

## TAILORING THE *BULLETIN* TO MEET READERSHIP NEEDS

**D. Lynne Madden**

*Editor, NSW Public Health Bulletin  
NSW Department of Health*

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.<sup>1</sup> 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’.

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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.<sup>2</sup> 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.<sup>3</sup>

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](http://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.<sup>4</sup>

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*.

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# THE NEW SUBJECT INDEX FOR THE NSW PUBLIC HEALTH BULLETIN

**Jeanne B. Rudd**  
Indexer

**D. Lynne Madden, Megan E. Black  
and Carlie-Jane Naylor**

NSW Public Health Bulletin Editorial Team  
NSW Department of Health

## 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](http://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’.<sup>1</sup> 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’.<sup>1</sup>

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.<sup>2</sup> 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.<sup>3</sup>

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<sup>2,3</sup> 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

children are: children–cancer, children–early childhood intervention, children–lead poisoning, children–obesity.

### **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,<sup>4</sup> 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](http://www.health.nsw.gov.au/public-health/phb/phb.html).

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# A WEB LOG ANALYSIS OF THE ONLINE NSW PUBLIC HEALTH BULLETIN FOR 2001–2003

**Johanna I. Westbrook**

*Health Informatics Research & Evaluation Unit  
University of Sydney*

**D. Lynne Madden**

*Editor  
NSW Public Health Bulletin*

## 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](http://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.<sup>1</sup> 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).<sup>1</sup> 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.<sup>2-9</sup>

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.

**FIGURE 1****EXTRACT FROM THE NSW PUBLIC HEALTH BULLETIN WEB LOG DATA FILE**

```
158.232.66.185 | 27/May/2003 | 18:23:11 | +1000 | "GET |
/public-health/phb/HTML2002/aug02html/worldreport.html |
HTTP/1.1" | 200 | 16189 | "-"
66.77.73.77 | 27/May/2003 | 18:32:15 | +1000 | "GET | /
public-health/phb/jan01html/Guestedtjan01.html | HTTP/1.0"
| 200 | 16391 | "-"
203.12.140.120 | 27/May/2003 | 18:32:29 | +1000 | "GET |
/public-health/phb/phbjuly02.pdf | HTTP/1.0" | 200 | 249503 |
"www.google.com.au/search?hl=en&lr=&ie=UTF-8&q=accid
ental-death+inequality+and+the%27+aborigines%27&spell
=1" 210.84.35.169 | 27/May/2003 | 18:46:17 | +1000 | "GET |
/public-health/phb/phbsubj.html | HTTP/1.1" | 200 | 904720 |
"www.health.nsw.gov.au/_living/travel.html" 144.138.242.93 |
30/May/2003 | 18:15:11 | +1000 | "GET | /public-health/phb/
HTML2002/july02html/renalidisease.html |
```

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**

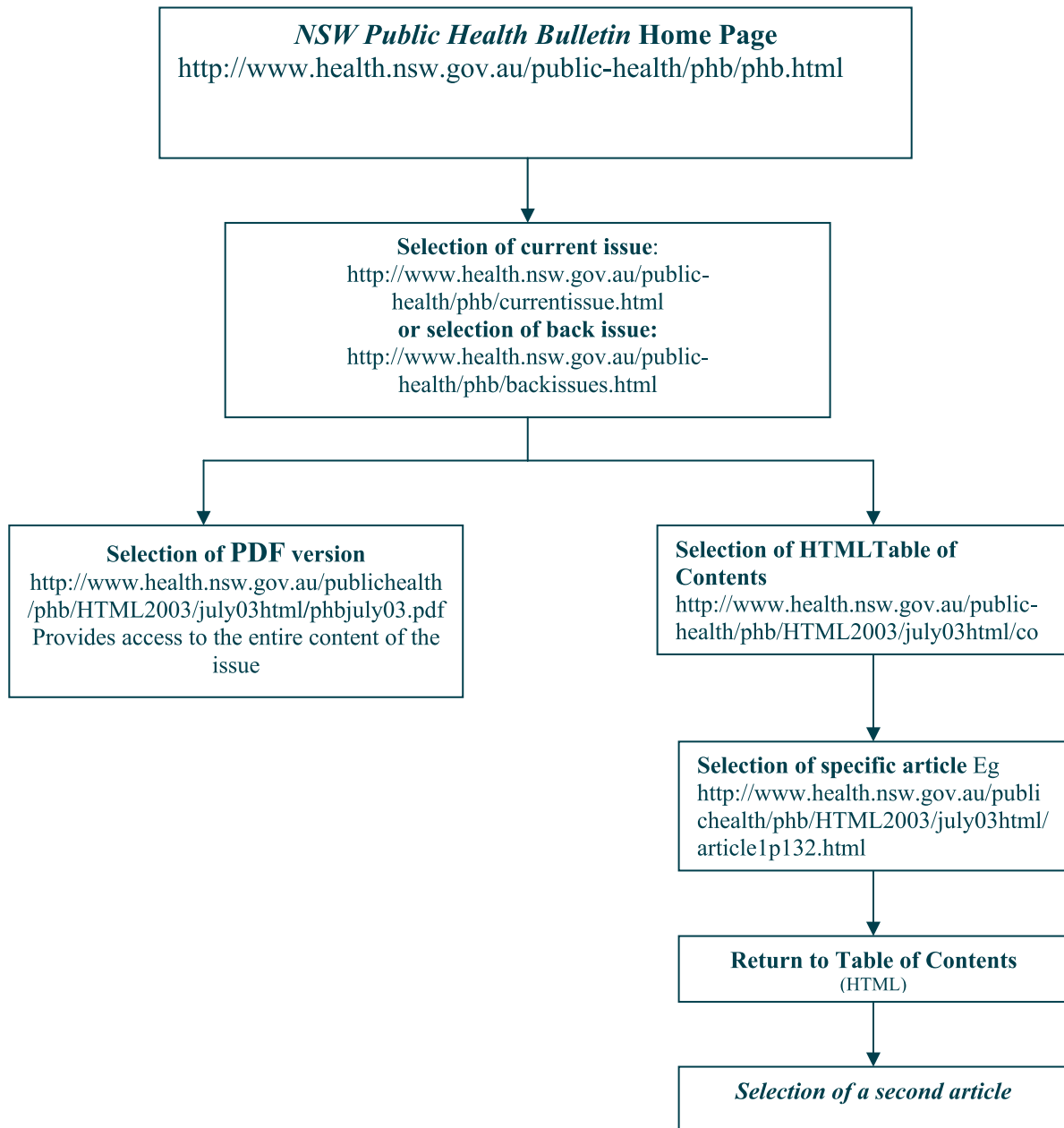
Some assumptions about the data were made during analysis and interpretation of the results. It was assumed that HTML users view one article on each visit to the site. Therefore, once the user has accessed the *Bulletin* home page and selected an issue, on average every HTML user will generate two web 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 1****VARIABLES OF INTEREST IN THE WEB LOGS OF THE NSW PUBLIC HEALTH BULLETIN**

Variable	Detail
Internet protocol (IP) address	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).
Date of access	Day, month, year
Time of access	Hours and minutes
Document accessed	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.
Avenue through which the searcher reached the NSW Public Health Bulletin	For example, via the NSW Department of Health home page, or a search engine such as Google.

**FIGURE 2**

**STEPS TO ACCESS CONTENT WITHIN AN ISSUE OF THE *NSW PUBLIC HEALTH BULLETIN***



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.

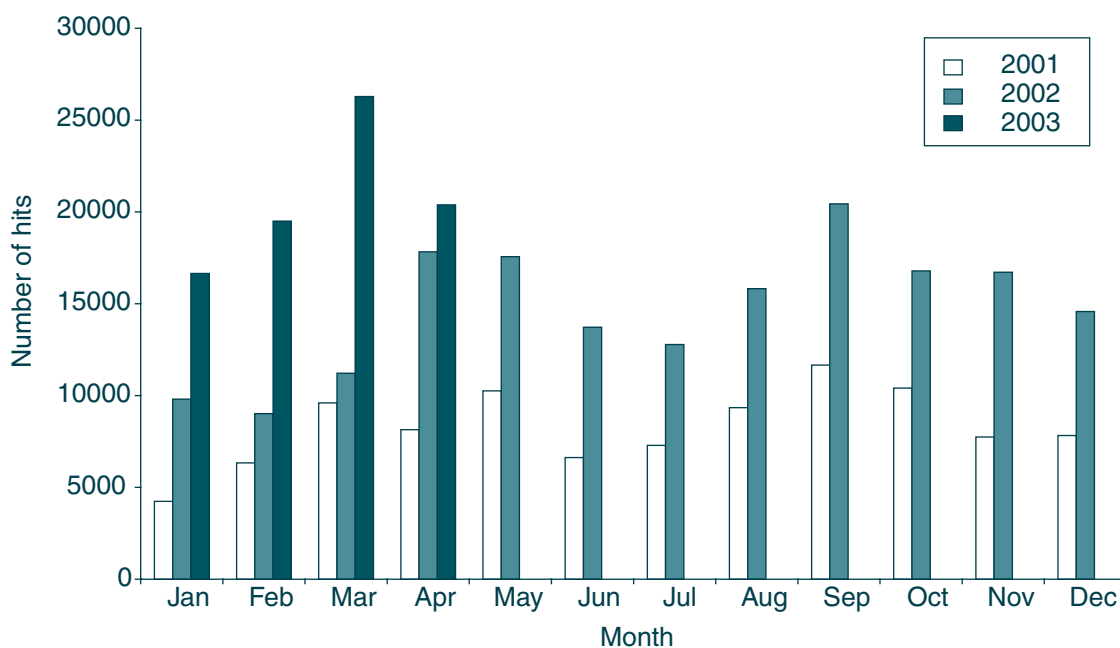
Pattern of use on each of the weekdays was similar (Figure 6), while times of use on Saturday and Sunday varied (Figure 7).

### 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 3

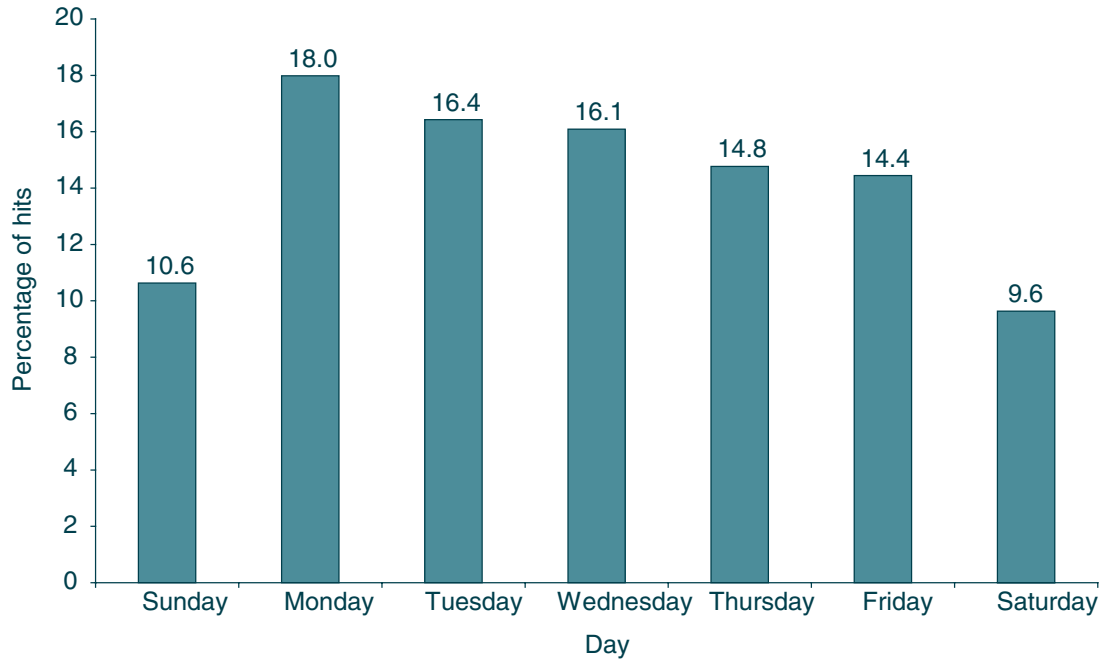
MONTHLY HITS TO THE NSW PUBLIC HEALTH BULLETIN WEBSITE, JANUARY 2001 TO APRIL 2003



Source: NSW Department of Health web log archives

**FIGURE 4**

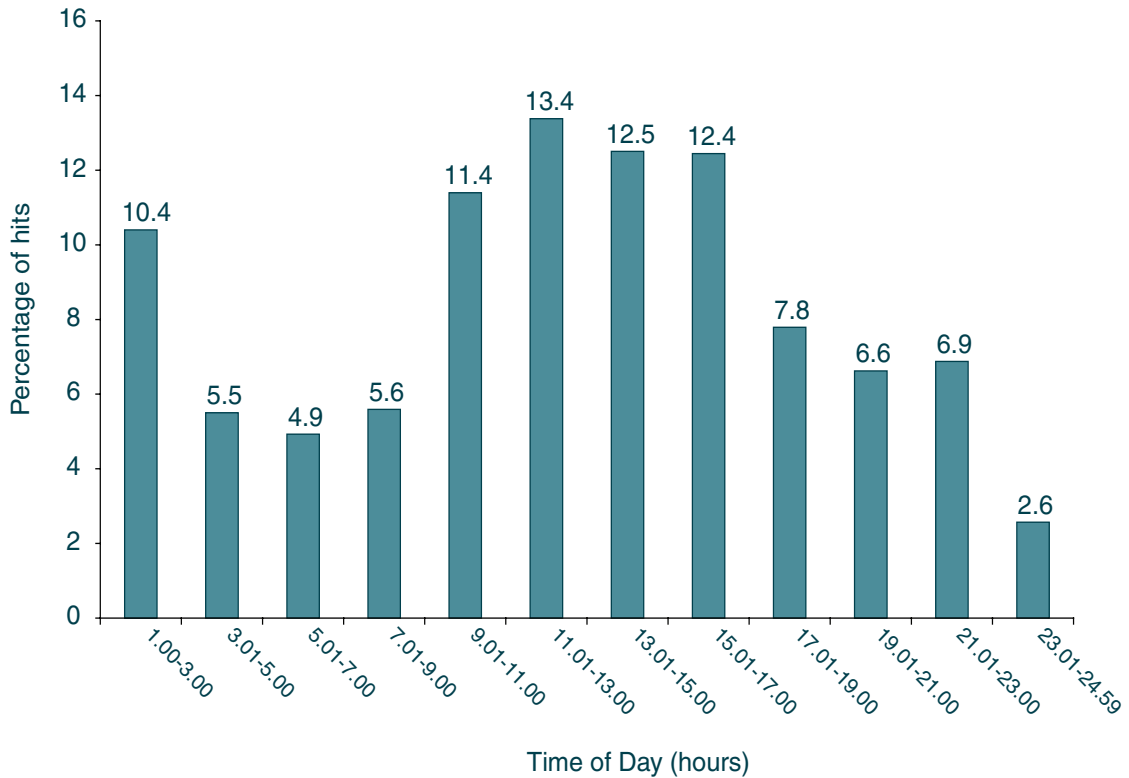
**HITS TO THE NSW PUBLIC HEALTH BULLETIN BY DAY OF THE WEEK**



Source: NSW Department of Health web log archives

**FIGURE 5**

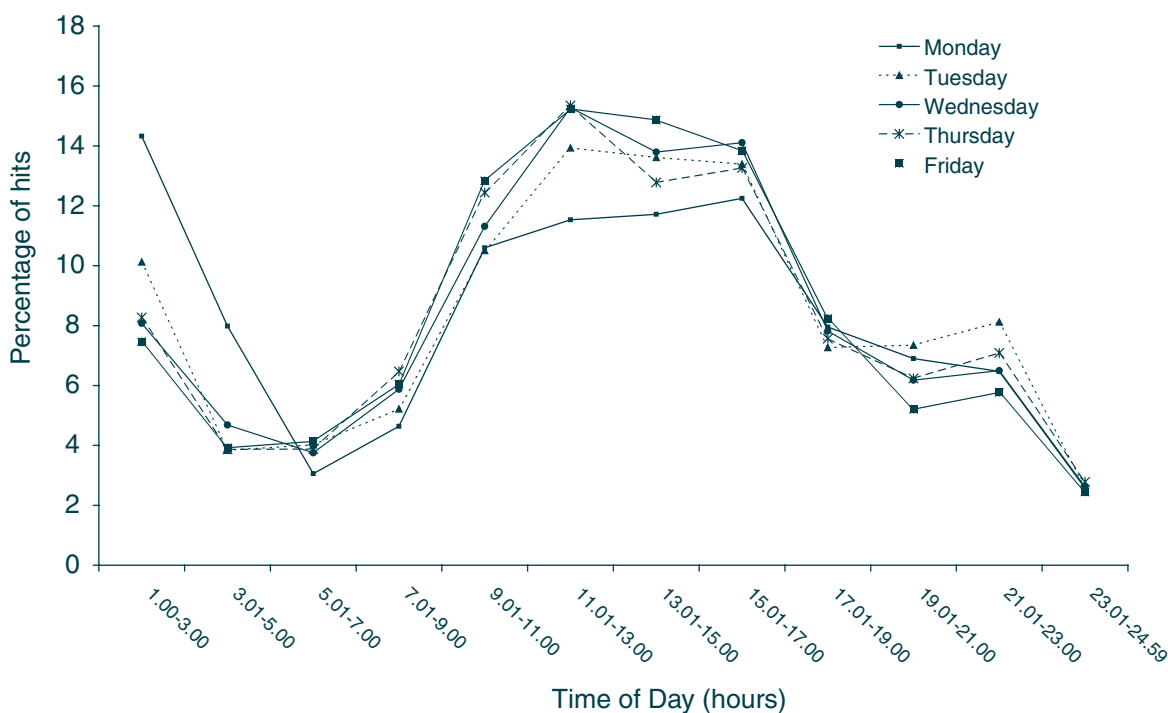
**HITS TO THE NSW PUBLIC HEALTH BULLETIN BY TIME OF ACCESS**



Source: NSW Department of Health web log archives

**FIGURE 6**

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



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.

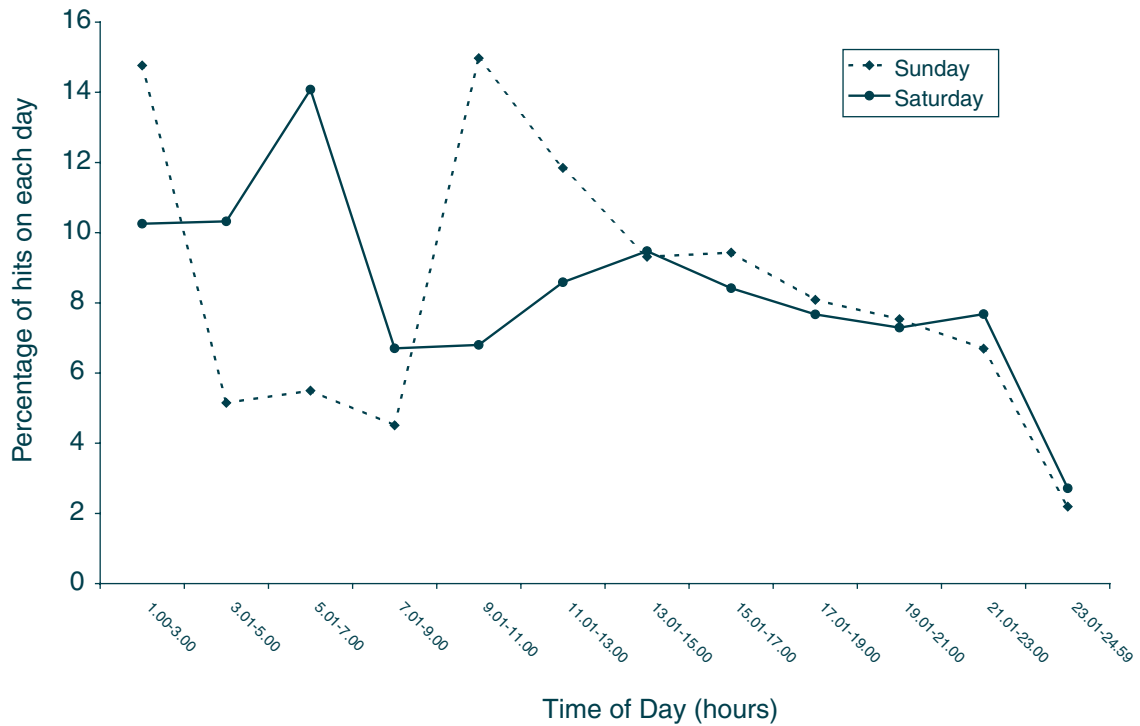
**DISCUSSION**

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**

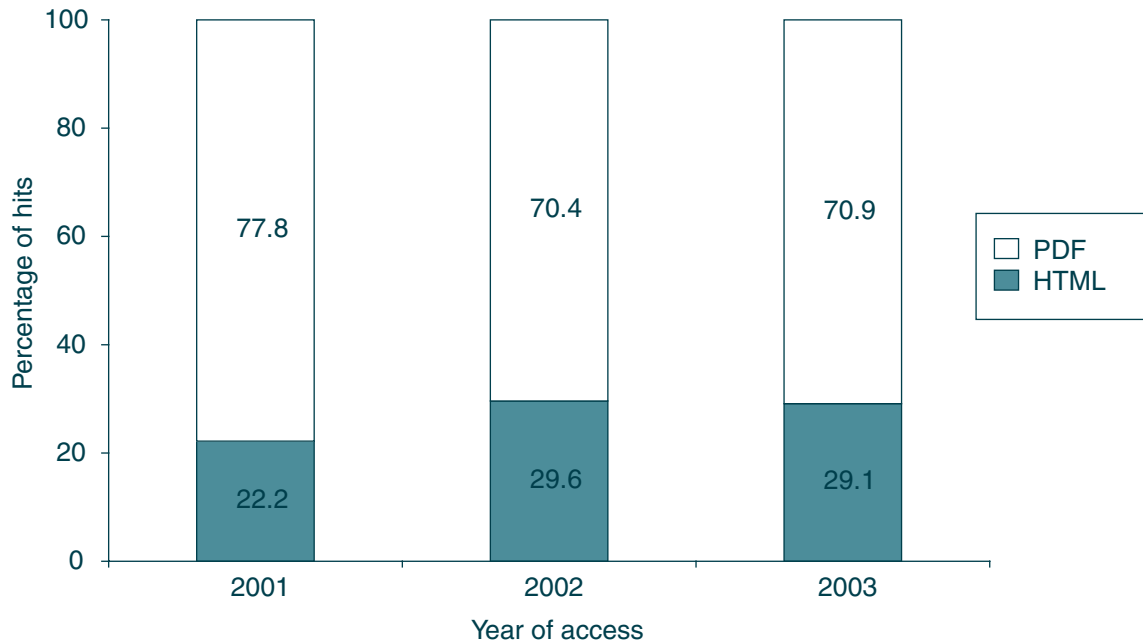
**HITS TO THE NSW PUBLIC HEALTH BULLETIN ON THE WEEKEND, BY TIME OF DAY**



Source: NSW Department of Health web log archives

**FIGURE 8**

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

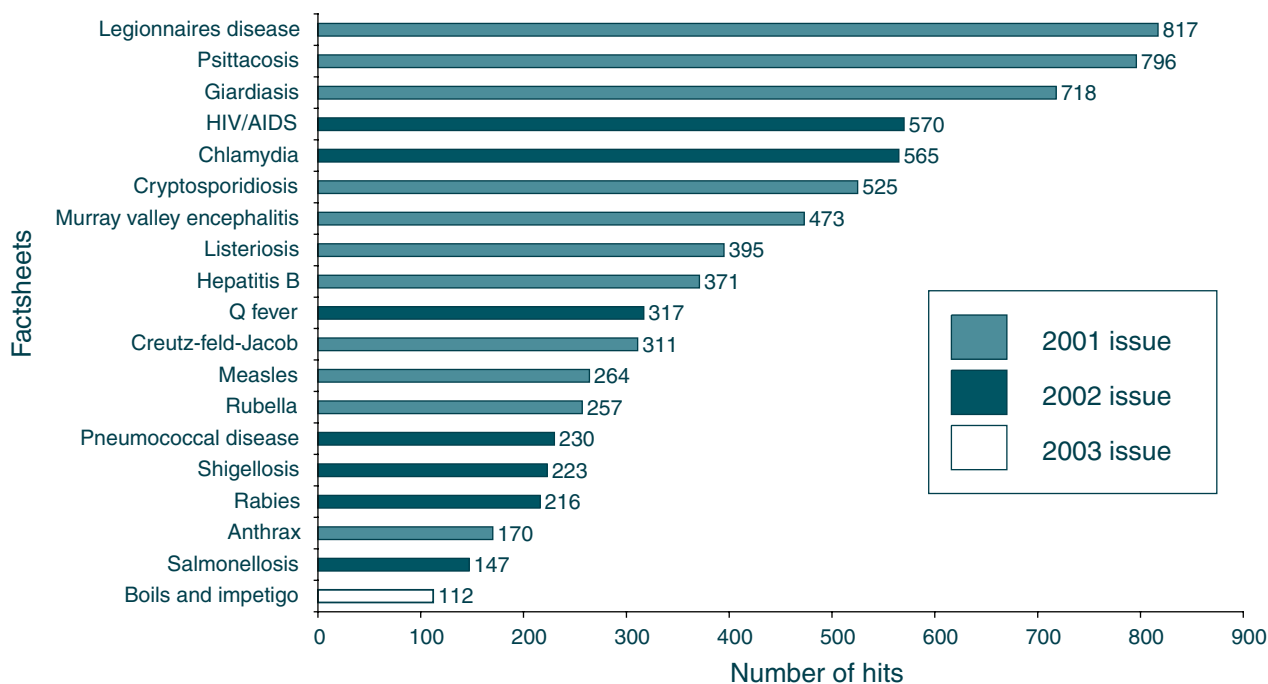


Source: NSW Department of Health web log archives

\*The proportions have been adjusted on the basis that accessing the HTML version involves at least two hits and PDFs only one

**FIGURE 9**

**FREQUENCY OF HTML HITS TO SPECIFIC NSW PUBLIC HEALTH BULLETIN FACT SHEETS 2001-2003**



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.

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# REVIEW OF THE NSW PUBLIC HEALTH *BULLETIN*: A QUALITATIVE SURVEY OF STAKEHOLDERS

**Jacq Hackett**

*Jacq Hackett Consulting*

**D. Lynne Madden**

*Editor, NSW Public Health Bulletin*

*NSW Department of Health*

## 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.<sup>1</sup>

## 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

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 through 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



*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.

## ACKNOWLEDGEMENTS

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

**Belinda G. O'Sullivan**

*Public Health Training and Development Branch  
NSW Department of Health*

**D. Lynne Madden**

*Editor, NSW Public Health Bulletin  
NSW Department of Health*

## 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	%
<b>AREA HEALTH SERVICE</b>		
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
<b>NSW DEPARTMENT OF HEALTH</b>		
Departmental managers (epidemiology, policy, communicable diseases, nursing, environmental health, oral health, health promotion, health service planning, data and evaluation, public affairs)	22	17
<b>OTHER AREAS</b>		
Academic	13	10
Others	8	6
<b>NOT STATED</b>	5	4
<b>TOTAL</b>	128	100

TABLE 2

ACCESS TO AND USE OF *BULLETIN*, AND HISTORY OF PUBLISHING IN THE *BULLETIN* (N=128)

Bulletin access and use	Yes	%	No	%	No answer	%
Receives printed version	104	81	22	17	2	2
Accesses <i>Bulletin</i> through web	53	41	69	54	6	5
Uses the index	55	43	68	53	5	4
Ever published in <i>Bulletin</i>	38	30	83	65	7	5

negotiating information through the web. Many commented that they used both formats but for different purposes. Eight people suggested ways for improving the ease of access to and look of the *Bulletin's* web site.

Nearly all respondents (97 per cent) agreed they would like to see new types of regular features in the *Bulletin*. Ten comments were offered, including two suggestions for new areas: mental health and developments in vaccines.

Regarding the recommendation that there be an annual review of the Editorial Advisory Committee, 84 per cent of respondents agreed. However, of the 24 comments received, 20 suggested that annual review was too frequent and that a longer term was necessary. Two to three years was the common period suggested; more frequent review was considered potentially destabilising to the work of the committee. Rotating membership was suggested, as was inclusion of general practitioner representation.

Seven additional comments were received with the survey sheet. These covered a variety of issues including the need to keep the presentation dynamic and the importance of design to assist with presentation.

## DISCUSSION

There was a positive response to the *Bulletin* and to the recommendations presented in the Discussion Paper. Although the survey contained mainly closed questions, the number of helpful comments offered demonstrated 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*.<sup>2</sup> 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.<sup>3</sup> Surveys that have achieved higher response rates have used smaller, targeted samples.<sup>4,5</sup>

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.

## ACKNOWLEDGEMENTS

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## EPIDEMIC KERATOCONJUNCTIVITIS: AN OUTBREAK IN NEW SOUTH WALES

**Kerri A. Viney**

*NSW Public Health Officer Training Program  
NSW Department of Health*

**Con Petsoglou**

*Save Sight Institute  
University of Sydney*

**Bridget K. Doyle**

*NSW Department of Health*

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. ☒

\* 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

### WHAT IS EPIDEMIC KERATOCONJUNCTIVITIS?

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. ☒

# COMMUNICABLE DISEASES REPORT, NEW SOUTH WALES, FOR SEPTEMBER AND OCTOBER 2006

For updated information, including data and facts on specific diseases, visit [www.health.nsw.gov.au](http://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.

## SALMONELLOSIS

### 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.

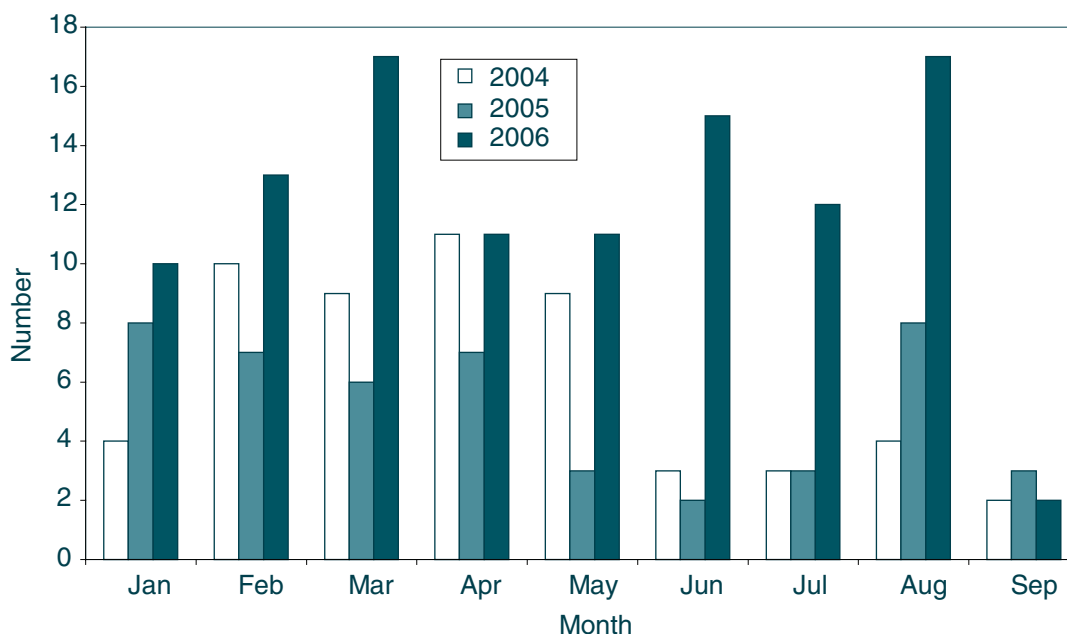
As of the beginning of October, 42 hypothesis generating questionnaires were completed. Of these, 23 were for people who were subsequently identified as STm 135A cases. Of these 23 cases, 20 (87 per cent) resided in the Sydney metropolitan area, ages ranged from 2–82 years (median 13 years), and 53 per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

FIGURE 1

NUMBER OF NOTIFICATIONS OF *SALMONELLA* TYPHIMURIUM PT 135A, NEW SOUTH WALES, FOR THE MONTHS JANUARY TO SEPTEMBER, 2004–2006



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%

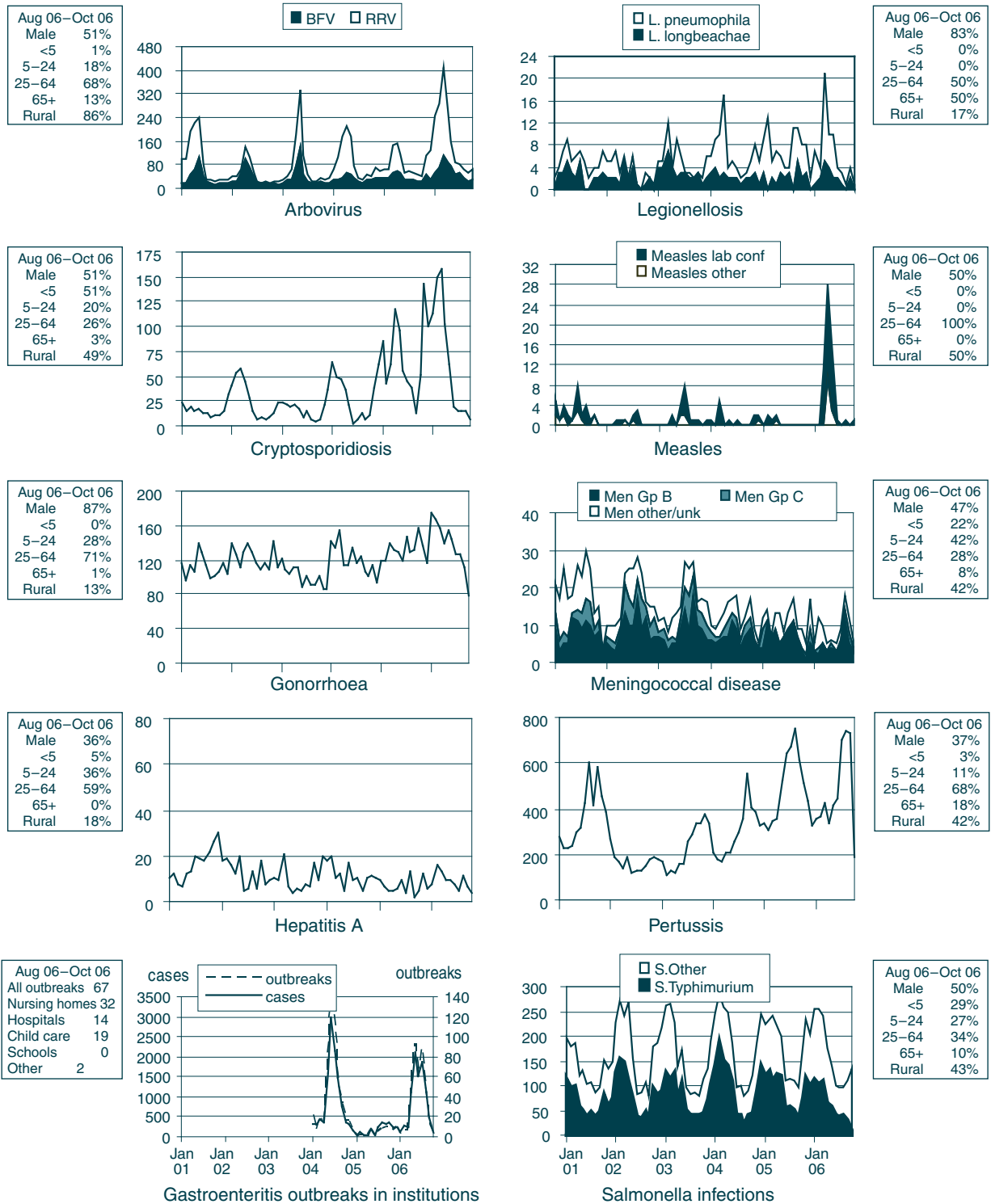




TABLE 1

## REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN SEPTEMBER 2006 BY AREA HEALTH SERVICES

Condition	Area Health Service (2006)																	Total			
	Greater Southern		Greater Western			Hunter / New England			North Coast			Central Coast			Northern Syd / Illawarra		Sydney South West		JHS	for Aug+	To date+
	GMA	SA	FWA	MAC	MWA	HUN	HUN	NEA	MNC	NRA	CCA	NSA	ILL	SES	CSA	SWS	WEN	WSA			
<b>Blood-borne and sexually transmitted<sup>d</sup></b>																					
Chancroid*	-	-	12	14	26	97	24	24	35	45	101	49	177	15	53	8	65	3	810	-	8975
Chlamydia (genital)*	30	16	-	-	2	6	1	1	2	4	9	-	38	2	5	1	10	-	88	-	1309
Gonorrhoea*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	37
Hepatitis B—acute viral*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	3
Hepatitis B—other*	4	2	2	-	1	7	1	4	2	5	26	6	39	20	49	3	2	-	175	-	2355
Hepatitis C—acute viral*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	34
Hepatitis C—other*	14	12	7	7	20	41	10	23	23	26	23	25	69	16	73	13	48	-	471	-	4850
Hepatitis D—unspecified*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14
Lymphogranuloma venereum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Syphilis	-	1	5	1	2	1	1	1	2	1	7	1	15	2	2	1	9	-	53	-	603
<b>Vector-borne</b>																					
Barmen Forest virus*	2	-	-	1	-	9	-	7	3	1	-	1	1	2	-	-	-	-	27	-	570
Ross River virus*	10	2	2	4	-	7	2	3	-	-	1	2	-	-	-	-	1	-	34	-	1166
Arboviral infection (other)*	-	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	3	-	44
Malaria*	-	1	-	-	1	3	-	-	4	-	1	-	-	-	1	-	-	8	19	-	114
<b>Zoonoses</b>																					
Anthrax*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2	-	4
Leptospirosis*	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4
Lyssavirus*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	17
Psittacosis*	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	4	-	74
Q fever*	-	-	1	4	1	3	2	1	-	-	-	-	-	-	-	-	-	-	12	-	126
<b>Respiratory and other</b>																					
Blood lead level*	1	1	-	-	1	10	1	4	-	1	4	-	1	2	-	-	-	-	19	-	217
Influenza*	6	2	1	2	6	13	24	4	12	1	10	5	17	3	13	2	10	-	121	-	518
Invasive pneumococcal infection*	1	6	1	2	6	7	2	2	-	1	5	1	5	1	3	2	9	-	54	-	461
<i>Legionella longbeachae</i> infection*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	-	19
<i>Legionella pneumophila</i> infection*	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	1	-	-	3	-	45
Legionnaires' disease (Other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningococcal infection (invasive)*	3	-	-	1	-	1	1	1	1	1	4	-	2	3	2	3	3	-	14	-	82
Tuberculosis	-	1	-	-	-	-	-	-	-	-	1	-	3	13	3	-	-	-	32	-	342
<b>Vaccine-preventable</b>																					
Adverse event after immunisation (AEFI)**	1	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	2	-	57
<i>H. influenzae b</i> infection (invasive)*	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	2	-	3	-	7
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	57
Mumps*	-	-	-	-	-	-	-	-	1	-	3	-	3	2	2	-	1	-	12	-	131
Pertussis	70	55	35	27	7	58	41	5	7	16	66	18	131	62	55	23	94	-	770	-	4542
Rubella*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	25
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	-	3	-	1
<b>Enteric</b>																					
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cryptosporidiosis*	2	-	1	3	1	15	3	3	1	2	12	10	21	1	12	1	9	-	12	-	689
Giardiasis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	94	-	1346
Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	-	9
Hepatitis A*	-	-	-	-	-	-	-	-	-	1	-	1	1	1	1	-	-	1	5	-	88
Hepatitis E*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Hepatitis E†	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6
Listeriosis*	-	-	-	-	-	-	-	-	-	-	2	-	1	1	1	1	-	1	5	-	21
Salmonellosis*	3	5	-	1	2	6	1	5	6	2	14	7	5	1	7	1	7	-	73	-	1515
Shigellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	52
Typhoid*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	20
Verotoxin producing <i>E. coli</i> * <sup>d</sup>	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11
<b>Miscellaneous</b>																					
Creutzfeldt-Jakob disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	10
Meningococcal conjunctivitis	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	3	-	3
* lab-confirmed cases only + includes cases with unknown postcode † HIV and AIDS data are reported separately, quarterly in the <i>NSW Public Health Bulletin</i> . ** AEFI notified by the school vaccination teams during the National Meningococcal C Program are not included in these figures. These notifications are reviewed quarterly by a panel of experts and the results will be published quarterly in the <i>NSW Public Health Bulletin</i> . 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																					
GMA = Greater Murray Area MWA = Mid Western Area HUN = Hunter Area NEA = New England Area CCA = Central Coast Area SES = South Eastern Sydney Area WEN = Wentworth Area SA = Southern Area MNC = North Coast Area NSA = Northern Sydney Area CSA = Central Sydney Area SWS = South Western Sydney Area WSA = Western Sydney Area FWA = Far West Area NRA = Northern Rivers Area ILL = Illawarra Area																					

**TABLE 1**

**REPORTS OF NOTIFIABLE CONDITIONS RECEIVED IN OCTOBER 2006 BY AREA HEALTH SERVICES**

Condition	Area Health Service (2006)														Total for Aug+ To date+				
	Greater Southern		Greater Western		Hunter / New England		North Coast		Northern Syd / Central Coast		South Eastern Syd / Illawarra		Sydney South West			Sydney West			
	GMA	SA	FWA	MAC	MWA	HUN	NEA	MNC	NRA	CCA	NSA	ILL	SES	CSA	SWS	WEN	WSA	JHS	
<b>Blood-borne and sexually transmitted<sup>d</sup></b>																			
Chancroid*	38	5	2	16	25	129	23	31	35	40	70	40	170	75	56	31	51	-	844
Chlamydia (genital)*	-	-	-	-	1	5	-	-	4	2	15	1	53	20	8	2	15	-	129
Gonorrhoea	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	2
Hepatitis B—acute viral*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hepatitis B—other*	4	1	-	1	2	2	1	4	3	4	43	3	38	52	28	5	1	-	194
Hepatitis C—acute viral*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34
Hepatitis C—other*	13	10	1	5	22	36	6	19	19	33	27	34	76	72	39	26	33	-	473
Hepatitis D—unspecified*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	14
Lymphogranuloma venereum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Syphilis	-	1	3	1	1	-	-	1	3	1	3	4	10	18	11	2	9	-	676
<b>Vector-borne</b>																			
Barmah Forest virus*	1	-	-	3	-	10	1	4	6	5	2	-	-	-	-	-	-	-	32
Ross River virus*	3	-	1	3	1	5	5	6	1	1	2	1	2	2	-	-	-	-	33
Arboviral infection (other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	5
Malaria*	1	-	-	-	-	-	3	-	-	-	1	-	-	1	1	-	4	-	11
<b>Zoonoses</b>																			
Anthrax*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Brucellosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4
Leptospirosis*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
Lyssavirus*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Psittacosis*	-	-	-	-	-	2	-	-	1	-	-	-	-	-	-	-	-	-	4
Q fever*	2	-	-	1	1	1	2	-	4	-	2	-	-	-	-	-	-	-	13
<b>Respiratory and other</b>																			
Blood lead level*	-	-	2	5	1	1	-	-	-	-	-	-	-	-	-	-	-	-	25
Influenza*	2	1	-	-	3	3	5	5	5	2	-	-	13	1	1	1	-	-	243
Invasive pneumococcal infection*	1	3	-	1	4	10	1	2	3	3	2	3	5	4	4	3	12	-	61
<i>Legionella longbeachae</i> infection*	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-	52
<i>Legionella pneumophila</i> infection*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Legionnaires' disease (other)*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Meningococcal infection (invasive)*	-	-	-	-	-	-	-	-	-	1	-	2	-	2	1	-	-	-	6
Tuberculosis	1	-	-	-	1	1	-	1	-	-	3	-	4	3	8	3	9	-	34
<b>Vaccine-preventable</b>																			
Adverse event after immunisation (AEFI)**	2	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	3
<i>H. influenzae b</i> infection (invasive)*	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1
Measles	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1
Mumps*	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	5
Pertussis	36	7	9	10	8	32	27	11	8	17	27	10	47	20	25	9	38	-	341
Rubella*	-	-	-	-	-	-	-	-	-	-	-	-	2	1	-	-	-	-	4
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
<b>Enteric</b>																			
Botulism	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera*	-	-	-	-	-	3	2	1	-	1	1	2	21	10	2	3	10	-	11
Cryptosporidiosis*	2	-	-	3	1	12	2	-	-	-	3	21	1	2	2	3	2	-	93
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Haemolytic uraemic syndrome	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	3
Hepatitis A*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7
Hepatitis E*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
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Verotoxin producing <i>E. coli</i> *	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	11
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Creutzfeldt-Jakob disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	10
Meningococcal conjunctivitis	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1

\* lab-confirmed cases only + includes cases with unknown postcode  
 \*\* AEFI's notified by the school vaccination teams during the National Meningococcal C Program are not included in these figures. These notifications are reviewed quarterly 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  
 GMA = Greater Murray Area  
 SA = Southern Area  
 FWA = Far West Area  
 MAC = Macquarie Area  
 MWA = Mid Western Area  
 HUN = Hunter Area  
 NEA = New England Area  
 MNC = North Coast Area  
 NRA = Northern Rivers Area  
 CCA = Central Coast Area  
 NSA = Northern Sydney Area  
 ILL = Illawarra Area  
 SES = South Eastern Sydney Area  
 CSA = Central Sydney Area  
 SWS = South Western Sydney Area  
 WEN = Wentworth Area  
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