

with lower numbers, perhaps even with one oocyst. Few (if any) water authorities can guarantee complete freedom from such a risk from using finished water, given the current state of technology.

*Swimming pools*

Finally, it was agreed that *Cryptosporidium* constitutes a substantial public health hazard in swimming pools, and that this risk will continue while parents take young children to pools in the summer. The only approaches identified as being available were public education to minimise contamination of pools, improved engineering of pool filters, and overnight hyperchlorination of affected filters and pools. Pool closures are as undesirable for the recreational water industry as 'boil water' alerts are for the drinking water industry, and may create similar public responses. While there is some scope for reducing the problem by better design and operation of pools, it is clear that the major need is for better public understanding of the issue.

**Public health strategy for drinking water**

There was further discussion of the consensus public health strategy for drinking water in the final plenary session, with the following points being agreed:

- Relevant health and water industry personnel should have frequent routine contact so that rapid and effective consultation can take place whenever unusual water quality events occur.
- A stepwise response protocol should be established depending on the degree of health concern associated with different circumstances.
- It is important that the response protocol agreed between health and water authorities is subject to public comment during its development.
- The final response protocol must be made available to the public and the media. The protocol should set out the circumstances that would trigger a response, the investigative and corrective measures to be implemented for various levels of response, and the time period required to carry them out. Placing this information in the public domain in advance of any water quality events helps to address industry concerns over 'duty of care' with respect to the time taken for confirmatory testing and investigations.

It is preferable that one person in each State or Territory is responsible for dealing with the media during the investigation of water quality events. The media should be kept informed on the progress of investigations being undertaken to ascertain the degree of health risk to the community.

*Errata*

Amin, J. Heath, T. and Morrell, S. Hepatitis A in Australia in the 1990s: future directions in surveillance and control. *Commun Dis Intell* 1999; 23:113-120.

The organisation with which the first author is affiliated is the National Centre for Immunisation Research and Surveillance of Vaccine Preventable Diseases (NCIRS).

A sentence towards the end of the Methods section (paragraph 1, page 115) should read 'The outbreak level is defined as the number of notifications occurring in a month for which the probability of that number occurring is less than 0.05, based on the expected number of notifications per month being the average number of notifications per month'.

**Typhoid fever - urgent health alert**

A health warning has been issued to all passengers who travelled on the *P&OFair Princess*, cruise No.76 that departed Cairns, Australia on 12 May 1999 and travelled to Port Moresby, Samarai Island, Milne Bay, Honiara, Champagne Bay and Vila to see a doctor immediately if they are feeling unwell or have been recently sick.

The Communicable Diseases Network of Australia New Zealand (CDNANZ) advises that at least three passengers on this cruise have been infected with typhoid fever and there may be more passengers who are affected.

There are two confirmed cases of typhoid fever in Victoria and one in NSW. All of the cases notified so far appear to have taken a Kokoda Trail tour on 14 May.

Typhoid is an infection caused by bacteria of the *Salmonella* group. It occurs world-wide but is more common in developing countries such as Asia, including

the Pacific Islands, the Middle East, Africa and Latin America.

Typhoid is transmitted by contaminated food, water or ice. The symptoms of typhoid are fever, diarrhoea or constipation, abdominal pain or tenderness, nausea, vomiting and headache, malaise and cough. Diagnosis is usually made by blood test or faeces examination. Symptoms can occur within three days and up to three months after consumption of contaminated food or water, but usually in one to three weeks. Antibiotic treatment is extremely effective and results in complete recovery.

Passengers who travelled on this cruise and who have the above symptoms are advised to seek medical attention urgently.

P&O Cruises are cooperating fully with the investigation now under way and they point out that the evidence so far points to the Kokoda tour as the source of the problem.