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Notes from the Editor

Welcoming the New Year

January is a time of new beginnings and for CCDR it marks the start of Volume 40. After publishing periodically over the fall, we will now be publishing every second Friday. Over 2014, we will publish 22 issues with a brief pause in August and December. We have a number of theme issues planned – on pertussis, Lyme Disease, tuberculosis and malaria to name a few. A lot of interesting work is underway.

The goal of CCDR is to provide timely and practical information for clinicians, public health professionals and policy makers on current and emerging infectious disease trends in Canada. We want CCDR to become the “go to place” for the latest information on infectious diseases in Canada. We will be publishing scientific articles, summaries of advisory committee statements, surveillance reports and much more. We will also provide links to other Canadian infectious disease articles, online resources, and upcoming webinars and conferences.

We welcome submissions of manuscripts with practical information on infectious diseases. This issue includes our new [Information for Authors](#) that describes what you need to know on how to prepare and submit a manuscript to CCDR. Upon request, we can send you templates that identify best reporting practices for different types of manuscripts that also reflect what peer reviewers are looking for when assessing them.

INFORMATION FOR AUTHORS

1.0 The Canada Communicable Disease Report

The *Canada Communicable Disease Report* (CCDR) is a bilingual, peer-reviewed, open-access online scientific journal published by the Public Health Agency of Canada (PHAC). It provides timely and practical information on infectious diseases to clinicians, public-health professionals, and policy-makers. It publishes surveillance reports, original research, vaccine and infectious disease guidelines, overviews, and editorials. Authors retain responsibility for the content of their articles; opinions expressed are not necessarily those of PHAC.

2.0 Types of articles

CCDR follows PHAC's Policy for the Publication of Scientific and Research Findings (available upon request). Authors should submit manuscripts that have practical content that is applicable to infection prevention, surveillance and control and can inform policy, program and practice. Manuscripts should not contain policy statements.

CCDR promotes the use of templates as these help authors organize their information, meet readers' needs, and respond to the Editor's and peer-reviewers' expectations. Each template provides guidance on word length and what information goes where. A general principle in scientific writing is: be comprehensive but brief. The shorter the manuscript, the more likely it is to be read.

The following [templates are available upon request](#). (Note: the word lengths provided below are for text only and do not include the abstract, tables or references.)

Case Reports: Describes the first case (or cases) of an infectious disease, or an unusual presentation. **(1000-1500 words)**

Early Communications: Provides an initial report of an infectious disease outbreak including the results of preliminary investigations and any interim clinical and public health recommendations. **(750-1500 words)**

Editorials: Identifies an issue, usually linked to an article, places it in a larger context and discusses key points and their implications in relation to the issue. **(1000-1500 words)**

Epidemiologic Studies: Includes case-control and cohort studies on infectious diseases. **(1500-2000 words)**

Report on a New Intervention: Describes a new intervention to address an infectious disease issue (e.g. a new school-based curriculum, or a new screening technique). **(1500-2000 words)**

Outbreak Report: Provides information on an outbreak once it is complete, summarizing the epidemiology, risk factors, morbidity and mortality associated with the outbreak, the public health interventions and outcomes. **(2000-2500 words)**

Surveillance Report: Summarizes trends in the incidence or prevalence of an infectious disease or group of diseases. **(2000-2500 words)**

Systematic Reviews: Provides a review of the literature on an infectious disease topic according to the PRISMA guidelines. **(2000-2500 words)**

There is also **Information on tables and figures** that may be applicable to any of the templates. Other types of manuscripts may be appropriate; consultation with the Scientific Editor is advised.

3.0 Submission Process

Manuscripts may be submitted from within or outside of PHAC in the official language of choice of the author(s). Before formal submission, interested authors may seek initial feedback on their manuscript from the [Scientific Editor](#) to ensure that the manuscript falls within the purview of CCDC and format requirements are met.

- Authors who work for any organization or jurisdiction are responsible for obtaining approval or clearance from their employer before their manuscript is submitted.
- Authors must submit manuscripts in Word to the [CCDC Editorial office](#); they will receive an email acknowledging receipt.
- Figures must be in Excel or Power Point. Do not incorporate figures and tables into the text; they should be placed separately at the end of the manuscript.
- References may be generated by citation software, such as Reference Manager; do *not* use the endnote or footnote word-processing feature.
- For more specific information on developing manuscripts, contact the Editorial Office.

3.1 Cover letter

Manuscripts must be accompanied by a cover letter from the corresponding author that cc's all the authors and contains the following:

- a) *A full statement indicating that the manuscript has not been published previously.* CCDC generally considers only previously unpublished work.
- b) *A statement on authorship* which notes that the manuscript has been read and approved by all the authors, and that the [requirements for authorship](#) have been met, as set forth by the [International Committee of Medical Journal Editors \(ICMJE\)](#).
- c) If one or more of the authors are municipal, provincial or federal employees, *a statement that the manuscript has received clearance* is indicated. Manuscripts authored by PHAC employees must be approved by the Director General of the Centre or Laboratory from which they originate.
- d) *A conflict of interest statement using the ICMJE [Form for Disclosure of Conflicts of Interest](#).* As it notes, each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Finally, the manuscript must be accompanied by permission to reproduce previously published material such as previously published figures or illustrations, report information regarding identifiable persons, or acknowledge people for their contributions.

4.0 Review process

Once a manuscript is submitted, is found to fall within the purview of the journal, and meets the basic format requirements, the Editor will send it for blind peer review. Reviewers will assess the manuscript for content and methodological quality as well as the key features identified in the templates, and advise the Editor as to whether the manuscript is appropriate for CC DR and what improvements might be made.

4.1 Revision and approval process

Upon considering the reviewer comments, the Editor determines whether the manuscript is appropriate for CC DR. If the manuscript is found to be appropriate, the Editor will collate the reviewer comments, identify any additional revisions needed and send the manuscript back to the corresponding author for revisions. The revised manuscript is then sent back to the Editorial office and a final decision is made on the manuscript. When accepted, the Editorial Office will facilitate the approval process for web-posting.

Accepted manuscripts will need to be translated so they can be published in both official languages. For PHAC submissions, translation is generally arranged by the author. For external submissions, translation will be arranged by the Editorial office.

5.0 Copyright

Where manuscripts are submitted by authors who are employed by the Government of Canada, the copyright of such manuscripts remains with the Government of Canada. Where manuscripts are submitted by authors who are not Government of Canada employees, authors will be asked to assign their copyright in writing.

6.0 Web coding and online publication

It may take several months from the time a manuscript is accepted until it is published. Once the manuscript has been translated, web-coded and a pdf created, the lead author will be responsible to have both the pdf and HTML versions in both official languages checked for accuracy (the final quality control check). A Digital Object Identifier (DOI) number will be assigned to each article, to facilitate electronic search and retrieval.

7.0 Policies and other resources

This information is consistent with the following policies and other resources:

Policy for the publication of scientific and research findings, Public Health Agency of Canada

[Procedures for Publishing, Treasury Board of Canada Secretariat](#)

[Policy on Official Languages, Treasury Board of Canada Secretariat](#)

[Standard on Web Accessibility, Treasury Board of Canada Secretariat](#)

[ICMJE Recommendations](#) for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (formerly the Uniform Requirements).

Contact the [Editorial Office](#) for any questions or additional information.

What's new

MMWR 2014 [Histoplasmosis Outbreak Associated with the Renovation of an Old House –Quebec, Canada 2013](#) Allard A, Décarie D, Grenier J, Lacombe M, Francine Levac F.

Useful links

Nov 2013 [Antibiotic Resistant Organism Surveillance \(ARO\):2007-2011](#). Canadian Nosocomial Infection Surveillance Program, Public Health Agency of Canada

Upcoming education

Feb 19, 2014 Webinar: [Lyme 101: An Introduction to Lyme Disease for Municipal Health](#). Ogden N, Deilgat M, Lindsay R.
