

Administration

COMMUNICABLE DISEASES INTELLIGENCE INSTRUCTIONS FOR AUTHORS

Communicable Diseases Intelligence (CDI) is published quarterly (March, June, September and December) by the Health Emergency Management Branch, Office of Health Protection, Australian Government Department of Health.

The aim of CDI is to disseminate information on the epidemiology of communicable disease in Australia, including surveillance, prevention and control.

The objectives of CDI are to:

- report on surveillance of communicable diseases of relevance to Australia;
- publish other articles relevant to communicable disease epidemiology in Australia; and
- provide information on other activities relevant to the surveillance, prevention and control of communicable disease in Australia.

CDI invites contributions dealing with any aspect of communicable disease epidemiology, surveillance, prevention or control in Australia. Submissions can be in the form of original articles, short reports, surveillance summaries or letters to the Editor.

CDI publishes guidelines and position papers from the Communicable Diseases Network Australia and its expert sub-committees and may invite guest editorials and review articles on occasion.

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:

- 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, and email; and
- word count of the main text and of the abstract.

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

Authorship

Authorship should be based on substantial contribution to the article. Each author should have participated sufficiently to take public responsibility for the article. Others contributing to the work should be recognised in the acknowledgements.

Types of manuscript

Original articles

The text of articles must be structured to contain an abstract, introduction, methods, results, discussion, acknowledgements and references. Manuscripts submitted as articles must be 3,000 words or less and will be peer-reviewed.

Original articles may be submitted at any time and will be included in an issue once their review and revision has been completed. Articles may be published ahead of the scheduled issue, in the 'early release' format.

Systematic reviews submitted to CDI will be expected to conform to the Preferred Reporting Items for [Systematic Reviews and Meta-Analyses \(PRISMA\) guidelines](http://www.prisma-statement.org/) (<http://www.prisma-statement.org/>).

Letters to the Editor

The editorial team 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.

Short reports

Short reports may be submitted for peer review or for publication without peer review, depending on the content. Articles of particular relevance for rapid dissemination (such as timely outbreak reports) may be fast-tracked for early release prior to the next issue of CDI. Please discuss your requirements with the editorial team. Short reports may include an abstract. Types of short reports include:

Surveillance summaries

A report of 1,000 words or less that briefly reports on changes in the local epidemiology of a communicable disease, changes in surveillance systems, or new interventions, such as introducing 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.

Case reports

Brief reports of 500 to 1,000 words on 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 (refer to the Ethics committee approvals and patients' right to privacy below). Some discussion of the significance of the case for communicable disease control should be included.

Outbreak reports

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.

An outbreak report may be structured as below (the subheadings can be adjusted to suit), or may be unstructured if very brief.

Most outbreak reports will present only the descriptive epidemiology of the outbreak, with suspected risk factors for infection. The findings of any analytic study would usually be presented in an article at a later date, though authors may choose to present preliminary analyses from analytic studies.

Suggested structure

Abstract

A very brief unstructured abstract should be included.

Background and methods

Including initial detection of the outbreak, case finding and interview techniques, study design and any statistical methods.

Description of outbreak

Case definition, number of cases, number laboratory confirmed, symptoms. Time, place and person, epidemic curve.

A maximum of 2 tables and/or figures is suggested.

Laboratory, trace back and environmental investigations

Details of the proportion of laboratory confirmation of cases.

Public health response

A very brief description of any actions taken to prevent further cases may be included.

Discussion

Including the significance of the outbreak for public health practice.

References

A maximum of 20 references is suggested.

Peer review process

Articles provisionally accepted for publication will undergo a peer review process and articles may be rejected without peer review. Short reports may be submitted for peer review, or may be reviewed at the discretion of the Editor. Articles will be subject to review by two experts in the field and short reports by one or two reviewers (if any).

When submitting your manuscript, you may specify reviewers who are qualified to referee the work, who are not close colleagues and who would not have a conflict of interest. Suggestions regarding reviewers will be considered, however, the Editor has the final decision as to who to invite to review a particular article.

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.

Annual reports and quarterly reports are not subject to peer review.

Document preparation

Articles and reports must be written in clear, comprehensible English. Authors should pay particu-

lar attention to the style guides, web accessibility requirements and table and figure formatting requirements provided on these pages.

Articles are only accepted in electronic form, in Microsoft Word and Microsoft Excel. Graphics may be provided in a range of other formats (see section below on illustrations). 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 acceptable.
- Include up to 10 keywords.
- Avoid too many abbreviations.

Manuscripts should be submitted with a one or two sentence summary of the article.

Tables

Tables and table headings should be located within the body of the manuscript and all tables 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 and avoid merged cells as much as possible.

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 blank rows or blank columns for spacing.

A short summary of each table should be included to satisfy government accessibility requirements (refer to Web accessibility requirements).

Figures and illustrations

Figures and illustrations, including headings, should be provided in the body of the manuscript and should be referred to within the results section. They should also be provided as a separate file.

Examples of each of the following can be found in the [on-line version of Instructions to authors](http://www.health.gov.au/internet/wcms/publishing.nsf/Content/cda-pubs-cdi-auth_inst.htm) (http://www.health.gov.au/internet/wcms/publishing.nsf/Content/cda-pubs-cdi-auth_inst.htm)

A long text description should be included to satisfy government accessibility requirements (refer to Web accessibility requirements).

Figures

Use Microsoft Excel.

Each figure should be created as 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 (see [example on the Department of Health web site](#)).

Worksheets should be appropriately titled to distinguish each graph (e.g. Figure 1, Figure 2; Figure 1 data, Figure 2 data).

Do not include the graph heading on the Excel worksheet.

Graphs should be formatted to CDI requirements as much as possible. These requirements are available on the [Health web site](http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-cdi-auth_excel_fig.htm) (http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-cdi-auth_excel_fig.htm).

Photographs

Photographs may be submitted if required.

Photos need to be at least 300 dpi.

Electronic copies should be saved in Adobe Photoshop, or similar graphic software in one of the following graphic formats (in preferential order):

- PSD
- TIFF
- EPS
- JPEG (JPG).

Illustrations

Illustrations or flow charts can be included if required.

Images should preferably be at least 300 dpi.

Electronic copies of computer-generated illustrations should preferably be saved in a vector image program such as Adobe Illustrator or other simi-

lar graphic but charts created in either Word or PowerPoint are acceptable. Use a sans serif font for figures (e.g. Arial). Symbols, lettering and numbering should be clear and large enough to be legible when reduced in size.

Maps

Maps created by mapping programs such as MapInfo or ArcGIS should be saved at 300 dpi and in one of the following graphic formats (in preferential order) to allow editing of font size and colours:

- AI
- EMF

If this is not possible the following graphic formats should be used (in preferential order):

- TIFF
- EPS
- GIF.

Other images

Other images may be submitted in one of the following graphic formats (in preferential order):

- PSD
- TIFF
- EPS, or
- GIF.

Authors should aim for maximum levels of contrast between shaded areas. Use a sans serif font for text. Symbols, lettering and numbering should be clear and large enough to be legible when reduced in size.

Web accessibility requirements

The Australian Government is required to meet level AA of the [Web Content Accessibility Guidelines version 2.0 \(WCAG 2.0\)](#). These guidelines include the need for alternate methods of presenting the information depicted in images—including figures and maps—for readers with vision impairment and other disabilities using text readers. Complex tables also present challenges for text readers.

Articles and reports should be submitted with:

- a short summary of any tables
- a long text description of any figures;

- a long text description of any maps, flowcharts, or other images. For thermal maps showing disease rates by statistical location, a data table may be a preferred alternative.

Keep in mind that the description should be sufficient for a sight impaired person to understand what the information image is trying to convey,

[Samples of descriptors for tables and figures](http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-cdi-auth_web.htm) can be found here on the Health web site (http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-cdi-auth_web.htm).

Further information about WCAG 2.0 is available from the [Australian Government Information Management Office](http://agimo.gov.au/) (<http://agimo.gov.au/>)

References

References should be identified consecutively in the text using the Vancouver reference style. Any punctuation should precede the reference indicators.

Abbreviate journal names as in the [PubMed journal database](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals) (<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals>) (e.g. *Commun Dis Intell*). 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. letter, editorial).

[Examples of the Vancouver reference style](http://www.nlm.nih.gov/bsd/uniform_requirements.html) are available on the Health web site. See also the [International Committee of Medical Journal Editors Uniform requirements for manuscripts submitted to biomedical journals](http://www.nlm.nih.gov/bsd/uniform_requirements.html) *Ann Intern Med* 1997;1126:36–47 (http://www.nlm.nih.gov/bsd/uniform_requirements.html).

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.

The accuracy of references is the responsibility of authors.

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.

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.

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

Please contact the editorial team at cdi.editor@health.gov.au if you require any further information.

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