



# Information for authors

## January 2016

### Introduction

The Canada Communicable Disease Report (CCDR) is a bilingual, peer-reviewed, open-access, online scientific journal published by the Public Health Agency of Canada (the Agency). It provides timely and practical information on infectious diseases to clinicians, public health professionals and policy makers. CCDR is published on the first Thursday of every month (unless it is a civic holiday, in which case it is published on the following Thursday). In addition, occasional CCDR supplements are published.

### What we are looking for

We welcome submissions of manuscripts from across Canada and elsewhere with practical, authoritative information on infectious diseases that will inform communicable disease policy, program and practice. CCDR follows the recommendations of the International Committee of Medical Journal Editors (ICMJE) (1) and the Treasury Board of Canada Secretariat policies on publishing, [official languages](#) (2), and [web accessibility](#) (3). CCDR does not contain policy statements, except as summaries of Advisory Committee statements. Authors retain the responsibility for the content of their articles; opinions expressed are not necessarily those of the Agency.

### Types of articles

The table below identifies the types of articles commonly published in CCDR. The word counts are for the main body of the text, and do not include the abstract, tables or references. Checklists for each article type are available upon request ([ccdr-rmtc@phac-aspc.gc.ca](mailto:ccdr-rmtc@phac-aspc.gc.ca)).

#### The types of articles published in CCDR (in alphabetical order)

| Type of article<br>(word count)                      | Description                                                                                                                                                                          |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Commentary</b><br>(1,000-1,500 words)             | Addresses a stand-alone issue, setting forth both the strengths and arguments to support a particular point of view as well as outlining potential weaknesses and counter-arguments. |
| <b>Epidemiologic study</b><br>(1,500-2,000 words)    | Includes cohort and case-control studies on infectious diseases as per the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) (4) guidelines.             |
| <b>Implementation science</b><br>(1,500-2,000 words) | Describes an innovative process, policy or program designed to monitor or decrease the impact of an infectious disease and generally includes an evaluation of how it worked.        |

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|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Invited editorial</b><br>(1,000-1,500 words)   | Comments on one or several articles being published in the same issue, often placing it/them into a broader context.                                                                                                             |
| <b>Outbreak report</b><br>(2,000-2,500 words)     | Provides information on an outbreak, summarizing its epidemiology, risk factors, associated morbidity and mortality, public health interventions, and outcomes.                                                                  |
| <b>Overview</b><br>(1,500-2,000 words)            | Summarizes content from many specialized articles or sources into one broadly scoped article, or provides an introduction to a topic for those who may be reading about issues outside their field of expertise.                 |
| <b>Rapid communication</b><br>(750-1,500 words)   | Provides a short, timely and authoritative report of an emerging or re-emerging infectious disease that typically includes the results of preliminary investigations and any interim clinical and public health recommendations. |
| <b>Report Summary</b><br>(500-1,000 words)        | Includes an abstract and a short summary of the Agency or Advisory Committee reports with links to the full report or statement.                                                                                                 |
| <b>Surveillance report</b><br>(2,000-2,500 words) | Summarizes the trends in the incidence or prevalence of an infectious disease in Canada.                                                                                                                                         |
| <b>Systematic review</b><br>(2,000-2,500 words)   | Provides a review of the literature on an infectious disease topic according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (5) guidelines.                                                  |

Other types of manuscripts may also be appropriate; authors may find it helpful to consult with the [Editor-in-Chief](#) ([ccdr-rmtc@phac-aspc.gc.ca](mailto:ccdr-rmtc@phac-aspc.gc.ca)) prior to submission.

## How to prepare and submit a manuscript

### Manuscript preparation

Consult the [ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals](#) for general manuscript preparation requirements, including information on how to cite references in the text and how to set up tables and figures.

Manuscripts may be submitted in either English or French, and should be prepared using Microsoft Word (.docx). Identify the author(s) and their primary affiliation(s), and provide an email address for the corresponding author. For research articles, include a 200- to 250-word structured abstract (Background, Objective, Methods, Results, and Conclusion). For commentaries and editorials include a 150- to 200-word text abstract. Tables



and figures should be sent as separate files. Figures need to be created as editable files, such as Excel or PowerPoint, to permit formatting and translation.

## Acknowledgements, funding sources and conflict of interest statements

At the end of the article, add an acknowledgement section to thank anyone who contributed to the development of the paper (but did not meet the requirements for authorship). Note any funding sources in a separate section (if relevant), and add a conflict of interest statement, even if only to state "None."

## Manuscript submission

Submit manuscripts with a cover letter and conflict of interest statements by email to [ccdr-rmtc@phac-aspc.gc.ca](mailto:ccdr-rmtc@phac-aspc.gc.ca).

Authors who are employed by a government organization are responsible for obtaining approval or clearance before their manuscript is submitted. Authors who work for the Agency require Director approval for submission, in keeping with the Agency's Policy for the Publication of Scientific and Research Findings. Whoever sends in the manuscript is considered the corresponding author. It is an expected courtesy to copy those who have provided clearance on the cover letter.

### Cover letter

Include a cover letter when submitting a manuscript noting the following:

- The manuscript has not been published previously (as CCDR generally considers only previously unpublished work).
- The manuscript has been reviewed and approved by all the authors and the [ICMJE requirements for authorship](#) (1) have been met.

### Conflict of interest statements

Attach an [ICMJE Conflict of Interest](#) (6) form from each author.

## How manuscripts are processed

### The editorial process

Receipt of your manuscript is acknowledged by email. If a manuscript meets the basic requirements and falls within the purview of the journal, it undergoes a double-blind peer review process (reviewers do not know who the authors are; authors do not know who the reviewers are). Reviewers assess the manuscript for relevance, content and methodological quality, and identify what improvements might be made.

After considering the reviewers' comments, the Editor-in-Chief decides whether to request revisions or return the manuscript to the author. If revisions are indicated, an editor sends the reviewers' comments and any additional editorial comments to the corresponding author and requests revision. When the revised manuscript is received, the Editor-in-Chief then makes the final decision whether to accept it, decline it, or request

additional revisions. The corresponding author is notified by email of the editorial decision.

### The production process

When a manuscript is accepted for publication, authors are asked to transfer copyright. The copyright of all papers published in CCDR belongs to the Government of Canada. For authors who are federal government employees, the copyright remains with the Government of Canada. Authors who are outside the Government of Canada are required to sign a transfer of copyright agreement.

All manuscripts accepted for publication are copy-edited, translated, put into PDF format and web-coded. Corresponding authors are sent a copy-edited version of their article to review it for accuracy (the final quality control check) prior to web-coding; authors may also review the translated version upon request.

Please contact the [CCDR Editorial Office](#) ([ccdr-rmtc@phac-aspc.gc.ca](mailto:ccdr-rmtc@phac-aspc.gc.ca)) if you have any questions or would like further information.

## References

1. International Committee of Medical Journal Editors. Recommendations. <http://www.icmje.org/recommendations/>.
2. Treasury Board of Canada Secretariat. Policy on official languages. <http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=26160>.
3. Treasury Board of Canada Secretariat. Standard on web accessibility. <http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=23601&section=text-sec6.1>.
4. Strobe statement: Strengthening the Reporting of Observational Studies in Epidemiology. <http://www.strobe-statement.org>.
5. Liberati A, Altman DG, Tetzlaff J, Mulrow CPC, Gøtzsche PC, A Ioannidis JA, The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *BMJ* 2009;339:b2700.
6. International Committee of Medical Journal Editors, Conflict of Interest, <http://www.icmje.org/conflicts-of-interest/>.