Commencing with the January–February 2007 issue, the NSW Public Health Bulletin will have a new look. This coincides with CSIRO Publishing becoming responsible for producing the print and electronic versions of the Bulletin. The Bulletin editorial team at the NSW Department of Health retains responsibility for strategic direction, the management of the peer-review process and the selection of articles for publication. Consequently, this issue will be the last to appear in the design that has identified the Bulletin since it began in May 1990. At this appropriate moment for reflection, four articles in this issue describe recent developments that have informed the evolution and future directions of the Bulletin.

A completely revised cumulative subject index accompanies this issue. This was a major project. The new index has increased specificity to reduce search time. In addition, the online version of the index will be updated for each issue from January–February 2007 onwards, rather than annually. The article ‘The new subject index for the NSW Public Health Bulletin’ describes the features of the new index.

Since the mid-1990s the Bulletin has been available online in PDF format via the NSW Department of Health’s Internet site, and in 1999 the earlier issues of the Bulletin were also made available in PDF format online. An HTML version was launched in September 2001. In 2003 the patterns of electronic use of both the PDF and HTML formats were analysed following examination of 29 months of web logs. Web logs automatically record use of a website, including user identification information and the time and content of the information accessed. The method developed for this analysis and the findings are described in ‘A web log analysis of the online NSW Public Health Bulletin for 2001–2003’.
The analysis demonstrated the substantial growth in electronic access from 8000 hits each month in 2001 to 21,000 in 2003. The analysis provided the first picture of the use of the electronic Bulletin and identified factors that might enhance this.

Approximately every five years the Bulletin undertakes some form of external consultation with its readership to ensure that it continues to fulfil its purpose. In 2000 the Bulletin released a discussion paper that considered all aspects of the Bulletin: content, distribution, and editorial management.2 This was intended to stimulate broad discussion about the role of the Bulletin, including the span of its aims and objectives. The discussion paper was sent to 1200 people in NSW with a short questionnaire seeking feedback on the Bulletin in general and on the discussion paper’s recommendations. ‘Results from the 2000 fax-back survey to readers about the NSW Public Health Bulletin’ briefly describes the findings from this survey and the changes implemented in response to the recommendations. Many of these changes paved the way to a successful application by the Bulletin for inclusion in Medline in February 2002.1

Inclusion in Medline is highly valued by contributors. This was one finding of an external review of the Bulletin that was conducted in 2005. Reasons cited for the importance of this included that it: is seen as a measure of the journal’s quality and thereby adds status to the Bulletin; increases the accessibility and international exposure for articles published; and helps showcase public health issues and endeavours in NSW. Maintaining indexing with Medline was a recommendation of the review.

The 2005 review was overseen by an external advisory group with representation from population health structures in the area health services and from the NSW Department of Health. The review was in two parts: the first part was a quantitative survey to describe the current distribution of the Bulletin and the second was a qualitative survey of stakeholders. The themes that emerged from the second part, which involved fifty individual interviews and two focus groups, are described in ‘Review of the NSW Public Health Bulletin: A qualitative survey of stakeholders’. The review demonstrated that the Bulletin continues to make an important and unique contribution to the practice of public health in NSW. It is a significant source of information for many workers and is seen to foster and build the evidence base in public health and encourage rigour in research and practice. In particular it is a mechanism that draws together and connects the public health workforce in NSW.

The Bulletin editorial team was particularly pleased to see the review describe a positive sense of ‘ownership’ amongst the readership. The review produced many suggestions on ways to improve the Bulletin; including improving the timeliness of production and developing a distribution strategy. The recommendations from this review and those of an external review of the Bulletin’s production processes, undertaken by an experienced science editor around the same time, have led to further changes, including the move to CSIRO Publishing.

Some contributors to the 2005 review felt that the design of the Bulletin was looking dated. Consequently, as a first step the Bulletin editorial team has worked with CSIRO Publishing to refresh the design.

Another recommendation was for a strategy for enhanced electronic distribution. With the January–February 2007 issue, CSIRO Publishing also will host the Bulletin’s new website (at www.publish.csiro.au/journals/phb). This will facilitate rapid electronic publication before distribution of the printed version. The timeliness of electronic publication, with links to PubMed, will help the Bulletin to maintain Medline status. Bulletin articles will also be fully indexed in Google and other search engines.

Another new feature provided to Bulletin readers by the new website are counts of the number of downloads of papers, providing a measure of the popularity of papers. This will also assist the Editor to identify topics of current interest and, therefore, potential areas to be expanded in future issues of the Bulletin.

All these developments and others are designed to help readers to access information and to communicate what they are doing. This is particularly important in public health and in healthcare in general, a knowledge-intensive industry that requires high quality evidence to inform action. The Bulletin strives to be a strategic tool for the public health workforce in NSW, allowing the transfer of knowledge that is vital to building an understanding of what works and what doesn’t.4

The Bulletin editorial team offers sincere thanks to everyone who has participated in providing feedback to the Bulletin over the years. We hope that you enjoy this issue and are able to recognise areas to which you have made a contribution. We invite you to keep the dialogue around the Bulletin alive and productive, and we look forward in 2007 to working with a new Editorial Advisory Committee to further strengthen the Bulletin.

REFERENCES

THE NEW SUBJECT INDEX FOR THE
NSW PUBLIC HEALTH BULLETIN

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ABSTRACT

This article describes the rationale and methods for re-indexing all 17 years of the NSW Public Health Bulletin. The Bulletin is a valuable resource for researchers, however over time the subject index had become cumbersome with long lists of articles under broad headings. To facilitate searching the index was revised to include narrower terms, sub-headed terms, more cross-references and new terms reflecting changes in public health practice. Regular reports and surveys now have their own subject headings, and greater recognition has been given to public health history and organisations. The index appears annually in printed form. The full cumulated index is available online and in 2007 will be updated with each issue.

This article introduces the new subject index for the NSW Public Health Bulletin, a copy of which is included in this issue. The new index covers all issues of the Bulletin from the first, in May 1990, through to November–December 2006. It supersedes the previously published and annually updated subject index. The online version of the index is the same as the printed version; however, it will be updated with each new issue of the Bulletin. It is currently available at www.health.nsw.gov.au/public-health/phb/phb.html. This article describes the changes within the new subject index and the rationale behind these changes. It also describes improvements that have been made to the on-line index.

In the first issue of the Bulletin George Rubin and Stephen Leeder defined public health as ‘an organised societal effort to protect, promote and restore health. It is a combination of science, skills and beliefs directed to the maintenance and improvement of health through collective or social actions. The programs, services and institutions involved emphasise the prevention of disease and the health needs of the population’.

Further, they defined epidemiology as ‘the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to control health problems—it is the scientific discipline underpinning public health practice’.

From its inception, the NSW Public Health Bulletin has reflected these definitions in its coverage of diverse public health problems and the broad range of programs and systems devised to record, investigate and manage them, in particular from a NSW perspective. The revision of the index gives readers of the Bulletin greater access to this content and provides future researchers with a valuable guide to the ongoing development of public health as a discipline.

REVISING THE INDEX

Indexes are information retrieval devices designed to help readers identify potentially useful information and direct them to it efficiently. The cumulative indexes of journals are continually extended over time and are by nature very long. As journals grow and change, so too must their indexes, both in terminology and format.

The broad single word subject headings used in the old-style Bulletin subject index contained a growing list of articles under each heading, making it difficult for readers to choose easily among the articles and identify specific content areas. In addition, for historical reasons, some sections of the Bulletin such as the Communicable Diseases Report were indexed by title rather than content area. To date, if researchers have been interested in historical records of communicable disease outbreaks in NSW, a manual search of the Communicable Diseases Report was required.

To improve usability, in particular to reduce search times for the reader, the subject headings needed to be more specific. A number of standard approaches were taken including: using narrower single terms; using subheadings within single terms; adding new terms that reflect changes in public health practice; and ensuring that regular reports and surveys have their own headings. The new features of the index are reported below.

NEW FEATURES OF THE INDEX

Narrower single terms

Using single terms that cover narrower content areas assists the reader to easily locate specific articles. For example, hepatitis now appears as six subject headings: hepatitis, hepatitis A, hepatitis B, hepatitis C, hepatitis D and hepatitis E—where only those articles that refer to hepatitis in general are listed under the heading ‘hepatitis’. The index now also includes the rarer viruses such as Kunjin or Sindbis viruses, which are mentioned in papers referring to vector-borne viruses but which were not previously indexed.

Use of subheadings

Another way to increase specificity is to include subheadings to narrow the searches. The following subjects previously had long undifferentiated lists of articles: Aboriginal Australians, children, drug use, health promotion, HIV infections, immunisation, notifications, rural health, and surveys. These are now listed under more specific subheadings, for example some of the new subheadings for...

New headings
Public health practice has changed over the lifetime of the *Bulletin* and these changes are reflected in some new headings. These are: adverse events after immunisation, adverse reactions, advocacy, disease management, geocoding, health impact assessment, health planning, health policy, information technology, life expectancy, mental health services, older people, outbreaks in institutions, performance indicators, population health, risk assessment, self-rated health, sewage disposal, social capital, trust, workforce development. In addition, new conditions of public interest such as avian influenza now have their own direct heading.

The heading ‘Australia’ has been added to the index to show federal or federal-state initiatives, whereas the heading ‘New South Wales’ has been removed as almost all articles concern state activities.

The index now also includes names of important public health organisations, programs or data collections that are mentioned in articles, such as the Centre for Health Economics Research and Evaluation (CHERE) and the Notifiable Diseases Database (NDD). Similarly, the names of people who have been leaders in the history of public health have now been included, for example, John Ashburton Thompson, who confirmed the role of the rat flea in the bubonic plague epidemic in Sydney in 1900. There is also a heading ‘history of public health’ to bring together all articles that include appropriate material.

Articles that refer to reports or surveys of the NSW Department of Health, such as the Report of the Chief Health Officer or the New South Wales Mothers and Babies Report, now have their own headings. Regular reports from within the *Bulletin*, such as the quarterly report of the Australian Childhood Immunisation Register or the HIV surveillance report also have their own headings.

**INDEXING COMMUNICABLE DISEASES**

A number of changes have taken place to improve the indexing of communicable diseases. The heading ‘infectious diseases’ has been replaced with ‘communicable diseases’, in line with current terminology in the *Bulletin*. This entry has then been divided into: ‘communicable diseases–reporting’ for regular reports which appear in each issue; and ‘communicable diseases–control’ for articles about disease control programs. Short articles and reports contained within the Communicable Diseases Reports are now indexed, as well as the regular reports as mentioned above. The inclusion of a new heading ‘notifiable diseases reporting system’ brings together all the changes to the lists of notifiable conditions and related data collection practices.

**IMPROVED CONSISTENCY IN SUBJECT HEADINGS**

There were several inconsistencies in terminology within the index, many of which related to changes over time. The regular state health surveys have changed their titles over the years, making it difficult for the reader to locate specific articles. Articles on all past and present surveys are now listed under the current title ‘New South Wales Population Health Survey’ with subheadings for the Adult, Child and Older People surveys. In addition, where possible, the vocabulary of the subject headings was matched to those of the NSW Department of Health Thesaurus, ensuring consistency across health organisations and between indexers.

**LENGTH OF THE INDEX**

The addition of new and more specific headings, and the more thorough indexing of some items, has inevitably lengthened the index. It is not difficult to navigate a lengthy online index but there are logical limits to the size of a printed index. In order to allow the two forms of the index to be identical, multiple entries were limited as much as possible and more cross-references were added, showing linkages between subjects, rather than citing articles under multiple subject headings. For example the New South Wales Mothers and Babies Report includes information on a large number of topics such as preterm birth, caesarean sections, birth defects, premature birth, pregnancy, maternal mortality, infant mortality, and stillbirths. Rather than repeating the reference to the report under each of these headings, a ‘see’ reference is inserted from these headings to the report’s main entry.

**THE ON-LINE INDEX**

The on-line index is identical to the printed index; however, to increase the usefulness of the on-line index a number of changes have been made. Firstly the online index will now be updated with each new issue of the Bulletin (as of 2007), instead of annually. Secondly, the addition of many more cross-references within the index enables readers to move quickly between cross-referenced subjects, as they are electronically linked. Thirdly, for articles that relate to specific internet sites there are direct links from the index to the websites cited, for example, the CIAP (Clinical Information Access Program) website, or the NSW Health Capacity Building website. These articles are invariably indexed under ‘internet’.

**A CONCLUDING PARAGRAPH FROM THE INDEXER**

The revision of the index has been a major project. In the 17 years of the *Bulletin* there have been 158 issues comprising over 2,800 pages. As indexer I have been very impressed with the wide scope of subject areas but also
concerned by some of the possible conditions such as ciguatera poisoning and Ebola. I have a ridiculous image of saluting poultry whenever I see the term ‘sentinel chicken’ and I now observe the following life rules: Wash your hands. Look after your teeth. Don’t smoke. Do socialise. Avoid mosquitoes and under-cooked chicken. For me, two of the most startling facts presented in the Bulletin are: the 1919 influenza pandemic infected 36 per cent of Sydney’s population, eventually killing over 6000 people in NSW; and more people in NSW now die from suicide than from road injury. Can I suggest that you use the index to find these and other enlightening articles.

A CONCLUDING PARAGRAPH FROM THE BULLETIN EDITORIAL TEAM

The task of preparing an index is a time consuming job if taken seriously. While software is available for compiling the data and formatting the final product, a human being is required for making decisions about the main themes of an article and the content to be included in the index. If a computer created the entire index it wouldn’t be a good one! The revision of the Bulletin index involved considerable input from a variety of people in addition to the indexer and the editorial team, including public health practitioners and researchers, regular readers of the Bulletin and a librarian. We hope you find the revised version efficient and simple to use.

The printed version of the index will be updated annually and published with the last issue of the Bulletin for each year. The online version of the index will be updated with each issue and is currently available at: www.health.nsw.gov.au/public-health/phb/phb.html.

REFERENCES

4. NSW Department of Health. NSW Health Thesaurus [MS Excel], last updated 20 July 2006. Sydney: NSW Department of Health, 2006. [ ]
ABSTRACT
The web logs of the online version of the NSW Public Health Bulletin were analysed to understand the patterns of use. Twenty-nine months of data, for the period January 2001 to May 2003, were extracted from archived files stored by the NSW Department of Health. HTML and PDF hits were included; other types of hits, for example image hits, were not. Five potentially useful variables were identified: Internet protocol address; date of access; time of access; document accessed; and means of access. There were 384,887 hits during the period, approximately 442 per day. The rate of hits per month increased from 8288 in 2001 to 21,288 in 2003. The PDF version was used more than the HTML version. Examination of HTML hits revealed how different parts of the Bulletin were being used. This information provides evidence to inform planning.

The NSW Public Health Bulletin was established in May 1990 as part of the newly developed public health infrastructure in New South Wales. Its purpose is to enable the timely communication of information on public health issues and thus to contribute to the development of a well-trained and informed public health workforce.

A printed copy of each issue is distributed to a wide range of public health workers in a variety of settings. It is also provided online via the NSW Health Department’s website www.health.nsw.gov.au/public-health/phb/phb.html. A PDF version has been available since the mid 1990s and in September 2001 an HTML version was launched as part of a new Bulletin home page. At that time all the issues for 2001 that had been published were made available in HTML. In late 2003 the authors undertook a web log analysis study of the Bulletin to better understand who uses the online version and how frequently they use it.

BACKGROUND TO WEB LOG ANALYSIS
Use of a web site is usually measured by web server logs, which automatically record access to a website. These files automatically record user identification information in the form of an Internet protocol (IP) address. IP addresses are registered by organisations. Some IP addresses are useful for providing an indication of the origin of those using the website. However, the level of detail of IP addresses varies considerably. For example, it is possible to identify IP addresses registered to universities and to some specific health care organisations, but a large proportion of IP addresses are registered to private Internet providers and for a proportion of IP addresses no organisation can be identified. In addition to IP addresses, web logs routinely store information about the time and date of access and some information about the documents that were viewed on the website.

Analysis of web logs can provide useful information regarding the identity of users of specific websites and when and how users seek out information from those sites. The value of the analysis of web logs is largely dependent upon the level of detail of information recorded in the logs. In general, web logs provide massive amounts of data but are limited in the amount of detail and precision they provide. As Nicholas et al wrote when commencing the analysis of web logs of the online version of The Times newspaper in Britain “...nothing can prepare you for the sheer size of the [web log] datasets and their propensity to grow” (p266).

Previous studies using web log analysis to investigate the search behaviours of people using online library catalogues and knowledge databases have been undertaken and demonstrate both the strengths and weaknesses of this approach in answering specific research questions.

The first step in log analysis is to determine what definition of use will be adopted. The most commonly used measure is ‘hits’ to a website—a hit being defined as a unit of information, delivered from the server to a browser, that makes up part of a web page access. Thus a hit may be either a text hit or a graphic hit. Web logs are not able to identify individual users unless users are required to enter a unique identifier. Hits provide a comparative and not an absolute measure of utilisation. Their value lies in answering questions such as, is use generally increasing or decreasing, or is some content more popular than other content.

METHODS
Data
Twenty-nine months of web log data for the period January 2001 until May 2003, relating to the Bulletin, were extracted from archived files stored by NSW Department of Health. Only HTML and PDF hits were included in the analysis. Image hits, for example, were removed because an image hit is recorded for every picture and diagram included in an article. Thus an article with several images will record multiple hits in the log file (one for the text and several for the pictures associated with the article). Removing these image hits from the web log dataset provides a more accurate representation of the frequency with which specific articles are accessed. Figure 1 shows an extract from the log data file.
The data were cleaned and additional programming undertaken to improve the value of the data for analysis. For example, a specific script was developed to map pathways from IP addresses (represented by numbers in the logs) to their named users, allowing us to identify the sites of specific organisations such as private Internet providers and universities through which users were accessing the Bulletin.

Content of the NSW Public Health Bulletin web logs

The dataset contained five potentially useful variables in terms of answering questions related to by whom, how, when and how often, the electronic version of the Bulletin was used (Table 1). Figure 2 shows the steps required to access content within an issue of the Bulletin in both the PDF and HTML versions.

Individuals arrive at the Bulletin home page and select either the current or back issues option. They are then given the option of viewing the entire Bulletin as one document (the PDF version) or viewing individual articles (the HTML version), which they access by clicking on the table of contents and then selecting a specific article for viewing. With the HTML version, if the user wishes to view another article in the same issue they are required to return to the table of contents and select the article. The web log stores the web address as each selection is made. Thus when the HTML version is selected the web log records a hit for the table of contents for that issue and a hit for each specific article viewed.

When a user selects the PDF version of an issue they are able to scroll through all articles within that issue. The web log will record only one hit, signifying that the PDF file for the issue was accessed.

The total number of HTML hits per issue does not, therefore, reflect the number of viewers of that issue of the Bulletin, as each HTML user will on average produce two to three hits. So the number of HTML hits is two to three times higher than the number of people who have viewed the HTML version of that issue. PDF users generate only one web log hit per issue viewed.

Assumptions and analysis

Some assumptions about the data were made during analysis and interpretation of the results. It was assumed that HTML users view one article on each visit to the site. Therefore, once the user has accessed the Bulletin home page and selected an issue, on average every HTML user will generate two web log hits in order to view an article, whereas a PDF user will generate only one hit and has access to the entire issue’s content. It was decided,

<table>
<thead>
<tr>
<th>Variable</th>
<th>Detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet protocol (IP) address</td>
<td>Indicates origin of user. Analysis of this variable is limited as many IP addresses are generic (eg searches undertaken via public internet providers such as BigPond, Primus etc) and a proportion of IP addresses cannot be identified. Categories of users that can be identified include those originating from specific universities, and users from outside Sydney via information in their web address (eg Hunterlink). Users from specific countries overseas may also be identified if their country of origin is specified in their web address eg ‘.au’, ‘.uk’ etc).</td>
</tr>
<tr>
<td>Date of access</td>
<td>Day, month, year</td>
</tr>
<tr>
<td>Time of access</td>
<td>Hours and minutes</td>
</tr>
<tr>
<td>Document accessed</td>
<td>This indicates the web address of the document viewed. It indicates whether the document was HTML or pdf. Documents related to specific issues of the NSW Public Health Bulletin can be identified and the nature of the content (eg Fact Sheet) is sometimes apparent. This variable is dependent upon the way in which each page was named and some inconsistencies in naming over time were apparent.</td>
</tr>
<tr>
<td>Avenue through which the searcher reached the NSW Public Health Bulletin</td>
<td>For example, via the NSW Department of Health home page, or a search engine such as Google.</td>
</tr>
</tbody>
</table>
therefore, that reducing the HTML hits by 50 per cent would provide a more accurate indication of the popularity of the HTML version compared to the PDF version.

To gain access to a particular issue of the Bulletin, readers must access the Bulletin home page and then select current or back issues. Each of these hits is also registered in the log file. In order to assess the use of the HTML and PDF versions, all these ‘background’ hits were removed.

To investigate the extent to which users viewed specific regular sections within the Bulletin, hits to these documents were examined. This analysis was only possible where users had selected the HTML version of the Bulletin. The analysis assumed that the same labels were used for these articles in every issue of the Bulletin. Searches for hits to the following specific documents were performed: the Communicable Diseases section (Search on label = ‘commdis’); and Fact Sheets (Search on label = ‘facts’).
The total number of hits and rates of hits per month, year and issue were calculated.

**Data quality issues**

Some inconsistencies in the labeling of the HTML and PDF documents were detected. For example, some of the HTML Fact Sheets were identified in terms of the issue and year, while others were labelled according to the topic of the Fact Sheet.

The Communicable Diseases section was usually labeled ‘communicable diseases’ but in the Jan/Feb issue for 2003 the section was labeled ‘www.health.nsw.gov.au/public-health/phb/HTML2003/janfeb03html/janfebommdiseasesreport.html’ and thus hits to this document were not initially detected using the search string above. Wherever possible these inconsistencies were identified and addressed in the analysis.

**RESULTS**

**Web utilisation patterns for the NSW Public Health Bulletin**

In total there were 384,887 hits to the Bulletin during the 29 months reviewed. This averaged 13,272 hits per month, or approximately 442 per day. Rates of hits per month increased from 8,288/month in 2001 to 14,690/month in 2002 and 21,288/month in 2003 (over the five months of data available for 2003). Figure 3 shows that hits to the Bulletin website increased considerably over the study period. These data represents when hits occurred but does not reflect whether readers were seeking information from current issues of the Bulletin, or from back issues.

Use was greatest at the beginning of the week and lowest on the weekend (Figure 4).

Forty-nine per cent of use occurred between the hours of 9 am and 5 pm and 80 per cent occurred on weekdays. The 10 per cent of use occurring between 1 am and 3 am (Figure 5) may reflect access from people overseas in a different time zone.

Pattern of use on each of the weekdays was similar (Figure 6), while times of use on Saturday and Sunday varied (Figure 7).

**HTML versus PDF use**

Figure 8 shows that in each year of the study period, the PDF versions of the Bulletin were accessed around two and a half times more frequently than the HTML versions (based on the assumption that each PDF hit on the Bulletin is equivalent to two HTML hits, as explained in the Methods Section). The lower percentage of HTML hits in 2001 is most probably explained by the fact that the HTML version of the Bulletin was first made available in September of that year. HTML versions of all issues of the Bulletin published in 2001 were put on the web that September.
**FIGURE 4**

**HITS TO THE NSW PUBLIC HEALTH BULLETIN BY DAY OF THE WEEK**

Source: NSW Department of Health web log archives

**FIGURE 5**

**HITS TO THE NSW PUBLIC HEALTH BULLETIN BY TIME OF ACCESS**

Source: NSW Department of Health web log archives
Identification of users
For 28 per cent of hits to the Bulletin, no registered organisation could be linked to the associated IP address. In total, 7.7 per cent of hits originated from universities and 6 per cent from the NSW Health Intranet. Twenty-one per cent of hits originated from websites with ‘au’ in the address, indicating they originated in Australia. However, these do not constitute all hits from Australia, as many Australian web addresses do not have ‘au’ in them. One per cent of hits originated from the United Kingdom though, again, this is likely to be an under representation as not all UK web addresses have ‘uk’ in them. For 6.2 per cent of hits the user found the Bulletin site via a Google search.

Content accessed
In order to examine specific Bulletin content accessed by readers, a subsample of the web logs, consisting of all HTML hits, was extracted. When these data were examined by year of publication, around 8–9 per cent of HTML hits to issues in 2001 and 2002 could be attributed to readers viewing the Fact Sheets. There were not sufficient data for 2003 to estimate this percentage. Figure 9 shows the number of hits to individual Fact Sheets during the 29-month study period. Hits to the Communicable Diseases Report represented 1.3 per cent of total HTML hits in 2001, 2.5 per cent in 2002 and 2.6 per cent in 2003. The Fact Sheets were around three times as popular as the Communicable Diseases section.

DISCUSSION
There was a considerable increase in hits to the Bulletin over the study period. By mid-2003 the volume of hits had more than doubled from those in 2001. Factors that may have contributed to the increase in access to the Bulletin include the development of the new home page and production of an HTML version in 2001, and the inclusion of the Bulletin in Medline and Index Medicus, which occurred in mid-2002. It was not possible to identify patterns of use of the Bulletin for individuals and thereby determine the size of the pool of people who access the Bulletin, or the frequency with which they seek information. For example, users may constitute a core group of individuals, each of whom accesses the Bulletin on multiple occasions; alternatively, users may consist of a large group who access information only once or twice. The growth in hits to the Bulletin could therefore be due to an increase in the pool of users or to an increase in the frequency with which each user seeks information.

Patterns of use in terms of days and times of the week suggest that use is likely to be related to users’ work activities, with around 50 per cent of hits occurring between 9 am and 5 pm and 80 per cent occurring on weekdays.
**FIGURE 7**

HITS TO THE NSW PUBLIC HEALTH BULLETIN ON THE WEEKEND, BY TIME OF DAY

![Graph showing hits by time of day on weekends](image)

Source: NSW Department of Health web log archives

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**FIGURE 8**

PROPORTIONS OF HTML AND PDF HITS TO THE NSW PUBLIC HEALTH BULLETIN WEBSITE BY YEAR OF ACCESS*

![Bar chart showing proportions of hits by year](image)

Source: NSW Department of Health web log archives

*The proportions have been adjusted on the basis that accessing the HTML version involves at least two hits and PDFs only one
Eighteen per cent of use occurred between 11 pm and 5 am, which may reflect use by users located overseas and therefore in different time zones.

Conclusions regarding the popularity of specific content within the Bulletin were primarily based upon analyses of the HTML users as these individuals select specific content that is then recorded in the web logs. Thus the total number of hits is modest and does not include those users who would have viewed this content via PDF. It would seem reasonable to assume that the type of articles selected for viewing by HTML users is representative of the content read by those who select to view the PDF version or indeed those who read the paper version. If the HTML version is discontinued we will not be able to use the existing web log system to track the use of specific content within the Bulletin.

The web logs provided some information regarding the extent to which users accessed regular sections of the Bulletin. The results showed that hits to the Fact Sheets make up around 8 per cent of hits to issues published in each year. Those on the subjects of Legionnaires Disease and psittacosis were the most popular. This can partly be attributed to these Fact Sheets being published in early 2001, thereby having a greater time opportunity to attract hits. However, this pattern did not follow for all Fact Sheets. For example, Fact Sheets relating to HIV/AIDS and to Chlamydia were among the top four most popular, yet were published in mid and late 2002.

The Communicable Diseases section of the Bulletin did not appear as popular as the Fact Sheets. However, due to the inconsistencies found in the labeling of the Communicable Diseases section for individual issues it is possible that hits to this content were under-estimated. Development of standards regarding the labeling of specific HTML and PDF documents would facilitate the analyses of future Bulletin web logs.

Based on the assumptions specified in the methods section, the PDF version of the Bulletin is around two and a half times more popular than the HTML version. However, it was not possible to determine whether the PDF and HTML users constitute different populations. For example, individuals may choose to initially use the PDF version, providing access to all content in an issue, and then go to the HTML version at a later date when they wish to quickly locate and print a copy of a specific article or Fact Sheet. Alternatively, individuals may have strong preferences for either HTML or PDF and rarely use the alternative document version. Questions regarding individuals’ preferences and use of the Bulletin could more satisfactorily be answered using focus groups or a survey.

**CONCLUSION**

This study allowed the online use of the Bulletin to be described in detail for the first time. This information is difficult to obtain by other means, for example by readership surveys that usually have low response rates,
particularly for free publications. The information gained has been used to inform the development of the Bulletin website and content.

REFERENCES
4. Wallace P. How do patrons search the online catalogue when no one’s looking? Transaction log analysis for bibliographic system design. RQ 1993; 33:239-252.
ABSTRACT
In 2005, the NSW Department of Health commissioned an external review of the NSW Public Health Bulletin. This article describes the methods and findings of the qualitative survey. Participants included people working in population health from within the Department of Health, area health services, the tertiary sector and non-government organisations. There were fifty interviews, two focus groups and eight written surveys. The review found substantial support and respect for the Bulletin. It described the features of the Bulletin that stakeholders valued and provided suggestions to strengthen the publication. These findings will guide developments in the Bulletin's purpose, presentation, content and distribution for its readership.

The NSW Public Health Bulletin has been in continuous circulation since May 1990, when it was established to disseminate information to the newly developed public health infrastructure in NSW and provide feedback to practitioners on notifiable conditions, in particular communicable diseases. Free access is provided to the electronic version and it is also distributed free as a print journal. In 2005, the NSW Department of Health commissioned an external review to assess whether the Bulletin is fulfilling its role as a relevant tool for the public health workforce in NSW.

There were two parts to the review: firstly, a qualitative survey of a sample of the Bulletin’s stakeholders and secondly, a quantitative survey to describe the current distribution of the printed Bulletin. The findings were to guide developments in the role, presentation, content and distribution of the Bulletin. This article describes the method and findings of the qualitative survey of users and provides feedback to the readership about the review.

METHODS
The review was undertaken between May and July 2005. An Advisory Group with representation from the NSW Department of Health, rural and metropolitan area health services, and an external research centre was established to provide oversight. Review questions were established to gather information about: the Bulletin’s purpose and unique contribution; the extent to which it reflects changes in public health practice; its content; the frequency of distribution; and its future directions. A purposeful sample of participants was drawn from the NSW Health Department, people working in population health structures in the area health services, the tertiary sector, peak bodies for general practice, and non-government organisations. In addition, the views of authors, reviewers, guest editors and members of the Bulletin’s Editorial Advisory Committee were sought. Approximately 50 people contributed to the qualitative review through face-to-face or telephone interviews. Three site visits to area health services were undertaken—in Newcastle, Parramatta and Tamworth—with interviewees drawn from internal and external subscribers from local Bulletin distribution lists. Prior to their interviews, all participants were provided with written information about the review, including a summary of the proposed questions and discussion areas. Questions were used as a guide and areas of discussion were tailored to the person’s experience of the Bulletin.

As well as undertaking individual interviews, the consultant attended two meetings with management to seek input to the review: one was with the Directors of Public Health, who are responsible for the distribution of the Bulletin within their area health services, and the other with managers from the Centre for Epidemiology and Research within the NSW Department of Health, which is responsible for the production of the Bulletin. A small indicative sample of eight current and previous trainees from the NSW Public Health Officer Training Program and the NSW Biostatistical Officer Training Program provided responses by email to the interview questions.

The information gathered was analysed to identify themes in relation to each review question. Draft and final reports outlining overall findings, findings specific to the review questions, and recommendations, were developed and presented to the Advisory Group.1

RESULTS
The review found substantial support and respect for the Bulletin, especially amongst stakeholders within NSW Health, who expressed a strong sense of ‘ownership’ for the Bulletin. The Bulletin was regarded as making a unique contribution amongst health publications, and users valued its focus on the practice of public health in NSW. They also valued the eclectic nature of the content and its balance of contributions from both established and new authors.

For NSW Health employees, the Bulletin was seen as affirming the public health endeavours of the workforce. It was regarded as drawing together and connecting the public health workforce, reducing feelings of isolation and helping workers to feel part of a broader public health community. It increased understanding of the bigger picture of public health and of how parts of the system fitted together. Indeed, some contributors felt that this role

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could be strengthened.

The Bulletin was considered to be a significant source of information for many workers and a primary tool for public health communication in NSW. Respondents believed that the Bulletin continued to provide content that was of interest to a broad range of public health professionals and that it was the eclectic nature of its articles that made this possible. Many respondents reported that the Bulletin had directly influenced and/or supported their practice in public health, and they provided examples to the review.

The special issues of the Bulletin (issues that deal with specific themes or topics), the surveillance information and the Fact Sheets were particularly valued. The special issues were valued because they provided a snap shot of a particular area. They provided an in depth examination of the subject while helping readers to sift though a range of perspectives and, as a result, they provided both a holistic picture of the area and an overview of the contemporary thinking related to it. Fact Sheets were popular and seen to have practical relevance. Respondents felt that the surveillance data and the reporting of trends in communicable diseases should be retained as it provides a historical record for communicable diseases in NSW.

People liked the size, quality and academic rigour of the content and the fact that it was easy to read. The size of the Bulletin, its use of plain English and the succinct nature of the articles were all considered unique and of significant value. Respondents also valued it being free and highly accessible. People used the index but felt that it could be improved.

Indexing of the Bulletin by Medline was considered to be an important form of recognition and respondents felt that any decision about implementing changes to the Bulletin should take account of the requirements that are essential for inclusion in Medline.

Notwithstanding that the Bulletin had changed and developed over time, there remained concerns that it had not moved sufficiently beyond the ‘old’ notion of public health to reflect the breadth of issues implicit within a current population health approach. In addition, it was not considered to have done enough to keep the workforce informed about change and new directions in public health. The common themes in relation to proposed changes to content were a greater focus on Indigenous issues, on rural and migrant health issues and on chronic disease/conditions, including chronic disease surveillance, which, it was felt, should be regularly reported on.

The majority of those interviewed read the Bulletin in hard copy and appreciated the convenience of the portability of a hard copy. They used the electronic version to access articles in previous issues. Concerns were raised about the ease of navigation of the Bulletin site. Regarding universal access to the electronic version, contributors reported problems with access to computers and to the Internet. Consequently, the printed copy remained important. However, many spontaneously commented on the need for a style makeover.

The experience of authors and guest editors in contributing to the Bulletin was largely positive. Of particular note was the valuable role that the Bulletin played in encouraging and supporting authors who had either not previously published or who had limited publishing experience. There was substantial positive regard for the efforts of the NSW Health staff involved in producing the Bulletin, including the support they provided to authors and guest editors. It was felt that the Bulletin would benefit from a strengthened Editorial Advisory Committee that took a more active role in forward planning and strategic thinking.

Contributors felt there was potential for the Bulletin to be more widely distributed, and to be accessed in a timelier manner through electronic distribution. There was interest in developing the electronic access to the Bulletin and readers sought email notification of issues, including a contents list with direct links to each article. The PDF format was preferred to the HTML format, but most would prefer access to the PDF of individual articles rather than the whole journal.

The most common concerns raised about the Bulletin were its lack of timeliness, the need for a distribution strategy, and that it was perceived to be more closely linked to the ‘old’ notion of public health than to the ‘new’. Timely publication about subjects was considered to be a great advantage and contributors cited as examples the special issues on health and equity released in support of the NSW Health and Equity Statement; the Olympics issue; and the information on SARS. Problems relating to the distribution of the Bulletin included the need for an agreed distribution policy/strategy to improve access by the public health workforce.

Three themes emerged in relation to strengthening the Bulletin. The first relates to the Bulletin’s potential to engage and communicate more with its readers. It was regarded as being somewhat distanced from its readership and it was felt it would be strengthened by developing strategies to generate dialogue with readers. The most common suggestions about how to achieve this were through the creation of an electronic Bulletin Board linked to the electronic version; the establishment of a regular ‘Letter to the Editor’ column; and the publication of more articles on the leading edge of public health to generate debate and discussion. The second suggestion for strengthening the Bulletin was to expand the focus on population health. Whilst there is general acknowledgement that the Bulletin has developed beyond its initial focus on surveillance and communicable diseases, there remains concern that the scope of its population health coverage is limited. The third suggestion was that the capacity of the
The Bulletin be utilised more strategically to advance the aims of public health in NSW, for example by leading debate and discussion in relation to the more complex and emerging public health issues.

CONCLUSION

Overall, the findings of the review were positive and there was unanimous support for the Bulletin’s continued publication. The review and its recommendations present an opportunity for further development of the Bulletin to ensure that it remains relevant and useful to the field.

The aim of the Bulletin is to publish population health data and peer-reviewed information to support public health action in NSW. As public health develops in NSW and the structures through which it is delivered changes, so the Bulletin should change to ensure that it remains relevant and useful.

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REFERENCES


RESULTS FROM THE 2000 FAX-BACK SURVEY TO READERS ABOUT THE NSW PUBLIC HEALTH BULLETIN

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ABSTRACT

Publications must regularly reflect on their performance to ensure that they remain relevant to their readership and are fulfilling their objectives. In 2000 the ‘NSW Public Health Bulletin Discussion Paper 2000’ was released, with recommendations regarding all aspects of the Bulletin content, distribution and editorial management. A copy was sent to 1200 people with a fax-back survey seeking general feedback on the Bulletin and the recommendations. There was a response rate of 11 per cent. The survey identified broad support for the Bulletin and the recommendations. Findings included strong support for encouraging electronic access but maintaining the distribution of the printed copy. Subsequent changes to production of the Bulletin have included expanding the number of reviewers of articles and making improvements to the website.

In 1990 the NSW Public Health Bulletin was established to disseminate information among the newly formed public health infrastructure of the NSW health system and to provide regular feedback to practitioners on notifiable conditions, in particular communicable diseases. It has been in continuous publication since then, providing readers with free access to population health data and peer-reviewed information to support public health action in NSW.

The ‘NSW Public Health Bulletin Discussion Paper 2000’ was released in November 2000. It described the purpose of the Bulletin and the production process. It also recommended future directions in all aspects of the Bulletin’s functions, including the aims and objectives, intended readership and distribution, content and style, peer-review processes, archiving, and editorial management. The Discussion Paper was released to stimulate a broad discussion and encourage comment to ensure that the Bulletin remained a useful tool for the NSW public health workforce. It was published as a Bulletin supplement. To encourage feedback about the Discussion Paper’s recommendations a survey was conducted.

METHODS

A one-page fax-back survey and a copy of the Bulletin Discussion Paper, accompanied by a covering letter from the Chief Health Officer of NSW inviting participation in the survey, was mailed to a purposeful sample of 1200 people in NSW in December 2000. The sample was based upon the standard distribution list used for policies and publications within the NSW health system but enhanced to ensure thorough coverage of the structures responsible for the delivery of public health functions. This group was further expanded to include members of the Bulletin’s Editorial Advisory Committee, authors published in the previous two years and peer reviewers or guest editors. Although the Bulletin’s distribution included a small
international readership, none of these readers were included. No reminder was sent to those who failed to reply.

The survey was in two parts. The first part asked respondents to identify their current job title and then sought ‘yes’ or ‘no’ responses about how they accessed the Bulletin, whether they used the index and if they had ever published in the Bulletin. The second part asked seven closed questions (again seeking ‘yes’ or ‘no’ responses) regarding respondents’ support for the various recommendations made in the Discussion Paper. Open-ended responses were sought from those who did not support a recommendation. Simple frequencies were calculated for the responses to the closed questions and the open-ended responses were analysed for themes.

RESULTS
There were 128 responses: an 11 per cent response rate. Most originated from area health services (63 per cent); the remainder were mainly from the NSW Department of Health or the academic sector (Table 1). Respondents from area health services included 37 per cent from population health (divisions of population health and public health units), 21 per cent from administration (chief executive officers and health service managers) and five per cent from clinical areas.

While most respondents received the printed version of the Bulletin, approximately 40 per cent accessed the Bulletin via the web (Table 2). A similar proportion reported using the index. Approximately one third of respondents had published in the Bulletin.

Almost all respondents (97 per cent) supported the aims and objectives of the Bulletin as outlined in the Discussion Paper. Ninety-four per cent of respondents supported the recommendations that the Bulletin remain a peer-reviewed publication of 16–24 pages in length. Nineteen comments were offered in response to this question: eight suggested a higher standard of peer-review be adopted, using two reviewers for papers rather than one, and one suggested that indexing with Medline be sought. Several people commented that an important role of the Bulletin is providing current information and acting as a means of communication for the workforce. They expressed concern that all content might become restricted to material that is peer-reviewed. Five people commented on the length of the publication, observing that 24 pages or shorter was a good length. One person suggested that the appearance was tired.

Eighty-nine per cent of respondents agreed that the readership should be encouraged to access the Bulletin through the Internet on the NSW Department of Health website. However, twenty-six of these respondents commented on the value of the printed copy, noting that a print version was needed for the foreseeable future and that access should not be restricted to the web version. The commonly cited reason was that not everyone has access to computers or to the web. This included many general practitioners, workers in early childhood centres and rural workers. Other reasons included: the time required to access and read a document on-line; that the printed version was quicker to read and; that some people had difficulty

| TABLE 1 |
| LOCATION AND PROFESSIONAL BACKGROUND OF RESPONDENTS |
| LOCATION (AND PROFESSION) | n | % |
| AREA HEALTH SERVICE | | |
| Population Health Public health units (directors, communicable disease nurses) | 11 | 9 |
| Population health and planning divisions | 7 | 6 |
| Other population health workers (directors of mental health or sexual health, coordinator multicultural health, community paediatrician, women's health, director drug and alcohol, health promotion unit, population health statistician) | 12 | 9 |
| Community health (managers or nurses) | 8 | 6 |
| Early childhood nurses | 9 | 7 |
| Administration Area hospital executive / managers (health service managers, chief executive officers, area health service board members, human resource managers, director medical services, manager nursing services, director of nursing) | 27 | 21 |
| Clinical Clinical worker / specialist / manager or coordinator / Division of GPs | 6 | 5 |
| NSW DEPARTMENT OF HEALTH Departmental managers (epidemiology, policy, communicable diseases, nursing, environmental health, oral health, health promotion, health service planning, data and evaluation, public affairs) | 22 | 17 |
| OTHER AREAS | | |
| Academic | 13 | 10 |
| Others | 8 | 6 |
| NOT STATED | 5 | 4 |
| TOTAL | 128 | 100 |
readership survey. An enthusiasm for the publication. The low response rate, however, makes it difficult to draw general conclusions about the views of the whole readership.

Despite the low response rate there were a relatively large number of responses from senior health managers who were responsible for the population health workforce, such as chief executive officers and directors of Divisions of Population Health. In addition approximately 30 per cent of all respondents had published in the Bulletin.

The low response rate compares with the response to general readership surveys for other subscription or free publications and a previous readership survey of the Bulletin. The Bulletin readership was first surveyed through a postal survey that was included as part of the February 1993 issue. There was an eight per cent response rate. Surveys that have achieved higher response rates have used smaller, targeted samples.

Other possible explanations for the low response rate to the 2000 faxback survey were the use of a broad sampling frame and the design of the survey instrument. Several respondents offered the criticism that some questions on the survey explored multiple factors while allowing only a single closed response. The closed question format may have also stimulated the large amount of free text comment provided by respondents. Future Bulletin surveys should consider refining the methods to gain high quality feedback.

Following the survey the peer review process was strengthened; two reviewers have been used for each manuscript since 2001. However, not all material submitted to the Bulletin requires peer review as the Bulletin seeks to retain the balance between the role of a peer-reviewed journal and a source of timely information. Nearly half the respondents had accessed the Bulletin through the web, although at that time the site was not easy to navigate and only a PDF format was available. At the end of 2001 the Bulletin was also made available in HTML and the Bulletin home page was redesigned to make it easier to navigate and search. The Bulletin has remained available in printed format.

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REFERENCES

**EPIDEMIC KERATOCONJUNCTIVITIS: AN OUTBREAK IN NEW SOUTH WALES**

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This article describes a Bug Breakfast Seminar held in August 2006 about the investigation of an outbreak of epidemic keratoconjunctivitis that had occurred in regional NSW in March 2006.

Viral conjunctivitis is the most common form of ocular morbidity, with epidemic keratoconjunctivitis being the most severe form. Epidemic keratoconjunctivitis is caused by an adenovirus, most frequently subgenus D and serotypes 8, 19 or 37. The symptoms include watery eyes, pain, headache, malaise, fever, swelling, redness and lymphadenopathy. Complications such as corneal and conjunctival scarring and impaired vision are common and may be permanent. Symptoms begin approximately five to 14 days after exposure and patients are typically infectious from two days before the onset of symptoms until two weeks after.

The reservoir of adenovirus that causes epidemic keratoconjunctivitis is human and it is transmitted via direct contact with the eye secretions of an infected person or indirectly through contact with contaminated objects. Transmission within the community occurs by eye to hand contact, sexual contact or via contaminated swimming pools or objects. Transmission can also occur in eye care facilities such as ophthalmology clinics and eye hospitals. These settings have been implicated in outbreaks, as they are often where an infected patient will first present. Transmission to patients or staff occurs via hands, contaminated ophthalmic instruments, contaminated eyedrops, infected staff, or other contaminated objects. Adenovirus can live for long periods of time in the environment (up to 49 days) and is resilient to many common germicides.

In March 2006 a public health unit in regional NSW was notified about 18 patients with conjunctivitis who had presented to a local eye clinic. All of these patients reported a visit to the clinic in the preceding two weeks.

In response, the public health unit and infection control staff visited the clinic and assessed the environment and infection control procedures. With identification of the outbreak the clinic had replaced 15 ml multi-dose eyedrop bottles with smaller volume vials and reduced their clinical caseload. In addition, the public health unit advised the clinic to: obtain laboratory confirmation of the diagnosis; notify the public health unit of further clinical cases; assist in a formal outbreak investigation; and implement additional infection control measures. These included: triaging patients with a ‘red eye’ to a separate examination room; routinely using gloves; avoiding tonometry unless required; disinfecting tonometer prisms with bleach solution after use on a patient with a ‘red eye’; hand washing or the use of antiseptic hand gel between patients; and cleaning environmental surfaces as part of the routine cleaning schedule.

The outbreak investigation aimed to identify the extent of the outbreak in the region and identify risk factors for epidemic keratoconjunctivitis transmission. A case definition was developed and cases were ascertained from local general practitioners, local hospital emergency department records and clinic staff.

A total of 68 cases were identified. Fifty-six cases (82 per cent) reported a visit to the clinic in their incubation period. A case control study was conducted to investigate risk factors for epidemic keratoconjunctivitis transmission within the clinic. Preliminary analysis suggested that the outbreak was associated with anaesthetic drops, tonometry, dilating drops or optical coherence tomography.

In conclusion, while epidemic keratoconjunctivitis may have been circulating in the community, transmission was amplified in the clinic setting and was associated with instillation of eyedrops and tonometry. Prompt recognition and implementation of a range of infection control measures were required to control and halt this outbreak.

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* Bug Breakfast is the name given to a monthly series of hour-long breakfast seminars on communicable diseases delivered by the NSW Department of Health’s Division of Population Health.
Epidemic keratoconjunctivitis (also sometimes referred to as viral keratoconjunctivitis) is a highly contagious eye infection and symptoms can last up to two weeks or more. This viral infection is often caused by an adenovirus and there is no specific treatment. Bacteria, other viruses, allergies or chemical irritation can also cause types of conjunctivitis.

**WHAT ARE THE SYMPTOMS?**
The symptoms of epidemic keratoconjunctivitis can commence in one or both eyes and include:

- redness, irritation and itchiness of the eyes (‘pink eye’)
- swelling of the eyelids
- sensitivity to light (photophobia)
- clear or yellow discharge that may make the eyelids stick together when you wake in the morning
- blurred vision
- eye pain.

Occasionally, people may also get:

- fever
- headache
- extreme tiredness
- swollen lymph nodes.

**HOW DO YOU GET EPIDEMIC KERATOCONJUNCTIVITIS?**

- People get epidemic keratoconjunctivitis by coming into contact with tears or discharge from the eyes of an infected person and then touching their own eyes. This can happen by touching the hands of someone with the infection, or by touching contaminated surfaces or objects.
- Usually the symptoms develop between five days and two weeks after exposure to an infected person or surface, however this can take longer.
- People are thought to be infectious from a day or two prior to the onset of symptoms until around two weeks after symptoms develop.

**WHO IS AT RISK?**
Anyone can get epidemic keratoconjunctivitis. It is easily spread between people.

**HOW IS IT PREVENTED?**
Epidemic keratoconjunctivitis is a highly contagious disease and children should stay home from school until symptoms have resolved or until cleared by a doctor, whichever is earlier. It is usually OK to go to work, but the infection control measures outlined below should be followed. Health care workers, however, should be clear of infection prior to returning to work.

If you have epidemic keratoconjunctivitis:

- Avoid touching your eyes whenever possible. If you do touch your eyes, wash your hands thoroughly with soap and running water
- Avoid touching other people unless your hands are freshly washed
- Throw away or carefully wash items (in hot water and detergent) that touch your eyes
- Do not share eye makeup or other items used on the eyes (i.e. towels, tissues, eye drops, eye medications)
- Use a separate towel and face cloth for each member of the household
- Cover your mouth and nose when coughing or sneezing
- Use disposable tissues to blow your nose, sneeze or cough
- If you visit another doctor or clinic, make sure you tell them that you have or have recently had epidemic keratoconjunctivitis so they can implement measures to prevent spread of infection.

**HOW IS IT DIAGNOSED?**
Epidemic keratoconjunctivitis is diagnosed by the signs and symptoms outlined above. Your doctor may also take a swab of your eyes to identify the responsible virus. A swab takes several days to return a result.

**HOW IS IT TREATED?**
There is no treatment available for epidemic keratoconjunctivitis, and it will usually go away by itself in around two weeks (this can range from one to six weeks). Paracetamol and cold showers have been found to be helpful for relieving symptoms. Specific treatment is available for the other forms of conjunctivitis (bacterial, allergic).

**WHAT IS THE PUBLIC HEALTH RESPONSE?**
Epidemic keratoconjunctivitis is not a notifiable disease in NSW. However public health units can provide advice on the control of outbreaks.
For updated information, including data and facts on specific diseases, visit www.health.nsw.gov.au and click on Infectious Diseases.

TRENDS

Tables 1 and 2 and Figure 2 show reports of communicable diseases received through to the end of September and October 2006 in NSW. There were relatively few cases of arboviral infection, cryptosporidiosis and legionellosis reported in these months. Figure 2 shows reports of selected communicable diseases, by month of onset, over the past six years.

SALMONELLOSIONS

Outbreak of Salmonella Typhimurium PT 135a infections

Although the total number of reports of salmonellosis declined over winter, routine surveillance detected an unseasonable increase in infection due to one strain, Salmonella Typhimurium PT 135a. From January 2006 to the end of September 2006, 108 notifications were received; the highest annual count in the past five years. Figure 1 compares the monthly count with the same month in the previous two years. Due to reporting delays the number of notifications for September is likely to be incomplete.

In response to this increase, staff from Hunter New England OzFoodNet site interviewed people notified with infection due to untyped Salmonella Typhimurium (STm) since the middle of August. These people were interviewed prior to receiving notification of the phage type so as to reduce the time between onset of illness and the date of their interview, and hence improve the quality of information provided by the interviewees.

As of the beginning of October, 42 hypothesis generating questionnaires were completed. Of these, 23 were for people who were subsequently identified as STm 135A cases. Of these 23 cases, 20 (87 per cent) resided in the Sydney metropolitan area, ages ranged from 2 – 82 years (median 13 years), and 53 per cent were female.

Information on food items consumed by cases in the seven days prior to onset were collated for each person, and information on any clusters was passed on to the NSW Food Authority for their investigation of possible sources.

The majority of cases reported consuming chicken and eggs in the seven days prior to onset were collated for each person, and information on any clusters was passed on to the NSW Food Authority for their investigation of possible sources.

The majority of cases reported consuming chicken and eggs in the seven days prior to onset of illness, although this is probably consistent with the prevalence of chicken consumption in the general community. However, 20 of 23 cases reported purchasing fresh chicken and meat from butcher shops / chicken retailers rather than from...
supermarkets which, in consideration of previous studies, seemed unusual. Three cases reported purchasing raw chicken products from different stores belonging to a single chicken retailing franchise.

In an environmental investigation, the NSW Food Authority found that all three shops from the implicated retail franchise sourced their fresh chicken meat from a single large poultry processor (Processor A). Subsequent testing of 30 samples from six stores of the retail franchise, including the three outlets where cases reported purchasing their chicken, found one STm135A isolate in a chicken patty. This particular type of product had been implicated by one case. Chicken patties are made from a blend of fresh chicken meat, frozen chicken meat from spent egg layers, and a variety of spices and other ingredients. The frozen chicken meat was sourced from a Queensland company.

At the same time, whilst following up an unrelated matter, the NSW Food Authority found that a sample of raw chicken from Processor A had tested positive for STm 135A. On further investigation the NSW Food Authority found that this processor had been detecting low, intermittent levels of STm 135A in raw chicken products since January 2006. DNA fingerprinting using a technique called multiple locus variable number of tandem repeats analysis (MLVA) indicated that clinical isolates differed from those found by the NSW Food Authority on the raw chicken meat isolates. This may not necessarily exclude Processor A as the source of the outbreak.

The NSW Food Authority reported that the company implemented a number of corrective actions to minimize Salmonella contamination after being notified of the increase in human STm 135A cases. These actions included reviewing chlorine and pH levels in the spin chiller process, increasing staff awareness of the risk of cross contamination and the importance of personal hygiene, reviewing cleaning procedures of live bird transport systems, and thoroughly cleaning farms where STm 135A has been detected. The NSW Food Authority has continued to monitor the company and work with the poultry industry in the event of community increases of salmonellosis.

Raw meats and chicken are at risk of contamination with a range of pathogens including Salmonella. This outbreak serves as a reminder of the importance of food safety education for the consumer. Surfaces that have been in contact with raw poultry (including knives, chopping boards, containers, etc) should be thoroughly cleaned before being used to handle other products that are ready to eat. Raw poultry must be stored appropriately (refrigerated and stored separately to ready-to-eat foods) and cooked thoroughly. Finally, the importance of regular hand washing, especially after handling raw meat or poultry, must be emphasized.

Outbreak of Salmonella Saintpaul infections linked to rockmelons

In mid-October, routine Salmonella surveillance detected an increase in S. Saintpaul notifications in NSW. This serovar is relatively rare in NSW (with an average of 36 cases reported annually over the previous five years), and occurs more commonly in Queensland (with about 200 cases reported annually). In response to this increase, staff from Hunter New England OzFoodNet site conducted hypothesis-generating interviews on all new cases. Fourteen cases were interviewed and common food exposures were collated. The most startling finding was the high proportion (80 per cent) of cases that reported consuming rockmelon in the seven days prior to onset of illness.

On 24 October, a case control study was commenced to test the hypothesis that consumption of rockmelon or other foods commonly reported by the cases was associated with infection with S. Saintpaul. Subsequently reported cases and controls matched by broad age groups were asked about selected food consumed over a four-day period, place of purchase for food items and rockmelon handling and storage.

Preliminary analysis found a significant association between rockmelon consumption and infection with S. Saintpaul—90 per cent (9 of 10) of cases reported eating rockmelon compared with 24 per cent (5 of 21) of controls. This was the only food found to be associated with illness.

Using place of purchase information obtained from the epidemiological investigation, the NSW Food Authority initiated a traceback investigation, but the exact source of the rockmelons remains unclear. A media release by NSW Health advised the public about the outbreak associated with consuming rockmelon and provided advice on rockmelon preparation and hygiene in order to reduce this risk. Advice included avoiding bruised, damaged or unrefrigerated cut rockmelons, washing hands and utensils after preparing rockmelons and refrigerating rockmelons within two hours of cutting. In addition, the NSW Food Authority advised rockmelon retailers to refrigerate melons when cut to reduce the likelihood of bacterial growth.
**FIGURE 2**

**REPORTS OF SELECTED COMMUNICABLE DISEASES, NSW, JAN 2001 TO OCTOBER 2006, BY MONTH OF ONSET**

Preliminary data: case counts in recent months may increase because of reporting delays. Laboratory-confirmed cases only, except for measles, meningococcal disease and pertussis.

BFV = Barmah Forest virus infections, RRV = Ross River virus infections

Lab conf = laboratory confirmed

Men Gp C and Gp B = meningococcal disease due to serogroup C and serogroup B infection, other/unk = other or unknown serogroups.

NB: multiple series in graphs are stacked, except gastroenteritis outbreaks.

NB: Outbreaks are more likely to be reported by nursing homes and hospitals than by other institutions.

- **NSW population**
  - Male 50%
  - <5 yrs 7%
  - 5–24 yrs 27%
  - 25–64 yrs 53%
  - 65+ yrs 13%
  - Rural 46%

- **Aug 06 – Oct 06**
  - Male 51%
  - <5 yrs 2%
  - 5–24 yrs 27%
  - 25–64 yrs 53%
  - 65+ yrs 13%
  - Rural 49%

- **Aug 06 – Oct 06**
  - Male 51%
  - <5 yrs 51%
  - 5–24 yrs 20%
  - 25–64 yrs 59%
  - 65+ yrs 2%
  - Rural 13%

- **Aug 06 – Oct 06**
  - Male 50%
  - <5 yrs 29%
  - 5–24 yrs 27%
  - 25–64 yrs 34%
  - 65+ yrs 10%
  - Rural 43%

- **Aug 06 – Oct 06**
  - Measles lab conf 83%
  - Measles other 50%
  - Men Gp B 87%
  - Men Gp C 50%
  - Men other/unk 65%
  - Rural 50%

- **Aug 06 – Oct 06**
  - Lab conf = laboratory confirmed
  - S. Other 0%
  - S. Typhimurium 0%

- **August 06 – October 06**
  - Nursing homes 32
  - Hospitals 14
  - Child care 19
  - Schools 0
  - Other 2
  - Total outbreaks 77

- **Salmonella cases**
  - Jan 01 – Jan 06
  - S. Other 0
  - S. Typhimurium 0

- **Preliminary data:** case counts in recent months may increase because of reporting delays.

- **Laboratory-confirmed cases only:** except for measles, meningococcal disease and pertussis.

- **BFV = Barmah Forest virus infections, RRV = Ross River virus infections**

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- **Lab conf = laboratory confirmed**

- **Men Gp C and Gp B = meningococcal disease due to serogroup C and serogroup B infection, other/unk = other or unknown serogroups.**

- **Preliminary data:** case counts in recent months may increase because of reporting delays.

- **Laboratory-confirmed cases only:** except for measles, meningococcal disease and pertussis.

- **BFV = Barmah Forest virus infections, RRV = Ross River virus infections**

- **Lab conf = laboratory confirmed**

- **Men Gp C and Gp B = meningococcal disease due to serogroup C and serogroup B infection, other/unk = other or unknown serogroups.**

- **Preliminary data:** case counts in recent months may increase because of reporting delays.
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*lab-confirmed cases only  + includes cases with unknown postcode  + HIV and AIDS data are reported separately, quarterly in the NSW Public Health Bulletin.
** AEFs notified by the school vaccination teams during the National Meningococcal C Program are not included in these figures. These notifications are reviewed regularly by a panel of experts and the results will be published quarterly in the NSW Public Health Bulletin.
N.B: From 1st Jan 2005, Hunter/New England AHS also comprises Great Lakes, Gloucester & Greater Taree LGAs; Sydney West also comprises Greater Lithgow LGA.
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<td>Blood lead level*</td>
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<td>H. influenzae b infection (invasive)*</td>
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<td>Mumps*</td>
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<td>Botulism*</td>
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<td>Cholera*</td>
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<td>Verotoxin producing E. coli*</td>
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<td>Cancer of testis, non-Hodgkin</td>
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**lab-confirmed cases only ** + includes cases with unknown postcode * HIV and AIDS data are reported separately, quarterly in the NSW Public Health Bulletin. ** AEFl notified by the vaccination team during the National Meningococcal C Program are not included in these figures. These notifications are reviewed regularly by a panel of experts and the results will be published quarterly in the NSW Public Health Bulletin. N.B. From 1st Jan 2005, Hunter New England also comprises Great Lakes, Gloucester & Greater Taree LGA; Sydney West also comprises Greater Lithgow LGA.
Aboriginal Australians see also Report of the Chief Health Officer
Aboriginal Australians - health
  NSW Health Aboriginal Health Impact Statement. 2005; 16(7–8):130
  NSW Health Aboriginal Health Impact Statement: references and resources about Aboriginal people and Aboriginal Health. 2003; 14(7):147–8
  Improving the identification of Aboriginal and Torres Strait Islander peoples in health-related information collection systems in NSW. 2000; 11(12):204–6
  Our people, our health, our future: Murdi Paaki Regional Council Health Summit. 2000; 11(5):81–2
  Health and welfare of Australia’s Aboriginal and Torres Strait Islander Peoples 1999. 1999; 10(12):173
Aboriginal Australians - injuries and accidents
  Mid North Coast Aboriginal injury surveillance project. 2002; 13(4):81–2
Aboriginal Australians - maternal and infant welfare
  Health of Aboriginal mothers and babies in NSW. 1994; 5(1):1–4
Aboriginal Australians - men’s health
Aboriginal Australians - pneumococcal disease
Aboriginal Australians - renal disease
  Relationship between the incidence of end-stage renal disease and markers of socioeconomic disadvantage. 2002; 13(7):147–51
Aboriginal Australians - smoking
  Current tobacco smoking by the NSW population and the consequences for health. 2004; 15(5–6):87–91
Aboriginal Australians - surveys
  Health surveys conducted by the Australian Bureau of Statistics. 2001; 12(8):237–9
  Experience of the Well Person’s Health Check in the Far West Area Health Service. 2001; 12(6):152–5
  Improving the identification of Aboriginal and Torres Strait Islander peoples in health-related information collection systems in NSW. 2000; 11(12):204–6
  Indigenous status a key issue for health services. 2000; 11(12):203–4
  Quality of reporting of Aboriginality to the NSW Midwives Data Collection. 2000; 11(12):206–10
  Improving the quality and management of Aboriginal and Torres Strait Islander health information in NSW. 2000; 11(6):101–3
  Records to make Aboriginality count. 1991; 2(3):20
Aboriginal Australians - vascular health
  NSW Aboriginal Vascular Health Program. 2002; 13(7):152–4
Aboriginal Health Information Strategy (AHIS)
  Improving the quality and management of Aboriginal and Torres Strait Islander health information in NSW. 2000; 11(6):101–3
accidents see injuries and accidents
accommodation establishments see also mobile communities
  Drinking water investigation. 2000; 11(7):124–6
adolescents see also children
  Current tobacco smoking by the NSW population and the consequences for health. 2004; 15(5–6):87–91
  Promoting tobacco to the young in the age of advertising bans. 2004; 15(5–6):104–6
  Suicide in New South Wales: The NSW Suicide Data Report. 2001; 12(3):80–4
  Licit and illicit drug use in NSW. 1999; 10(12):164–7
  Making a noise about suicide: a community development approach. 1999; 10(10):130–1
  Adolescents, nutrition and eating disorders. 1999; 10(4):33–4
  Adolescent health monitoring at the regional level. 1998; 9(6–7):78–9
  Indicators of the health status of children and youth. 1998; 9(6–7):75–7
  Deaths recorded as mental disorders in the 15-24 age group, 1979-89. 1992; 3(10):112
Adult Health Survey see New South Wales Population Health Survey - Adult Health
adverse events after immunisation
  Monitoring for adverse events following immunisation for the school-based meningococcal C vaccination program in NSW. 2004; 15(7–8):144–53
  Monitoring adverse events following immunisation. 2003; 14(1–2):21–4
  NSW Immunisation Advisory Committee [re adverse events following immunisation (AEFIs)]. 1996; 7(8):93
  Immunoisation adverse events clinic, New Children’s Hospital, Westmead. 1996; 7(7):81
  Adverse event following immunisation. 1993; 4(7):80
  Adverse reactions following immunisation. 1991; 2(12):136
  Immunisation—benefits outweigh risks. 1991; 2(5):40–3
adverse reactions
advertising see also marketing
   Promoting tobacco to the young in the age of advertising bans. 2004; 15(5–6):104–6
   NSW Health Hepatitis C public awareness campaign. 2000; 11(3):37–9
   Advertising campaign on the dangers of lead. 1998; 9(3):38
advocacy see also community consultation; consumers; health promotion
   Advocacy for tobacco control. 2001; 12(3):72–4
aged care see also aged care facilities; falls; older people; outbreaks in institutions
aged care facilities see also outbreaks in institutions
   A tuberculosis contact investigation involving two private nursing homes in inner western Sydney in 2004. 2006; 17(3–4):44–7
   Vaccination status of nursing home staff and residents. 1993; 4(4):39–40
AIDS (disease) see also HIV infections; HIV infections - regular reports
   Factsheet: HIV and AIDS. 2002; 13(6):139–40
   AIDS diagnoses and AIDS deaths. 2002; 13(4):85–90
   20 years of AIDS. 2001; 12(7):207
   Using Australian cryptococcal surveillance data to improve AIDS surveillance in NSW. 1996; 7(6):60–1
   Improving AIDS surveillance. 1991; 2(10):100–4
air pollution see also lead
   New ‘air pollution alerts’ warn of health risks. 2006; 17(3–4):47
   Hunter-Illawarra study of airways and air pollution: refining the process. 1995; 6(10):110–12
   Sydney air pollution and mortality study [abstract]. 1993; 4(3):29
   Asthma and air pollution in Sydney. 1991; 2(8):72–4
alcohol
   Drug related aggression among injecting drug users. 2006; 17(1–2):12–16
   SNAP: a journey from research to policy to implementation and back. 2005; 16(11–12):195–9
   Development of a chronic disease risk factor index and identifying population subgroups at risk using New South Wales Adult Health Survey 2002 data. 2005; 16(9–10):141–7
   Continuous NSW Health Survey: quarterly report on health status, health behaviours, and risk factors. 2003; 14(7):144–6
   Measuring risk factors that can be modified to prevent cancer. 2001; 12(1):2–6
   Licit and illicit drug use in NSW. 1999; 10(12):164–7
allergies
ambulance service see also patient transport
   Link in the chain of survival: NSW ambulance response to chest pain. 1996; 7(9):98–100
   Regional trauma system in Sydney: the first three months. 1992; 3(12):133–4
analgesics
animal handling see also avian influenza; bat lyssavirus infection; brucellosis; equine morbillivirus; Q fever
   Counting the cost of work-related injuries and diseases in poultry farming in New South Wales. 2002; 13(5):10–12
   Q fever register developed to address health concern in the meat industry. 2002; 13(5):113
factsheet: Rabies and Bat Lyssavirus infection. 2002; 13(1–2):27
   Bat Lyssavirus information for medical practitioners. 1996; 7(10):128–9
annual reports see notifications - Year in Review
   see Report of the Chief Health Officer
anthrax
   A case of cutaneous anthrax. 2006; 17(3–4):58–62
   Anthrax and other suspect powders: initial responses to an outbreak of hoaxes and scares. 2003; 14(11–12):218–21
   Laboratory investigation of suspected bioterrorism incidents, NSW, October 2001 to February 2002. 2003; 14(11–12):221–3
anthrax
human cutaneous anthrax—a case report. 1991; 2(6):53
antibiotic resistance see drug resistance
arboviral diseases see also Barmah Forest virus; dengue fever; Murray Valley encephalitis virus; Ross River fever; Sindbis virus
   Unwanted guests—the miseries, the dangers and the glorious future of biting insects and vector-borne diseases in New South Wales. 2004; 15(11–12):191–2

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NSW Public Health Bulletin
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Arbovirus surveillance. 1999; 10(3):22
NSW arbovirus surveillance web site. 1999; 10(1–2):7
Arbovirus warning. 1997; 8(1–2):7–9
Arboviral disease. 1995; 6(12):152
Arboviral surveillance. 1993; 4(4):44
Arbovirus infections. 1993; 4(1):6
Arboviral disease. 1992; 3(1):9
Arbovirus. 1990; 1(7–9):23

**Area Health Services see also notifications - Year in Review**

Development of a standardised regional report from the NSW Health Survey Program. 2005; 16(1–2):8–12
Release of the 2002 Area Health Service Reports. 2003; 14(6):119–21
Building the infrastructure for public health. 2003; 14(3):50–1

NSW Health Resource Distribution Formula and health inequalities. 2002; 13(3):42–4

Getting population health research to influence health service practice: Use of area health service questions in the NSW Health Survey. 2001; 12(8):229–31
Public health in NSW from this decade to 2010. 1999; 10(12):161–2

NSW Area Health Service Health Status Profiles. 1999; 10(6):62–4

What’s happening in NSW to promote child health? A report from Area health promotion units. 1998; 9(10):111–12

Area health services in NSW: basic population data. 1996; 7(3):19–27

**Asian tiger mosquito**

Asian tiger mosquito found in Botany Bay. 1999; 10(4):38

**asthma see also Report of the Chief Health Officer**

New ‘air pollution alerts’ warn of health risks. 2006; 17(3–4):47


Continuous NSW Health Survey: quarterly report on health status, health behaviours, and risk factors. 2003; 14(7):144–6


Using NSW Health Survey data to monitor asthma prevalence and management in NSW. 2001; 12(8):221–3


Illawarra general practice sentinel surveillance of asthma [abstract]. 1993; 4(3):30
‘A systems approach’ to asthma management [abstract]. 1993; 4(2):21

Asthma and air pollution in Sydney. 1991; 2(8):72–4

Asthma strategy needed. 1990; 1(10):27–31

**Australasian Collaboration for Health Equity Impact Assessment (ACHEIA)**

Building an equity focus in health impact assessment. 2005; 16(7–8):118–19

Health impact assessment in Australia. 2005; 16(7–8):113–14

**Australia see also National Health and Medical Research Council (NHMRC); National Health Survey; other ‘National’ headings**

Commonwealth pandemic preparedness plans. 2006; 17(7–8):112–14

Health impact assessment in Australia. 2005; 16(7–8):113–14

The National Public Health Performance Project: How do we know whether Australian Public Health Services are performing? 2005; 16(1–2):2–8

Australia’s national serosurveillance program. 2003; 14(4–5):90–3


Australian Longitudinal Study on Women’s Health: Selected early findings and future research objectives for the main cohorts. 2000; 11(1–2):4–7

Australian Longitudinal Study on Women’s Health: Study design and sample. 2000; 11(1–2):3–4


Health Australia. 1996; 7(3):27–9

National Centre for Health Promotion. 1995; 6(7):61

Australian Paediatric Surveillance Unit. 1994; 5(1):6


**Australian Bureau of Statistics see also National Health Survey**

Health surveys conducted by the Australian Bureau of Statistics. 2001; 12(8):237–9

**Australian Childhood Immunisation Register see**

immunisation of children - regular reports

**Australian encephalitis see**

Murray Valley encephalitis virus

**Australian Longitudinal Study on Women’s Health see**

Women’s Health Australia

**Australian Paediatric Surveillance Unit**

Australian Paediatric Surveillance Unit. 1994; 5(1):6

**Australian Study of Health and Relationships**

Australian Study of Health and Relationships: Results for Central Sydney, Inner-eastern Sydney, and New South Wales. 2003; 14(7):133–43

Sex in Australia: the Australian study of health and relationships. 2003; 14(7):143–4

**AUSVETPLAN**

The risk of avian influenza in birds in Australia. 2006; 17(7–8):107–11

**avian influenza**

An infectious disease emergency. 2006; 17(9–10):141

Business community management and pandemic influenza. 2006; 17(9–10):138–141

Challenges for the laboratory before and during an influenza pandemic. 2006; 17(9–10):142–145

Vol. 17 No. 11–12  NSW Public Health Bulletin 189
Ethical challenges in planning for an influenza pandemic. 2006; 17(9–10):131–134
A general practice perspective of pandemic influenza. 2006; 17(9–10):135–137
Investing in capacity to meet the challenge of an influenza pandemic. 2006; 17(9–10):129–130
Planning for pandemic influenza surveillance in NSW. 2006; 17(9–10):146–149
Websites and resources for avian and pandemic influenza. 2006; 17(9–10):150
An introduction to avian and pandemic influenza. 2006; 17(7–8):99–103
Commonwealth pandemic preparedness plans. 2006; 17(7–8):112–114
Factsheet: Avian influenza (‘bird flu’). 2006; 17(7–8):121
Pandemic planning at the coalface: responsibilities of the public health unit. 2006; 17(7–8):117–120
Preparing for the inevitable—an influenza pandemic. 2006; 17(7–8):97–98
Preparing for the next influenza pandemic: a New South Wales perspective. 2006; 17(7–8):114–117
The risk of avian influenza in birds in Australia. 2006; 17(7–8):107–111
Avian influenza. 2006; 17(1–2):24–29
Avian influenza and pandemic planning. 2005; 16(11–12):205–211

B
Baby Friendly Hospital Initiative
The Baby Friendly Hospital Initiative: A case study from NSW. 2005; 16(3–4):63–66
back pain
Baer, William
Bangkok Charter for Health Promotion in a Globalized World
Barmah Forest virus see also arboviral diseases
Recent increases in the notification of Barmah Forest virus infections in New South Wales. 2004; 15(11–12):199–204
Unwanted guests—the miseries, the dangers and the glorious future of biting insects and vector-borne diseases in New South Wales. 2004; 15(11–12):191–192
Factsheet: Barmah Forest virus infection. 2002; 13(7):170
Arbovirus warning. 1997; 8(1–2):7–9
Barmah Forest virus. 1995; 6(5):44
Basic Routine Injury Surveillance (BRIS)
What’s new in injury surveillance. 1993; 4(6):63–66
bat lyssavirus infection
Factsheet: Rabies and Bat Lyssavirus infection. 2002; 13(1–2):27
Lyssavirus infection study. 1997; 8(1–2):10

bedbugs
bee stings
Bee sting warning. 1993; 4(11):131
benzene
Benzene: a case study of the control of a carcinogen in NSW. 2002; 13(9–10):209–211
Lead in petrol. 1994; 5(7):76
benzodiazepines
Drug related aggression among injecting drug users. 2006; 17(1–2):12–16
Inappropriate prescribing of benzodiazepines by doctors in NSW. 2000; 11(4):57–58
Bettina the Evaluation And Care of Health program (BECCH)
biological warfare see bioterrorism
bioterrorism see also anthrax
Anthrax and other suspect powders: initial responses to an outbreak of hoaxes and scares. 2003; 14(11–12):218–219
Laboratory investigation of suspected bioterrorism incidents, NSW, October 2001 to February 2002. 2003; 14(11–12):221–224
Assuming the worst: responding to episodes of suspected biological terrorism. 2001; 12(12):339–343
bird flu see avian influenza
birth control see contraception
birth defects see also New South Wales Mothers and Babies Report
Boom in demand for genetics services in NSW. 1994; 5(1):5–6
Craniosynostosis in NSW. 1993; 4(10):113–116
Black, Sir Douglas
Obituary. Linking public health and personal health. 2002; 13(7):145–147
Blue Mountains Eye Study
Poor vision and risk of falls and fractures in older Australians: The Blue Mountains Eye Study. 2002; 13(1–2):8–10
bodies, disposal of
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boils
bottle feeding
botulism
A case of botulism. 2000; 11(1–2):16
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bovine spongiform encephalopathy

bowel cancer
Concern over bowel cancer tests. 1991; 2(5):49

brain injury
Brain injury rehabilitation policy in NSW. 1996; 7(9):103

breast cancer see also breast cancer - services; cancer; mammograms
NSW program for mammographic screening. 1993; 4(3):26–9
Bid to reduce breast cancer deaths. 1991; 2(5):44–5

breast cancer - services
Psychosocial guidelines in cancer care and support. 2001; 12(10):274–6

breastfeeding
The Baby Friendly Hospital Initiative: A case study from NSW. 2005; 16(3–4):63–6
Interventions to encourage and support breastfeeding. 2005; 16(3–4):56–61
The NSW Health Breastfeeding Project. 2005; 16(3–4):62
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bronchiolitis
Bronchiolitis. 1996; 7(7):79

brucellosis
Laboratory investigation of suspected bioterrorism incidents, NSW, October 2001 to February 2002. 2003; 14(11–12):221–3
Case study: Brucellosis travellers beware. 2003; 14(4–5):96–103
Possible case of human brucellosis. 1994; 5(9):101

Brucellosis alert. 1993; 4(12):141

bubonic plague
Unwanted guests—the miseries, the dangers and the glorious future of biting insects and vector-borne diseases in New South Wales. 2004; 15(11–12):191–2

Bug Breakfast
Bug Breakfast on the NSW Health Intranet. 2005; 16(5–6):93
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Using MapInfo in infectious diseases surveillance and control. 1993; 4(10):117

Bug Breakfast in the Bulletin
Bug Breakfast in the Bulletin: Malaria. 2006; 17(3–4):57

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Environmental carcinogen control in Australia: the need for a strategy. 2002; 13(9–10):199–201
Area Cancer Control Network: From cottage industry to strategic care. 2001; 12(10):266–9
Importance of communication skills to effective cancer care and support. 2001; 12(10):272–4
Psychosocial guidelines in cancer care and support. 2001; 12(10):274–6
Status report on redeveloping the NSW Central Cancer Registry. 2001; 12(2):26–8
Towards a clinical cancer information system. 2001; 12(2):28–32

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Measuring risk factors that can be modified to prevent cancer. 2001; 12(1):2–6
Cancer Council looks to a healthy future. 1993; 4(1):1–6
Counting on cancer registry. 1991; 2(6):50–2

capacity building see also Public Health Network; workforce development
Building capacity in injury research transfer. 2005; 16(11–12):185–6
Building capacity in rural health. 2001; 12(6):159–61
Capacity Building Web site. 2000; 11(7):123–4
Capacity building grant incentive scheme: Putting the latest capacity building indicator research into practice. 2000; 11(3):33–4

Capacity Building Infrastructure Grants (CBIG) Program
Capacity building grant incentive scheme: Putting the latest capacity building indicator research into practice. 2000; 11(3):33–4

carcinogens
Benzene: a case study of the control of a carcinogen in NSW. 2002; 13(9–10):209–11
Can molecular epidemiology help us better understand the environment’s role in carcinogenesis? The example of pesticides. 2002; 13(9–10):212–14
Environmental carcinogen control in Australia: the need for a strategy. 2002; 13(9–10):199–201
Environmental carcinogens in New South Wales. 2002; 13(9–10):197–8
Identification, assessment and control of environmental carcinogens in NSW and Australia. 2000; 13(9–10):205–8
Research and development in carcinogen control. 2002; 13(9–10):202–4

cardiovascular diseases see also Report of the Chief Health Officer
NSW Aboriginal Vascular Health Program. 2002; 13(7):152–4
Periodontal diseases and systemic health: associations, directions, implications. 1999; 10(3):14–16
Link in the chain of survival: NSW ambulance response to chest pain. 1996; 7(9):98–100
NSW Coronary Heart Disease Goals and Targets Program: July 1996 update. 1996; 7(7):72

Development of an indicator for myocardial infarction. 1993; 4(12):146
Outcomes of patients treated for congestive heart failure in Westmead Hospital. 1993; 4(12):145
Heart disease 1990: deaths due to ischaemic heart disease. 1990; 1(12):63–4
Heart disease screening. 1990; 1(11):44

carers
Health surveys conducted by the Australian Bureau of Statistics. 2001; 12(8):237–9

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catarrhal dermatitis

Centre for Health Economics Research and Evaluation (CHERE)

Centre for Health Equity Training, Research and Evaluation (CHETRE)
The New South Wales Health Impact Assessment Project. 2005; 16(7–8):120–3

Centre for Infectious Diseases and Microbiology – Public Health (CIDM-PH)
Laboratory diagnosis of communicable diseases - pitfalls and prospects. 2006; 17(3–4):52–56

Centre for Infectious Diseases and Microbiology Laboratory Services (CIDM-L)
Laboratory investigation of suspected bioterrorism incidents, NSW, October 2001 to February 2002. 2003; 14(11–12):221–3

cervical cancer see also cancer
Halving deaths from cervical cancer. 2003; 14(3):55–6
Role of the NSW Pap Test Register in monitoring the cervical screening process in NSW. 2001; 12(4):99–102

Chadwick, Edwin

chancroid
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chickenpox see also varicella zoster
A case of meningococcal disease and chickenpox. 2003; 14(9–10):207–8
Chickenpox update. 2000; 11(9–10):174
Letter to the editor [re vaccine]. 2000; 11(9–10):162
Fact sheet: Chickenpox. 2000; 11(3):40

child abuse
Pertussis in a nursery. 2006; 17(7–8):122–7
Lead in dust and soil from day-care centres. 1997; 8(11–12):94–6
Are letters an effective means of communicating guidelines about prophylactic antibiotics for meningococcal
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children - obesity

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children - early childhood intervention

children - enteric diseases

children - hepatitis B

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children - lead poisoning

children - lead health

children - mental health

children - obesity
children - oral health

Oral health research: current trends and future research requirements. 1999; 10(8):101–4
Oral health surveillance in NSW. 1999; 10(8):95–6
SOKS program. 1999; 10(8):104

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chronic diseases

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Health impact assessment on an integrated chronic disease prevention campaign. 2005; 16(7–8):128–9

chiguatera poisoning

Ciguatera outbreak NSW 1994, 1994; 5(6):69

Clinical Information Access Project (CIAP)

What’s new on the CIAP Web site. 2001; 12(2):44

clinical trials

NHMRC Clinical Trials Centre: from research to evidence to policy. 1999; 10(5):50

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communicable diseases see also Notifiable Diseases Database (NDD); notifiable diseases reporting system; notifications; quarantinable diseases; subheadings below

Communicable diseases - control see also disaster response planning

Priorities for communicable disease control in New South Wales. 2003; 2003; 14(9–10):201–3
New recommendations for treating pertussis. 2000; 11(11):194
Draft priorities for communicable disease control in NSW. 2000; 2000; 11(5):84–8

NSW Infection Control Policy. 1999; 10(12):174
Management of multi-drug-resistant tuberculosis in NSW. 1999; 10(10):139
Infectious diseases NSW: July 1999 [meningococcal disease—immediate treatment]. 1999; 10(7):85
Importance of infection control. 1999; 10(5):51
Measles control. 1996; 7(12):164
Tuberculosis control: the challenge continues. 1996; 7(11):131
Clusters of illnesses. 1996; 7(9):103
Controlling emerging diseases: new conditions are notifiable by labs and hospitals from December 1 1996. 1996; 7(9):95–108
Rubella outbreak in Western Sydney, Spring 1995: Implications for rubella surveillance and control. 1996; 7(7):70–7
Public communication in the management of an outbreak of infectious disease. 1993; 4(9):99–102
Public communication during an outbreak of infectious disease. 1993; 4(7):73–4
Controlling tuberculosis in NSW. 1993; 4(5):57
Bacterial meningitis and septicaemia guidelines. 1993; 4(4):48
Improving infectious diseases control. 1991; 2(9):86–92

Communicable diseases - reporting see also notifications - Year in Review

Communicable Diseases Report, New South Wales, for September and October 2006. 2006; 17(11–12):182–186
Communicable Diseases report, New South Wales, for July and August 2006. 2006; 17(9–10):154–158
Communicable Diseases report, New South Wales, for May and June 2006. 2006; 17(7–8):122–7
Communicable Diseases report, New South Wales, for March and April 2006. 2006; 17(5–6):88–94
Communicable diseases report NSW for November and December 2005. 2006; 17(1–2):24–9
Communicable Diseases Report, NSW, for May and June 2005. 2005; 16(7–8):131–140
Communicable enteric diseases: 2004 in review. 2005; 16(7–8):133
Communicable diseases report, NSW, for September-October. 2004; 15(11–12):220–5
6(9):95–8, 1995; 6(8):82–6, 1995; 6(7):71–4, 1995;
Death data—infected diseases. 1994; 5(9):103
Infectious diseases. 1994; 5(9):102–6, 1994; 5(8):91–4,
1(1–5):3–6
Laboratory infectious diseases surveillance, 1988-1990.
1990; 1(1–5):5–6
communication
Importance of communication skills to effective cancer care
and support. 2001; 12(10):272–4
Developing innovative strategies for multicultural
Are letters an effective means of communicating guidelines
about prophylactic antibiotics for meningococcal
meningitis to close contacts at a child care centre?
1997; 8(8–9):64–5
Public communication in the management of an outbreak
of infectious disease. 1993; 4(9):99–102
Public communication during an outbreak of infectious
disease. 1993; 4(7):73–4
Communicating what we do. 1991; 2(7):62–3
community consultation
HIV prevention and community engagement: 15 years on.
2005; 16(11–12):187–9
Community involvement and self-rated health status:
findings from a cross-sectional survey in Central
Community and consumer participation in health. 2002;
13(8):188
Consumers first: participating in the system. 2002;
13(7):165–6
Social inclusion and the public health: the case for
partnerships. 2002; 13(6):133–5
NSW Safe Communities pilot projects—Evaluation
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Safe Communities, 2002; 13(4):75–6
From community attitudes to community action: opposing
domestic violence. 1999; 10(11):150–1
Safety-first in Ryde. 1999; 10(10):131–2
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Consumer-initiated survey of women’s experiences of
Immunisation adverse events clinics, 2003; 14(1–2):25–7
Mapping immunisation coverage and conscientious
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Monitoring adverse events following immunisation, 2003;
14(1–2):21–4
Community and consumer participation in health, 2002;
13(8):188
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13(7):165–6
Lead community groups in NSW. 1997; 8(11–12):91
contaminated land see also lead
But you don’t have to live here! Risk assessment and
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Reducing lead exposure in children in Broken Hill, 2003;
14(3):52–4
NSW Lead Management Program in Broken Hill. 2001;
12(6):165–7
continuing professional development see workforce
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contraception
Australian Study of Health and Relationships: Results for
Central Sydney, Inner-eastern Sydney, and New South
Wales. 2003; 14(7):133–43
correctional institutions see also prisoners
Blood borne viruses in correctional facilities, 2005;
16(9–10):166–7
Moving towards a statewide approach to court diversional
services in NSW, 2003; 14(11–12):227–9
Managing a tobacco control program in NSW correctional
Tuberculosis in NSW correctional centres: disease control
measures following infectious cases. 1996; 7(11):138
counselling
Psychosocial guidelines in cancer care and support. 2001;
12(10):274–6
coxsackieviral disease
Factsheet: Hand, foot and mouth disease. 2003; 14(4–5):95
craniosynostosis
Craniosynostosis in NSW. 1993; 4(10):113–16
Creutzfeldt-Jakob disease
Bug Breakfast in the Bulletin. Outbreaks: the past, present
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spongiform encephalopathies. 2000; 11(8):158
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crime
Prison violence: perspectives and epidemiology, 2006;
17(1–2):17–20
cruise ships
Sydney Olympics: a win for public health. 2003;
14(3):43–5
Meningococcal disease among cruise ship passengers.
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Outbreak of influenza-like illness on a cruise ship.
Health surveillance on cruise ships during the Sydney 2000
Olympic and Paralympic Games. 2000; 11(8):150–1
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cryptococcal infections
Using Australian cryptococcal surveillance data to improve
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cryptosporidiosis see also notifications - Year in Review; Report of the Chief Health Officer
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Cryptosporidium and Sydney water. 1997; 8(6–7):55
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Cryptosporidium in water. 1993; 4(8):87
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cultural and linguistic diversity see also multiculturalism; non-English speaking background; Report of the Chief Health Officer
Researching culture and health: Variables used to identify culturally diverse groups in New South Wales. 2005; 16(9–10):151–4
From community attitudes to community action: opposing domestic violence. 1999; 10(11):150–1
Smoke alarm campaign in Arabic, Chinese and Vietnamese communities. 1999; 10(10):133–5
D
data collection see also geocoding; health informatics; notifiable diseases reporting system; surveillance systems; surveys
Development of a chronic disease risk factor index and identifying population subgroups at risk using New South Wales Adult Health Survey 2002 data. 2005; 16(9–10):141–7
Researching culture and health: Variables used to identify culturally diverse groups in New South Wales. 2005; 16(9–10):151–4
Development of a standardised regional report from the NSW Health Survey Program. 2005; 16(1–2):8–12
Australia’s national serosurveillance program. 2003; 14(4–5):90–3
Area Cancer Control Network: From cottage industry to strategic care. 2001; 12(10):266–9
Continuous data collection under the NSW Health Survey Program—What will it mean? 2001; 12(8):235–7
Identifying work-related injury and disease in routinely collected NSW hospitalisation data. 2001; 12(7):195–8
Experience of the Well Person’s Health Check in the Far West Area Health Service. 2001; 12(6):152–5
Status report on redeveloping the NSW Central Cancer Registry. 2001; 12(2):26–8
Towards a clinical cancer information system. 2001; 12(2):28–32
Improving the identification of Aboriginal and Torres Strait Islander peoples in health-related information collection systems in NSW. 2000; 11(12):204–6
Indigenous status a key issue for health services. 2000; 11(12):203–4
Improving the quality and management of Aboriginal and Torres Strait Islander health information in NSW. 2000; 11(6):101–3
Childhood injury surveillance: the value of emergency department data. 1999; 10(7):79–81
Adolescent health monitoring at the regional level. 1998; 9(6–7):78–9
Indicators of the health status of children and youth. 1998; 9(6–7):75–7
HIV data quality. 1994; 5(4):41
Improving the quality of HIV data. 1994; 5(1):10–11
Improving notifications of meningitis. 1993; 4(3):46–7
Hipp Stratist statistics collection and Hib meningitis. 1993; 4(3):25
Notifications study reveals discrepancies. 1992; 3(2):15–17
Records to make Aboriginality count. 1991; 2(3):53
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Status report on redeveloping the NSW Central Cancer Registry. 2001; 12(2):26–8

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What’s new on the CIAP Web site. 2001; 12(2):44
Health surveillance at Olympic venues: The medical encounter reporting system. 2000; 11(8):145–6
Cochrane collaboration. 1998; 9(10):110
New access to health databases. 1998; 9(6–7):72
NSW Legionnaires’ disease database progress report. 1995; 6(5):40
Using MapInfo in infectious diseases surveillance and control. 1993; 4(10):117
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Counting on cancer registry. 1991; 2(6):50–2
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Asian tiger mosquito found in Botany Bay. 1999; 10(4):38
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Laboratory diagnosis of communicable diseases - pitfalls and prospects. 2006; 17(3–4):52–6
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National Health and Medical Research Council Infant Feeding Guidelines for Health Workers. 2003; 2005; 16(3–4):41
Measures taken in New South Wales to address obesity following the New South Wales Childhood Obesity Summit. 2004; 15(4):68–71
Risk assessment for the consumption of fish with elevated selenium levels. 2003; 14(8):174–6
Measuring risk factors that can be modified to prevent cancer. 2001; 12(1):2–6
Adolescents, nutrition and eating disorders. 1999; 10(4):33–4
Dental erosion: more acid means fewer teeth. 1999; 10(4):35–8
Monitoring aspects of food habits in population-based surveys in NSW. 1997; 8(6–7):44–5
NSW food and nutrition monitoring project. 1997; 8(6–7):41–8
Plans for monitoring food and nutrition in NSW. 1997; 8(6–7):42–3
dioxins
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Business community management and pandemic influenza. 2006; 17(9–10):138–141
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Commonwealth pandemic preparedness plans. 2006; 17(7–8):112–14
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Preventing for the inevitable—an influenza pandemic. 2006; 17(7–8):97–8
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The risk of avian influenza in birds in Australia. 2006; 17(7–8):107–11
Avian influenza. 2006; 17(1–2):24–9
Avian influenza and pandemic planning. 2005; 16(11–12):205–11
Public communication in the management of an outbreak of infectious disease. 1993; 4(9):99–102
Public communication during an outbreak of infectious disease. 1993; 4(7):73–4
Genesis of a PHU disaster response plan. 1992; 3(7):73–4

disease management
NSW Aboriginal Vascular Health Program. 2002; 13(7):152–4
Factsheet: Hepatitis C. 2000; 11(4):63–4

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Rural medical education: Helping to solve the rural workforce crisis. 2001; 12(6):162–4
Doctors’ notifications of pertussis. 1998; 9(4):53–4
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Compilation of a general practitioner database. 1993; 4(7):75–8

Doll, Sir Richard
domestic violence
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Broadening the scope of the Eastern Sydney Area Sentinel Surveillance Network. 1994; 5(11):121–2
donovanosis
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Down syndrome

DROPS (Drug Related Outcomes: Population Surveillance)
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NSW Water Safety Taskforce. 2002; 13(4):80–1
Patterns of drowning and near drowning in NSW. 2002; 13(4):78–80
Swimming pools in NSW: do we know how dangerous they are? 1998; 9(12):139–42
Local government areas and rate of serious immersions of toddlers [letter]. 1996; 7(8):89
Motivating local action on pool drownings: a black spot approach for NSW. 1995; 6(12):139–44

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staphylococcus aureus
Improving our understanding of, and the control of, community methicillin-resistant staphylococcus aureus: development of a trial sentinel surveillance program in the far west of New South Wales. 2004; 15(4):76–82
Factsheet: Methicillin resistant staphylococcus aureus. 2003; 14(6):123
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VRE control. 1996; 7(12):164
Vancomycin resistant enterococci. 1996; 7(7):80


drug use data collection
Illicit drugs reporting system. 2000; 11(4):49–52
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HIV testing in methadone patients. 1990; 1(12):55–6
drug use government policy
Approaches to injecting drug use in Kings Cross: A review of the last 10 years. 2000; 11(4):54–5
drug use health aspects see also hepatitis C
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Blood borne viruses in correctional facilities. 2005; 16(9–10):166–7
Approaches to injecting drug use in Kings Cross: A review of the last 10 years. 2000; 11(4):54–5
Illicit drugs reporting system. 2000; 11(4):49–52
Inappropriate prescribing of benzodiazepines by doctors in NSW. 2000; 11(4):57–8
Licit and illicit drug use in NSW. 1999; 10(12):164–7
Injecting room for Kings Cross. 1999; 10(6):60
Infecting rooms in Switzerland. 1999; 10(6):59–60

drug use - research
Three World Health Organisation collaborating centres open in NSW [WHO Collaborating Centre in Mental Health and Substance Abuse]. 1996; 7(4):37–9

E
E. coli (Escherichia Coli)
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Eastman, Cres
How can evidence-based practice contribute to reducing health inequalities in NSW? 2002; 13(3):45–6

eating disorders
Adolescents, nutrition and eating disorders. 1999; 10(4):33–4
Departmental initiatives to address eating disorders. 1999; 10(4):35

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Impact of a general practice staffed casualty service on overall primary medical services. 2001; 12(11):296–8
Childhood injury surveillance: the value of emergency department data. 1999; 10(7):79–81
Regional trauma system in Sydney: the first three months. 1992; 3(12):133–4
A&E departments. 1992; 3(11):131

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Factsheet: Hand, foot and mouth disease. 2003; 14(4–5):95
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Environment Protection Authority
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Survey of contaminated waste disposal practices. 1993; 4(5):52–2

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Pressures and future trends in public health around the world. 1999; 10(12):162–3
Public health in NSW from this decade to 2010. 1999; 10(12):161–2
Lead and environmental health in Broken Hill. 1997; 8(11–12):97
Hunter-Illawarra study of airways and air pollution: refining the process. 1995; 6(10):110–12

environmental impact statements
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environmental indicators
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Benzene: a case study of the control of a carcinogen in NSW. 2002; 13(9–10):209–11
Can molecular epidemiology help us better understand the environment’s role in carcinogenesis? The example of pesticides. 2002; 13(9–10):212–14
Environmental carcinogen control in Australia: the need for a strategy. 2002; 13(9–10):199–201
Environmental carcinogens in New South Wales. 2002; 13(9–10):197–8
Identification, assessment and control of environmental carcinogens in NSW and Australia. 2002; 13(9–10):205–8
Research and development in carcinogen control. 2002; 13(9–10):202–4
Responding to chemical illness—a rural perspective. 1994; 5(4):40–1
Resolving problems in environmental toxicology. 1992; 3(5):52

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Suicide mortality in NSW local government areas. 1996; 7(1–2):1–10
Motivating local action on pool drownings: a black spot approach for NSW. 1995; 6(12):139–44
On the achievement of real targets: reply to Harrison et al [letter]. 1995; 6(9):93–4
Suicide mortality in NSW: an introduction to clinical audits. 1995; 6(7):68–70
The KJ method. 1992; 4(3):30
Clinical applications of epidemiology. 1992; 3(1):1–2

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Linking public health and personal health. 2002; 13(7):145–7
How can primary care increase equity in health? 2002; 13(3):35–8
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evidence-based practice
Building evidence and support for a strategy to counter smoking images in movies. 2005; 16(11–12):192–4
Getting research into policy and practice. 2005; 16(11–12):166–7
Improving sun protection behaviour through evidence-based campaigns. 2005; 16(11–12):189–91
SNAP: a journey from research to policy to implementation and back. 2005; 16(11–12):195–9
Interventions to encourage and support breastfeeding. 2005; 16(3–4):56–61
Building the evidence base to address health inequalities. 2002; 13(3):50
How can evidence-based practice contribute to reducing health inequalities in NSW? 2002; 13(3):45–6
Using NSW Health Survey data for local planning and evaluation in NSW. 2001; 12(8):226–7
Evidence from systematic reviews of research relevant to implementing the wider public health agenda. 2001; 12(5):138
Evidence-based oral health planning: guest editorial. 1999; 10(5):41–2
NHMRC Clinical Trials Centre: from research to evidence to policy. 1999; 10(5):50
Cochrane collaboration. 1998; 9(10):10–19
Improving sun protection behaviour through evidence-based approaches. 2005; 16(11–12):166–7

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factsheets
Factsheet: Epidemic keratoconjunctivitis. 2006; 17(11–12):181
Factsheet: Pandemic influenza. 2006; 17(9–10):152–153
Factsheet: Avian influenza ('bird flu'). 2006; 17(7–8):121
Factsheet: Dioxins. 2006; 17(1–2):21
Foot-and-mouth disease. 1991; 2(12):136

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**Gastroenteritis** see also notifications - Year in Review; outbreaks in institutions


Enteric disease. 2005; 16(11–12):205–11


Gastroenteritis outbreak at a residential college related to a self-serve food bar. 2005; 16(7–8):133–5


A large outbreak of norovirus gastroenteritis linked to a catering company, New South Wales, October 2003. 2004; 15(9–10):168–71


Gastroenteritis outbreaks in institutions, 2004; 15(7–8):144–53


Enteric disease outbreak caused by norovirus infection on a cruise ship. 2004; 15(3):44–53


**Factsheet: Viral gastroenteritis.** 2003; 14(9–10):206–7

An outbreak of Norwalk-like virus gastroenteritis in an aged-care residential hostel, 2003; 14(6):105–9

Outbreaks. 2003; 14(4–5):96–103


Outbreak of gastroenteritis linked to eating pips. 1997; 8(11–12):103–4

Outbreak of gastroenteritis in a residential college. 1997; 8(5):36–7

Gastroenteritis in institutions. 1996; 7(10):128

Gastroenteritis outbreak linked to food handler. 1996; 7(9):101–8


Outbreaks of viral gastroenteritis. 1995; 6(8):82

Gastroenteritis outbreak in a nursing home. 1995; 6(5):43–4

Investigation of an outbreak of gastroenteritis on a container ship returning from Asia. 1994; 5(6):61–2

Gastroenteritis related to food and/or beach bathing. 1993; 4(7):76–8


Investigation of an outbreak of gastroenteritis. 1992; 3(10):113–15

Gastroenteritis. 1992; 3(1):12

Apparent outbreak of gastrointestinal disease. 1991; 2(12):131–2

Gastroenteritis. 1991; 2(9):93–4

**Gender equity**

Gender equity in health. 2000; 11(1–2):11

New ways of thinking about women’s health. 1999; 10(11):146–9

**General practice**

A general practice perspective of pandemic influenza. 2006; 17(9–10):135–137


Impact of a general practice staffed casualty service on overall primary medical services. 2001; 12(11):296–8


State health and divisions of general practice: a state perspective. 1995; 6(9):87–90

Broadening the scope of the Eastern Sydney Area Sentinel Surveillance Network. 1994; 5(11):121–2

NSW sentinel practice network awarded assessment points. 1994; 5(1):12

Compilation of a general practitioner database. 1993; 4(7):75–8


Sentinel general practices. 1990; 1(12):51–3

**General Social Survey**

Health surveys conducted by the Australian Bureau of Statistics. 2001; 12(8):237–9

**Genetics services**

Erratum [Boom in demand for genetics services in NSW]. 1994; 5(4):41

Boom in demand for genetics services in NSW. 1994; 5(1):5–6

**Genotyping**

Genotyping of Mycobacterium tuberculosis in New South Wales: Results from 18 months of a statewide trial. 2006; 17(5–6):81–5

**Geocoding**

Automated geocoding of routinely collected health data in New South Wales. 2006; 17(3–4):33–8

Recent increases in the notification of Barmah Forest virus infections in New South Wales. 2004; 15(11–12); 199–204

Using MapInfo in infectious diseases surveillance and control. 1993; 4(10):117

**Giardiasis** see also notifications - Year in Review


**Globalisation**

Changes to the NSW notifiable diseases schedule. 1998; 10(9):109–12

Changes to the NSW notifiable diseases schedule. 1998; 10(9):109–12

Sydney water incident: July-September. 1998; 9(8–9):91–4

**Glandular fever** see infectious mononucleosis

**Globalisation**


Taking responsibility to address inequalities in health. 2001; 12(7):186–9


Pressures and future trends in public health around the world. 1999; 10(12):162–3

**Gonococcal sensitivity**

Increase in gonorrhoea. 1998; 9(10):120–1


Gonococcal isolate surveillance, January-March. 1995; 6(5):45
Gonococcal isolates in NSW. 1994; 5(11):126
Antibiotic sensitivity of gonococci in Sydney and NSW. 1993; 4(11):126
Antibiotic sensitivity of gonococci Sydney April-June 1993; 4(8):94
Antibiotic sensitivity of gonococcal isolates. 1993; 4(4):44
Gonorrhoea—Australian gonococcal surveillance program—Sydney section, 1992; 3(9):104
Surveillance of antibiotic sensitivity of gonococci. 1992; 3(6):69
Antibiotic susceptibility of N. Gonorrhoeae. 1992; 3(4):43
Changing susceptibility to penicillins of N. Gonorrhoeae. 1991; 2(11):125
gonorrhoea see also notifications - Year in Review
Trends [gonorrhoea]. 1999; 10(1–2):8
Increase in gonorrhoea. 1998; 9(10):120–1
Gonorrhoea increases. 1998; 9(3):41
government
Health impact assessment case study: working with local government to obtain health benefits. 2005; 16(7–8):127–8
Social capital and public expenditure in Australia. 2002; 13(6):131–3
How can a government research and development initiative contribute to reducing health inequalities? 2001; 12(2):189–91
Greater Murray Clinical School
Rural medical education: Helping to solve the rural workforce crisis. 2001; 12(6):162–4
GRIPP program (Getting Research into Policy and Practice)
Getting a ‘GRIPP’ on the research-policy interface in NSW. 2005; 16(9–10):154–6
guns see firearms
H
haemolytic uraemic syndrome
Haemolytic uraemic syndrome. 2003; 14(4–5):96–103
Controlling emerging diseases: new conditions are notifiable by labs and hospitals from December 1 1996. 1996; 7(9):95–108
Haemolytic uraemic syndrome. 1995; 6(2):13
haemophilus influenzae b infections see also meningitis;
Report of the Chief Health Officer
Haemophilus influenzae type B (Hib) notifications continue to decrease. 1994; 5(9):102
Haemophilus influenzae type B immunisation. 1993; 4(10):117
Inpatient statistics collection and Hib meningitis. 1993; 4(3):25
Practical aspects of risk communication with Hib [abstract]. 1993; 4(3):30
Haemophilus influenzae B. 1992; 3(10):117
Haemophilus influenzae type b. 1992; 3(9):103
Immunisation for haemophilus influenzae type B (Hib) infections. 1992; 3(5):56
hand, foot and mouth disease
Factsheet: Hand, foot and mouth disease. 2003; 14(4–5):95
Enterovirus 71. 2001; 12(5):143
harm minimisation
Blood borne viruses in correctional facilities. 2005; 16(9–10):166–7
Approaches to injecting drug use in Kings Cross: A review of the last 10 years. 2000; 11(4):54–5
hazardous substances see also carcinogens; contaminated land; dioxins; environmental toxicology; lead; pesticides; petrol; poisoning; sewage disposal; waste disposal; water pollution
But you don’t have to live here! Risk assessment and contaminated sites: a case study. 2003; 14(8):171–3
Risk assessment for the consumption of fish with elevated selenium levels. 2003; 14(8):174–6
Benzene: a case study of the control of a carcinogen in NSW. 2002; 13(9–10):209–11
Delivery of poisons information in Australia: national meeting July 30. 1999; 10(10):137
Relationship of the Health Department to the Environment Protection Authority. 1993; 4(5):51
Survey of contaminated waste disposal practices. 1993; 4(5):52–2
Attitudes to chemicals and pesticides, 1992; 3(7):77
Keeping tabs on toxic substances. 1991; 2(3):17–20
head lice
Lindane for head lice. 1991; 2(3):22
Lindane for head lice. 1991; 2(3):22
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health care workers see also doctors
When it’s right in front of you: assisting health care workers to manage the effects of violence in rural and remote Australia. 2002; 13(8):190
NSW Injury Prevention Network contact and mailing list. 1999; 10(10):138
Dental workforce in New South Wales. 1999; 10(8):105–7
Principal dental officers and directors of oral health services in NSW Area Health Services, May 1999. 1999; 10(5):49
Tuberculosis and health care workers. 1999; 10(1–2):8
Hepatitis B and Health Care Workers (NSW Health Department Circular 96/40). 1996; 7(6):65
Investigation of patients potentially exposed to an HIV-infected health care worker. 1994; 5(8):83–4
Influenza immunisation for health care workers. 1993; 4(4):38–9
health economics see also resource allocation
The role of economic analysis in policy making—a tobacco control case study. 2005; 16(11–12):201–3
Health Economics on the Internet. 2002; 13(8):189
Pressures and future trends in public health around the world. 1999; 10(12):162–3
Quality versus quantity. 1991; 2(11):115–16
health impact assessment (HIA)
The art of the possible: Experience and practice in health impact assessment in New South Wales. 2005; 16(7–8):116–118
Building an equity focus in health impact assessment. 2005; 16(7–8):118–19
Constructing a database of development applications considered by public health units in NSW. 2005; 16(7–8):124–6
Health impact assessment case study: working with local government to obtain health benefits. 2005; 16(7–8):127–8
Health impact assessment in Australia. 2005; 16(7–8):113–14
Health impact assessment in New Zealand. 2005; 16(7–8):115
Health impact assessment on an integrated chronic disease prevention campaign. 2005; 16(7–8):128–9
The New South Wales Health Impact Assessment Project. 2005; 16(7–8):120–3
NSW Health Aboriginal Health Impact Statement. 2005; 16(7–8):130
Current thinking and issues in the development of health impact assessment in Australia. 2002; 13(7):167–9
health indicators see health status indicators
Health Inequalities Research Collaboration (HIRC)
Building the evidence base to address health inequalities. 2002; 13(3):50
How can a government research and development initiative contribute to reducing health inequalities? 2001; 12(7):189–91
health informatics see also HOIST (Health Outcomes and Information Statistical Toolkit). Internet
Status report on redeveloping the NSW Central Cancer Registry. 2001; 12(2):26–8
Towards a clinical cancer information system. 2001; 12(2):28–32
Health Insurance Survey
Health surveys conducted by the Australian Bureau of Statistics. 2001; 12(8):237–9
health outcomes
A NSW health outcomes approach to stroke. 1996; 7(7):72
Seduction of medicine by health outcomes: from meaning to measurement. 1995; 6(11):132
NSW Health Outcomes Initiatives update. 1995; 6(5):40
Approach to evaluating health outcomes. 1993; 4(12):135–6
Barraba community health outcomes plan. 1993; 4(12):147
Progress reports of projects funded under the NSW Health Outcomes Program 1992-1993. 1993; 4(12):145–9
Quality and population. 1993; 4(12):137–8
What is the difference between quality assurance and health outcomes. 1993; 4(12):133–6
NSW Health Outcomes funded projects. 1993; 4(11):131
Partnership of rural services to achieve improved health outcomes. 1993; 4(6):61–2
NSW Health Outcomes Program: selection of a project. 1993; 4(5):D
NSW Health Outcomes Program. 1992; 3(12):135–7
NSW Health Outcomes Initiative. 1992; 3(3):25–6
Setting a new agenda. 1991; 2(2):5–6
Health Outcomes Information Statistical Toolkit see HOIST (Health Outcomes Information Statistical Toolkit)
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Improving health in the USA. 1995; 6(7):61 – 7
Program budgeting and marginal analysis in NSW. 1997; 8(10):81 – 3
State health and divisions of general practice: a state perspective. 1995; 6(9):87 – 90
Program budgeting and marginal analysis; a guide to resource allocation. 1995; 6(4):29 – 32

**health planning - Australia**

Health impact assessment in Australia. 2005; 16(7 – 8):113 – 14

**health planning - New Zealand**

Health impact assessment in New Zealand. 2005; 16(7 – 8):115

**health planning - United States**

Improving health in the USA. 1995; 6(7):61 – 7

**health policy** See also GRIPP program (Getting Research into Policy and Practice); health impact assessment; health planning; policy development

Ethical challenges in planning for an influenza pandemic. 2006; 17(9 – 10):131 – 134
Building capacity in injury research transfer. 2005; 16(11 – 12):185 – 6
The role of economic analysis in policy-making—a tobacco control case study. 2005; 16(11 – 12):201 – 3
SNAP: a journey from research to policy to implementation and back. 2005; 16(11 – 12):195 – 9
Getting a ‘GRIPP’ on the research-policy interface in NSW. 2005; 16(9 – 10):154 – 6
The National Public Health Performance Project: How do we know whether Australian Public Health Services are performing? 2005; 16(1 – 2):2 – 8
Current thinking and issues in the development of health impact assessment in Australia. 2002; 13(7):167 – 9
Taking responsibility to address inequalities in health. 2001; 12(7):186 – 9
Evidence from systematic reviews of research relevant to implementing the wider public health agenda. 2001; 12(5):138

**Australian Longitudinal Study on Women’s Health: Study design and sample.** 2000; 11(1 – 2):3 – 4
Women’s health coordinators. 2000; 11(1 – 2):12 – 13
New ways of thinking about women’s health. 1999; 10(11):146 – 9
Setting a new agenda. 1991; 2(2):5 – 6
Mental health strategy. 1990; 1(11):45

**health promotion** see also social marketing; subheadings below
Community Consultation and Participation Resource Kit. 1999; 10(6):65
Three World Health Organization collaborating centres open in NSW [National Centre for Health Promotion]. 1996; 7(4):37 – 9
Health Australia. 1996; 7(3):27 – 9
Improving health in the USA. 1995; 6(7):61 – 7
National Centre for Health Promotion. 1995; 6(7):61

**health promotion - breastfeeding**
The Baby Friendly Hospital Initiative: A case study from NSW. 2005; 16(3 – 4):63 – 6
Interventions to encourage and support breastfeeding. 2005; 16(3 – 4):56 – 61
The NSW Health Breastfeeding Project. 2005; 16(3 – 4):62

**health promotion - child health** see also home visiting; immunisation of children
Can the Families First initiative contribute to reducing health inequalities? 2002; 13(3):38 – 41
Health promotion with schools: A policy for the NSW health system. 2000; 11(5):80
National award for injury prevention. 2000; 11(1 – 2):16
Key initiatives to achieve health gain for children. 1998; 9(11):126 – 7
Working together to support children and families in disadvantaged communities. 1998; 9(11):131 – 3
What’s happening in NSW to promote child health? A report from Area health promotion units. 1998; 9(10):111 – 12
Child health now! the state of children’s health: historical contexts and current developments. 1998; 9(5):60–3
Key initiatives in child health. 1992; 3(4):37–8

**health promotion - diet**

**health promotion - hepatitis C**
NSW Health Hepatitis C public awareness campaign. 2000; 11(3):37–9

**health promotion - HIV prevention**

**health promotion - injury prevention**
Australian approaches to the prevention of farm injury. 2002; 13(5):103–7
Child Safety on Farms strategy. 2002; 13(5):109
NSW Injury Risk Management Research Centre. 2002; 13(4):70–1
NSW Water Safety Taskforce. 2002; 13(4):80–1
Research and planning for injury prevention. 2002; 13(4):65–6

**health promotion - lead**
Advising campaign on the dangers of lead. 1998; 9(3):38
Lead community groups in NSW. 1997; 8(11–12):91
New focus on lead. 1997; 8(8–9):65

**health promotion - multiculturalism**
Building capacity in rural health. 2001; 12(6):159–61

**health promotion - mental health**
Comment: promoting mental health in NSW. 1998; 9(4):46–50
Mental health poster. 1994; 5(7):76

Mental health directory and wall chart. 1994; 5(2):24

**health promotion - SIDS (sudden infant death syndrome)**

**health promotion - rural health**
Bug Breakfast on the NSW Health Intranet. 2005; 16(5–6):93
NSW Telehealth Initiative. 2005; 16(5–6):92

**health promotion - skin cancer protection**
Building capacity in rural health. 2001; 12(6):159–61

**health promotion - rural health**

**health promotion - smoking cessation**
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**health promotion - SIDS (sudden infant death syndrome)**

**health promotion - skin cancer protection**
Improving sun protection behaviour through evidence-based campaigns. 2005; 16(11–12):189–91

**health promotion - smoking cessation**
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**health risk assessment**

**health services see also**
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**health services**
Men’s perceived health needs. 2001; 12(12):327–9
Building capacity in rural health. 2001; 12(6):159–61

**health services - evaluation see also**
performance indicators; Report of the Chief Health Officer
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**health services - evaluation see also**
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Health status indicators see also health status indicators; self-rated health


Continued Care Centre. 1995; 5(1):14

Health status indicators see also health status indicators; self-rated health


Role of the NSW Pap Test Register in monitoring the cervical screening process in NSW. 2001; 12(4):99 – 102


Working out what to measure: Melanoma services. 2001; 12(4):94 – 9


Approach to evaluating health outcomes. 1993; 4(12):135 – 6

Health status see also health status indicators; self-rated health


Continuous NSW Health Survey: quarterly report on health status, health behaviours, and risk factors. 2003; 14(7):144 – 6


1999 NSW older people’s health survey: an opportunity to monitor the health and wellbeing of older people in the community. 1999; 10(9):113

NSW Area Health Service Health Status Profiles. 1999; 10(6):62 – 4

Indicators of the health status of children and youth. 1998; 9(6 – 7):75 – 7

Quality versus quantity. 1991; 2(11):115 – 16

Health status indicators see also health impact assessment; Report of the Chief Health Officer

Development of a chronic disease risk factor index and identifying population subgroups at risk using New South Wales Adult Health Survey 2002 data. 2005; 16(9 – 10):141 – 7

Health status indicators see also health impact assessment; Report of the Chief Health Officer

Development of a chronic disease risk factor index and identifying population subgroups at risk using New South Wales Adult Health Survey 2002 data. 2005; 16(9 – 10):141 – 7


Indicators of the health status of children and youth. 1998; 9(6 – 7):75 – 7

Current health indicators. 1991; 2(2):7

Health workers see doctors; health care workers

Healthy People 2005: New Directions for Public Health in New South Wales


Heart disease see cardiovascular diseases

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Hepatitis A increasing. 2002; 13(3):59 – 63


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Hepatitis A in a bakery worker. 1999; 10(5):51

Hepatitis A on the North Coast. 1998; 9(3):41


Extended outbreak of hepatitis A. 1997; 8(8 – 9):66 – 7

Hepatitis A outbreak linked to a Sydney restaurant. 1997; 8(6 – 7):51

Outbreak of hepatitis A within a family. 1997; 8(3):17 – 18

Hepatitis A outbreak traced to consumption of Wallis Lake oysters. 1997; 8(1 – 2):1 – 5


Hepatitis A in a child care centre. 1995; 5(7):71

Hepatitis A. 1995; 6(3):26 – 7

Hepatitis A in Central West. 1995; 6(2):14


Hepatitis A in south west NSW. 1995; 6(1):4

Hepatitis A. 1994; 5(10):114

Investigation of an outbreak of hepatitis A linked to a restaurant. 1994; 5(2):23

Investigation of hepatitis A cases in a single street. 1993; 4(11):129

Hepatitis A immunisation. 1993; 4(10):120

Hepatitis A in a pre-school in Eastern Sydney. 1993; 4(6):70


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Hepatitis A. 1992; 3(1):12

Hepatitis A survey results. 1992; 3(1):7 – 12


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Hepatitis B see also notifications - Year in Review

Blood borne viruses in correctional facilities. 2005; 16(9 – 10):166 – 7


Factsheet: Hepatitis B. 2001; 12(9):259 – 60

Hepatitis B: Where are we now? 2000; 11(12):211 – 16

Hepatitis B and Health Care Workers (NSW Health Department Circular 96/40). 1996; 7(6):65
Hepatitis B in a child without known risk factors. 1994; 5(11):123–4
Hepatitis B immunisation schedule. 1992; 3(12):142
Hepatitis B and infants. 1992; 3(8):89
Neonatal hepatitis B vaccination program. 1992; 3(3):27–8
Hepatitis B vaccine. 1991; 2(11):125
Study of hepatitis B in schoolchildren. 1990; 1(12):54

**hepatitis C see also notifications - Year in Review**

Blood borne viruses in correctional facilities. 2005; 16(9–10):166–7
Factsheet: Hepatitis C. 2000; 11(4):63–4
NSW hepatitis C lookback project. 1997; 8(1–2):2–3
Interpreting trends in hepatitis C notifications. 1994; 5(9):102
NSW Hepatitis C Taskforce. 1994; 5(9):102
Discussion on hepatitis C [letter]. 1993; 4(12):144
Hepatitis C: the invisible virus producing very visible results. 1993; 4(9):97–8

**hepatitis D**

Hepatitis D. 1992; 3(9):104

**hepatitis E**

Hepatitis E in Australia. 1994; 5(6):68–9
Hepatitis E. 1994; 5(1):8

**heroin see also drug use - health aspects; opiates**

Drug related aggression among injecting drug users. 2006; 17(1–2):12–16
Illicit drugs reporting system. 2000; 11(4):49–52

**Hezel, Basil**

How can evidence-based practice contribute to reducing health inequalities in NSW? 2002; 13(3):45–6

**HIA see health impact assessment (HIA)**

**histoplasmosis**

Histoplasmosis. 1997; 8(6–7):51

**history of public health**

An Australian perspective of the 1918-1919 influenza pandemic. 2006; 17(7–8):103–7
An introduction to avian and pandemic influenza. 2006; 17(7–8):99–103
Preparing for the inevitable—an influenza pandemic. 2006; 17(7–8):97–8
Avian influenza and pandemic planning. 2005; 16(11–12):205–11

Unwanted guests—the miseries, the dangers and the glorious future of biting insects and vector-borne diseases in New South Wales. 2004; 15(11–12):191–2
Building the infrastructure for public health. 2003; 14(3):50–1
Tears often shed. 2003; 14(1–2):5–8
Influenza in 1919. 1998; 9(6–7):84–9
Lead and environmental health in Broken Hill. 1997; 8(11–12):97
One hundred years of vaccination. 1997; 8(8–9):61–3
Childhood immunisation—so near and yet so far. 1996; 7(10):111–19
Reflections on the beginnings of infection control in NSW. 1994; 5(7):75–6

**HIV infections see also AIDS (disease); subheadings below**

Laboratory diagnosis of communicable diseases - pitfalls and prospects. 2006; 17(3–4):52–6
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HIV testing in methadone patients. 1990; 1(12):55–6

**HIV infections - prevention**

HIV prevention and community engagement: 15 years on. 2005; 16(11–12):87–9
Australian Study of Health and Relationships: Results for Central Sydney, Inner-eastern Sydney, and New South Wales. 2003; 14(7):133–43
Post-exposure prophylaxis for non-occupational exposure to HIV: Experience in NSW one year after the introduction of the guidelines. 2000; 11(7):113–18
Too early to celebrate? 1998; 9(5):68–9

**HIV infections - regular reports**

HIV surveillance. 2006; 17(1–2):24–9
HIV infection and AIDS, 2005; 16(1–2):32–3
HIV infections and AIDS, 2004; 15(7–8):144–53
Quarterly report: HIV infections to the end of March 2003, 2004; 14(7):151–8
HIV infection. 1995; 6(12):152
Slight increase in HIV notifications. 1995; 6(7):71
HIV. 1995; 6(3):26
Acquired Immunodeficiency Syndrome. 1993; 4(3):32
Human immunodeficiency virus. 1992; 3(9):104
Human Immunodeficiency Virus (HIV) infection. 1992; 3(7):81
HIV in NSW—changing patterns for major risk factors. 1992; 3(3):33–4
HIV-2. 1992; 3(2):22
Human immunodeficiency virus infection. 1992; 3(2):22
Unexplained HIV infection in newborns. 1992; 3(6):106
Investigation of patients potentially exposed to an HIV-infected health care worker. 1994; 5(8):83–4

**HIV infections - transmission**

Investigation of patients potentially exposed to an HIV-infected health care worker. 1994; 5(8):83–4

**HOIST (Health Outcomes and Information Statistical Toolkit)**

Development of a standardised regional report from the NSW Health Survey Program. 2005; 16(1–2):8–12

Making of the Chief Health Officer’s Report, 2000, 2000; 11(6):95–6
Area health services in NSW: basic population data. 1996; 7(3):19–27

**Holistic health**

Seduction of medicine by health outcomes: from meaning to measurement. 1995; 6(11):132

**Home visiting**

Can the Families First initiative contribute to reducing health inequalities? 2002; 13(3):38–41
Home visiting: an essential building block to support families. 1998; 9(11):130

**Homelessness**

Homelessness: a health issue. 1991; 2(10):101

**Hospitalisation**

A description of interpersonal violence-related hospitalisations in New South Wales. 2006; 17(1–2):8–12
Identifying work-related injury and disease in routinely collected NSW hospitalisation data. 2001; 12(7):195–8

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Pertussis: a comment. 1999; 10(1–2):5–6
Readmissions to hospital: an indicator of quality of care before and during the waiting list reduction program. 1998; 9(3):33–5
Update on the waiting list reduction program. 1995; 6(11):128–31
Waiting list reduction program: initial results. 1995; 6(10):106–9
Waiting lists in NSW public hospitals. 1995; 6(5):37–9
Investigation of patients potentially exposed to an HIV-infected health care worker. 1994; 5(8):83–4
Profiling severity of illness and outcome of intensive care. 1993; 4(12):148
School entry certificate survey: Northern Sydney area. 1994; 5(8):92
Schoolgirl rubella and the ADT/Sabin booster program. 1994; 5(2):22–3
Evaluation of the immunisation service in Orana and Far East Region. 1993; 4(12):147
New England immunisation register. 1993; 4(12):146
Organisation and delivery of immunisation programs. 1993; 4(12):145
Statement on pertussis vaccination. 1993; 4(12):139
Immunisation census of the 1992 school intake in Central and Southern Sydney. 1993; 4(11):130–1
Haemophilus influenzae type B immunisation. 1993; 4(10):117
Immunisation rates for kindergarten children of the South West region. 1993; 4(6):71–2
Hepatitis B immunisation schedule. 1992; 3(12):142
Whooping cough immunisation—contraindications misapplied. 1992; 3(10):117
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Rubella vaccine (RA 27/3 strain) in Australian schoolgirls. 1992; 3(6):64–5
Neonatal hepatitis B vaccination program. 1992; 3(3):27–8
Hepatitis B vaccine. 1991; 2(11):125
Immunisation—benefits outweigh risks. 1991; 2(5):40–3
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Challenges for the laboratory before and during an influenza pandemic. 2006; 17(9–10):142–145
Ethical challenges in planning for an influenza pandemic. 2006; 17(9–10):131–134

Investing in capacity to meet the challenge of an influenza pandemic. 2006; 17(9–10):129–130

Planning for pandemic influenza surveillance in NSW. 2006; 17(9–10):146–149

Websites and resources for avian and pandemic influenza. 2006; 17(9–10):150

An Australian perspective of the 1918-1919 influenza pandemic. 2006; 17(7–8):103–7

An introduction to avian and pandemic influenza. 2006; 17(7–8):99–103
Comprehensive pandemic preparedness plans. 2006; 17(7–8):112–14
Pandemic planning at the coalface: responsibilities of the public health unit. 2006; 17(7–8):117–20
Preparing for the inevitable—an influenza pandemic. 2006; 17(7–8):97–8
Preparing for the next influenza pandemic: a New South Wales perspective. 2006; 17(7–8):114–17

Pandemic planning see disaster response planning

pap smears
Role of the NSW Pap Test Register in monitoring the cervical screening process in NSW. 2001; 12(4):99–102

paralytic illnesses

paratyphoid
Typhoid and paratyphoid. 1995; 6(6):56

Paré, Ambroise

parvo B19 and ‘fifth disease.’ 2000; 11(5):83

parvovirus
Factsheet: Parvovirus B19 and ‘fifth disease.’ 2000; 11(5):83

passive smoking
Current tobacco smoking by the NSW population and the consequences for health. 2004; 15(5–6):87–91
Tobacco control in NSW: evidence supporting improved strategies to reduce exposure to environmental tobacco smoke. 2002; 13(9-10):215–16

**patient transport**
Reaction on rural restructure [letter]. 1993; 4(8):91
Medical retrievals to tertiary referral centres in Sydney. 1992; 3(7):71–6

**performance indicators** see also health services - evaluation
Development of a standardised regional report from the NSW Health Survey Program. 2005; 16(1-2):8–12
The National Public Health Performance Project: How do we know whether Australian Public Health Services are performing? 2005; 16(1-2):2–8
Working out what to measure: Melanoma services. 2001; 12(4):94–9

**performance standards**

**perinatal mortality** see infant mortality; maternal mortality;
New South Wales Mothers and Babies Report; NSW Midwives Data Collection; Report of the Chief Health Officer; SIDS (sudden infant death syndrome)

**periodontal disease**
Periodontal infection and preterm birth: how strong is the evidence. 1999; 10(5):46–7
Periodontal diseases and systemic health: associations, directions, implications. 1999; 10(3):14–16

**pertussis (whooping cough)** see also notifications - Year in Review
Pertussis in a nursery. 2006; 17(7-8):122–7
The changing epidemiology of pertussis in the Hunter New England area and potential implications for the immunisation schedule. 2006; 17(3-4):48–51
Laboratory diagnosis of communicable diseases - pitfalls and prospects. 2006; 17(3-4):52–6
Communicable diseases report NSW for September and October 2005. 2005; 16(11-12):52–11
Pertussis reports on increase. 2005; 16(7-8):132
Trends. 2004; 15(11-12):220
Trends. 2003; 14(11-12):232–8
Pertussis outbreak in a northern Sydney boarding school. 2003; 14(7):151–8
Do variations in pertussis notifications reflect incidence or surveillance practices? A comparison of infant notification rates and hospitalisation data in NSW. 2003; 14(4-5):81–4
Lessons from surveillance: solving the pertussis puzzle. 2003; 14(4-5):69–71
A pertussis epidemic in NSW: how epidemiology reflects vaccination policy. 2003; 14(4-5):77–81
New recommendations for treating pertussis. 2000; 11(11):194
Pertussis on the rise. 2000; 11(9-10):174
Pertussis: a comment. 1999; 10(1-2):5–6
Doctors’ notifications of pertussis. 1998; 9(4):53–4
Pertussis. 1997; 8(11-12):101
Sixth NSW infant dies of whooping cough. 1997; 8(8-9):73
Three NSW children die from whooping cough in three months. 1997; 8(1-2):7
Pertussis. 1996; 7(11):140–1
Pertussis (whooping cough) in adults. 1995; 6(9):96
Pertussis on the north coast. 1994; 5(12):139
Pertussis (whooping cough) notifications decreasing. 1994; 5(9):102
Pertussis (whooping cough). 1994; 5(8):91
Pertussis outbreak in a day care centre. 1994; 5(7):79–80
(5):18, 1993; 4(12):139
4(8):92, 1993; 4(7):80
Whooping cough in the North Coast region. 1993;
4(7):83–4
Pertussis. 1992; 3(11):126
Pertussis—South Eastern region. 1992; 3(11):127
Pertussis. 1992; 3(10):117
Whooping cough immunisation—contraindications misapplied. 1992; 3(10):117
Pertussis (whooping cough). 1992; 3(9):102–3
Pertussis. 1992; 3(7):79
Whooping cough outbreak. 1992; 3(4):43
Pertussis. 1992; 3(1):12
Pertussis. 1990; 1(6):15–16

**pesticides** see also poisoning
Can molecular epidemiology help us better understand the environment’s role in carcinogenesis? The example of pesticides. 2002; 13(9-10):212–14
Attitudes to chemicals and pesticides. 1992; 3(7):77

**petrol** see also lead
Lead in petrol. 1994; 5(7):76
Unleaded petrol discussion continues. 1994; 5(4):41
Clever country—the health benefits of removing lead from petrol. 1993; 4(11):121–3

**pharmacists**
Early warning system for suspicious or excessive prescribing of drugs of addiction. 1994; 5(10):118

**photosensitivity**

**physical activity**
SNAP: a journey from research to policy to implementation and back. 2005; 16(11-12):195–9
Development of a chronic disease risk factor index and identifying population subgroups at risk using New
South Wales Adult Health Survey 2002 data. 2005; 16(9–10):141–7
Measures taken in New South Wales to address obesity following the New South Wales Childhood Obesity Summit. 2004; 15(4):68–71
Continuous NSW Health Survey: quarterly report on health status, health behaviours, and risk factors. 2003; 14(7):144–6
Improve your Bone and Muscle Tone: Evaluation of a strength training program on the Central Coast of NSW. 2002; 13(1–2):15–18
Staying Active—Staying Safe: Development of a physical activity and falls prevention resource for older people who dwell in the community. 2002; 13(1–2):13–14
Measuring risk factors that can be modified to prevent cancer. 2001; 12(1):2–6
Councils, commitment, opportunity and relationships: how they combine to promote physical activity. 1997; 8(4):23
Creating supportive environments for physical activity. 1997; 8(4):24
Increasing physical activity participation in local communities. 1997; 8(4):21
Searching for common ground in a local media campaign. 1997; 8(4):22–3
Increasing physical activity participation in NSW. 1997; 8(3):11–17
Towards the best practice in the promotion of physical activity. 1997; 8(3):13–16
pneumococcal disease

Outbreak of gastroenteritis linked to eating pipis. 1997; 8(11–12):103–4

pneumonia see also pneumococcal disease

Outbreak of a respiratory illness in a rural town in southern New South Wales in February 2005. 2006; 17(7–8):122–7
Pneumonia outbreak in the Blue Mountains. 2002; 13(7):171–5

pneumococcal plague

Pneumococcal plague in India. 1994; 5(10):114–15

poisoning

Delivery of poisons information in Australia: national meeting July 30. 1999; 10(10):137
Unintentional poisoning in the West. 1991; 2(3):21–2

pollution see also air pollution; contaminated land:

environmental health; environmental toxicology; hazardous substances; sewage disposal; water pollution
But you don’t have to live here! Risk assessment and contaminated sites: a case study. 2003; 14(8):171–3
Risk assessment for the consumption of fish with elevated selenium levels. 2003; 14(8):174–6
Relationship of the Health Department to the Environment Protection Authority. 1993; 4(5):51

population health see also health status; NSW Health Survey Program; Report of the Chief Health Officer

Getting population health research to influence health service practice: Use of area health service questions in the NSW Health Survey. 2001; 12(8):229–31
Using NSW Health Survey data for local planning and evaluation in NSW. 2001; 12(8):226–7
Improving the health of children in NSW: A view from the United Kingdom. 2000; 11(5):70–2
Area health services in NSW: basic population data. 1996; 7(3):19–27
Quality and population. 1993; 4(12):137–8

postnatal depression

Postnatal depression. 1999; 10(11):152–3

pregnancy see also genetics services; New South Wales Mothers and Babies Report; NSW Midwives Data Collection; postnatal depression; preterm birth

Current tobacco smoking by the NSW population and the consequences for health. 2004; 15(5–6):87–91
Periodontal diseases and systemic health: associations, directions, implications. 1999; 10(3):14–16
Health of Aboriginal mothers and babies in NSW. 1994; 5(1):1–4

preterm birth see also New South Wales Mothers and Babies Report; NSW Midwives Data Collection

Periodontal infection and preterm birth: how strong is the evidence. 1999; 10(5):46–7
Periodontal diseases and systemic health: associations, directions, implications. 1999; 10(3):14–16
Health of Aboriginal mothers and babies in NSW. 1994; 5(1):1–4

**primary health care** see also general practice

How can primary care increase equity in health? 2002; 13(3):35–8

Impact of a general practice staffed casualty service on overall primary medical services. 2001; 12(11):296–8

Experience of the Well Person’s Health Check in the Far West Area Health Service. 2001; 12(6):152–5

State health and divisions of general practice: a state perspective. 1995; 6(9):87–90

**prisoners** see also correctional institutions

Drug related aggression among injecting drug users. 2006; 17(1–2):12–16


Blood borne viruses in correctional facilities. 2005; 16(9–10):166–7

Moving towards a statewide approach to court diversional services in NSW. 2003; 14(11–12):227–9


Court diversion in NSW for people with mental health problems and disorders. 2002; 13(7):158–60


Tuberculosis in NSW correctional centres: disease control measures following infectious cases. 1996; 7(11):138

Tuberculosis screening in inmates and staff of a NSW jail. 1995; 6(3):19–20

**private hospitals**

New statistics to plug the gaps. 1992; 3(6):69

**Program for Enhanced Population Infrastructure (PEPHI)**


**psittacosis**

Outbreak of a respiratory illness in a rural town in southern New South Wales in February 2005. 2006; 17(7–8):122–7


Pneumonia outbreak in the Blue Mountains. 2002; 13(7):171–5


**public health** see also capacity building; communicable diseases; epidemiology; health outcomes; history of public health; notifications; Olympic and Paralympic Games (Sydney 2000); Public Health Network; workforce development

Pandemic planning at the coalface: responsibilities of the public health unit. 2006; 17(7–8):117–20


Building the infrastructure for public health. 2003; 14(3):50–1

Celebrating the past; awakening the future: the NSW Public Health Forum highlights public health successes in NSW. 2003; 14(3):41–3


Linking public health and personal health. 2002; 13(7):145–7


Social capital and public expenditure in Australia. 2002; 13(6):131–3

Social inclusion and the public health: the case for partnerships. 2002; 13(6):133–5


Safe Communities. 2002; 13(4):75–6

Can the Families First initiative contribute to reducing health inequalities? 2002; 13(3):38–41

How can primary care increase equity in health? 2002; 13(3):35–8

NSW Health Resource Distribution Formula and health inequalities. 2002; 13(3):42–4

Tackling health inequalities; Balancing universal and targeted approaches: Guest Editorial. 2002; 13(3):33–5

How can a government research and development initiative contribute to reducing health inequalities? 2001; 12(7):189–91


Evidence from systematic reviews of research relevant to implementing the wider public health agenda. 2001; 12(5):138

Public health surveillance during the Sydney 2000 Olympic and Paralympic Games. 2000; 11(12):201–2


Pressures and future trends in public health around the world. 1999; 10(12):162–3

Public health in NSW from this decade to 2010. 1999; 10(12):161–2


NSW public health laboratory network. 1997; 8(4):25–9

National Public Health Partnership. 1996; 7(7):72


Restructure to meet rural needs. 1993; 4(4):37–42

Victorian public health trainee scheme. 1993; 4(4):41

United States Centers for Disease Control. 1992; 3(8):87–8

Special role of public health medicine. 1992; 3(4):41

Directions for the decade. 1991; 2(12):126–7


Communicating what we do. 1991; 2(7):62–3

Setting a new agenda. 1991; 2(2):5–6

On the right track. 1991; 2(1):1–2

Improved public health. 1990; 1(1):2–6


New public health bulletin for NSW. 1990; 1(1–5):1

**public health - evaluation**

The National Public Health Performance Project: How do we know whether Australian Public Health Services are performing? 2005; 16(1–2):2–8

NSW Safe Communities pilot projects—Evaluation methodology. 2002; 13(4):76–7

**Public Health Abstracts**

Public Health Act
Issues in administration of the immunisation provisions of the Public Health Act. 1991. 7(10):120–5

Public Health Network
Third NSW public health network conference. 1996; 7(12):143
Third NSW public health network conference [abstracts and posters]. 1996; 7(12):144–60
NSW Public Health Network report on immunisation [bibliography]. 1996; 7(10):113–16
4(1):10–12

Public Health Outcome Funding Agreements (PHOFAs)
The National Public Health Performance Project: How do we know whether Australian Public Health Services are performing? 2005; 16(1–2):2–8
Women’s health coordinators. 2000; 11(1–2):12–13

Public Health Performance Project
The National Public Health Performance Project: How do we know whether Australian Public Health Services are performing? 2005; 16(1–2):2–8

public health workforce see health care workers

Q
Q fever see also notifications - Year in Review
Factsheet: Q fever. 2002; 13(8):191
Q fever register developed to address health concern in the meat industry. 2002; 13(5):113
Q fever in Southern NSW. 1996; 7(8):91–2
Q fever. 1995; 6(11):134
Q fever: greater immunisation coverage needed. 1995; 6(7):71–3
Q fever: south coast district. 1994; 5(2):23
Q fever. 1993; 4(5):56
Q fever vaccination program in New England region. 1992; 3(6):67
Q fever. 1992; 3(2):23

quality assurance
Readmissions to hospital: an indicator of quality of care before and during the waiting list reduction program. 1998; 9(3):33–5
Quality and population. 1993; 4(12):137–8

What is the difference between quality assurance and health outcomes. 1993; 4(12):133–6

quarantinable diseases
Ethical challenges in planning for an influenza pandemic. 2006; 17(9–10):131–134
Public health response to a suspected case of lassa fever. 1993; 4(9):107–8
Quarantinable diseases. 1992; 3(9):107

Quit
Delivering smoking cessation information in the workplace using Quit Online. 2005; 16(1–2):18–22

radiology
Teleradiology in NSW. 1993; 4(10):109–10

REACH (Registration, Evaluation and Authorisation of Chemicals) Program, European Union

refugees
Problems refugees face when accessing health services. 2002; 13(7):161–3
Refugee health in NSW. 2000; 11(6):105–6
NSW refugee screening program. 1994; 5(12):134–6
Refugee screening in NSW. 1992; 3(10):116–17

renal disease see also Report of the Chief Health Officer
Relationship between the incidence of end-stage renal disease and markers of socioeconomic disadvantage. 2002; 13(7):147–51

Report of the Chief Health Officer see Report of the Chief Health Officer
The biggest yet: the 2004 report of the NSW Chief Health Officer. 2005; 16(1–2):1–2
Evaluation of the 1996 Chief Health Officer’s Report. 1997; 8(8–9):68
Health of the people of NSW: report of the Chief Health Officer. 1996; 7(5):43–8

research see also evidence-based practice; subheadings below
Research and development in carcigenon control. 2002; 13(9–10):202–4
Research and planning for injury prevention. 2002; 13(4):65–6

Vol. 17 No. 11–12
Building the evidence base to address health inequalities. 2002; 13(3):50
Women’s health research: Signing up or selling out?: Guest Editorial. 2000; 11(1–2):1–2
NHMRC Clinical Trials Centre: from research to evidence to policy. 1999; 10(5):50
Method for evaluating research and guideline evidence. 1997; 8(1–2):5
Research and development in the NSW health system. 1995; 6(9):91–2

research - application
Building capacity in injury research transfer. 2005; 16(11–12):185–6
Getting research into policy and practice. 2005; 16(11–12):166–7
Improving sun protection behaviour through evidence-based campaigns. 2005; 16(11–12):189–91
SNAP: a journey from research to policy to implementation and back. 2005; 16(11–12):195–9
Getting a ‘GRIPP’ on the research-policy interface in NSW. 2005; 16(9–10):154–6
Getting population health research to influence health service practice: Use of area health service questions in the NSW Health Survey. 2001; 12(8):229–31
How can a government research and development initiative contribute to reducing health inequalities? 2001; 12(7):189–91
Evidence from systematic reviews of research relevant to implementing the wider public health agenda. 2001; 12(5):138
NHMRC Clinical Trials Centre: from research to evidence to policy. 1999; 10(5):50

research grants
Capacity building grant incentive scheme: Putting the latest capacity building indicator research into practice. 2000; 11(3):33–4

resource allocation see also health economics
Business community management and pandemic influenza. 2006; 17(9–10):138–141
Ethical challenges in planning for an influenza pandemic. 2006; 17(9–10):131–134
The National Public Health Performance Project: How do we know whether Australian Public Health Services are performing? 2005; 16(1–2):2–8
NSW Health Resource Distribution Formula and health inequalities. 2002; 13(3):42–4
NSW fall injury indicators—15 year projections. 2002; 13(1–2):7
Priority setting in dentistry: putting teeth into the process. 1999; 10(5):42–3
Program budgeting and marginal analysis in NSW. 1997; 8(10):81–3
Counting the costs: a review of two tuberculosis mass contact screening investigations. 1994; 5(2):13–15
Oregon Plan. 1992; 3(5):50–1
Quality versus quantity. 1991; 2(11):115–16
Move to fairer resource allocation. 1991; 2(4):30–1

respiratory syncytial virus

risk adjustment

risk assessment see also risk factors
But you don’t have to live here! Risk assessment and contaminated sites: a case study. 2003; 14(8):171–3
Risk assessment for the consumption of fish with elevated selenium levels. 2003; 14(8):174–6
What does it mean when the risk assessment says 4.73 x 10^5? 2003; 14(8):166–7

risk factors see also risk assessment
SNAP: a journey from research to policy to implementation and back. 2005; 16(11–12):195–9
Blood borne viruses in correctional facilities. 2005; 16(9–10):166–7
Development of a chronic disease risk factor index and identifying population subgroups at risk using New South Wales Adult Health Survey 2002 data. 2005; 16(9–10):141–7
Continuous NSW Health Survey: quarterly report on health status, health behaviours and risk factors. 2003; 14(7):144–6
NSW Aboriginal Vascular Health Program. 2002; 13(7):152–4
NSW Injury Risk Management Research Centre. 2002; 13(4):70–1
Health of males in NSW. 2001; 12(12):322–4
Measuring risk factors that can be modified to prevent cancer. 2001; 12(1):2–6

road safety
Child deaths and injuries in driveways. 2002; 13(4):82
Safety-first in Ryde. 1999; 10(10):131–2
Motor vehicles injury in the Wentworth and Western Sydney Health Areas [abstract]. 1993; 4(1):11
Public health approaches to improved road safety. 1992; 3(11):123

**Ross River virus** see also notifications - Year in Review
Ross River virus infection on the rise. 2006; 17(3–4):58–62
Unwanted guests—the miseries, the dangers and the glorious future of biting insects and vector-borne diseases in New South Wales. 2004; 15(11–12):191–2
Cluster of locally-acquired Ross River virus infection in outer western Sydney. 2000; 11(7):132–4
Factsheet: Ross River virus infection. 2000; 11(7):131
Arbovirus warning. 1997; 8(1–2):7–9
Outbreak of Ross River virus disease in the South west districts of NSW Summer 1993; 1994; 5(9):98–9

**Rotaviral diseases**
Outbreaks of viral gastroenteritis. 1995; 6(8):82
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**Rubella** see also notifications - Year in Review
Factsheet: Rubella. 2001; 12(8):240
Rubella re-emerges. 2000; 11(12):221
Rubella outbreak in Western Sydney, Spring 1995:
Implications for rubella surveillance and control. 1996; 7(7):70–7
Increase in rubella. 1995; 6(9):95–6
Schoolgirl rubella the ADT/Sabin booster program. 1994; 5(2):222–3
Rubella (german measles). 1993; 4(12):140–1
German measles (rubella). 1993; 4(7):80
Rubella (german measles). 1993; 4(4):44
Rubella vaccine (RA 27/3 strain) in Australian schoolgirls. 1992; 3(6):64–5
Rubella in the ACT. 1991; 2(10):108

**Rural health see also animal handling; subheadings below**

**Rural health - education**
Bug Breakfast on the NSW Health Intranet. 2005; 16(5–6):93
NSW Telehealth Initiative. 2005; 16(5–6):92
Rural medical education: Helping to solve the rural workforce crisis. 2001; 12(6):162–4

**Rural health - information technology**
NSW Telehealth Initiative. 2005; 16(5–6):92
Teleradiology in NSW. 1993; 4(10):109–10

**Rural health - injuries and accidents**
Australian approaches to the prevention of farm injury. 2002; 13(5):103–7
Child Safety on Farms strategy. 2002; 13(5):109
Counting the cost of work-related injuries and diseases in poultry farming in New South Wales. 2002; 13(5):110–12

Work and farm-related injury: guest editorial. 2002; 13(5):93–4
Responding to chemical illness—a rural perspective. 1994; 5(4):40–1

**Rural health - policy development**
Building capacity in rural health. 2001; 12(6):159–61

**Rural health - services**
Innovative sexual health medication order system for the Far West Area Health Service. 2003; 14(6):113–16
Q fever register developed to address health concern in the meat industry. 2002; 13(5):113
Area health services in NSW: basic population data. 1996; 7(3):19–27
Reaction on rural restructure [letter]. 1993; 4(8):91
Partnership of rural services to achieve improved health outcomes. 1993; 4(6):61–2
Restructure to meet rural needs. 1993; 4(4):37–42

**Rural health - status**
Health of the people in agriculture and its interdependence with the health of rural communities. 2001; 12(6):155–9

**Rural health - suicide**
Suicide in New South Wales: The NSW Suicide Data Report. 2001; 12(3):80–4
Epidemiology of suicide and attempted suicide in the South Eastern region. 1992; 3(10):109–11

**Rural health - surveys**
Experience of the Well Person’s Health Check in the Far West Area Health Service. 2001; 12(6):152–5

**Rural health - violence**
When it’s right in front of you: assisting health care workers to manage the effects of violence in rural and remote Australia. 2002; 13(8):190

**Sabin, Albert**
One hundred years of vaccination. 1997; 8(8–9):61–3

**salmonella see also foodborne diseases; gastroenteritis; notifications - Year in Review**
Outbreak of *Salmonella* Saintpaula infections linked to rockmelons. 2006; 17(11–12):183
Outbreak of *Salmonella* Typhimurium PT 135a infections. 2006; 17(11–12):182–183
Salmonellosis. 2006; 17(7–8):122–7
Salmonella. 2006; 17(1–2):24–9
Investigation of a cluster of salmonellosis. 2005; 16(11–12):205–11
Communicable enteric diseases: 2004 in review. 2005; 16(7–8):133

**Enteric disease**. 2005; 16(7–8):132
Risk factors for sporadic *Salmonella* birkenhead infection
The social costs of smoking in Australia. 2004; 15(5–6):92–4
Continuous NSW Health Survey: quarterly report on health status, health behaviours, and risk factors. 2003; 14(7):144–6
Reducing tobacco consumption. 2003; 14(3):46–8
Tobacco control in NSW: evidence supporting improved strategies to reduce exposure to environmental tobacco smoke. 2002; 13(9–10):215–16
Advocacy for tobacco control. 2001; 12(3):72–4
Measuring risk factors that can be modified to prevent cancer. 2001; 12(1):2–6
Licit and illicit drug use in NSW. 1999. 10(12):164–7
Smoking and women. 1999; 10(11):151–2

smoking cessation programs
SNAP: a journey from research to policy to implementation and back. 2005; 16(11–12):195–9
Delivering smoking cessation information in the workplace using Quit Online. 2005; 16(1–2):18–22

SNAP (Smoking, Nutrition, Alcohol, Physical Activity) framework
SNAP: a journey from research to policy to implementation and back. 2005; 16(11–12):195–9

Snow, John

social capital
Social capital and public expenditure in Australia. 2002; 13(6):131–3

social marketing
Improving sun protection behaviour through evidence-based campaigns. 2005; 16(11–12):189–91

socioeconomic factors see also income distribution; inequalities; Report of the Chief Health Officer
Development of a chronic disease risk factor index and identifying population subgroups at risk using New South Wales Adult Health Survey 2002 data. 2005; 16(9–10):141–7
The social costs of smoking in Australia. 2004; 15(5–6):92–4
Australian Study of Health and Relationships: Results for Central Sydney, Inner-eastern Sydney, and New South Wales. 2003; 14(7):133–43
Linking public health and personal health. 2002; 13(7):145–7
Relationship between the incidence of end-stage renal disease and markers of socioeconomic disadvantage. 2002; 13(7):147–51
Social capital and public expenditure in Australia. 2002; 13(6):131–3
How can primary care increase equity in health? 2002; 12(7):183–5
Improving the health and life chances of women in disadvantaged communities. 2000; 11(1–2):7–9
Oral health surveillance in NSW. 1999; 10(8):95–6
Working together to support children and families in disadvantaged communities. 1998; 9(11):131–3
Blood lead levels of children, traffic, paint, and social disadvantage [letter]. 1997; 8(11–12):98–9
Jarman 8: An index of social disadvantage. 1992; 3(3):29
Homelessness: a health issue. 1991; 2(10):101

spices

spotted fevers

staphylococcus aureus
Improving our understanding of, and the control of, community methicillin-resistant staphylococcus aureus: development of a trial sentinel surveillance program in the far west of New South Wales. 2004; 15(4):76–82
Factsheet: Methicillin resistant staphylococcus aureus. 2003; 14(6):123

statistics see communicable diseases—reporting; data collection; health status; health status indicators; mortality; New South Wales Population Health Survey; notifications—Year in Review; surveys
stillbirth see birth defects; New South Wales Mothers and Babies Report; NSW Midwives Data Collection
Strategic Inter-Governmental Nutrition Alliance (SIGNAL)

strategic planning
Planning for better health—the Welsh way. 1993; 4(10):111–16
stress
  Development of a chronic disease risk factor index and identifying population subgroups at risk using New South Wales Adult Health Survey 2002 data. 2005; 16(9–10):141–7

stroke
  A NSW health outcomes approach to stroke. 1996; 7(7):72

sudden infant death syndrome see SIDS (sudden infant death syndrome)

suicide
  Suicide in New South Wales: The NSW Suicide Data Report. 2001; 12(3):80–4
  Making a noise about suicide: a community development approach. 1999; 10(10):130–1
  Firearm injury and death in NSW. 1999; 10(7):74–9
  Suicide mortality in NSW local government areas. 1996; 7(1–2):1–10
  Suicide mortality in NSW: clients of mental health services. Erratum. 1995; 6(10):117
  On the achievement of real targets: reply to Harrison et al [letter]. 1995; 6(9):93–4
  Suicide mortality in NSW: clients of mental health services. 1995; 6(8):75–81
  Suicide mortality in NSW: an introduction to clinical audits. 1995; 6(7):68–70
  Epidemiology of suicide and attempted suicide in the South Eastern region. 1992; 5(10):109–11

summits
  Measures taken in New South Wales to address obesity following the New South Wales Childrenhood Obesity Summit. 2004; 15(4):68–71
  Inspirations from the US. The US Healthcare forum’s 1996 Healthier Communities Summit. 1996; 7(12):161–3

sun protection see also melanoma; photosensitivity; skin cancer
  Improving sun protection behaviour through evidence-based campaigns. 2005; 16(11–12):189–91
  Strategic framework for skin cancer prevention for NSW. 2001; 12(3):75–7
  Measuring risk factors that can be modified to prevent cancer. 2001; 12(1):2–6

surveys see also data collection; health impact assessment; New South Wales Population Health Survey; notifiable diseases reporting system
  A general practice perspective of pandemic influenza. 2006; 17(9–10):135–137
  Planning for pandemic influenza surveillance in NSW. 2006; 17(9–10):146–149
  Pandemic planning at the coalface: responsibilities of the public health unit. 2006; 17(7–8):117–20
  The risk of avian influenza in birds in Australia. 2006; 17(7–8):107–11
  Foodborne disease surveillance needs in Australia: harmonisation of molecular laboratory testing and sharing data from human, animal and food sources. 2004; 15(1–2):13–17
  Laboratory investigation of suspected bioterrorism incidents, NSW, October 2001 to February 2002. 2003; 14(11–12):221–3
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