Editorial: Wither CDI?

This publication has now completed its twenty-fourth year. In January 1977 it started as the ‘National Microbiological Reporting Service’ bulletin published fortnightly. Reported in this initially were viral (plus certain rickettsial and mycoplasma) diseases. The longer established ‘ADH (Australian Department of Health) notifiable diseases in the States and Territories of Australia’ bulletin had been distributed weekly and separately from August 1975 by the (then) Environmental Health Branch of the Department of Health. As the mailing lists had many addresses in common the two bulletins were amalgamated in August of 1977, and a month later the name was changed to ‘Australia: Communicable Diseases Intelligence’ (CDI). In 1980 the Australian Commonwealth Arms was first used on the front cover ‘to signify that CDI is an Australian Government publication distributed overseas (about 10% of the circulation of 750 goes overseas)’ and ‘Australia’ was dropped from the title.

At the beginning of a new millennium, it seems appropriate to review the role of CDI in national surveillance and examine the information needs of its current readership and the public health sector more broadly. Over the years CDI has evolved as a vehicle to disseminate information on the national picture of communicable diseases in Australia. Initially it was a fortnightly collation of reports from contributing laboratories, plus brief outbreak reports and the weekly updates on notifiable diseases. The latter were collated 4-weekly from January 1979 until March 2000 when monthly reporting was started. The earlier emphasis of CDI as a vehicle for communicating laboratory data, timely outbreak reports and late-breaking news changed. Over time and with successive editors, contributed articles and reports increased in number and length, and CDI had become an international publication reporting on any aspect of communicable disease in Australia. In late 1995 reporting of CDI on the Population Health Division Website started and an Advisory Board met for the first time. Peer review of submitted articles was introduced in 1996 as a prelude to citation of CDI by Medlars and Medline, which started early in 1997. In October 1997 CDI switched from a 2-weekly to 4-weekly publication and in April 2000, to a monthly one.

The 24-year history of CDI has also spanned some major changes in communication technology, to a stage where this publication, in its present form, is no longer fulfilling its original function. In the 1970s surveillance data were communicated by telephone and mail and data for at least one issue were not received due to a postal strike. Today, the data are transmitted electronically by e-mail and discussed at a fortnightly teleconference by members of the CDNANZ. Production of CDI takes time; the printed form of CDI has thus ceased to be the vehicle for timely distribution of the latest communicable disease information to those who need to know quickly.

From early 2001 the national surveillance data will be continually updated on the CDI Website, and the first issue of CDI Volume 25 (January 2001), which will report the December 2000 surveillance data, will be the last in its current form. Thereafter CDI will be published quarterly with an emphasis on periodic reviews of, and reports on, the surveillance data, plus reviews and original articles on any aspect of communicable diseases of relevance to Australia.

The editorial team is keen for CDI (both the hard copy and the Website) to become more relevant to the needs of its readers. For example should CDI’s charter be broadened by a more liberal interpretation of ‘any aspect of communicable disease’? The team would be pleased to hear from readers of ways that the new CDI could continue to be improved.

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