

## Other reports

# COMMUNICABLE DISEASES INTELLIGENCE

## INSTRUCTIONS FOR AUTHORS

*Communicable Diseases Intelligence (CDI)* is published quarterly (March, June, September and December) by the Surveillance Branch, Office of Health Protection, Australian Government Department of Health and Ageing. The aim of *CDI* is to disseminate information on the epidemiology of communicable disease in Australia. *CDI* invites contributions dealing with any aspect of communicable disease epidemiology, surveillance or prevention and control in Australia. Submissions can be in the form of original articles, short reports, surveillance summaries, reviews or correspondence.

### Manuscripts for submission

Manuscripts submitted to *CDI* must be offered exclusively to the journal. All manuscripts should be accompanied by a covering letter that should include:

- a list of all authors;
- confirmation that the manuscript content (in part or in full) has not been submitted or published elsewhere; and
- whether the manuscript is being submitted as an article, short report, surveillance summary, outbreak report or case report.
- In addition, manuscripts should include a title page that should contain the following information:
- title (e.g. Prof, Dr, Ms, Miss, Mrs, Mr), full name including middle initial, position held, and institution at the time the article was produced, of each author;
- name of corresponding author, including current postal address, telephone, facsimile and email; and
- word count of the main text and of the abstract.

On receipt of a manuscript, authors will be sent a brief acknowledgment. Accepted manuscripts are edited for style and clarity and final proofs are returned to the corresponding author for checking prior to printing.

### Authorship

Authorship should be based on substantial contribution to the article. Each author should have par-

ticipated sufficiently to take public responsibility for the article. Others contributing to the work should be recognised in the acknowledgments.

### Types of manuscript

#### Articles

The text of articles must be structured to contain an abstract, introduction, methods, results, discussion, acknowledgments and references. Manuscripts submitted as articles must be 3,000 words or less and are peer-reviewed. Occasionally, reports of urgent public health importance may be published immediately, at the discretion of the Editor.

#### Short reports

Short reports are not subject to peer review and should be of less than 2,000 words. Types of short reports include:

##### *Surveillance summaries*

A report of 1,000 words or less which briefly reports on changes in the local epidemiology of communicable disease, changes in surveillance systems, or new interventions, such as implementing vaccination in an at-risk group. Surveillance summaries should provide a brief description of the setting and a discussion of the significance of the events, changes or interventions.

##### *Outbreak reports*

Unstructured reports of communicable disease outbreaks of 500 to 1,000 words will be considered for publication based on their public health significance. Reports should include details of the investigation, including results of interventions and the significance of the outbreak for public health practice. More comprehensive reports on outbreaks should be submitted as articles.

##### *Case reports*

Brief unstructured reports of 500 to 1,000 words on unique cases of communicable disease will be considered based on their public health significance. Authors must note the instructions on the protection of patient's right to privacy (see Ethics commit-

tee approvals and patient's right to privacy below). Some discussion of the significance of the case for communicable disease control should be included.

### Letters to the Editor

The editors welcome comments on articles published in *CDI* in the form of letters to the Editor. Letters should normally be less than 500 words, include no more than a single chart and less than six references.

### Document preparation

Authors are asked to provide an electronic copy of the manuscripts. Microsoft Word for Windows 2003 or an earlier version is preferred. Alternatively files should be saved as Rich Text Format (rtf).

In addition:

- Arial font is preferred but if not available use Times New Roman.
- Abstracts should not exceed 250 words. Do not cite references in abstracts. Structured abstracts are not acceptable.
- Include up to 10 keywords.
- Avoid too many abbreviations.
- Do not use numbered paragraphs.
- Do not use page numbering.
- Do not use headers or footers.

Final manuscripts should not include any field codes such as automatic numbering for references. Electronic referencing software (e.g. Endnote) field codes should be embedded before submission of the final version.

### Tables

- Tables and table headings should be provided in the manuscript at the end of the text and should be referred to within the results section.
- Information in tables should not be duplicated in the text.
- Headings should be brief.
- Simplify the information as much as possible, keeping the number of columns to a minimum.
- Separate rows or columns are to be used for each information type (e.g. percentage and number should be in separate columns rather than having one in parentheses in the same column).
- If abbreviations are used these should be explained in a footnote.
- Footnotes should use the following symbols in sequence: \* † ‡ § || ¶ \*\* †† ‡‡

- Do not use borders, or blank rows or blank columns for spacing.

### Figures and illustrations

Figures and illustrations, including headings, should be provided in the manuscript at the end of the text and should be referred to within the results section. In addition, they should also be provided as a separate file in accordance with the following requirements.

#### Figures

- Use Microsoft Excel for Windows.
- Each figure should be created on a separate worksheet rather than as an object in the datasheet (use the 'as new sheet' option for chart location).
- The numerical data used to create each figure must be included on a separate worksheet.
- Worksheets should be appropriately titled to distinguish each graph.
- Do not include the graph heading on the Excel worksheet.

#### Illustrations

- Electronic copies of computer-generated illustrations should be saved in Adobe Photoshop, or similar graphic software in one of the following graphic formats: JPEG, EPS, GIF, or TIFF.
- Electronic versions of photos need to be at least 300 dpi. Black and white illustrations or photographs can be included if required.
- Use a sans serif font for figures. Symbols, lettering and numbering should be clear and large enough to be legible when reduced.

### References

References should be identified consecutively in the text by the use of superscript numbers without brackets. Any punctuation should precede the reference indicators.

The accuracy of references is the responsibility of authors. Use the Vancouver reference style (see International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Ann Intern Med* 1997;1126:36-47 available from: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)) and abbreviate journal names as in Medline (e.g. *Commun Dis Intell*). The Medline journal database is available from: <http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals>. Include the surnames and initials of all authors (or only the first six authors, et al, if there are more than six). Cite the first and last page numbers in full, and specify the type of reference (e.g. a letter, an editorial, an abstract, or supplement).

Cite personal communications and unpublished papers in the text, not in the reference list, with the exception of material that has been accepted for publication (in press). Obtain written permission from people cited, and include their title, position and affiliation.

### **Ethics committee approvals and patients' rights to privacy**

All investigations on human subjects must include a statement that the subjects gave their written informed consent, unless data collection was covered by public health legislation or similar studies have been considered by a relevant ethics committee and a decision made that its approval was not required. The name of the ethics committee that gave approval for the study should be included in the text. Alternatively, if approval is not required a statement to this effect should appear in the manuscript.

When informed consent has been obtained this should be included in the text.

Ethical approval and patient consent may also be required for case reports. Identifying details about patients should be omitted if they are not essential, but data should never be altered or falsified in an attempt to attain anonymity.

### **Review process**

Articles provisionally accepted for publication undergo a peer review process. Manuscripts are reviewed by two experts in the topic area. Authors may be asked to revise articles as a result of the review process before the final decision about publication is made by the Editor. Revised articles are to be returned with a covering letter addressing each comment made by each reviewer.

Occasionally, reports of urgent public health importance may be published immediately without peer review, at the discretion of the Editor. Articles may also be rejected without peer review.

Short reports are not subject to peer review.

### **Copyright**

All authors are asked to transfer copyright to the Commonwealth before publication. A copyright form will be sent to the corresponding author. All authors are required to sign the copyright release. The Commonwealth copyright will be rescinded if the article is not accepted for publication.

### **Submission of manuscripts**

Manuscripts should be provided electronically by email to: [cdi.editor@health.gov.au](mailto:cdi.editor@health.gov.au)

Requests for further information can be obtained either by telephone to (02) 6289 8245, by facsimile: (02) 6289 7100 or by email to the address above.