number of children sampled in 1994 was greatly reduced from 1993 due to changes in operating procedures in Queensland Health. The reduction in numbers indicates a dramatic slippage in the nominated sampling ratio for the CDHS. In other respects, the percentage age and sex distribution did not change substantially in 1994.

Table 2: Country of birth (including Aboriginality)

These data were not collected in 1994.

Table 3: Deciduous teeth: age-specific caries experience

The mean number of decayed teeth among children aged five to nine years declined quite consistently with increasing age from 1.19 to 0.53. In contrast, mean dmft increased from 1.80 among five year-olds to 2.67 among nine year-olds. Among older children, mean dmft declines, consistent with exfoliation of teeth. As a consequence of these two trends, the d/dmft ratio exceeds 69 per cent among children aged five years or less, and declines to a low of 22 per cent among those aged nine years or more.

The percentage of children with no caries experience (dmft=0) tends to mirror mean dmft by reducing to a low of 37.1 per cent among nine year-olds. It is noteworthy that under one half of children are free of deciduous caries experience at any individual age in the range of six to ten years.

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

Changes since 1993

Changes in mean number of decayed or dmft teeth between 1993 and 1994 were minor, with most age-specific differences in means being approximately 0.1.

Table 4: Permanent teeth: age-specific prevalence

The mean numbers of decayed permanent teeth and DMFT were smaller than the corresponding means for deciduous teeth across the range of five to 10 years. In addition, the mean number of decayed and DMF teeth increased in a fairly consistent manner across increasing age groups within that range. As a consequence, the percentage of DMFT present as untreated decay (D/DMFT) and the percentage of children caries free in the permanent dentition (DMFT=0) declined substantially across age groups. It is noteworthy that more than 49 per cent of children aged 12 years or less were caries free (DMFT=0).

The mean DMFT score for 12 year-old children was 1.37.

Changes since 1993

There were small increases in percentages with DMFT=0.

Table 5: All teeth: age-specific prevalence

Untreated decay in the combined deciduous and permanent dentitions (d+D=1, 2, 3 or 4+) existed for between 24 and 38 per cent of children in the age range five to 12 years. The greatest likelihood of untreated decay occurred for six year-olds where 38 per cent had d+D

of one or more. The most extensive levels of untreated decay ($d+D=4$ or more) occurred in children aged six years or less.

While more than 95 per cent of children had no deciduous or permanent teeth missing due to caries, smaller percentages avoided fillings, and this was associated with age. There was a reasonably consistent decline in the percentage of children with no caries experience in either deciduous or permanent dentition ($dmft+DMFT=0$), from 55.5 per cent at age five to 31.1 per cent at age nine. The percentage fluctuated around 35 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 dental caries.

Changes since 1993

There were no substantial changes in these statistics between 1993 and 1994 for children in the key age groups of five to 12 years.

Table 6: Fissure sealants: age-specific prevalence

Fissure sealants occurred at quite a consistent low frequency. Children with some caries experience ($DMFT=1+$) were consistently more likely to have fissure sealants than those with no caries experience ($DMFT=0$).

Changes since 1993

The mean number of fissure sealants did not differ substantially in 1994.

Table 7: Immediate treatment needs

Immediate treatment needs were observed in fewer than eight per cent of children in all ages. 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. Those 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 (7.9 per cent among eight year-olds) was observed in the youngest ages and would be consistent with more extensive deciduous caries experience and patterns of utilization (each discussed above) of younger children.

Changes since 1993

The percentage of children with immediate treatment needs was substantially higher during 1994. The reason for this is uncertain, but may be due in part to a change in reporting practices and selection procedures for the 1994 cohort.

Table 8: School Dental Service examinations

Table 8 refers to the total number of examinations conducted during 1994. Since individuals may have received more than one examination during the year, the number of children in the sample for this table is greater than the numbers present in preceding tables, where subsequent examinations of children in the year were excluded. The percentage of children with no previous examination in the School Dental Service was greatest among four year-olds, and reduced to two per cent or less for children aged more than nine. Those percentages were mirrored approximately 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, approximately one half within most ages had received examinations within a 13- 24 month period. 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 was more likely for younger rather than older children within the range five to 12 years. Very few children were re-examined after a period of two or more years.

Changes since 1993

The interval between examinations is slightly longer across all age groups, with an increase in the percentage of children who had their last exam 13-24 previously, compared with 7-12 months.

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

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

Figure 2: Time since last dental examination

This figure draws on information from Table 8, and selects six- and 12-year-olds to demonstrate the variation in time since last examination.

References

- Palmer JD, Anderson RJ, Downer MC. (1984) Guidelines for prevalence studies of dental caries. *Community Dental Health* 1:55-66.
- World Health Organization. (1987) *Oral Health Surveys. Basic Methods*. 3rd Edition. WHO; Geneva.

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TABLE 1: NUMBER IN SAMPLE AND ESTIMATED RESIDENT POPULATION

Data for the Child Dental Health Survey are collected from a stratified random sample of children in all Australian States and Territories. The sampling procedure selects a constant proportion of children for whom date of birth is known by selecting only those children born on particular dates. Within Queensland, the sampling ratio for children whose date of birth is known is 1:5, except in Townsville where complete enumeration was used.

State/Territory: Queensland

Sampling ratio
Townsville: 1:1
Other Queensland: 1:5

Data for period January-December 1994

Date of report: 29th November 1996

Age (years)	NUMBER OF RECORDS PROCESSED						NUMBER OF CHILDREN IN SAMPLE ¹		
	TYPE OF SAMPLING								
	Known date of birth			Age only known			Males	Females	Persons
	Males	Females	Persons	Males	Females	Persons			
3	1	5	6	0	0	0	1	5	6
4	88	99	187	5	2	7	91	102	193
5	350	346	696	8	13	21	360	357	716
6	398	414	812	12	9	21	410	425	835
7	427	363	790	13	18	31	439	375	814
8	372	396	768	10	6	16	383	406	789
9	369	410	779	9	12	21	379	422	801
10	420	407	827	13	8	21	432	418	850
11	429	442	871	6	9	15	440	454	894
12	951	834	1785	14	12	26	976	856	1831
13	769	829	1598	36	47	83	794	857	1651
14	65	80	145	2	2	4	67	82	149
15	9	7	16	0	0	0	9	7	16
16	4	6	10	0	0	0	4	6	10
17	0	4	4	0	0	0	0	4	4
18	1	0	1	0	0	0	1	0	1
21	1	0	1	0	0	0	1	0	1
24	0	0	0	0	1	1	0	0	0
Total	4654	4642	9296	128	139	267	4787	4776	9563

¹ The number of children included in the sample equals the number of records sampled where date of birth is known plus the product of the number of records of children with unknown birthdate and sampling ratio. Second and subsequent examinations of children within the reporting period are eliminated. These are rounded numbers of children.

TABLE 2: COUNTRY OF BIRTH (INCLUDING ABORIGINALITY)

These data were not collected in 1994.

TABLE 3: DECIDUOUS TEETH: AGE-SPECIFIC CARIES EXPERIENCE

This table uses State-wide data to describe the dmft¹ index and its components for individual (year of birth) ages. Indices are calculated from data collected over a 12 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. 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.

State/Territory: Queensland

Sampling ratio

Townsville: 1:1

Other Queensland: 1:5

Data for period January-December 1994

Date of report: 29th November 1996

Age (years)	Number of children in sample ²	decayed		dmf		d/dmf	Children with dmf=0
		mean	sd	mean	sd	%	%
4	176	1.00	1.94	1.36	2.55	80.0	64.4
5	687	1.19	2.26	1.80	3.02	69.6	55.1
6	758	1.05	2.04	2.27	3.29	51.1	48.0
7	740	0.68	1.33	2.44	3.09	34.3	44.9
8	735	0.63	1.21	2.61	3.01	26.5	41.0
9	711	0.53	1.07	2.67	2.96	22.0	37.1
10	759	0.33	0.76	2.13	2.65	18.0	42.3

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

² Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

TABLE 4: PERMANENT TEETH: AGE-SPECIFIC CARIES EXPERIENCE

This table uses State-wide data to describe the DMFT¹ index and its components for individual (year of birth) ages. Indices are calculated from data collected over a 12 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. 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.

State/Territory: Queensland

Sampling ratio
Townsville: 1:1
Other Queensland: 1:5

Data for period January-December 1994

Date of report: 29th November 1996

Age (years)	Number of children in sample ²	DECAYED		DMF		Children with	
		mean	sd	mean	sd	D/DMF %	DMF=0 %
5	687	*	*	*	*	86.1	96.4
6	758	0.09	0.45	0.18	1.54	83.1	92.9
7	741	0.19	0.56	0.26	0.73	76.6	82.4
8	735	0.23	0.70	0.44	1.20	58.7	77.1
9	711	0.23	0.62	0.58	1.08	43.0	69.2
10	759	0.25	0.72	0.85	1.51	30.8	61.2
11	795	0.31	0.77	1.03	1.58	30.6	57.8
12	1746	0.35	0.87	1.37	1.91	24.9	49.6
13	1614	0.44	1.06	1.78	2.37	24.8	44.5
14	145	0.77	1.87	2.52	3.22	25.1	33.4
15	14	*	*	2.43	3.08	*	35.7

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

² Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

TABLE 5: ALL TEETH: AGE-SPECIFIC CARIES EXPERIENCE¹

This table uses State-wide data to describe the combined dmft and DMFT indices and their components for individual (year of birth) ages. Indices are calculated from data collected over a 12 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. 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.

State/Territory: Queensland

Sampling ratio

Townsville: 1:1

Other Queensland: 1:5

Data for period January-December 1994

Date of report: 29th November 1996

Age (years)	Number of children in sample ²	% of children with d+D=					% of children with		
		0	1	2	3	≥4	m+M=0	f+F=0	dmf+DMF=0
4	171	68.7	7.2	8.4	4.3	11.4	95.8	91.0	65.1
5	673	64.0	10.8	8.4	4.1	12.8	98.6	81.6	55.5
6	747	62.3	13.9	7.2	5.6	11.0	96.6	67.2	47.2
7	713	64.2	15.9	8.9	3.6	7.3	97.4	56.6	42.7
8	714	62.8	16.8	9.5	4.3	6.6	95.8	46.3	38.2
9	699	62.7	18.2	9.7	4.9	4.5	96.8	40.0	31.1
10	734	68.0	18.4	7.5	3.5	2.7	97.3	37.8	31.3
11	779	69.4	17.1	7.7	2.6	3.2	98.2	45.7	36.9
12	1727	75.6	14.7	5.3	2.6	1.8	98.9	50.2	42.3
13	1607	74.8	13.6	6.2	2.4	3.0	98.5	48.2	40.5
14	144	70.6	11.5	8.5	*	8.5	97.9	41.0	31.5
15	14	78.6	*	*	0.0	*	100	42.9	35.7

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
- dmf - decayed, missing or filled deciduous teeth
- DMF - decayed, missing or filled permanent teeth

² Data are weighted to reflect the sampling scheme by correcting for the over-representation in the sample of children with an unknown date of birth. Data relating to second or subsequent examinations of children within this reporting period are eliminated.

TABLE 6: FISSURE SEALANTS: AGE-SPECIFIC CARIES EXPERIENCE¹

This table uses State-wide 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. Indices are calculated from data collected over a 12 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. 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.

State/Territory: Queensland

Sampling ratio

Townsville: 1:1

Other Queensland: 1:5

Data for period January-December 1994

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Age (years)	Number of children in sample	Number of sealants		CHILDREN WITH DMF=0		CHILDREN WITH DMF=1+	
		mean	sd	number	% with F/S=1+	number	% with F/S=1+
6	738	0.06	0.40	696	1.8	42	12.6
7	706	0.29	0.94	599	10.1	107	11.5
8	710	0.43	1.07	556	15.3	154	23.3
9	697	0.37	0.98	489	13.9	207	19.7
10	731	0.36	0.92	459	15.2	272	19.6
11	768	0.33	0.89	449	12.3	319	20.2
12	1719	0.34	0.99	852	11.4	867	17.0
13	1601	0.44	1.14	712	14.2	889	21.4
14	144	0.68	1.46	47	21.6	97	24.4
15	14	*	*	5	0.0	9	*

¹ Legend

DMF - decayed, missing or filled permanent teeth

F/S - fissure sealed teeth

sd - standard deviation

TABLE 7: 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. Indices are calculated from data collected over a 12 month period. Where children received more than one examination during this period, the information derived from examinations other than the first is excluded. 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.

State/Territory: Queensland

Sampling ratio
Townsville: 1:1
Other Queensland: 1:5

Data for period January-December 1994

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CHILDREN IN NEED OF IMMEDIATE TREATMENT												
Age (years)	Number of children in sample	No.	% of all children	dmf		DMF		% with d+D=				
				mean	sd	mean	sd	0	1	2	3	4+
4	176	9	5.5	2.56	2.12	—	—	*	0.0	*	*	44.4
5	687	39	5.9	2.82	4.24	*	*	57.9	*	0.0	*	28.9
6	758	51	7.0	2.52	3.36	*	*	52.0	16.0	*	*	18.0
7	740	43	6.0	3.12	3.39	0.50	0.91	61.9	11.9	*	*	14.3
8	735	56	7.9	2.95	3.43	0.44	1.00	54.5	14.5	16.4	*	10.9
9	711	38	5.6	2.70	2.75	0.41	0.72	62.2	21.6	*	0.0	*
10	759	35	4.9	2.43	3.13	1.35	2.27	62.5	17.0	*	*	*
11	795	47	6.3	1.11	1.77	1.11	1.88	61.7	19.1	*	*	*
12	1746	44	2.6	*	*	1.48	2.08	71.4	11.5	*	*	*
13	1614	27	1.7	*	*	2.22	2.60	48.9	18.8	*	*	16.5
14	145	4	*	—	—	1.50	0.58	100	0.0	0.0	0.0	0.0
15	14	0	0.0	—	—	—	—	—	—	—	—	—

¹ Legend
 dmf - decayed, missing or filled deciduous teeth
 DMF - decayed, missing or filled permanent teeth
 d - decayed deciduous teeth
 D - decayed permanent teeth

**TABLE 8: 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.

State/Territory: Queensland

Sampling ratio

Townsville: 1:1

Other Queensland: 1:5

Data for period January-December 1994

Date of report: 29th November 1996

Age (years)	Number of children examined	CHILDREN WITH PREVIOUS EXAMINATION						
		Previous examination in School Dental Service (%)			Months since last examination ¹ (%)			
		No	Yes	Unknown	0-6	7-12	13-24	25+
4	198	56.3	13.1	30.6	*	50.0	*	0.0
5	737	42.4	24.0	33.6	11.7	53.3	34.9	0.0
6	851	13.5	62.1	24.4	6.8	44.3	48.4	*
7	831	4.1	78.4	17.4	2.7	39.5	55.0	2.8
8	810	3.2	81.1	15.7	3.2	34.7	58.8	3.3
9	813	2.0	82.8	15.1	4.5	36.1	54.0	5.3
10	874	1.4	85.1	13.5	4.7	30.3	62.6	2.5
11	904	1.8	85.5	12.7	3.4	33.5	59.4	3.7
12	1844	1.5	73.9	24.6	18.7	42.8	34.9	3.6
13	1655	1.7	64.8	33.4	23.3	47.5	27.3	1.8
14	150	*	53.3	45.4	18.4	45.3	31.1	*
15	16	0.0	62.5	37.5	*	*	70.0	0.0

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

FIGURE 1: PERCENTAGE OF CHILDREN WITH dmft=0, DMFT=0 and d+D=4+

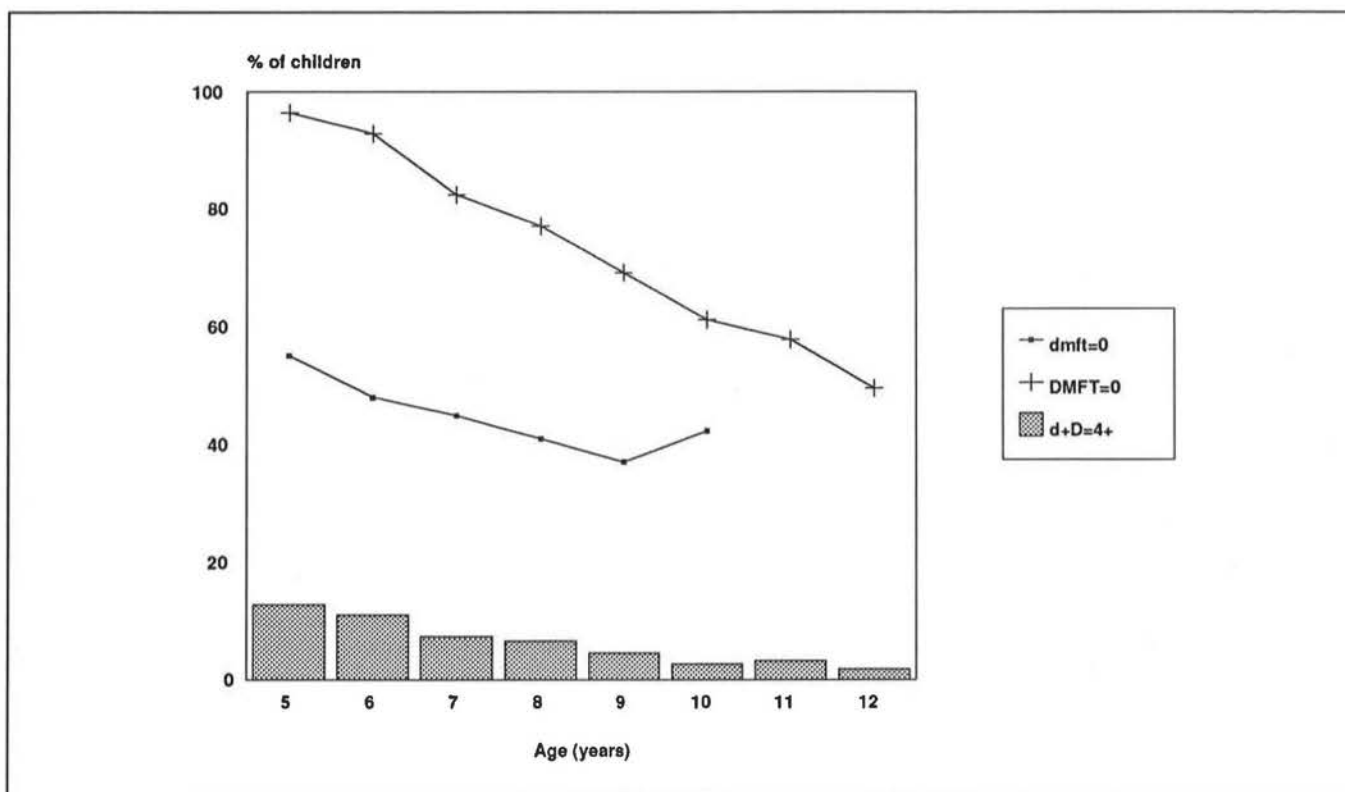


FIGURE 2: TIME SINCE LAST DENTAL EXAMINATION

