LETTERS

SMS text messaging for contact follow-up in invasive meningococcal disease
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TO THE EDITOR: We evaluated follow-up by SMS (short message service) text messaging of contacts of a patient with meningococcal disease. An 18-year-old woman from south-western Sydney was diagnosed with invasive meningococcal disease in July 2008 after presenting to hospital with a rash that appeared after a 2-day prodromal illness. The Sydney South West Public Health Unit identified the patient’s household and similar contacts, and arranged for these individuals to be treated with clearance antibiotics. The patient had visited a bar with friends 3 days before symptom onset. The extent of contact with people in this social network did not warrant treating them with clearance antibiotics. However, it was appropriate to warn them about meningococcal disease as recommended by national guidelines.1 A list of mobile phone numbers of 14 people who visited the bar with the patient was compiled by one of her friends. A text message was sent 2 days after the patient’s diagnosis to everyone on the list via a broadcast messaging service:


The message sender appeared as “SMS4U”.

To the Editor
Two weeks later, one of us (JEC) made up to three attempts to telephone each of the contacts, explaining that this was a follow-up about a text message they may have received from the Public Health Unit. Contacts were asked whether or not they remembered receiving the message, had viewed the website, and found the information helpful. Twelve were contacted (six men, six women; age range, 18–24 years); all remembered receiving the message, nine looked at the website, and 11 found the message helpful. All were happy to receive the information this way. Some knew of their friend’s illness through other social contacts.

This is the first time we have used SMS to communicate information to social contacts of a patient with meningococcal disease. To our knowledge, this is the first reported use of SMS for this purpose, although email and the Internet have been used previously.2

SMS communication appeared highly acceptable to these young people and provided useful information, but it may be less useful in other age groups. SMS has been used successfully in other health contexts — appointment and vaccination reminders3,4 and diabetes education.5 It enables delivery of a concise, timely and consistent message that can easily be broadcast to large groups. There are potential pitfalls: limited information can be conveyed; there is uncertainty regarding whether the message is received (the broadcast service we used provided a “successful send” receipt but not a “message opened” receipt); those without mobile phones cannot be contacted; those without Internet access cannot access web-based resources; and some recipients may not understand the message. The authority of a message from SMS4U (the only available option) was also of concern. We did not exploit the capability of forwarding an SMS message and, by doing so, “snowballing” the information. This could be valuable for alerting large contact networks. Our study was small, and we recommend further evaluation of SMS communication in larger groups.

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