

Who reads what in *CDI*? The 2002 readership survey

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Background

Communicable Diseases Intelligence (CDI) has been published by the Commonwealth Department of Health and Ageing since 1976. The bulletin was published fortnightly until 1997, when publication changed to four-weekly and then monthly from 2000. In 2001, the publication schedule changed to quarterly. *CDI* has been available electronically since 1996 on the Communicable Diseases Australia Website: <http://www.cda.gov.au/>. *CDI* is made available to subscribers (both institutional and personal) in print and electronic formats free of charge.

CDI aims to provide information about the incidence of and risk factors for communicable diseases in Australia to inform and assist those with responsibility for communicable disease control in a wide variety of settings. In order to assess how useful subscribers find the bulletin, a survey of the readers of *CDI* was conducted late in 2002. This was the first readership survey since 1995, when 1,476 responses from 4,872 subscribers were analysed and published.¹

Methods

A questionnaire was sent to all 2,167 subscribers on the mailing list as at October 2002, with a subscription renewal form in the third issue of *CDI* in 2002 (Appendix). A postage-paid envelope was supplied with each questionnaire. Four questions were asked: the respondents areas of interest and profession, how frequently the subscriber read the various sections of *CDI* and whether the subscriber would be willing to pay for *CDI* in the future.

The questionnaire was mailed to subscribers in early October. Responses received up to 24 December 2002 were included in the analysis.

Results

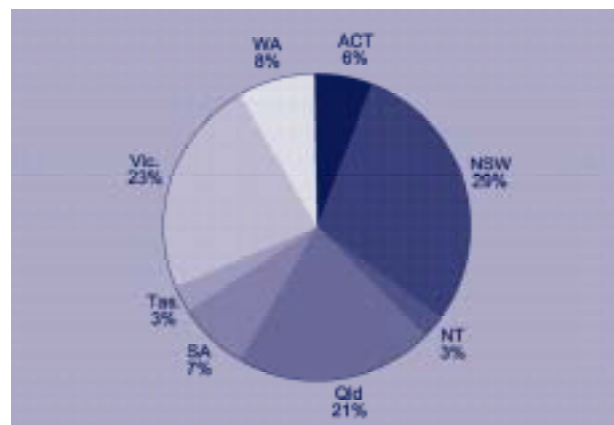
Response rate

In all 566 responses (26% of the total sent) were completed and returned. Of the 2,167 questionnaires posted, 901 were sent to institutions. No response was expected from these institutional nor from overseas subscribers. Therefore, the response rate for individual subscribers within Australia was 56 per cent.

Geographical distribution

There were 1,905 (88%) subscribers in Australia and 262 (12%) subscribers outside Australia who received the questionnaire. The breakdown of subscribers within Australia by state and territory is shown in Figure 1. The geographical distribution of *CDI* subscribers reflects the Australian population distribution.

Figure 1. The distribution of Australian subscribers to Communicable Diseases Intelligence, 2002, by state or territory of mailing address

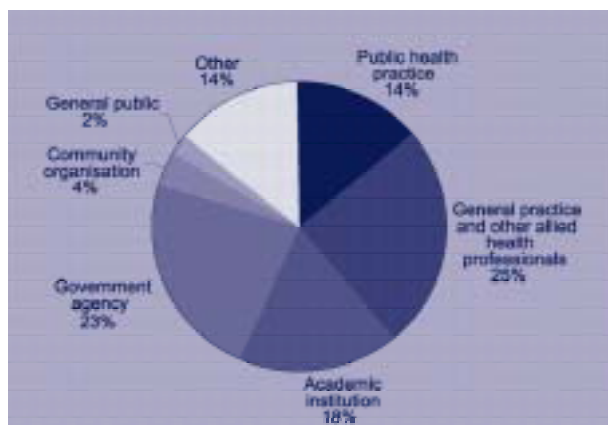


Subscriber's professions

Readers were asked to indicate which professional category best described their position. Readers were able to choose more than one option and all readers completed this section.

There were 595 responses from the 566 subscribers. The breakdown of subscribers by professional category is shown in Figure 2.

Figure 2. The self-described professional categories of respondents to the *Communicable Diseases Intelligence* readership survey, 2002



The 'other' category (n=84) included laboratory workers (n=33), infection control practitioners (n=9) and retired people (n=12). *CDI* subscribers are mostly in Australia (88%) although there is a significant proportion of subscriptions (262, 12%) overseas. Within Australia, subscriptions to individuals (1,004, 53%) only slightly outnumbers subscriptions from institutions (901, 47%). Institutions included libraries (n=307, 34%), laboratories (n=203, 23%), hospitals (n=189, 21%), government departments (n=148, 16%) and businesses (n=54, 6%).

Subscriber's interests

Readers were asked to indicate their major area of interest. Options were given according to the classification of diseases in the National Notifiable Diseases Surveillance System (NNDSS). More than one area could be chosen. All respondents completed this section. There were 1,818 responses from 566 subscribers giving an average of 3.2 responses per subscriber. The areas of interest of subscribers are shown in Table 1.

Subscribers reading habits

Readers were asked how often they read certain sections of *CDI*. For each section they were asked whether they read the section always, sometimes or never. The results are shown in Table 2.

Table 1. The major areas of interest in communicable diseases of respondents to the *Communicable Diseases Intelligence* readership survey, 2002

Area	Number of responses	% of subscribers
Bacterial infections*	339	60.0
Vaccine preventable diseases	324	57.0
Bloodborne infections	261	46.0
Foodborne disease	258	45.5
Vectorborne disease	228	40.0
Sexually transmitted infections	198	35.0
Quarantinable infections	139	24.5
Zoonoses	15	2.5
Other†	56	10.0
Total	1,818	

* Tuberculosis, legionellosis, meningococcal infection and leprosy

† Responses included: 'general overview' (19, 3%) or a specific disease (13, 2%).

Table 2. The frequency that respondents to the *Communicable Diseases Intelligence* readership survey, 2002 read various sections of *CDI*

Section	Frequency*		
	Always %	Sometimes %	Never %
Outbreak reports	64.0	33.0	2.0
Annual reports	61.0	34.0	5.0
Editorials	51.5	44.0	4.5
Short reports	51.5	45.0	3.5
Overseas briefs	50.5	45.0	4.5
Articles	50.0	48.0	2.0
Surveillance reports	48.5	48.5	3.0

Access to *Communicable Diseases Intelligence*

When asked if they would continue their subscription to *CDI* if a payment was required for subscription, 269 (47.5%) readers indicated that they would, 230 (40.5%) answered that they would not and 67 (12%) did not respond. As a subsidiary question, readers were whether they would want access to *CDI* in print or electronically. There were 509 responses to this question. The printed version was preferred by 215 (42%), 251 (49%) preferred the electronic version, and 19 (4%) would want access to both formats.

Discussion

This survey provides the editorial staff of *CDI* with valuable information for the future development of the bulletin.

CDI has a significant proportion of readers outside Australia. These include both individuals and institutions, mostly in the South East Asia and Western Pacific Region. *CDI* is therefore an important medium by which the international community gains information about communicable disease in Australia.

Within Australia, a large proportion of subscriptions (47%) go to institutions. These include hospital and laboratories (44%), libraries, (34%) and government departments (16%). Of interest were the 54 subscriptions held by businesses.

There is a greater diversity in the professional backgrounds of *CDI* subscribers than was expected. Subscribers in public health practice

or in a government agency, who were assumed to be the majority of subscribers, comprised only 37 per cent of the *CDI* readership. Many of the institutional subscribers to *CDI*, who did not respond to the survey may be public health professionals.

One quarter of subscribers described themselves as in general practice or other allied health professionals, which suggests that *CDI* is read by primary care physicians and other health professionals outside of public health. The 1995 readership survey (Herceg, 1996) also noted that 37 per cent of the readership were medical practitioners. Clearly, *CDI* is an important and continuing resource for information on communicable disease in Australia for a wide group of health professionals.

The *CDI* subscribers have a broad range of interests across the spectrum of communicable disease reported on in *CDI*. A recent analysis of the content of *CDI* in 2002 indicates that the proportion of published articles reflects the interests of the readership, although no articles on quarantinable or zoonotic diseases were published in 2002 (*CDI* Editorial Advisory Board discussion paper, 2003 unpublished).

The editors were gratified to see the high proportion of responders to the survey who regularly read the various sections of *CDI*. Outbreak reports were the most often read despite the changes in publication frequency of *CDI*. It would appear that readers value all parts of the bulletin and these will be retained in the future. The ranking of 'most read' sections of *CDI* was similar to that seen in the 1995 readership survey.

In terms of access, a large proportion (41%) would prefer not to pay for *CDI* and, in contrast to the 1995 survey a larger proportion prefer to access *CDI* electronically (49%) than in the print format (42%). This no doubt reflects general changes in attitudes and practice with regard to electronic media and is important information for future planning of *CDI*.

We thank all who participated in this survey and

welcome feedback from the readers of *CDI* at any time.

Reference

1. Herceg, A. *CDI* readership survey. *Commun Dis Intell* 1996;20:39-41.

Appendix: Communicable Diseases Intelligence 2002 readership survey questionnaire

1. What are your major areas of interest?

- | | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bloodborne virus | <input type="checkbox"/> Bacterial infections (TB, legionella, leprosy, meningococcal) |
| <input type="checkbox"/> Foodborne disease | <input type="checkbox"/> Quarantinable disease |
| <input type="checkbox"/> Vectorborne disease | <input type="checkbox"/> Sexually transmissible infections |
| <input type="checkbox"/> Vaccine preventable diseases | <input type="checkbox"/> Other (specify) _____ |

2. What professional category best describes your current position?

- Public Health Practice (i.e. Public health physician or a public health nurse)
- General practice and other allied health professionals
- Academic institution
- Government agency (this includes local, State/Territory or Federal Government)
- Community organisation
- General public
- Other (specify) _____

3. Do you read the following sections of *CDI*?

	Always	Sometimes	Never
Annual reports (e.g. NNDSS, meningococcal, TB, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outbreak reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Editorials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overseas briefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. If *CDI* were available to subscribers only on payment of a subscription.

Would you continue your subscription Y/N

- Would you want access to
- | | | |
|------------------------------------------------------|-----------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> print version of <i>CDI</i> | <input type="checkbox"/> electronic version of <i>CDI</i> | <input type="checkbox"/> both |
|------------------------------------------------------|-----------------------------------------------------------|-------------------------------|