

PHBSA Style guidelines

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Manuscripts/ Text:

Write manuscripts in clear and concise English. Avoid jargon. Keep in the active voice as much as possible. Sentences should ideally be 15–20 words on average.

Make use of paragraphs with one idea per paragraph. Write articles in Microsoft Word (Arial 10). Text should be single-spaced and fully justified. Leave a space between paragraphs. After a full stop, leave one space before starting the next sentence. Italicise (rather than underline) scientific names.

Write articles in the IMRAD format i.e. Title, Authors and their affiliations, Summary, Introduction, Materials & methods, Results, Discussion, Conclusions, Recommendations, Reference list. Use subtitles as necessary (see PHBSA author guidelines - <https://www.phbsa.ac.za/>).

Insert figures/tables/pictures into their appropriate places in the text and also submit high-resolution figures and pictures as separate files (excel/jpeg/PowerPoint).

Title:

The title is the first thing readers and reviewers will see in your article. It should make the reader want to read further. The title should be concise and informative and summarise the key points of the article. It should include design, setting (where and when), population, clinical condition, intervention (if any) and outcome. Abbreviations and acronyms should be written out in full but numbers can be given as digits rather than spelled out.

Summary:

The summary should be approximately 250 words. Keep it concise and to the point. Present the summary as one paragraph without headings, but follow this basic format.

Background: essential context to the study/surveillance including key facts.

Aim: one sentence clearly stating the aim of the surveillance or research.

Methods: brief summary of study design, data source/s, and statistical analysis.

Results/Key findings: briefly present the key findings that support the public health message. Include key numeric data (including confidence intervals or p-values), where possible.

Conclusion/Recommendations/Public health message: state the implications of the findings for public health practice and any recommendations for practice, prevention and control. Recommendations must be supported by the data.

All information in the abstract should be included in the corresponding section of the body of the report. Do not include any references in the abstract.

Figures and tables:

The use of tables is encouraged to facilitate reader comprehension. Include your table in the text in MS Word. Use minimal horizontal borders and remove all vertical borders. Column

headings should be bold. Include a full descriptive caption above the table. Highlight only the most important findings from the table in the text, and do not repeat table information in the text. See example in [Appendix 1](#).

Terms used in the caption, row headings and column headings should be the same as those used in the text of the report.

Clearly number all figures and tables and provide an explanatory caption/legend for each. Refer to all figures and tables 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 captions/legends should contain sufficient information to enable them to stand alone.

The use high resolution of graphs/charts/maps/diagrams is encouraged to summarise and/or illustrate trends in large datasets. Figures should be included in the text and sent as a separate file in excel or PowerPoint.

Keep graphs/charts as simple as possible. For graphic files, use Arial font. Remove all unnecessary borders around the graph, chart, legend and bars. Remove background, all gridlines and any embedded titles. Include self-explanatory x- and y-axis titles in size 10 Arial font. Include a full descriptive legend below the figure, and a key where appropriate. See example in [Appendix 1](#). 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.

The use of pictures is encouraged provided that all persons shown in the photograph, and the photographer/owner, give consent to publish according to South Africa's POPIA and copyright laws <https://popia.co.za/>. Submit photographs as jpeg files. Submit phylogenetic trees and spanning trees as PowerPoint or convert PowerPoint slides into jpeg/TIFF images. Submit map images as jpeg or PowerPoint.

Footnotes for figures and tables:

Authors should place explanatory matter in footnotes, not in the heading. Abbreviations and footnotes go just below the data space of the table. Abbreviations come first, then footnotes.

Use the following symbols, in sequence:

*, †, ‡, §, ||, ¶, **, ††, ‡‡, §§, ||||, ¶¶, etc.

Authors and Affiliations:

The list of authors follows the title. Use first and last names and middle initials (optional). Use a superscripted numeral after each author's name for author affiliations. Do not combine multiple affiliations for an author under one number; state each affiliation separately.

Funding:

Write out names of all funders who supported the surveillance/research in full and give grant numbers where applicable.

Acknowledgments:

Use full names only, not titles (e.g. doctor, Professor) and/or overall institutional affiliations (not department).

List non-author contributors as "Person 1, Person 2, Affiliation 1; Person 3, Affiliation 2"; etc.

- Group together persons who are affiliated with the same organisation or external entity and separate their names using commas; names (if listed) are listed alphabetically unless the authors prefer otherwise.
- Separate affiliations or group acknowledgments using semicolons

References:

- Keep references to a minimum, indicated by a numbered superscript in the text and listed at the end of the document in Vancouver reference style. Number citations in the order in which they appear in the text.
- Journal names should be abbreviated according to abbreviations used in PubMed, **and italicised** (Note that in Vancouver style journal names are not usually italicised)
- For articles with more than three authors, list the first three authors; thereafter add et al.
- For articles originally published in a language other than English, indicate the language in parentheses after the article title provided in English.
- Cite personal communications, unpublished data, and manuscripts in preparation or submitted for publication, but not yet accepted, in parentheses in the text.
- Journal article titles are in normal sentence format. For chapter titles, capitalise words other than a, the, in, of, etc.

Refer to: UCT: Vancouver reference style guide

<https://libguides.lib.uct.ac.za/c.php?g=182394&p=1202253>

for formatting of books, print journals, electronic journals, World Wide Web, government publications and other sources.

Please note that for PHBSA, the journal title is italicised

Print journal articles:

General format:

Author AA. Article title. *Journal title*. Year of the article; Volume (Issue number): Start and end page of the article.

Example:

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002;347(7):284–7.

Electronic journal:

With DOI:

General format:

Article author AA. Title of the article. *Title of the journal*. Date of the article; Volume(Issue number); Start and end page of the article. doi.

Example:

Duff CJ, Solis-Trapala I, Driskell OJ, et al. The frequency of testing for glycated haemoglobin, HbA 1c, is linked to the probability of achieving target levels in patients with suboptimally controlled diabetes mellitus. *Clin Chem Lab Med*. 2019;57(2):296–304. doi:10.1515/cclm-2018-0503.

Without DOI:

General format:

Article author AA. Title of the article. *Title of the journal*. Date of the article; Volume(Issue number); Start and end page of the article [cited Year Month and date when accessed].

Example:

Stokes A, Berry KM, Mchiza Z, et al. Prevalence and unmet need for diabetes care across the care continuum in a national sample of South African adults: Evidence from the SANHANES-1, 2011-2012. *PLoS One*. 2017;12(10):2011–2 [cited 2022 Oct 5]. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5624573/>.

Government/organisational document:

General format:

Country. Department. *Title of the report*. Year it was released. Available from: web address

Example:

South Africa. Statistics South Africa. *Mortality and causes of death in South Africa: Findings from death notification, 2016. 2018* [cited 2022 Dec 1]. Available from: <https://www.statssa.gov.za/publications/P03093/P030932016.pdf>.

Conference:

Unpublished:

General format:

Author A. *Title of the paper*. Paper presented at - title of the conference. Year Month Date of the conference; Place where the conference was held.

Example:

Christensen S, Oppacher F. *An analysis of Koza's computational effort statistic for genetic programming*. Paper presented at the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale:Ireland.

Published:

General format:

Author of the paper. Title of the paper. In: Editor C, editor. Title of the book in which the conference paper is published. *Proceedings of title of the conference*; Year Month Date of the

conference. Place where the conference was held. Place of publication of the book: Publisher; Year of publication. Start & end page of the conference paper in the book.

Example:

Khan UK. Depression in the elderly. In: W Linford-Rees, editor. Nomifensine: a pharmacological and clinical profile. *Proceedings of an International Symposium on Nomifensine*. 1983 Oct 18-19; Cumberland Hotel, London. London: The Royal Society of Medicine; 1984. p. 87–91.

Website:

Document with personal author³:

General format:

Document Author. *Title of the document*. Year of the document [Cited year abbreviated month date]. Available from: web address

Example:

Libman H. *Surgical issues in HIV infection: UpToDate*. 2015 [cited 2015 Sept 2]. Available from: http://www.uptodate.com/contents/surgical-issues-in-hiv-infection?source=search_result&search=surgical+issues+in+HIV+infection&selectedTitle=1~150

Document with an organisation as author:

General format:

Title of the document. Year of the document [cited year abbreviated month date]. Available from: web address

Example:

World Health Organization. *Tuberculosis Fact Sheet no. 104*. 2010 [cited 2014 Oct 13]. Available: <http://www.who.int/mediacentre/factsheets/fs104/en/>

Gene Ontology Consortium. *The gene ontology*. 2007 [cited 2014 Oct 13]. Available from: <http://www.geneontology.org>

Date format:

All dates should include the day, month and year in the format of DD Month YYYY (e.g. “On 04 April 2011...”). Do not include unnecessary words around these (e.g. “On the 4th of April 2011...”). At the beginning of sentences, spell out numerals and dates or rearrange the sentence.

Epidemiological weeks:

State the epidemiological week number and enumerate the last day of that week thereafter. ‘By the end of week 28, a total of 70 cases was detected...’ should read ‘By the end of epidemiological week 28 (week ending 14 July), a total of 70 cases was detected...’

Please note:

- From April to September (excludes September)
- From April through September (includes April and September)
- Between April and September (excludes April and September)
- 1980s, not 1980's

Number format:

- Include one hard space for separating numbers that are >999, e.g. "We found 12 600 cases."
- Do not use commas or other punctuation marks to separate numbers.
- A hard space will prevent numbers from separating onto two lines. It can be added by simultaneously pressing CTRL + SHIFT + SPACE.
- Numbers <10, or any number at the beginning of a sentence should be written in full, e.g.
 - A total of nine cases was...
 - Twenty cases were observed ...

Exception: Use a numeric format when expressing a range or categorical variable, e.g.: "Cases aged between 0–4 years accounted for ..."

- When writing out compound numerals, those between twenty-one and ninety-nine are written with hyphens, e.g. 'Thirty-five people were hospitalised...'. No additional hyphens are used in writing larger numbers, e.g. 'One hundred and fifty-two people...'.
• Fractions are always written with hyphens, e.g. 'Almost one-half of the cases...'.
• Collective numbers: either 'from 280 to 300' OR '280–300', NOT 'from 280–300'.

En-dashes and hyphens:

- Use an en-dash (i.e. extended hyphen (–)) in ranges of numbers and dates.
- En-dash can be found in special characters using the Insert Symbol menu, or it can be inserted using the shortcut: "Control" and the Num minus sign. Use hyphens only for words that are hyphenated.

Case counts and proportions:

- We encourage writers to add case counts and proportions wherever possible to support their findings.
- Round percentages up/down to the nearest whole number.
- **Always give the numerator and the denominator of the calculations**
- The percent symbol (%) is used in conjunction with all numbers (e.g. 12%), with no space before the percentage symbol (%). Numbers that have been written out will appear with 'per cent' (e.g. five per cent).

- Proportions should be expressed as a total, sub-total case count and percentage. These should be expressed in a consistent style throughout your article. Examples of accepted styles include:
 - Of 140 cases confirmed, 100 (71%) cases were male.
 - Of 140 cases confirmed, the majority were male (n=100, 71%).
 - The majority of cases were male (100/140, 71%). Note, use this style where data are missing on some of the cases and therefore excluded from the denominator of proportion calculations.

Exception: if a total case count is included in a previous sentence, it is not necessary to repeat it in each proportion calculation, e.g. We confirmed 140 cases. The majority of these were male (n=100;71%) and aged 0(n=80;57%).

- When reporting changes in data as a percent change, be careful of the wording
 - Correct – The estimated number of fatalities...decreased 12%, from 20 356 to 17 849
 - Incorrect – The estimated number of fatalities...decreased to 12%

Numerators and denominators:

How n and N are used in scientific writing varies

- N = the number of participants in a population of interest
 - In common usage (using American Medical Association (AMA) guidelines), N is the size of the overall sample in a study
- n = the number of study participants in a sample of interest
 - In common usage, (using AMA guidelines) n is the number of units in a subgroup of the sample under study
 - Example 1: Of the patients admitted from the emergency department (N=127) the most frequent admission diagnosis was unstable angina (n=38)
 - Example 2: Overall, 13.5% (n=958 out of 7,100) of papers had no authors from the country of focus

p-values:

- p-values should always be rounded to 2 decimal places
- p is never capitalised.
- p-values should be expressed to 2 digits to the right of the decimal point (regardless of whether the p value is significant), unless $p < 0.01$, in which case the p value should be expressed to 3 digits to the right of the decimal point. (One exception to this rule is when rounding p from 3 digits to 2 digits would result in p appearing non-significant, such as $p = 0.046$. In this case, expressing the p value to 3 places is preferred). The smallest p value that should be expressed is $p < .001$ because additional zeros do not convey useful information.

Mathematical symbols:

- Use of mathematical symbols is encouraged where appropriate, e.g.: >, <, ≤, ≥, =. No space between symbol and figure that follows.
- The ± symbol should not be used to mean 'approximately'.
- Use the degree symbol for temperature measures, e.g. 38 °C. Do not use superscripted O/0.

Units:

- Use the appropriate units and correct abbreviations for laboratory test results/parameters
- See [Appendix 2](#) for units of laboratory tests most commonly used
- Leave a space between the figure and the unit e.g. 120 mmol/L

Provinces:

- There is no need to include the word 'Province' when stating provincial names. When associated with a place name, the word 'province' should be in lower case or can be left out completely e.g. Western Cape province or Western Cape.
- When used without a name, the word 'province' should be in lower case, e.g. Cases were detected in four provinces.
- When a series of province names are given, the word 'province' does not need to be included with each name, but can be written in lower case after the last province, e.g. Cases were detected in the Eastern Cape, Free State and the Western Cape provinces. These same rules apply when describing districts, sub-districts, etc.
- Note the format of KwaZulu-Natal province. No variation is allowed.

Scientific names:

For bacteria:

- Latin scientific names (genus and species) should be italicised. Note that other taxon (order, family, etc) names are capitalised but not italicised (e.g. Enterobacteriaceae).
- The first use of a scientific name should be given in full (i.e. genus and species), e.g. *Staphylococcus aureus*. Subsequent uses should be abbreviated, e.g. *S. aureus*.
- Always use a genus proper name with a species name, or the word 'species' (abbreviated sp. if singular, or spp. if plural).
- When used generically, names are not italicised e.g. staphylococcal infections, pneumococci, streptococci, rickettsiae, legionella infections.
- Avoid splitting the name across lines e.g. *S. pyogenes*, by using a hard space (see Number format, above).

- The genus *Salmonella* consists of only 2 species: *S. enterica* and *S. bongori*. genus and species are italicised, followed by serotype (serovar) capitalised and not italicised. Never use the genus shorthand “S” without a species name.

Correct: *S. enterica* or *S. enterica* serovar Typhimurium or *Salmonella* Typhimurium

incorrect: *S. Typhimurium*

In virology:

- A higher taxon name is italicised and begins with a capital letter. This differs from some other branches of biology, in which only the species and genus names are italicised.
- **Write a viral species name** in italics with the first element (the genus name) beginning with a capital letter. Other words only begin with a capital if they are proper nouns (including host genus names but not virus genus names) or alphabetical identifiers. A species name should not be abbreviated.

Examples: Members of the species *West Nile virus* are arboviruses. The etiological agents of poliomyelitis (poliovirus types 1, 2 and 3) are members of the species *Enterovirus C*.

- **A virus name** should not be italicised and should be written in lower case.⁴ This ensures that it is distinguishable from a species name. The first letters of words in a virus name, including the first word, should only begin with a capital when these words are proper nouns (including host genus names but not virus genus names) or start a sentence. A single letter in virus names, including alphanumerical strain designations, may be capitalised. Virus names may be abbreviated. The abbreviation can be written entirely in uppercase letters or may consist of a combination of uppercase and lowercase letters, with or without numbers.
- **A collective name** for a group of viruses belonging to a higher-level taxon is neither italicised nor capitalised, even if it was derived from a proper noun. The first letter of a collective name may be capitalised if it begins a sentence. E.g. Guernsey viruses are distributed worldwide. The guernsey viruses are distributed worldwide.

The complete rules for naming virus taxa can be found in the ICTV Code: <https://ictv.global/code>

Acronyms and Abbreviations:

- If a phrase with an established acronym or abbreviation is used and appears more than twice in your manuscript, include the acronym or abbreviation in brackets after first mention of the phrase, and then use the acronym or abbreviation only.
- You should not define acronyms or abbreviations in any of your headings. If either has been used in your abstract, you need to define them again on their first usage in the main text.
- A few common abbreviations do not need to be written in full, these include: HIV, AIDS. Do not use full stops in abbreviations.

Punctuation and grammar:

Use hyphenation to:

- Form compounds e.g. well-being, ear-drum, food-borne, socio-economic
One-word forms are now preferred for compounds in common use e.g. wellbeing, eardrum, foodborne, socioeconomic If there is a choice between using a hyphen or two words, the latter is often preferred if correct e.g. service station, playing field
- Clarify meaning of compound normally spelt as separate words, when used attributively e.g. HIV-positive patient, up-to-date record; but the patient is HIV positive, the record is up to date
- Prefix a name or designation e.g. anti-venom, post-mortem, sub-total, real-time, post-exposure, smear-negative, non-toxicogenic, sub-Saharan; not post mortem, anti venom, post exposure, etc
- Avoid ambiguity by separating prefix from main word e.g. re-cover vs. recover; re-sign vs. resign
- Represent a common element in a list e.g. two-, three-, or fourfold
- Prevent misunderstandings e.g. individual-level study; Mexican-style food
- Divide words at ends of lines

Colons:

Are used to designate lists, or examples, or consequences related to the preceding sentence (e.g. These diseases are prevalent: typhoid, cholera, amoebiasis, and shigellosis. The child died of rabies: a failure of the health system.) They should not be used in titles or captions.

Inverted commas/Quotation marks:

Use single 'inverted' commas, e.g. The disease was described as 'out of control'. Dr Smith said 'This is getting out of control.'

Capitals:

Use capitals for:

- First letters of sentences or titles of text, tables; do not capitalise all words in these titles
- Personal and proper names e.g. people, places, organisations, companies, trade names, titles in relation to particular holders, e.g. David Smith, the Chief Executive Officer
- Place names e.g. South Africa (but southern Africa, northern Namibia, western Zambia). Some flexibility allowed here e.g. southeast Asia or Southeast Asia, West Africa, East Africa, North Africa, as regions

Diseases are not capitalised e.g. influenza, malaria, dengue, yellow fever not Influenza, Malaria, Dengue, Yellow Fever. Exceptions are when proper names are incorporated e.g. Congo-Crimean haemorrhagic fever, Sindbis virus, West Nile fever, Rift Valley fever.

Apostrophes

- Use an apostrophe to indicate possession. If the possessor is plural, the apostrophe comes after the plural –s.
The patient's results; 6 months' duration

- Don't use an apostrophe in plural acronyms/abbreviations (eg, NSAIDs, GPs, CEOs)
His, hers, yours, theirs, ours its do not take an apostrophe.
Its indicates belonging to.
It's means 'it is' or 'it has'.
- Diseases or syndromes that are named after a person or place are not possessive. E.g. Kaposi sarcoma, Down syndrome. Exceptions include Legionnaires' disease, Woolsorters' disease.

Frequently-made grammatical errors:

- 'A total of 3 cases were reported' is grammatically incorrect. It should read 'A total of 3 cases was reported'; the word 'total' is a singular concept
- A 3-year-old child, not a 3 year old child.
- English (UK) spelling, not American spelling, for example:
 - oessophagus not esophagus
 - anaemia not anemia
 - hospitalisation not hospitalization
 - centre not center
 - amoeba not ameba

Notable exceptions:

- Fetus NOT foetus (medical term derived from Latin root which is fetus therefore should follow original Latin spelling).
- Cytopenias: thrombocytopenia, leucopenia: note e NOT ae.
- Use official spelling of organisations, even if American spelling e.g. Centers for Disease Control (NOT Centres) and World Health Organization (NOT Organisation).

Preferred terms:

In scientific communication the correct and preferred usage of common words and phrases is important to increase clarity, provide consistency, and avoid miscommunication.

Some examples:

- Dehumanising terms:
 - Don't define people by their disease/ condition. Use 'Person with diabetes', not 'diabetics' Use 'Persons who inject drugs' not 'intravenous drug users'.
 - Avoid using 'the disabled', 'the handicapped', rather use 'people with disabilities' or 'people with learning difficulties'.
 - The term 'target' can be dehumanising and often misused. Rather use 'serves' or 'addresses the need of' or 'focused on'.
- Make the distinction between 'person' and 'patient'. The term 'patient' refers to someone receiving treatment for a particular condition. People who are not being treated should be referred to only as people.
- Race and ethnicity: Try to avoid terms such as 'blacks' and 'whites'; rather use 'black people', 'white people', etc. Do not use Caucasian. 'Mixed race' is preferable to 'half-caste' or 'coloured'.

- Male' and 'female' can be used as adjectives (e.g. a male patient, female adolescents). They can be used as nouns to describe animals, but as nouns referring to humans, they should be replaced by men and women or boys and girls (e.g. female frog, but a 35-year-old man).
- Gender and Sex: Use 'sex' rather than 'gender'.

Gender refers to the characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time.

Sex refers to the different biological and physiological characteristics of females, males and intersex persons, such as chromosomes, hormones and reproductive organs.

Sexuality: Avoid the terms 'homosexual activities'. Sometimes the phrase 'men who have sex with men' or MSM is used. Avoid using 'homosexuals' (specify homosexual men or homosexual women).

- Avoid the terms 'third World', poor countries and underdeveloped countries. The current terms preferred by the UN are developed/developing countries, but it is best to specify countries or regions instead.

For further examples, refer to: Emerging Infectious Diseases Journal Editorial Style Guide; AOSIS Publishing house style for authors, AMA Manual of Style: A guide for Authors and Editors.



Appendix 1. Formatting for tables and figures

Tables

Table caption should be above the table:

Table 1. This is the caption. (Person, place, time, what -Identify the data contained in the data field (N=))...

Format tables as follows:

Only have 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).

Column headings should be bold.

Left justify the row headings. Centre justify the column headings and column data.

Draw columns and rows close together.

Light shading can help guide the reader across rows.

Terms used in title, row headings and column headings of tables should be the same as used in the text of the report.

Abbreviations used in the table and the text still need to be defined in the table. They can be in the caption too but must be preceded by the written-out form.

In most cases the first column is left justified and the other columns are centred.

An example is below:

Table 2. Number of cases and incidence rates of invasive pneumococcal disease (IPD) in South Africa as reported to *RMPRU by province for 2004 and 2005 (N=3 784)

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

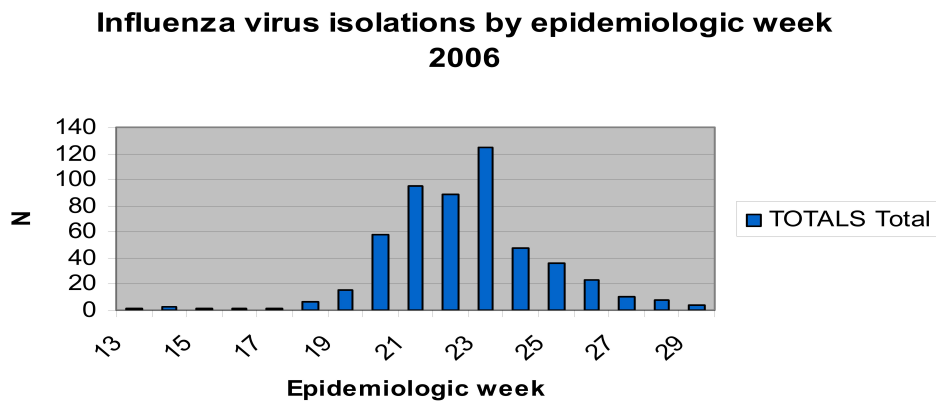
* RMPRU: Respiratory and Meningeal Pathogens Research Unit

Figures:

Figures should not have borders, background or gridlines visible. Do not use 3 dimensional figures i.e. 'business graphics'. Keep colours to a minimum and always bear in mind that many who receive the documents will have black and white printers so try whenever possible to generate figures that will be legible in this format.



This figure does not conform:



- Do not include title
- Take out grey background and gridlines
- Decrease size of font in title and axis labels
- Remove legend box if only one data element included.

The figure below conforms to the formatting requests above.

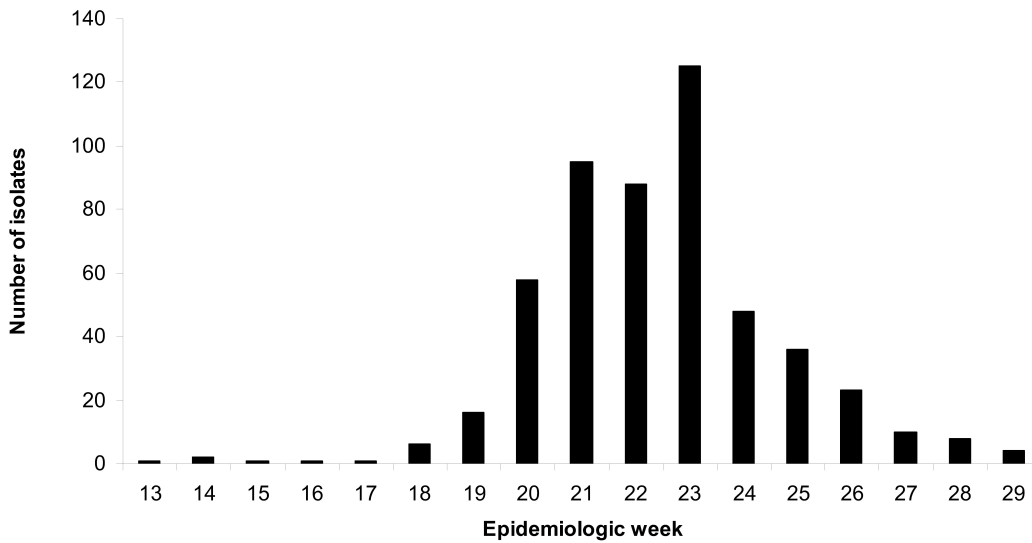


Figure 1. Number of influenza virus isolates by epidemiologic week in South Africa, 2006



Appendix 2. Units of common laboratory tests

Laboratory test	Unit
Haematology	
Haemoglobin	g/dL
White blood cells	$10^9/L$
Platelet count	$10^9/L$
Neutrophils: absolute count	$10^9/L$
Lymphocytes: absolute count	$10^9/L$
INR	No units required
D-dimers	mg/L
PT and PTT	seconds
ESR	mm/hr
Biochemistry	
Urea	mmol/L
Creatinine	$\mu\text{mol/L}$
Sodium, Potassium, Chloride, Bicarbonate	mmol/L
Total protein	g/L
Bilirubin	mmol/L
ALT, AST, alkaline phosphatase, LDH, γ -GT	IU/L
CRP	mg/L
PCT	ng/ml
CSF	
Protein	g/L
Cells (red blood cells, white blood cells, lymphocytes, neutrophils)	Number of cells/ mm^3
Glucose	mmol/L