

### What is already known on this topic

Secondhand smoke has adverse effects on health, including respiratory health

Smoke-free policies are associated with decreased exposure in the hospitality sector and possibly a rapid improvement in respiratory health in bar workers, though the size of these effects relative to underlying trends is unknown

### What this study adds

After the introduction of comprehensive smoke-free workplace legislation in the Republic of Ireland, exposure to secondhand smoke and respiratory symptoms declined in non-smoking bar staff

The reductions were significantly higher than the unanticipated reductions observed in the control region

The small number not followed up differed from the overall group but because of the paired design, this does not compromise study validity. Although the numbers enrolled from Northern Ireland were small, they were sufficient to detect significant changes.

### Implications of findings

The smoke-free workplace law in the Republic of Ireland seems to have provided protection for one of the most heavily exposed occupational groups. The increase in support for the law in the Republic since its introduction, even among smokers, underpins its effectiveness.<sup>12</sup> These findings have implications for legislators in other countries currently considering smoke-free workplace legislation.

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Competing interest: SA is a member of the Board of the Irish Office of Tobacco Control (unpaid position). IJP is chairman of the Irish Research Institute for a Tobacco Free Society.

Ethical approval: Research ethics committee of the Faculty of Public Health Medicine, Royal College of Physicians of Ireland; the St. James's Hospital and Federated Dublin Voluntary Hospitals joint research ethics committee; the clinical research ethics

committee of the Cork Teaching Hospitals; and the healthcare committee and senior management team of the Western Health and Social Services Board and the Western Investing for Health Partnership.

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### Corrections and clarifications

*Effect of educational outreach to nurses on tuberculosis case detection and primary care of respiratory illness: pragmatic cluster randomised controlled trial*

In this Primary Care paper by Lara R Fairall and colleagues (*BMJ* 2005;331:750-4, 1 Oct) we inadvertently misspelt the name of one of the authors, Pat Mayers (not Myers). This has now been corrected online. A process error in the editorial office led to the figure seriously overstating the number of patients lost to follow-up in the intervention group: 70 (not 7000) patients were lost. Additionally, the authors have sent us a fuller acknowledgment for two of the contributors, Robert Scherpbier and Salah-Eddine Ottmani (<http://bmj.bmjournals.com/cgi/content/full/331/7519/750/DC2>).

*Cervical cancer, human papillomavirus, and vaccination*

We wrongly made a last minute change to the title of the box in this editorial by Catherine M Lowndes and O Noel Gill (*BMJ* 2005;331:915-6, 22 Oct). The title should have remained as agreed with the authors, as "Some important questions for a programme for HPV vaccination" (not "Questions before starting an HPV vaccination programme"—as many of the questions listed would be impossible to answer before the vaccine is introduced). For more discussion on this, see rapid responses accompanying the editorial (<http://bmj.bmjournals.com/cgi/content/full/331/7522/915>).