



Guidelines for articles submitted to the Public Health Bulletin of South Africa (PHBSA)

Aim

The Public Health Bulletin of South Africa aims to provide current and actionable disease surveillance information of importance to South Africa and the broader southern African region. Articles for publication are received from health professionals in the private and public sectors, healthcare policymakers, epidemiologists, scientists, researchers, government entities, non-governmental organizations and others. The target audience includes the public health community, clinicians, researchers, teachers and students, and the news media.

Scope

The PHBSA is an internally reviewed public health bulletin that is published quarterly and made freely available on-line by the National Institute for Communicable Diseases (NICD), NHLS, in collaboration with the National Institute for Occupational Health (NIOH), NHLS. The PHB serves as a vehicle for the critical analysis of current and retrospective disease epidemiology/public health information in South Africa. Six report types are considered for publication in the PHB:

- a. Surveillance reports:** These are produced quarterly or annually and show provincial or national trends in disease/syndrome epidemiology over a defined period. They should include a critical analysis of the epidemiological trends and provide actionable recommendations for management and control of the disease/syndrome. These reports should include a summary, brief introduction, results (including necessary tables and figures), succinct discussion, conclusions and recommendations.

Surveillance reports should be no more than 3000 words (not including references) and should contain only essential figures and tables. They should be written in the standard format i.e. Summary, Introduction/Background, Methods, Results, Discussion & Conclusions, SMART Recommendations, Acknowledgements, References. Only essential references should be included – preferably no more than 10.

- b. Epidemiological / cluster reports:** These should contain detailed information relating to incidence, trends, clinical features and specialised management of diseases affecting defined population groups such as adolescents, hospitalised patients, care-home residents, public sector consultations, private sector consultations and clustered data from specific surveillance programmes. These reports can also include environmental indicators such as wastewater surveillance for specific pathogens. These reports should include a summary, brief introduction, results (including necessary tables and figures), succinct discussion, conclusions and recommendations. These reports can be rapidly produced and distributed as special stand-alone issues if the information they contain is especially urgent in terms of disease prevention, control and management.

Epidemiological and cluster reports should be no more than 2000 words (not including references) and should contain only essential figures and tables. They should be written in the standard format i.e. Summary, Introduction/Background, Methods, Results, Discussion & Conclusions, SMART Recommendations, Acknowledgements, References. Only essential references should be included – preferably no more than 10.

- c. Outbreak reports:** These are generally produced at the end of an outbreak investigation and give a complete overview of the epidemiology of the outbreak including its clinical features and possible causes, patient outcomes and recommendations for future prevention,

control and management. These reports should include a summary followed by a critical analysis of incidence statistics and trends, epidemiologic timeline, public health impact, lessons learned and recommendations for best practice.

Outbreak reports should be no more than 2000 words (not including references) and should contain only essential figures and tables. They should be written in the standard format i.e. Summary, Introduction/Background, Methods, Results, Discussion & Conclusions, SMART Recommendations, Acknowledgements, References. Only essential references should be included – preferably no more than 10.

- d. Reviews / opinion pieces:** These are succinct snapshot analyses of specific public health topics that are current and affect the prevention, control and management of the diseases or syndromes under review. These should include a summary, essential and appropriate background information, critical review of current information/statistics/indicators, recommendations for best practice and an appraisal of the public health significance of the subject under review. Recognised subject experts generally produce these.

Reviews and opinion pieces should be no more than 2000 words (not including references). They should include a brief summary, an introduction to the topic followed by critical analysis that may include the use of sub-headings, and SMART recommendations. Essential illustrative tables or figures can be included. Only essential references should be included – preferably no more than 20.

- e. Case studies / series:** These describe the clinical features, progression and outcome/s of a specific disease or syndrome affecting one or a small group of patients. Details relating to case management should be given and recommendations for best practice should be provided. These reports should include a summary, essential and appropriate background

information, critical review of the clinical and other pertinent features of the case/s, lessons learned and recommendations for best practice where appropriate.

Case studies should be no more than 2000 words (not including references) and should contain only essential figures and tables. They should be written in the standard format i.e. Summary, Introduction/Background, Methods, Results, Discussion & Conclusions, SMART Recommendations, Acknowledgements, References. Only essential references should be included – preferably no more than five.

- f. Risk assessment & prevention research:** These describe research initiatives designed to assess health risks and communicable disease receptivity with the aim of providing recommendations for mitigation and disease prevention.

Risk assessment & prevention research reports should be no more than 3000 words (not including references) and should contain only essential figures and tables. They should be written in the standard format i.e. Summary, Introduction/Background, Methods, Results, Discussion & Conclusions, SMART Recommendations, Acknowledgements, References. Only essential references should be included – preferably no more than 10.

Only reports addressing an important public health concern in South Africa and/or the broader southern African region will be considered for publication in the PHBSA. Submitted reports should be original and should not contain previously published information. The aim and objectives of the report should be clearly stated. Data presented in the report should be adequate to address the topic, and should be analysed and interpreted using standard scientific/epidemiological/statistical methods. The conclusions should be

supported by the data and actionable recommendations must be provided, especially in terms of prevention, control/elimination and best practice.

Management

The PHBSA is a publication of the National Institute for Communicable Diseases (NICD) and has the following management and production structure:

Chief Executive: Prof Adrian Puren, Executive Director, NICD

Editor-in-chief: Prof Basil Brooke, Head: Vector Control Reference Laboratory, CEZPD/NICD

Associate editor: Dr Linda Erasmus, Division of Public Health Surveillance & Response, NICD

Project manager: Irma Latsky, Division of Public Health Surveillance & Response, NICD

Production: Sinenhlanhla Jimoh, Head of Communications, NICD

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Prof Cheryl Cohen - Head: Centre for Respiratory Diseases & Meningitis, NICD

Prof Nisha Naicker - Head of Section: Epidemiology and Surveillance, NIOH

Dr Nonhlanhla Tlotleng – Senior epidemiologist, NIOH

Review process

All reports must be initially accepted for publication by the Managing Editor following which they will be sent to at least one subject expert for critical review. Subject experts will be sought internally (NICD/NIOH) or from other institutions should no internal reviewers be available. Authors will be invited to address reviewer comments within a reasonable period. Acceptance for publication will be based on reviewer and editorial recommendations following completion of

the review process. Final approval for publication will be obtained from the Editor-in-chief and the Chief Executive.

Clearance process

The PHBSA only publishes reports that have been reviewed and approved by one or more senior personnel of the National Institute for Communicable Diseases (NICD) or the National Institute of Occupational Health (NIOH). Senior personnel include Directors, Deputy Director/s and Centre/Division Heads. Reports submitted by personnel from government or private institutions will also require the appropriate clearance according to the policies of the entities concerned. The NICD and NIOH do not take responsibility for obtaining publication clearance from public or private entities; this responsibility rests with the authors.

Ethics policies and allegations of misconduct

- All authors should have read and approved the final version of the manuscript.
- Ethical clearances and informed consent for work conducted should be clearly stated in the manuscript.
- The Public Health Surveillance Bulletin does not condone plagiarism; direct quotes should be appropriately attributed.
- The PHSB's editors shall take all reasonable steps to identify and prevent publication of articles where research misconduct has occurred, which includes but is not limited to: plagiarism, citation, manipulation, data falsification and fabrication.
- Allegations of misconduct can be made to the Managing Editor and/or Editor-in-Chief. The issues raised should be described in detail to enable subsequent investigation and corrective action where indicated (<https://publicationethics.org/>).

Conflicts of interest

Any conflicts of interest on the part of any of the authors should be clearly stated. Should there be no conflicts of interest, a statement to this effect should be given in the manuscript.

Authorship

To qualify for authorship, individuals must have:

- Contributed significantly to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work.
- Drafted the work or revised it critically for intellectual content.
- Approved the final version to be published.
- Agreed to be accountable for the work to ensure questions related to the accuracy or integrity of the work are investigated and resolved.

Publication schedule and access

The PHBSA is published quarterly according to South Africa's financial year schedule. Each issue is freely available on the NICD website ([Communicable Diseases Publications - NICD](#)) or by request. Past issues are available under the Archives section.

Publication fees

The PHBSA is fully supported by the NICD and does not charge author fees, require subscriptions, or advertise. The NICD does not provide reprints but articles in PDF format can be emailed on request.

Copyright and intellectual property

There is no copyright for PHBSA content. All material in the PHBSA is in the public domain and may be used and reprinted without permission. We do however request that material sourced from the PHBSA be appropriately cited. If cited as a reprint, it should be referenced in the original form.

Suggested citation: [Author names; first three, then et al., if more than six.] [Title]. PHBSA 2022 (Issue No.; page numbers)

All rights in and to the Intellectual Property belonging to the authors, but made available to any user of any articles published in the PHBSA, shall remain vested in the authors, and that the authors shall remain the owners thereof.

Manuscripts

Manuscripts must be written in clear and concise English. Surveillance, epidemiological and outbreak reports should be written in the standard format i.e. Summary, Introduction/Background, Results, Discussion & Conclusions, Recommendations, Acknowledgements, References (only essential references should be included). Review or opinion pieces and case studies should contain a summary, appropriate brief introduction followed by sections with sub-headings and a conclusion with recommendations. All authors should be listed under the report heading with their affiliations given in numbered order.

Please send the original file of the figures as separate files in Excel or PowerPoint. Photographs should preferably be submitted as jpeg files. Text to be in Word (Arial 10) with the place/s where figures/tables/pictures fit into the text clearly marked. Italicize (rather than underline) scientific names. Please consult a previous issue of the Public Health Surveillance Bulletin for formatting.

All authors must have seen and approved the manuscript prior to submission. Manuscripts can be e-mailed to the editor at the address below. All authors must have seen and approved the manuscript prior to submission. Manuscripts can be e-mailed to the editor at the address below.

Figures and tables

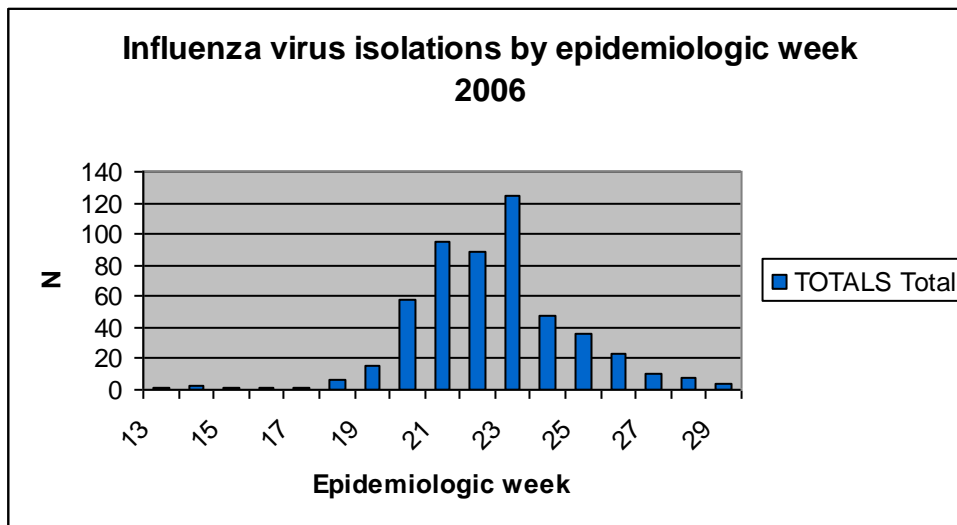
All figures and tables should be clearly numbered, have an explanatory legend, and should be referred to in the text. Figures and tables should not include abbreviations - if they do these should be explained in a footnote. Figures and tables and their accompanying legends should contain sufficient information to enable them to stand alone.

Figures

Figures may be sent as a separate file or at the end of the word document. If they are included in the Word document, they should also be sent in Excel or PowerPoint. For graphic files, use Arial font. Legends to figures should be included separately at the end of the word document.

Figures should not have borders, background or gridlines visible. The x and y-axis labels should be in size 10 Arial font. Do not use 3-dimensional figures. Please try to keep colours to a minimum and always bear in mind that many who receive the Bulletin will have black and white printers so try wherever possible to generate figures that will be legible in this format.

Examples:



Do not include title

Clearly label the Y-axis to include name of variable and units of measurement

Take out grey background and gridlines

Decrease size of font in title and axis labels

Remove legend if only one data element included.

The figure below conforms to the formatting requests above.

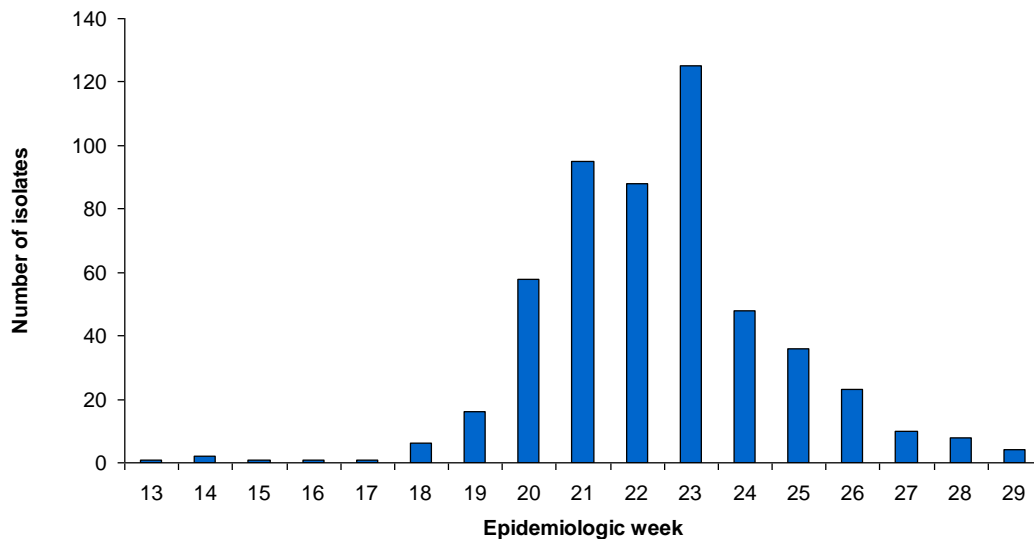


Figure 1. Number of influenza virus isolates by epidemiologic week in South Africa, 2006.

Tables

Table legends should be above the table.

Tables should be formatted as follows:

Only include lines at the base of the table and above and below the column headings (lines to separate major headings and subheadings may be useful for clarification in some instances – especially in large tables). Left justify the row headings. Centre justify the column headings and column data. See example below:

Table 2. Number of cases and incidence rates of invasive pneumococcal disease (IPD) in South Africa by province for 2004 and 2005.

Province	2004		2005	
	n	Cases/100 000	n	Cases/100 000

Eastern Cape	161	2.46	215	3.27
Free State	216	7.84	216	7.79
Gauteng	2024	20.77	2217	22.00
KwaZulu Natal	496	4.98	465	4.59
Limpopo	68	1.24	77	1.38
Mpumalanga	180	5.43	226	6.67
Northern Cape	21	2.57	33	4.06
North West	114	2.95	117	2.98
Western Cape	504	10.36	478	9.58
South Africa	3784	7.99	4044	8.38

Acknowledgements

Should be limited to those who contributed meaningfully to the work but do not qualify for authorship.

Funding

It is especially important to acknowledge project/programme funders in this section. Grant numbers/identifiers should be given if available.

References

References should be kept to a minimum (preferably no more than 10), indicated by a numbered superscript and listed at the end of the document. Number citations in the order in which they appear in the text. Cite personal communications, unpublished data, and manuscripts in preparation or submitted for publication in parentheses in the text.

Articles should be referenced in the following format: -

Published in a journal: -

Koekemoer LL, Kamau L, Garros C, Manguin S, Hunt RH, Coetzee M. Impact of the Rift Valley on RFLP typing of the major malaria vector, *Anopheles funestus* (Diptera: Culicidae). *J Med Entomol* 2006; 43: 1178-84.

Chapter in a book:-

Blumberg L. Severe malaria. Perspectives on critical care infectious diseases. In: Feldman C, Sarosi GA, eds. *Tropical and parasitic infections in the intensive care unit*. Springer, 2005, 1-16.

Manuscript submissions

The only manuscripts submissions which will be considered as those submitted through the PHBSA website. Email submissions will not be considered.