



## **Writing instructions for authors**

Table of contents

<b>Criteria for publication .....</b>	<b>3</b>
<b>Authorship .....</b>	<b>3</b>
<b>Types of articles .....</b>	<b>5</b>
<b>Author formatting instructions.....</b>	<b>11</b>
<b>Clearance policy.....</b>	<b>12</b>
<b>Submission, acceptance, and scheduling .....</b>	<b>12</b>
<b>Guidance for correcting errors.....</b>	<b>12</b>

\*Source: The US Centers for Disease Control and Prevention's Morbidity and Mortality's Weekly Report - [Morbidity and Mortality Weekly Report \(MMWR\) Weekly | MMWR \(cdc.gov\)](https://www.cdc.gov/mmwr) (Accessed on August 25, 2022). These instructions were slightly revised.

## **Criteria for publication**

1. **Appropriateness.** The Public Health Bulletin South Africa (PHBSA) publishes information on disease outbreak investigations, public health surveillance activities, and interventions undertaken in detecting, preventing, and responding to public health events in the country. The information is relevant to district, national, and global stakeholders including the public health community, policy makers, clinicians, researchers, academia, and traditional and social media.
2. **Originality.** Articles should not contain previously published information or guidelines/recommendations.
3. **Quality.** Articles should be based on analyses using accepted scientific methods and should include sufficient data to adequately address the public health topic.
4. **Timeliness.** Articles should contain the most current data from surveys, surveillance systems, or studies. Articles on investigations in progress or completed recently have the highest priority for publication. Note: Data from outbreaks should not be older than ten months at time of submission, surveillance data should not be older than ten years, and other data should not be older than three years.
5. **Clarity:** Articles should adhere to principles of plain language ([Home | plainlanguage.gov](#)), including succinctness, logical organisation with the reader in mind, language appropriate for local and international audiences, and minimal use of acronyms and initials.

## **Authorship**

1. **Attribution.** The PHBSA attribution policy follows the guidance provided by US Centers for Disease Control and Prevention (<https://www.cdc.gov/maso/policy/authorship.pdf>) and the International Committee of Medical Journal Editors (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

2. **Credit.** Authorship credit should be based on three conditions, all of which must be met: 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published.
3. **Responsibility.** All authors must assume responsibility for the published version of the article. Authors should be able to defend their contribution independently. Collectively, authors should be able to defend the design, execution, and conclusions of the article.
4. **Persons not to list as authors.**
  - a. Persons will not be listed as authors merely by virtue of their position in an organization or by attendance at a meeting. Similarly, participation solely in the acquisition of funding, the collection of data, or general supervision of the research group is not sufficient for authorship.
  - b. Persons or groups that reviewed a submission for a clearance process or who suggested revisions or limited changes to a submission will not be listed as authors.
  - c. An **acknowledgment section** may be used to recognize the work of persons who made substantial contributions to the project but who do not meet the PHBSA authorship criteria.
5. **Placement.** The list of authors follows the title. First and last names and middle initials (optional) should be used. The organisational affiliation will be footnoted as in the example.
6. **Corresponding author.** Contact information should be provided for the corresponding author.
7. **Authorship order.** The order of authorship should be a joint decision of the co-authors. The PHBSA recognises that scientific work is a collaboration, and collaborators have a responsibility to define, accept, and fulfil their roles. The

PHBSA recommends that authorship order be discussed early during a collaboration and revised as needed as the work progresses. Authorship order, including choice of first author, should be based on the level of contribution to the article and the work underlying it. The first author will have responsibility for the integrity of the work from inception to publication. First authors also are responsible for providing leadership in determining order of the other co-authors, establishing writing assignments, providing direction for reviews and revisions, and compiling drafts. The first author should ensure an open forum for co-authors to share their concerns and suggestions and should ensure that all ethical considerations (e.g., Institutional Review Board review, disclosure of conflicts of interest) have been addressed.

### **Types of articles**

The following types of articles are published in the PHBSA: a) full reports, b) outbreak investigation articles, c) policy briefs, d) notes from the field, e) notices to readers.

#### **Full report**

A Full Report is an article of a completed investigation or study that answers a question of public health importance. Ideally, the answer should be one that can guide future public health practice. Contributors should check previously published PHBSA Full Reports that are similar to their submission to determine the optimal format and structure. Full Reports should be no longer than 1,400 words and include no more than ten references and a total of no more than three tables, figures, and/or boxes. Full Reports exceeding these limits might be considered if, in the opinion of the editor of the PHBSA, the exception is justified. (Tips: A hallmark of PHBSA articles is simplicity. These Full Reports are intended to only summarize the analysis and recommendations, not to provide every detail. The strict 10-reference rule is intended to limit the scope of the article. A good test for simplicity is whether, in a sentence or two, you can tell a casual reader what the article is about and what should be done.)

1. **Introductory paragraph.** The first paragraph of a Full Report is similar to both a newspaper lead paragraph (i.e., who, what, when, where, why, and how?) and the abstract of an article in a typical medical journal and is limited to 150–200 words.

The introductory paragraph should contain the following components: 1) background (what is the problem? why is this worth writing about?), 2) method of analysis (who did what, using what data, and why?), 3) key findings (summarize 1 or 2 main results and any actions that resulted), and 4) public health message (what should be done by public health practitioners or, if relevant, by clinicians or the public?). All information regarding methods, data sources and results in the introductory paragraph is repeated elsewhere in the article.

2. **Additional background (if needed).** Each Full Report should be understandable by an informed medical or public health professional without special knowledge of the subject. If all essential background information will not fit in the Introductory paragraph, that background should be placed in a second introductory paragraph, before Methods.
3. **Methods.** For most Full Reports, the second section should be a concise summary (1 or 2 paragraphs) of the methods used to conduct the analysis. Important components of this section might include the sources of data, a statement of how the data were collected, case definitions or participant selection criteria, the period of study, types of specimens taken, tests performed (e.g., serology, culture, or toxicology), and statistical methods used. For survey and surveillance data, response rates should be specified. For statistical software, provide the version and manufacturer in parentheses after the software name, as shown in the following example: "SAS (version 9.4; SAS Institute)" was used to conduct all analyses.
4. **Results.** The results section is a concise highlighting of the major results of the analysis. Examples might include elements of the descriptive (i.e., time, place, person) and epidemiologic results, disease trends and rates, treatments, and outcomes. Minor results from tables or figures should not be highlighted in results. Case reports and series should include details on exposure, signs and symptoms, initial diagnosis, laboratory and radiologic findings, treatment, clinical course, and outcome. Generally, data highlighted in the text also are presented in a table or figure.
5. **Actions taken.** When appropriate, 1 or 2 sentences describing any control measures implemented.

6. **Discussion.** The Discussion should begin by stating the conclusions of the report, interpreting the results, conveying their public health meaning, and placing the results into context by citing comparative or corroborative studies. All Full Reports should include a Limitations paragraph, typically placed near the end of the Discussion. The Discussion should conclude by stating the implications of the findings to public health practice and any recommendations for prevention and control. When appropriate, specific examples of successful public health interventions should be included. A common fault is the inclusion of recommendations that, although sound, do not follow from the analysis presented in the articles.
7. **Acknowledgments.** May be used to recognise the work of persons involved in the project but who do not meet PHBSA authorship criteria. The corresponding author should ensure that all named individuals have consented to being listed under Acknowledgments.
8. **References.** Must be limited to ten.
9. **Summary box.** In 1 or 2 sentences for each, authors should answer the following: What is already known on this topic? What is added by this report? and What are the implications for public health practice? These answers contain the key public health message, as well as the justification for the publication. Total word limit should be no more than 75–100 words. Answers longer than 100 words will be edited to meet the word limit.

### **Outbreak investigation articles**

Outbreak investigation articles should generally follow the format of Full Reports, with some elements specific to outbreak investigation articles. (Tip: As much as possible, an outbreak investigation article should read like a chronologic narrative; it should tell the story.)

1. **Summary paragraph.** Generally, the introductory paragraph should begin with 1 to 3 sentences establishing the existence of the outbreak or underlying public health problem (e.g., “On April 20, 2018, the Kween District of Uganda reported to the Ministry of Health 7 suspected cases of cutaneous anthrax from 2 neighbouring villages, Kaplobotwo and Rikwo.”). The introductory paragraph also usually

contains: 1) a statement that an investigation was conducted [including the investigation objectives], when and by whom; 2) the most important methods; 3) the most important finding(s); 4) the actions taken to control the outbreak; and 5) a statement of the public health implications and actions that should be taken in response to the investigation.

2. **Background.** Same as for Full Reports with details on the alert (how you got to know about the outbreak). First, present the initial investigation and its findings, which might include: 1) a description of the setting and a statement of how the outbreak came to the attention of health authorities; 2) a clinical description of the index case or initial cases; 3) initial key test results; and 4) the investigation objectives.
3. **Methods.** Summarize the full investigation, including case definition, case-finding activities including laboratory investigations, descriptive epidemiology, environmental, trace forward, and trace back investigations, hypothesis generation activities, and analytical epidemiologic study. Ethical considerations including Institutional review board approvals, informed assent, and consent among others.
4. **Results.** Cases should be counted and described by clinical characteristics, treatment, and outcome, as well as time, place, and person descriptive results. Next, present the results of any environmental, trace forward, and trace back investigations, hypothesis generation activities, analytic epidemiologic studies (e.g., cohort or case-control studies). Additionally, provide the results of relevant laboratory investigations e.g., microbiologic, genetic, or toxicologic results.
5. **Discussion.** Same as for a Full Report plus when appropriate, a brief description summarizing any public health interventions taken and the results of the interventions follows.
6. **Acknowledgments.** Same as for Full Report
7. **References.** Same as for Full Report.

### **Policy briefs**

Policy Briefs are intended to announce new official policies or recommendations from Ministry of Health. These reports can be thought of as shorter – the maximum word count



at submission is 1,400 words. Up to three tables, figures, or boxes may be included. Contributors should check published PHBSA articles that are similar to their submissions, then determine the optimal format and structure for their articles. Policy Briefs can vary considerably. The following is a rough guide.

1. **Introductory paragraph.** The introductory paragraph should be limited to 150–200 words. It might contain all or some of the following components: a brief introductory statement orienting the reader to the topic and placing it in context, a brief description of the public health problem, a brief statement of the rationale for the policy or recommendation, mention of the most important parts of the policy or recommendations, and one or two sentences stating the conclusions and the public health implications of the new policy or recommendations.
2. **Background.** The Policy Brief should include a paragraph after the introduction that summarises background information relevant to the policy or recommendation that can help the reader understand the context and need for the policy or recommendation.
3. **Methods.** Should include a summary of the methods used to establish the policy or recommendation, including answers to some or all of these questions: Who was involved in the production of the guidelines or recommendations, and how? What evidence base was considered? What was the rationale for considering this evidence base? Was other evidence excluded from consideration and, if so, why?
4. **Rationale and evidence.** The Policy Brief should provide a concise review of the rationale for the policy or recommendation and a descriptive review of the scientific evidence used to establish it. It should include an explanation of how the policy or recommendation adds to, or differs from, relevant policies or recommendations established previously.
5. **Presentation of the policy or recommendation.** The policy or recommendation should state clearly when it takes effect and to whom and under what circumstances it applies.

6. **Discussion or comment.** The Policy Brief should comment on the likely impact of the new policy or recommendation and plans for assessment of the policy or recommendation.
7. **References.** Same as for Full Report.

### **Notes from the field**

Notes from the Field are abbreviated reports intended to inform readers of ongoing or recent events of concern to the public health community, without waiting for development of a Full Report. Events of concern include epidemics/outbreaks, unusual disease clusters, poisonings, exposures to disease or disease agents (including environmental and toxic), and notable public health-related case reports.

These reports may contain early unconfirmed information, preliminary results, hypotheses regarding risk factors and exposures, and other similarly incomplete information. No definitive conclusions need be presented in Notes from the Field.

1. **Format:** the ideal length of the text is 500 words. Longer submission might be accepted but the justification for exceeding the 500-word limit should be discussed with the Editor-in-Chief before submission. Notes from the Field should contain a brief introduction describing the onset of the event and when and how it came to light, followed by descriptions of the investigation, magnitude, and extent of the event (e.g., number of known cases or geographical occurrence), outcomes (e.g., hospitalizations or deaths), and any preliminary conclusions and actions that were, are being, or should be taken based on the findings in the report. Contributors should check previously published articles similar to their proposed submission to determine its optimal format and structure. When uncertain, consultation with the Editor-in-Chief is advised.
2. **Tables and figures:** one table, one figure, or one box will be considered, especially if its inclusion makes it possible to shorten the text.
3. **References:** references should be kept to an absolute minimum.

4. **Criteria for authors:** because these reports are abbreviated, attribution should be strictly limited to those persons or organisations responsible for writing the report or to whom public inquiries should be directed.

### Notices to readers

Notices to Readers are used generally to inform readers about changes in PHBSA articles content, policies, and features.

### Author formatting instructions

1. **Text:** open a new Microsoft Word document to create your article. Do not use a previously created Word document as the basis (i.e., a template) for your article. All previous articles have underlying (often unmovable) coding that interferes with processing. Using a previous document will make your article unusable. Maximum length of articles varies by article type and does not include title, reported by, footnotes, references, and acknowledgments.
2. **References:** follow the style of Uniform Requirements for Manuscripts Submitted to Biomedical Journals (available at [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)). In text, place reference number "callouts" in parentheses and italicize the numeral only "(1)." Number references within the text in order of appearance, then list in numeric order at end of article. Do not submit with Reference Manager engaged.
3. **Tables and Figures:** tables should be created using the Word table function or in Excel. Contributors should study tables in previous articles for style. Tables cannot have tabs or extra spaces within the cells. Tables should be embedded in text. Figures should be created in (not pasted into) Adobe Illustrator, PowerPoint, Excel or (in the case of maps) vector format files (such as .ai, .eps, and .wmf). Figures should be embedded in text. Figures should also have keys/legends
4. **Footnotes:** for footnotes, do not submit with the endnotes function of MS Word engaged. Use the following footnote symbols in order of appearance: \*, †, §, ¶, \*\*, ††, §§, ¶¶, etc. The \* symbol is not superscripted. All others are superscripted.

## **Clearance policy**

The PHBSA only publishes articles that have been cleared according to the PHBSA clearance policies. The PHBSA clearance policy applies to articles submitted by both PHBSA authors and those from outside the agency. Before submitting articles to the PHBSA for publication, contributors should ensure that articles have received clearance from the following:

1. All entities that are required to clear the article in accordance with the current PHBSA Clearance Policy.
2. District, regional and national health departments/programs involved in the investigation or analysis.
3. Other agencies named in the article or that have a programmatic or regulatory interest in matters mentioned in the article. Private-sector organizations, international health agencies and other organizations and ministries at which any named contributor is employed, according to the clearance policies for that organization, agency, or ministry.

## **Submission, acceptance, and scheduling**

Unless the editorial team has agreed to expedite publication, cleared articles will be published according to the routine publication schedule. (NOTE: If requesting expedited publication, the department head from which the article originates must submit a request to the Editor-in-Chief at the PHBSA. The request must include the rationale for expedited publication. All articles must be accepted for publication by the Editor-in-Chief. The PHBSA determines acceptance for publication after reviewing the final, cleared report.

## **Guidance for correcting errors**

Corrections of errors preserve the integrity of the scientific and public health literature. They also protect the reputations of authors and the PHBSA, by demonstrating the commitment to ensuring accurate science. Requests to publish corrections should be sent to the Editor-in-Chief. An Erratum will be published as soon as possible following notification about the error.

If pervasive errors are brought to the attention of authors or editors, it's our obligation to transparently correct the literature. After reviewing the nature and source of the errors for each case, the PHBSA will assess the article. In cases with suspected scientific misconduct, the editors will determine the appropriate corrective action. In cases of inadvertent, pervasive errors, the Editor-in-Chief will determine the appropriate method for correcting the article based on current scientific publication guidance.

Below are the most likely paths for correcting inadvertent, pervasive errors.

1. For articles that have pervasive errors, but the corrections do not change the conclusions or interpretation of the article, the PHBSA will correct the literature through the mechanism of "Correct and Republish."
2. For articles that have pervasive errors that change the interpretation or the conclusions when corrected, the PHBSA will correct the literature through the mechanism of "Retraction." In collaboration with authors, the PHBSA will determine whether it is appropriate to also republish the article at the time of retraction. The PHBSA will follow the National Library of Medicine guidance to ensure transparency and clarity for readers.

NOTE: If pervasive errors have been identified, please contact the Editor-in-Chief [Prof Basil Brooke on [basilb@nicd.ac.za](mailto:basilb@nicd.ac.za)] as soon as possible.