MOVING FORWARD WITH HEALTH SURVEYS: A REPORT OF THE 2001 CATI FORUM

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In any discussion of health surveys, the central role of the interviewer in data collection is sometimes overlooked. But at the 2001 Computer Assisted Telephone Interviewing (CATI) Forum, interviewers from the NSW Health Survey Program took centre stage, with two powerful performances revealing the mysteries, methods, and madness of conducting CATI health survey interviews.

The 2001 Computer Assisted Telephone Interviewing (CATI) Forum, held in Sydney in November 2001 at the Powerhouse Museum, was convened by the National CATI Technical Reference Group (a sub-committee of the National Public Health Information Working Group) and sponsored by the Commonwealth Department of Health and Ageing and the NSW Department of Health. Delegates came from across Australia to hear speakers from the World Health Organization, Health Canada, state and territory health departments, the Commonwealth Department of Health and Ageing, the Australian Bureau of Statistics, the Australian Institute of Health and Welfare, and other research groups.

The first day was dedicated to an examination of the measurement of inequalities in health through health surveys, and how health survey data can influence policy. The second day explored methodological issues such as sampling, validation, pre-testing, question development, data collection, automated reporting, and the applications of survey data.

The messages from the Forum include the need for harmonisation of CATI questions among states and territories, the need for trend data, and aligning survey information in order to influence policy.

A subsequent meeting of representatives from each of the states undertaking CATI health surveys was held in Adelaide on 10 December 2001, to seek consensus on a minimum set of questions for SNAPS topic areas (Smoking, Nutrition, Alcohol, Physical Activity, and Mental Health). This was achieved, along with progress on minimum sets of questions for demographics, asthma, and diabetes. These questions have already been incorporated into the NSW Health Survey Program, which commenced year-round interviewing (as distinct from a series of discrete surveys) in February 2002.

COMMUNICABLE DISEASES, NSW: APRIL 2002

TRENDS

Notifications of communicable diseases received by NSW Health through to February 2002 are shown in Table 5 and Figure 2. Notably, there have been relatively few reports of **Ross River virus infection** this season, although **Barmah Forest virus infection** remained active in the mid North coast. Both these infections are due to arboviruses that are transmitted through the bite of infected mosquitos, and which can cause a self-limiting illness characterised by rash, fever, and joint pains. Reports of **cryptosporidiosis** remain relatively high, especially in rural areas (although well below the epidemic levels seen in 1998 linked to swimming in contaminated swimming pools). No common source of disease linked to an outbreak has been identified this summer. Relatively few reports of **meningococcal disease** were received over the summer months; and, for the fourth month running, no cases of **measles** were reported in NSW.

SALMONELLOSIS OUTBREAK

Salmonellosis is an acute illness caused by infection with *Salmonella* bacteria. It is characterised by a sudden onset of headache, abdominal pain, diarrhoea, nausea, and vomiting.

There are several species of *Salmonella* bacteria, the most common of which is *Salmonella typhimurium*. *Salmonella typhimurium* can be further subgrouped by phage typing. In the past *Salmonella typhimurium* phage type 9 (STMPT9) infections were relatively common in NSW; although in 2001 cases were reported less frequently.

Chickens, cattle, and other animals are natural reservoirs of *Salmonella* bacteria. Salmonellosis is transmitted via the faecal–oral route, usually through eating contaminated food, but sometimes from person-to-person, or from animal-to-person. It is postulated that many infections are acquired when contaminated foods (like chicken) are not cooked sufficiently to kill the bacteria, or when they are handled in a way that allows cross-contamination with other foods that are not cooked further. Changes in the type of *Salmonella* bacteria found in chickens may lead to changes in the type of salmonella bacteria subsequently infecting people via the food chain.

In February, an increase in STMPT9 was identified. To date, 82 cases have been reported with onset in 2002,