CDI Article submission form

Note This information will be used as meta-data for your article's entry in indexes; libraries; archives; search engines; and information and analytics services.

Instructions for authors http://health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-cdi-auth_inst.htm

First name Middle name Last name

Corresponding author information

Email address

Phone

Article information Article Type Word count Submission date

Article Title

Keywords (≤10)

Figures supplied I confirm that the manuscript contents have not been published

elsewhere in the public domain.

Accessibility text supplied I confirm that the manuscript contents have not been

submitted elsewhere for publication.

Article MS-Word file supplied

For unsolicited contributions from authors external to the Australian Government

For use by Australian Government Department of Health and Aged Care contributors, and for authors of regular surveillance reports wherein the copyright is contractually vested in the Department

Copyright and privacy form supplied APP 5 Privacy form supplied

Download the forms from here:

https://www1.health.gov.au/internet/main/publishing.nsf/Content/cda-pubs-cdi-auth_inst.htm

Privacy and your personal information

Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles, and is being collected by the Australian Government Department of Health and Aged Care (Department) for the purposes of allowing us to consider publishing your article in the journal "Communicable Diseases Intelligence".

If you do not provide this information the Department will not be able to consider your article for publication. You can get more information about the way in which the Department will manage your personal information, including our privacy policy, at: http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy-policy. If you include the details of other authors or suggested reviewers on this article submission form, you must obtain the individual's consent to the Department's collection of their personal information.

Please sign the form digitally and return it to cdi.editor@health.gov.au

Content of this form cannot be changed after sign-off