

CDI READERSHIP SURVEY

Ana Herceg AIDS/Communicable Diseases Branch, Department of Human Services and Health

Abstract

The *Communicable Diseases Intelligence (CDI)* readership survey was conducted in 1995 to determine who the current readers of *CDI* are, what proportion of readers use *CDI* in a professional capacity and whether the content and current distribution system of *CDI* meet the needs of the readership. The survey found that the majority of readers are medical practitioners, microbiologists, nurses and environmental health officers and 56% of respondents use *CDI* in their work. The articles were the most frequently read section of *CDI*, followed by notices to readers and overseas briefs. Twenty six per cent of respondents suggested other information they would like to see published in *CDI* and 8% suggested changes to the layout of *CDI*. While a large proportion of survey respondents already use *CDI* for their work, some changes may improve the usefulness of *CDI* to readers.

Background

Communicable Diseases Intelligence (CDI) has been in existence since 1977, and has been in its current form since 1991. It is a joint publication of the Commonwealth Department of Human Services and Health and the Communicable Diseases Network of Australia and New Zealand. *CDI* is distributed free and currently has a mailing list of around 5000 including approximately 500 recipients outside Australia.

CDI aims to provide timely information about communicable diseases in Australia to inform and assist those with responsibility for their control in a wide variety of settings.

A readership survey was conducted in 1995 to determine the occupation of readers and the proportion of them who use *CDI* in their work. The survey also aimed to determine whether the content and distribution system meet the needs of subscribers.

Methods

A self completion questionnaire, covering letter and reply paid envelope was sent to 4872 recipients of *CDI* with the 10 July 1995 issue. Requests for a response to the survey were printed in this issue and the issues preceding and following. The questionnaire contained questions for the respondents on their reasons for reading *CDI*, the sections of *CDI* they read and any changes to *CDI* they would like to suggest. Data entry and analysis of the survey was done in Epi Info version 6.2.

A telephone survey of non-responders was conducted after completion of the initial survey to determine whether non-responders differ systematically from re-

sponders. This survey was conducted in November 1995. A random sample of 416 Australian residents on the *CDI* mailing list was selected. When the respondents were reached, they were asked if they had already completed the survey, and if they had not, a shortened version of the survey was administered over the telephone. Comparisons of the responder and non-responder groups were done using Epi Info version 6.2.

Results

Of the 4872 copies of the survey sent out, 1476 (30%) were returned completed by the beginning of October. One questionnaire was returned without being filled in. An additional 32 questionnaires were received later than the cut-off date and were not included in the analysis. The non-responder survey, although it also had a low response rate of 44%, found no significant differences between responders and non-responders.

Respondents

Respondents were from all States and Territories and 82 (6%) were from outside Australia (Table 1). Twenty nine per cent of overseas respondents were from New Zealand with others from Europe, North and South America, Asia, Pacific Islands and Africa.

Table 1. Residence of *CDI* readership survey respondents

Residence of respondent	Number	%
Australian Capital Territory	89	6
New South Wales	422	29
Northern Territory	28	2
Queensland	269	18
South Australia	102	7
Tasmania	50	3
Victoria	324	22
Western Australia	99	7
Outside Australia	82	6
No information	11	1
Total	1476	100

Thirty-seven per cent of respondents described themselves as medical practitioners, with microbiologists, nurses and environmental health officers comprising an additional 37% (Table 2). The most common type of work in which respondents spent the greatest proportion of their working time was general practice (21%), followed by clinical microbiology (10%), environmental health (10%) and administration and management (9%).

Table 2. Profession of *CDI* readership survey respondents

Profession of respondent	Number	%
Medical practitioner	542	37
Microbiologist	252	17
Nurse	160	11
Environmental health officer	128	9
Public health practitioner	61	4
Epidemiologist	49	3
Veterinarian	41	3
Librarian	31	2
Academic	19	1
Pharmacist	18	1
Scientist	15	1
Journalist	14	1
Student	12	1
Entomologist	11	1
Other	121	8
No information	2	0
Total	1476	100

Responses

The majority of respondents (72%) said they read *CDI* every issue, 24% read it most issues, 3% read it occasionally and less than 1% never read it. Thirty three per cent of respondents said they were the only person to read their issue of *CDI*, 21% said one other person read it, 32% said 2-4 other people read it and 13% said 5 or more other people read it.

When asked why they receive *CDI*, 56% of respondents said it was for use in their work, 30% as a reference source, 13% for general interest and 1% did not respond to the question. Eighty-four per cent of respondents keep their copies of *CDI* for further reference.

The articles were the most frequently read section of *CDI* with 52% of respondents always reading them. These were followed by editorial comments (41%), notices to readers (38%), overseas briefs (38%), the annual report of the National Notifiable Diseases Surveillance System (NNDSS) (34%), HIV/AIDS surveillance reports (31%) and fortnightly reports from the NNDSS (30%). Less frequently read sections of *CDI* were influenza surveillance reports (read always by 24% of respondents), the annual report of the *CDI* Virology and Serology Reporting Scheme (LabVISE) (21%), LabVISE fortnightly reports (19%), Australian encephalitis surveillance reports (16%), Australian Sentinel Practice Research Network reports (15%), the annual report of the *CDI* Sterile Sites Surveillance Scheme (LabDOSS) (12%) and fortnightly LabDOSS reports (10%).

Twenty six per cent of respondents suggested other information they would like to see published in *CDI*. Fifty eight per cent did not suggest changes and 17% did not respond to the question. Suggested information included review articles, antibiotic resistance informa-

tion, more overseas and travel health information and new policy and treatment information. Additional suggestions included more information on food and water borne illness, more clinical information, improvements to or explanations of data collected, extracts from or references to other published material, more on public health practice and/or disease control, nosocomial infection information, occupational exposures to infectious diseases, information on specific diseases and information specific for general practitioners, the media and the general public.

Eight per cent of respondents suggested changes to the layout of *CDI*. These comments included better distinction between the sections of Communicable Diseases Surveillance, starting articles at the top of the page and including abstracts. Additional comments included putting more detail in the contents page, including author contacts, including more graphs, photographs, using colour, changing the size of *CDI* and changing the packaging for postage.

The majority of respondents (90%) preferred to receive *CDI* as a printed journal. Others nominated email (3%), internet (4%) or bulletin board (1%) access or did not respond to the question (3%).

Most respondents found *CDI* 'often useful' (66%), while others said it was 'occasionally useful' (32%). Two respondents said *CDI* is 'never useful' and two per cent did not respond to the question.

Respondents read a number of other related journals, in particular the *Medical Journal of Australia* (Table 3).

Table 3. Other journals *CDI* readership survey respondents read

Journal respondents read	Number	%
<i>Medical Journal of Australia</i>	827	56
<i>Australian Journal of Public Health</i>	312	21
State or Territory public health or communicable diseases bulletin	508	34
<i>Australian HIV Surveillance Report</i>	282	19
<i>Communicable Disease Report</i>	132	9
<i>Weekly Epidemiological Record</i>	188	13
<i>Morbidity and Mortality Weekly Report</i>	356	24
National <i>Salmonella</i> Surveillance Scheme quarterly reports	164	11

Discussion

This *CDI* readership survey showed that, as expected, the majority of readers are directly involved in communicable disease control in some way, and many use *CDI* to assist this work. It was unexpected to find, however,

that 20% of readers are general practitioners. While we recognise that primary care is probably the most important facet of communicable disease control, it was previously thought that *CDI* was more likely to be used by health authorities, hospitals and laboratories.

The use of *CDI* in respondents' work was high, but it is clear that some sections of *CDI* are more important to readers than others. Articles, editorial comments, notices to readers, overseas briefs and the National Notifiable Diseases Surveillance System are the most frequently read sections of *CDI*, while some of the surveillance schemes, in particular the *CDI* Sterile Sites Surveillance Scheme are less important to most readers.

Although the survey response rate was low, the non-responder survey did not identify any major

differences between responders and non-responders. It is likely however that non-responders (to both surveys) may find *CDI* less useful than responders.

The number of suggestions for additions and improvements to *CDI* implies that some changes could be made to better meet the needs of *CDI* readers. These changes would include both content and layout. Current distribution methods appear to be adequate for the majority of readers.

Aknowledgements

Jenny Hargreaves, Helen Longbottom, Margaret Curran and Kim Moser all contributed to the development and conduct of this survey.