

**Right to Information Decision**  
**Right to Information No.: RTI 201314-0021**

**Applicant:** Mr Clive Stott

**Date of Application:** 17 January 2014

**Information Requested**

I (a) Please release to me the latest figures you have for the following medical conditions in Tasmania:

- (i) The numbers with asthma, COPD, lung cancer, and any other respiratory diseases
- (ii) The numbers with any cardiac disease and those with cardio pulmonary disease
- (iii) The numbers and types of diabetes that are affected by particulate matter
- (iv) The numbers with bladder cancer.
- (v) The numbers and types of other conditions known to be affected by wood smoke.

And in addition for the numbers of individuals referred to in the following categories by PEH:

- (vi) The number of neonates
- (vii) Infants, and
- (viii) Elderly people.

I (b) Please release to me copies of all the correspondence ie. notes, phone calls, conversations, emails, letters, and diary entries Dr Taylor had with Dr Fay Johnston when he was in consultation with her in relation to the need for fuel reduction burns in Tasmania.

**Application Fee**

The prescribed application fee was waived.

## Decision and Statement of Reasons

The following information is provided in response to Item 1(a).

### i) Numbers with asthma, COPD, lung cancer, and any other respiratory diseases

Estimates of respiratory conditions are available for lung cancer (incidence only), asthma, and COPD. Prevalence estimates for asthma and COPD are derived from interview-based national health surveys conducted triennially by the ABS.

For other respiratory diseases, hospitalisation and deaths data may be used as rough proxy estimates of prevalence.

#### Number of new lung cancer cases in Tasmania, 2009

	Number
Lung cancer (incidence)	209

Source: Epi Web System. (data derived from Tasmanian Cancer Registry)

Data retrieved on 21/01/2014

#### Number of people with asthma or COPD\*, Tasmania, 2011-2012

	Number
Asthma (prevalence)	58,100
COPD (prevalence)	16,000

Source: Australian Health Survey 2011/12, First Results, released October 2012, Table 3.1

\*long term condition  $\geq 6$  months, applies to the total population

Data retrieved on 21/01/2014

#### Number of hospitalisations due to respiratory diseases in Tasmania, 2011

	Number
Asthma	490
COPD and allied conditions	262
Bronchitis (acute and chronic)	1,235
All respiratory diseases*	7,110

\*includes acute respiratory infections, other diseases of respiratory tract, pneumonia and influenza, bronchitis, emphysema, asthma, COPD and allied conditions, pneumoconioses and other lung diseases due to external agents, other disease of respiratory system

Source: Epi Web System. (data derived from the Statewide Morbidity Database, Tasmania)

Data retrieved on 21/01/2014

## Number of deaths due to respiratory diseases in Tasmania, 2007

	Number
Asthma	11
COPD & allied conditions	162
Bronchitis (acute and chronic)	5
All respiratory diseases*	352

\*includes acute respiratory infections, other diseases of respiratory tract, pneumonia and influenza, bronchitis, emphysema, asthma, COPD and allied conditions, pneumoconiosis & other lung diseases due to external agents, other disease of respiratory system

Source: Epi Web System (data derived from the ABS Mortality Database)

Data retrieved on 21/01/2014

## ii) The numbers with any cardiac disease and those with cardio-pulmonary diseases

For most cardiac diseases the prevalence is unknown and has to be derived from hospitalisation and deaths data as proxy estimates. The ABS provides estimates for 'heart, stroke, and vascular disease' in its triennial national health survey.

### Number of people with heart, stroke and vascular disease\*, Tasmania, 2011-2012

	Number
Heart, stroke and vascular disease	31,500

Source: Australian Health Survey 2011/12, First Results, released October 2012, Table 3.1

\* long term condition  $\geq 6$  months, number applies to the total population

Data retrieved on 21/01/2014

### Number of hospitalisations due to cardiac and cardio-pulmonary diseases in Tasmania, 2011

Circulatory Condition	Number
Pulmonary circulation diseases	284
All circulatory diseases*	10,538

\*includes acute rheumatic fever, chronic rheumatic heart disease, hypertensive disease, ischaemic heart disease, diseases of pulmonary circulation, other forms of heart disease, cerebrovascular disease, diseases of arteries, diseases of veins, lymphatics and other circulatory system disease

Source: Epi Web System (derived from the Statewide Morbidity Database, Tasmania)

Data retrieved on 21/01/2014

### Number of deaths due to cardiac and cardio-pulmonary diseases in Tasmania, 2007

Circulatory Condition	Number
Pulmonary circulation diseases	15
All circulatory diseases*	1,404

\*includes acute rheumatic fever, chronic rheumatic heart disease, hypertensive disease, ischaemic heart disease, diseases of pulmonary circulation, other forms of heart disease, cerebrovascular disease, diseases of arteries, diseases of veins, lymphatics and other circulatory system disease

Source: Epi Web System (derived from the ABS Mortality Database)

Data retrieved on 21/01/2014

### iii) The numbers and types of diabetes that are affected by particulate matter

Over the past decade, some studies (<http://www.cela.ca/sites/cela.ca/files/EarlyExpandCDScopingReview-lowres.pdf>) have emerged that associate urban air pollution (PM2.5 particles derived largely from road traffic and industry) with type II diabetes. At this point there are no published studies of wood smoke or forest fire smoke exposure and diabetes. Insufficient evidence is available to specifically report on the contribution of air pollution to diabetes numbers. Provided below is an estimate of the total number of Type 2 diabetics in Tasmania.

#### Number of people with type 2 diabetes, Tasmania, 2011

Diabetes	Number
Type 2 diabetes (prevalence)	19,814

Source: Health Indicators Tasmania 2013. (data derived from National Diabetes Register)

Data retrieved December 2013)

### iv) The numbers with bladder cancer

#### Number of bladder cancer cases in Tasmania, 2009

	Number
Bladder cancer (incidence)	81

Source: Epi Web System. (data derived from Tasmanian Cancer Registry)

Data retrieved on 21/01/2014

The link between cancer and air pollution is much less clear for bladder cancer than it is for lung cancer. Cancer associations are with long term exposure as measured by yearly averages, rather than short term fluctuations in exposure.

### v) The number and types of other conditions known to be affected by wood smoke

No additional data

**vi) The number of neonates**

The number of neonates aged <4 weeks may be derived by the total number of births per year divided by 12 months.

Total number of births in 2011 was 6 323.

527 neonates (approximately)

Source: AIHW, Australia's Mothers and Babies 2011, Table 4.1

Accessed 22/01/14

**vii) The number of infants**

Number of infants <1 year

5 947 infants

Source: 2011 Census of Population and Housing, Basic Community Profile, Table B04

Source: ABS, 2011 Census of Population and Housing, Basic Community Profile, Table B01

Accessed 22/01/14

**viii) The number of elderly people**

Number of persons 65+ years

80 705 persons

Source: 2011 Census of Population and Housing, Basic Community Profile, Table B01

Accessed 22/01/14

**Schedule of Documents**

The Agency has located 1 page relating to your request for information detailed in Item 1(b). Two journal articles relating bushfire smoke have been included for your information and are included in the Schedule of Documents listed below.

RIF	Released in Full
PE	Partially Exempt
FE	Fully Exempt

The following exemption has been applied to the page 1 of the information located:

Section 35(1)(b) Internal deliberative Information – Information is exempt if it consists of a record of consultations or deliberations between officers of public authorities.

Under Section 33 of the RTI Act, the public interest test must be applied to all exemptions claimed under Section 35 of the Act. After taking into consideration all the relevant matters, the Department of Health and Human Services considers that the disclosure of some information would not be in the public interest under Schedule 1 of the RTI Act:

- Schedule 1 (1) (b) the disclosure of the information would not contribute to debate on the matter
- Schedule 1 (1) (c) the disclosure of the information would not inform a person about the reasons for the decision
- Schedule 1 (1) (d) the disclosure of the information would not add contextual information to aid in the understanding of government decisions.

Page No	Description	Date of Document	Decision	Reason/s
1	Email – between Dr Roscoe Taylor and Fay Johnston	10 December 2013	PE	The details of the communications between Dr Johnston and Dr Taylor have been blacked out under the <i>Right to Information Act 2009</i> Section 35 (1)(b) which allows the exemption of the record of deliberations between public officers.
2 – 10	Journal Article – <i>Satellite-based comparison of fire intensity and smoke plumes from prescribed fires and wildfires in south-eastern Australia</i>	2013	RIF	
11 – 20	Journal Article – <i>Bushfire Smoke: An Exemplar of Coupled Human and Natural Systems</i>	15 February 2013	RIF	

### Decision Made by

This decision was made by Roscoe Taylor, Chief Health Officer / Director of Public Health, Population Health Services, a delegated Right to Information officer of the Department of Health and Human Services, appointed by an instrument of delegation in accordance with section 24 of the *Right to Information Act 2009*.

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**Salet, Emilija (DHHS)**

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**From:** Fay Johnston <Fay.Johnston@utas.edu.au>  
**Sent:** Tuesday, 10 December 2013 8:24 PM  
**To:** Taylor, Roscoe (DHHS)  
**Subject:** RE: Bushfires and climate change report FYI

Its complicated as you know, but my initial take on the various issues he raises are below.

- WHO did list air pollution as a category 1 carcinogen earlier this year - based on evidence from cohort studies -ie long term exposure. They deliberately avoided talking about different types of air pollution which I thought was interesting
- Protection Indoors is hard to generalise as it varies with the type of house - for episodes of just a few hours it could be very helpful. For fine particles indoor air will eventually equilibrate with outdoor air
- fuel reduction burns certainly have a place - smoke from bushfires is usually order or magnitude worse. To be useful (ie protect people and property) they have to be close to urban areas (ie people and property)
- regen burns are more complex as thats a commercial activity - I'm not sure what 'planned burns' the manual is talking about
- Anyone with a heat pump can get a HEPA filter fitted and filter their own air quite successfully. That or a purpose built HEPA filter is what I in my GP role would be advising people with sever lung conditions in Tas. harder when talking the whole population.

Happy to talk more  
cheers  
Fay

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**From:** Taylor, Roscoe (DHHS) [Roscoe.Taylor@dhhs.tas.gov.au]  
**Sent:** Tuesday, 10 December 2013 5:55 PM  
**To:** Fay Johnston  
**Subject:** RE: Bushfires and climate change report FYI

Thanks Fay,  
An interesting report  
And I note the possible implication for prescribed burns as perhaps not being so useful?  
Which reminded of the attached email from a person with lung problems  
(you may already be aware of Mr Stott), to a letter drafted by I that I'd signed off recently.  
There are points raised in his letter that I feel you could offer valuable advice on (eg indoor vs outdoor air, cancer risks in the Tas context of intermittent exposures, what do we know about population impact of burns vs bushfires etc etc).

Thanks again  
Roscoe

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**From:** Fay Johnston [mailto:Fay.Johnston@utas.edu.au]  
**Sent:** Tuesday, 10 December 2013 11:16 AM  
**To:** Campbell, Sharon L (DHHS); Taylor, Roscoe (DHHS)  
**Cc:** Jall, Edura (DHHS)  
**Subject:** Bushfires and climate change report FYI

You might have seen this? Released yesterday  
Cheers  
Fay

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