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The Child Dental Health Survey Northern Territory 1997

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

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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

This report continues the series of annual reports providing descriptive statistics concerning child dental health in the Northern Territory, and follows the 1996 report. The report contains tables describing 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.

These data were collected during the 1997 calendar year from NT School Dental Service patients by dental therapists and dentists. A random sampling procedure was used to select approximately one in two (1:1.9) patients living in the Darwin area. In addition, all examined children from other areas were included. The Darwin sampling procedure was achieved by selecting those children whose birthday was between the 1st and 16th (inclusive) of any month. Provision was made for inclusion and numerical weighting of data from children whose date of birth was unknown. Throughout this report, dental health statistics have been weighted during their computation to reflect the sampling procedure. The weighting procedure corrects for the over-representation of children in the sample with an unknown birth date and from outside the Darwin area. Age-specific indices denoted with an asterisk (*) are those in which the relative standard error exceeds 40% and population estimates of these indices may be considered to be statistically unreliable.

The report provides a brief description of each results table as well as a simple summary statement highlighting differences between the 1997 and 1996 data. *No formal hypothesis tests have been undertaken, and descriptions of difference between years are intended as a guide to the reader rather than an evaluation of trends.*

Demographic composition of the sample

Approximately 49% of processed records were obtained from the Darwin area (see Table 1). The majority of children in the sample (97%) were aged between 4 and 12 years inclusive, with approximately equivalent numbers in individual age groups within this range. However, children aged thirteen years or more and less than four years were also represented. Females and males were represented in similar proportions across all ages, although more males than females were sampled overall.

The distribution of the sample was closely related to the main target groups of children served by the school dental service in the Northern Territory. The distribution also illustrates that the sample was representative of primary school aged children, rather than all children in the Northern Territory. The small numbers of children aged 13 years or more resulted in less reliability of computed statistics for those ages. It should be noted that those children who are outside the main school dental service target groups may differ on key characteristics and may be less representative of their respective age groups in the Northern Territory population.

Changes since 1996

There were no substantial changes in the sampling procedures between the reporting periods. In 1997, 1,666 fewer records were reported on than in 1996. The decrease in the number of sampled cases was predominantly due to a decrease in the number of children sampled from outside of Darwin.

Table 1: Demographic composition of the sample

Age	Darwin region, known date of birth			Non-Darwin or age only known			Total number of children in sample		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
1	4	1	5	11	10	21	14	9	22
2	5	2	7	30	22	52	29	19	48
3	19	23	42	64	73	137	70	84	155
4	293	253	546	368	337	705	662	583	1245
5	373	368	741	371	400	771	765	778	1543
6	384	372	756	395	390	785	781	761	1543
7	393	397	790	419	396	815	798	791	1590
8	368	334	702	357	374	731	734	689	1423
9	366	335	701	343	322	665	718	656	1374
10	340	350	690	281	273	554	646	648	1294
11	356	338	694	303	298	601	680	644	1323
12	265	254	519	197	247	444	486	506	992
13	44	44	88	89	82	171	118	113	231
14	3	8	11	39	42	81	32	39	70
15	3	2	5	27	30	57	23	24	47
16	0	0	0	7	27	34	5	20	25
17	0	0	0	5	7	12	4	5	9
18	1	0	1	1	1	2	2	1	3
19	0	0	0	0	0	0	0	0	0
20	0	0	0	0	1	1	0	1	1
21	0	0	0	0	1	1	0	1	1
Total	3217	3081	6298	3307	3333	6640	6566	6372	12938

Birthplace of children and mothers

The birthplace of both the sampled child and child's mother is presented in Table 2. The majority of children (94.8%) and mothers (80.3%) were born in Australia. Very small percentages of children were born outside of Australia. Almost 6.2% of mothers were born in SE Asia and a further 8.0% were born in the United Kingdom, Ireland, or another English speaking country.

Changes since 1996

There were only small differences between 1997 and 1996 in the recorded birthplace of School Dental Service users and their mothers.

Table 2: Birthplace of children and mothers

	Children		Mothers	
	Number	%	Number	%
Australia	12,262	94.8	10,395	80.3
UK and Ireland	72	0.6	528	4.1
Other English speaking	155	1.2	505	3.9
Southern European	49	0.4	159	1.2
Other European	40	0.3	169	1.3
Middle East	7	0.1	20	0.2
South East Asia	224	1.7	797	6.2
Other Asia	49	0.4	168	1.3
Other	80	0.6	197	1.6

Indigenous status of children and mothers

A substantial percentage of children and mothers were of Indigenous origin, accounting for 26.6% and 25.1% of the sample respectively (see Table 3).

Changes since 1996

The percentage of Aboriginal Australian-born children and mothers reduced by 2.3% and 3.0% respectively between 1996 and 1997.

Table 3: Indigenous status of Australian-born children and mothers

	Children		Mothers	
	Number	%	Number	%
Non-Indigenous	8,817	68.2	7,142	55.2
Indigenous	3,445	26.6	3,253	25.1

Deciduous teeth: age-specific caries experience

The mean number of clinically decayed teeth among children aged 5 to 10 years ranged from 1.12 to 0.42 and was lower among older children (see Table 4). There is a consistent decline in clinically detectable new decay with age. In contrast, dmft scores increased from 1.13 among children up to 4 years of age to 2.09 for 8 year olds, before declining. This decline among older children should be interpreted in view of the exfoliation of deciduous teeth as children grow older.

The percentage of caries experience due to decay (d/dmft) showed a strong and consistent age-associated decline from 81.8% among children up to 4 years old to 35.9% among 10 year-olds. By comparison, the percentage of caries-free children (% dmft=0) showed a more modest reduction from 69.6% among children up to 4 years of age to 41.1% among 8 year-olds, before increasing to 55.2% for 10 year olds.

Changes since 1996

There were consistent reductions in the mean number of deciduous teeth with clinically detectable decay among children aged up to 8 years of age between 1996 and 1997. This change resulted in a decrease in the percentage of dmft scores accounted for by decay (d/dmft), despite a reduction in dmft scores for children in several age groups. There was little change in the percentage of children with dmft=0 between 1996 and 1997.

Table 4: Deciduous teeth: age-specific caries experience

Age	No.	Decayed		dmft		d/dmft	Children with dmft=0
		mean	sd	mean	sd	%	%
≤4	1470	0.91	2.04	1.13	2.36	81.8	69.6
5	1543	1.12	2.20	1.64	2.86	70.6	56.5
6	1543	1.04	2.04	1.81	2.92	58.5	52.4
7	1590	0.85	1.71	1.78	2.53	49.0	49.4
8	1423	0.78	1.47	2.09	2.57	40.1	41.1
9	1374	0.65	1.37	1.80	2.34	37.4	46.0
10	1294	0.42	0.95	1.27	1.92	35.9	55.2

Permanent teeth: age-specific caries experience

As shown in Table 5, the mean number of clinically decayed permanent teeth was consistently smaller than the mean number of decayed deciduous teeth, and generally increased across the range of 6 to 14 years from 0.06 to 0.72. In addition, as expected, the mean DMFT increased quite consistently across age groups. The percentage of DMFT due to decay (D/DMFT) and the percentage caries free (DMFT=0) generally declined across age groups. The mean DMFT score for 12 year-old children was 0.73. It is noteworthy that for children aged 12 or less more than 65% of children in any age group were caries free.

Changes since 1996

Changes in the mean number of clinically decayed permanent teeth and DMFT were inconsistent. In addition, the percentage of caries free children (DMFT=0) is relatively stable across most age groups between 1996 and 1997. There was some decrease in D/DMFT for children aged between 8 and 11 years of age.

Table 5: Permanent teeth: age-specific experience

Age	No.	Decayed		DMFT		D/DMFT	Children with DMFT=0
		mean	sd	mean	sd	%	%
5	1,543	0.01	0.17	0.01	0.18	78.7	99.4
6	1,543	0.06	0.32	0.07	0.33	89.3	95.6
7	1,590	0.12	0.51	0.15	0.60	75.1	91.5
8	1,423	0.13	0.50	0.27	0.82	49.5	84.5
9	1,374	0.16	0.56	0.40	0.97	41.0	78.0
10	1,294	0.18	0.64	0.47	1.03	36.9	75.6
11	1,323	0.20	0.70	0.56	1.15	35.7	71.9
12	992	0.28	0.80	0.73	1.31	37.3	65.2
13	231	0.50	1.43	1.04	2.02	42.2	62.7
14	70	0.72	1.83	1.19	2.17	41.8	62.6
15	47	0.66	1.11	1.52	2.07	48.5	47.0
16+	38	0.83	1.73	1.85	2.49	37.2	44.1

All teeth: age-specific experience

Untreated clinically detectable caries in the combined deciduous and permanent dentitions (see Table 6) existed for between 21.7 and 39.0% of children in all age groups. The greatest likelihood of untreated decay occurred for 8 year-olds. Based on observations from previous tables, much of this untreated decay can be attributed to the deciduous dentition. Furthermore, it is noteworthy that the most extensive levels of untreated decay (4 or more deciduous or permanent teeth) occur in the younger age groups, with approximately 10% of children aged up to 6 years of age being affected to this extent.

Table 6: All teeth: age-specific experience

Age	No.	% of children with d+D=					% of children with		
		0	1	2	3	≥4	m+M=0	f+F=0	dmf+DMF=0
≤4	1470	73.4	6.6	6.9	2.9	10.1	98.2	93.2	69.5
5	1543	63.8	11.5	9.5	4.1	11.0	97.6	82.7	56.1
6	1543	62.6	12.0	10.3	4.6	10.5	96.9	74.1	50.7
7	1590	63.2	15.1	8.9	4.2	8.5	96.4	66.9	46.6
8	1423	61.0	17.8	9.1	5.1	7.1	95.7	55.2	37.4
9	1374	65.3	15.3	8.6	4.0	6.8	95.8	54.6	38.9
10	1294	68.4	18.0	7.2	2.2	4.2	97.4	57.4	42.8
11	1323	76.9	13.7	5.0	2.4	2.0	97.9	61.9	51.6
12	992	78.3	12.3	5.4	2.5	1.5	97.3	67.7	55.0
13	231	75.8	13.2	5.4	2.5	3.1	94.7	74.9	59.9
14	70	74.2	10.1	1.0*	7.3*	7.3*	93.7	72.1	55.4
15	47	61.1	21.6	9.4*	4.7*	3.1*	92.2	65.7	42.3
16+	38	69.4	1.9*	13.0*	5.8*	9.4*	86.5	57.8	40.5

More than 95 per cent of children aged 5 to 12 years had no deciduous or permanent teeth missing due to caries. However, smaller percentages avoided fillings with between 25.9 and 45.4% of children aged 6 to 12 years old having at least one filling. There is a decline in the percentage of children with no clinical caries experience in either deciduous or permanent dentition, from 69.5% up to age 4 to 37.4% at age 8. Above the age of 8, the percentage increases to 59.9% for 13 year-olds.

Changes since 1996

There are minimal and non-systematic changes in the combined deciduous and permanent caries experience between 1996 and 1997. Most changes are found among the older age groups, however the small number of people in these age groups makes these differences unreliable.

Fissure sealants: age-specific experience

Fissure sealants increased in prevalence for children up to 11 years of age, before decreasing (see Table 7). There is clear evidence of preferential use of fissure sealants among those with caries experience: children aged between 6 and 12 years old with some caries experience (DMFT=1+) were between 33 and 225% more likely to have fissure sealants as children with DMFT=0.

Changes since 1996

The mean number of fissure sealants in 1997 changed considerably from 1996, increasing for children aged between 8 and 15 years of age.

Table 7: Fissure sealants: age-specific experience

Age	No.	No. of sealants		Children with DMFT=0		Children with DMFT=1+	
		mean	sd	No.	% with F/S \geq 1	No.	% with F/S \geq 1
5	1543	0.03	0.26	1533	0.9	10	42.5
6	1543	0.17	0.74	1475	5.6	67	18.2
7	1590	0.50	1.22	1455	15.1	135	27.1
8	1423	0.92	1.56	1202	26.4	221	43.8
9	1374	1.04	1.57	1072	31.9	302	45.4
10	1294	1.21	1.70	978	34.8	316	51.4
11	1323	1.36	1.88	951	39.3	372	52.4
12	992	1.32	1.94	647	36.4	345	50.3
13	231	1.02	1.76	145	31.2	86	36.9
14	70	0.78	1.85	44	14.9	26	41.6
15	47	1.33	2.01	22	33.3	25	55.6
16+	38	0.69	1.46	17	30.6	21	27.6

Immediate treatment needs

Details of immediate treatment needs are shown in Table 8. This classification is accorded to children who have, or who are likely to develop within four weeks, oral pain or infection. Immediate treatment needs were infrequent in the key age groups (5 to 12 years). Fewer than 2% of children in this age range required immediate treatment, with the percentages across age groups ranging from 0.8 to 2.1%. The small group of children with immediate treatment needs had a high mean dmft experience. This was highest in younger children.

Changes since 1996

Across all age groups, the percentage of children with immediate treatment needs reduced, although the levels of caries experience in these children (expressed as mean dmft) did not vary systematically from the 1996 estimates. The percentage of children with d+D=0 differed inconsistently since 1996 for a number of age groups.

Table 8: Immediate treatment needs: age-specific experience

Age	No.	Children in need of immediate treatment										
		No.	% of all children	dmft		DMFT		% with d+D=				
				mean	sd	mean	sd	0	1	2	3	4+
≤4	1470	17	1.2	5.58	4.69	0.08*	0.28*	8.4*	28.7	0.0	0.0	62.9
5	1543	23	1.5	5.71	4.66	-	-	6.3*	12.0*	24.8	3.2*	53.3
6	1543	25	1.6	5.93	5.08	0.15*	0.44*	3.0*	26.4	17.5	0.0	53.1
7	1590	25	1.6	4.40	4.09	1.23	1.29	3.0*	15.0*	20.2	3.0*	59.2
8	1423	14	1.0	3.24	2.84	0.25*	0.56*	30.3	0.0	19.0*	35.4	15.0*
9	1374	27	1.9	2.81	2.50	0.68	1.09	24.2	29.5	11.0*	2.8*	32.8
10	1294	19	1.4	2.07	2.01	1.69	1.13	0.0	49.4	31.0	3.9*	16.0*
11	1323	28	2.1	1.11	1.77	1.72	2.09	25.7	40.4	7.9*	20.7	5.2*
12	992	8	0.8	0.45*	0.95*	2.45	2.38	54.5	18.0*	18.0*	0.0	9.1*
13	231	17	7.6	0.42*	1.20*	3.72	4.28	17.0*	41.6	21.0*	4.2*	16.0*
14	70	2	3.1*	1.00*	1.90*	4.30*	5.00*	33.0*	0.0	0.0	33.0*	33.0*
15	47	1	3.1*	1.00	-	1.00	-	-	100	0.0	0.0	0.0
16+	38	1	1.9*	-	-	1.00	-	-	100	0.0	0.0	0.0

School Dental Service examinations

Table 9 describes the percentage of children who are new patients (having had no previous dental examination) in the NT School Dental Service. As expected, the figure is highest for the youngest ages (6 years or less) with fewer than 10% of those aged 7 to 12 years having had no previous examination. This pattern is expected and indicates that most patients are enrolled during their early school years.

The right hand side of the Table 9 refers to children with previous examinations and indicates their distribution according to time since last dental examination.

Approximately 40% of children in the key age range received examinations 13 to 24 months since their previous examination, while somewhat higher percentages of children had been examined last within a 7 to 12 month period. Time since last dental exam for both 6 and 12-year-old children is shown in Figure 1.

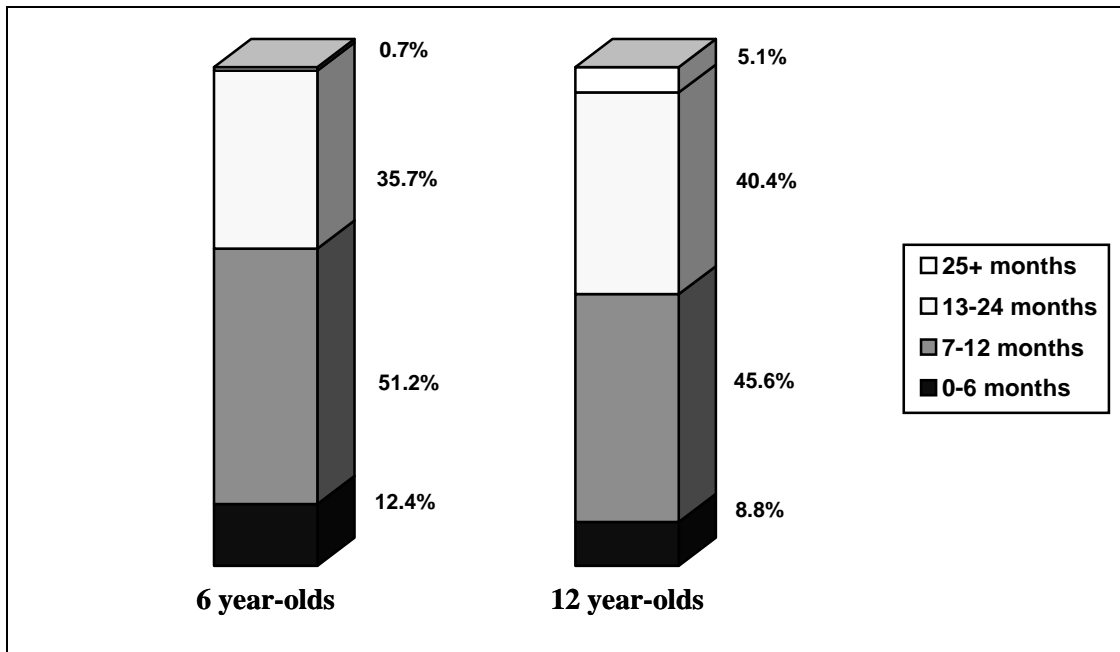
Changes since 1996

There was a consistent trend for more children to have had a previous examination in 1997 than in 1996. A higher percentage of 10 and 11 year-old children had a repeat exam within 12 months while a slightly lower percentage had been examined between 13 and 24 months previously.

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

Age	No.	Previous examination in School Dental Service (%)			Children with previous examination Months since last examination (%)			
		No	Yes	Unknown	0-6	7-12	13-24	25+
≤4	1628	63.6	22.3	14.1	49.8	35.8	13.8	0.6*
5	1693	27.4	55.4	17.2	20.0	46.7	32.8	0.5*
6	1660	12.0	73.2	14.8	12.54	51.2	35.7	0.7*
7	1698	9.2	77.5	13.4	11.3	48.6	37.0	3.0
8	1502	8.9	77.7	13.4	10.7	43.5	41.9	3.9
9	1447	7.1	82.6	10.2	9.7	41.9	44.7	3.6
10	1361	8.8	80.3	10.9	10.5	47.5	37.3	4.7
11	1377	7.1	82.9	10.0	6.6	48.3	40.8	4.3
12	1039	6.0	91.4	12.6	8.8	45.6	40.4	5.1
13	245	5.9	74.7	19.5	9.6	44.8	40.0	5.6
14	72	4.1*	70.3	25.6	7.1*	24.6	46.4	21.9
15	5	5.7*	73.9	20.4	12.0*	14.0*	51.2	23.6
16+	51	7.2*	53.6	39.2	9.7*	26.8	43.5	20.0*

Figure 1: Time since last dental examination



Deciduous teeth of non-Indigenous and Indigenous children

Supplementary Tables S1 and S2 describe the age-specific indices of deciduous caries experience for non-Indigenous and Indigenous children. Indigenous children up to the age of 9 years-old had three to four times more clinically detectable decay and dmft scores twice to three times as high as non-Indigenous children. Considerably fewer Indigenous children were found to have had no caries experience. In addition, the percentage of the dmft index attributed to decay (d/dmft) was substantially higher among Indigenous children.

Table S1: Deciduous teeth: age-specific experience – non-Indigenous children

Age	No.	Decayed		dmft		d/dmft	Children with dmft=0
		mean	sd	mean	sd	%	%
≤4	1,099	0.58	1.47	0.78	1.88	78.4	75.9
5	1,127	0.73	1.56	1.22	2.35	65.0	63.3
6	1,084	0.66	1.45	1.40	2.61	51.6	59.6
7	1,085	0.50	1.11	1.47	2.31	38.7	55.6
8	930	0.51	1.05	1.92	2.50	30.1	45.4
9	911	0.38	0.90	1.60	2.23	26.4	49.7
10	893	0.36	0.79	1.28	1.91	31.6	54.9

Table S2: Deciduous teeth: age-specific experience – Indigenous children

Age	No.	Decayed		dmft		d/dmft	Children with dmft=0
		mean	sd	mean	sd	%	%
≤4	341	2.30	3.19	2.58	3.41	88.1	43.4
5	391	2.58	3.34	3.24	3.86	81.8	31.0
6	447	2.24	2.96	3.12	3.42	71.1	29.9
7	502	1.84	2.53	2.64	2.91	67.9	31.8
8	504	1.44	2.01	2.51	2.67	59.0	30.7
9	469	1.34	1.99	2.28	2.55	59.5	36.6
10	396	0.60	1.28	1.21	1.95	48.8	56.1

Permanent teeth of non-Indigenous and Indigenous children

Differences in permanent caries experience among non-Indigenous and Indigenous children are comparable to the profile of deciduous caries experience (see Tables S3 and S4). Indigenous children had a higher mean number of clinically decayed permanent teeth and a higher mean DMFT score. Indigenous children also had a higher percentage of caries experience attributed to decay (D/DMFT) and lower percentages of children with no caries experience (DMFT=0).

Table S3: Permanent teeth: age-specific experience – non-Indigenous children

Age	No.	Decayed		DMFT		D/DMFT	Children with DMFT=0
		mean	sd	mean	sd	%	%
5	1,127	0.01*	0.17*	0.01*	0.19*	62.5	99.5
6	1,084	0.05	0.30	0.06	0.31	88.5	96.0
7	1,085	0.08	0.40	0.12	0.52	65.4	92.9
8	930	0.09	0.39	0.24	0.80	42.0	86.1
9	911	0.11	0.46	0.37	0.97	32.0	80.4
10	893	0.12	0.45	0.40	0.90	30.1	77.1
11	896	0.16	0.54	0.52	1.07	32.5	72.3
12	631	0.20	0.61	0.65	1.19	31.6	67.4
13	101	0.32	0.10	1.00	2.03	29.8	66.2
14	14	0.24*	0.55*	0.67	0.98	31.0*	62.1
15	9	0.53*	0.68*	1.70	1.85	55.1	31.0*
16+	1	3.50	-	7.00	-	47.8	0.0

Table S4: Permanent teeth: age-specific experience – Indigenous children

Age	No.	Decayed		DMFT		D/DMFT	Children with DMFT=0
		mean	sd	mean	sd	%	%
5	391	0.02*	0.16*	0.02*	0.16*	100.0	98.7
6	447	0.08	0.37	0.09	0.39	91.0	94.5
7	502	0.22	0.73	0.24	0.78	90.6	87.5
8	504	0.23	0.69	0.35	0.86	62.5	80.7
9	469	0.30	0.75	0.50	0.96	57.0	72.0
10	396	0.37	1.00	0.66	1.32	52.9	71.2
11	428	0.33	0.99	0.68	1.36	44.0	70.8
12	373	0.44	1.09	0.89	1.52	47.6	60.3
13	148	0.66	1.65	1.07	2.03	51.4	59.6
14	67	0.85	2.03	1.33	2.38	44.7	62.7
15	45	0.69	1.19	1.47	2.14	46.1	51.0
16+	44	0.72	1.65	1.64	2.27	36.4	45.9

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

Figure 2 presents a summary of data contained in Tables 3, 4 and 5 showing the extent of dental health (represented by percentage with no caries experience) and the extent of more extensive untreated decay. There is a progressive decline across age in the percentage of children with DMFT=0, and in the percentage of children with dmft+DMFT≥4. These reductions indicate the progressive accumulation of disease with age and the treatment of active decay within the School Dental Service.

Figure 2: Percentage of children with dmft=0, DMFT=0 and d+D=4+

