

Public Health Bulletin (PHB) Pakistan

INSTRUCTIONS FOR AUTHORS

Criteria for authorship credit

INCLUSION CRITERIA ¹

Authors can meet all or just one of the listed criteria:

- a. Significant contribution in conception or design of the study or report, collection, analysis and interpretation of data
- b. Drafted and technically revised the report or manuscript
- c. Critically reviewed the final version for publication
- d. Agreed to be accountable for accuracy and integrity of the study conducted

EXCLUSION CRITERIA ²

- a. Participation solely in the acquisition of funding, the collection of data, general supervision of the research group, position in an organization and by attendance at a meeting will not be enough for claiming 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.

PLACEMENT OF LIST OF AUTHORS AND ORDER³

- a. The list of authors follows the title. First and last names and middle initials (optional) should be used. The affiliation with the organization will be footnoted.
- b. The PHB Pakistan recognizes that scientific work is a collaboration, and collaborators have a responsibility to define, accept, and fulfill their roles. 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 coauthors, establishing writing assignments, providing direction for reviews and revisions, and compiling drafts. The first author should ensure an open forum for coauthors 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.

¹ Public Health Bulletin Project, CDC Foundation, Data Impact Program, Bloomberg Philanthropies Data for Health Initiative

² Morbidity and Mortality Weekly Report (MMWR), Instructions for Authors (Updated August 15, 2022)

³ Morbidity and Mortality Weekly Report (MMWR), Instructions for Authors (Updated August 15, 2022)

- c. The PHB Pakistan 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.

Corresponding author. Contact information including cell number and email address of the corresponding author should be provided

Acknowledgements and references:

A short paragraph mentioning other persons contributing to the investigation or study but were not the part of the original team. The format of the references should be according to the scientific writing style guide.

GUIDELINES FOR PUBLICATION⁴

- a. **Acceptability:** The Public Health Bulletin (PHB) Pakistan publishes information that is useful for community, public health officials, researchers, policy and decision makers. Outbreak investigation and surveillance summary reports with appropriate public health recommendations are the crux of this bulletin.
- b. **Novelty:** Bulletin will not contain any previously published work.
- c. **Quality:** The content of the reports should follow the standard scientific writing style criteria. Appropriate methodology for data collection and analyses should be used.
- d. **Timeliness:** Data from outbreaks should not be older than six months at time of submission while surveillance data should not be older than three years.
- e. **Comprehensibility:** Language should be appropriate and plain with concise description and avoiding use of acronyms and abbreviations.

TYPES OF ARTICLES

The following types of articles are published in the PHB, Pakistan:

- 1) Surveillance Summary Reports
- 2) Outbreak investigation reports
- 3) Notes from the field

1) Surveillance summary reports:⁵

Surveillance summary reports display the patterns and trends of disease occurrence in a population based on the descriptive analysis of surveillance data. The purpose of surveillance data and surveillance summary reports is to inform those who are responsible so they can take appropriate action and to show those who collect raw data that their work is useful and will be used to inform policy or program activities. The following sequence with corresponding context should be taken into consideration:

⁴ National Public Health Bulletin for Uganda

⁵ Morbidity and Mortality Weekly Report (MMWR), Instructions for Authors (Updated August 15, 2022)

- a. **Introduction:** This should include rationale or objectives for surveillance of the disease/health related event/condition, background statistics that cover relevant facts about incidence, prevalence, mortality, morbidity, potential to cause outbreaks or epidemics, burden to medical system, etc. Moreover, this section should describe the area or district/department where the surveillance analysis was carried out, population under surveillance, key data about the area/region and the environment (depending on the disease under surveillance). Current public health scenario regarding the disease under surveillance along with the surveillance system in combating disease or condition. A thorough literature search should be conducted for compiling the before mentioned information.
- b. **Method:** This section elaborates regarding the data sources, the distribution of the population by age, sex, and location for subsequent calculation of rates, the definition of health events, description of database cleaning and the process to confirm that the variables are appropriately coded and categorized, statistical methods used, surveillance data collection instruments and variables used.
- c. **Results:** This section should present study findings in quantitative form comprising of clinical features (e.g., common symptoms), positivity rate, hospitalization rate and case fatality rate of the disease/health related event under surveillance. Distribution of disease/health related event in terms of time (trends over year, month, week or other appropriate interval for observing changes in pattern of disease), place (geographic area) and person (age, sex, other related socio-demographic variables) should also be the part of this section. Any other salient features or significant risk factors if present can be portrayed here.
- d. **Discussion:** This section is the description of quantitative data mentioned in results section. This is the interpretation of the observed patterns to identify problems or areas that require further epidemiologic investigation or public health action. Patterns could be short- and long-term trends along with place and person wise characteristics. Use caution while interpreting non-modifiable risk factors and recommend changes to only modifiable risk factors (for e.g. risk of obesity increases with age so recommendation should be increase in physical activity or improve diet among elderly population) Limitations of the study and public health impact should also be included in this section under sub-headings.
- e. **Summary box:** A summary box tells the reader about the importance of the topic, significant findings and their public health impact. Authors should answer the following in one or two sentences for each:
 - What is already known about this topic?
 - What is added by this report?
 - 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 words limit should be not more than 75–100 words.

OUTBREAK INVESTIGATION REPORTS⁶

An outbreak report is a document summarizing all the steps and main findings of the outbreak investigation with providing timely feedback and recommendations to concerned authorities. These reports should follow chronologic narration like telling a story with keeping in mind the following points:

⁶ Outbreak Investigation Report Writing, Curriculum for Field Epidemiology and Laboratory Training Program, Pakistan

- a. Introduction:** This should include the event establishing the existence of the outbreak or underlying public health problem addressing how was the outbreak reported, which steps were taken to confirm it, what was known to date, reason for undertaking investigation, when and by whom the investigation was conducted, objectives of the investigation and information that will help readers understand the context like background, population demographics, description of the area/site/facility, healthcare system and sectors involved.
- b. Methods:** The methods section provides the elements to understand what was done to investigate the outbreak. Methods used in each component of the outbreak investigation should be specified including study design, study population, study setting, study duration, case definition, definitions of groups compared and exposures of interest, source and mode of data collection, sampling technique, sample size, methods used to analyze data, statistical tests used, collection & analysis of clinical and environmental specimens, site visit and methods of risk assessment. Approval from Institutional Review Board and informed consent from participants of the study should be taken into account and documented.
- c. Results:** The results section should be consistent with the methods and remain factual including findings that support the conclusion. Findings should be expressed quantitatively and include descriptive and analytical results. Descriptive part comprises of count of cases, clinical characteristics, treatment, outcome and distribution of disease (time, place and person). Laboratory investigation and environmental sampling results should also be mentioned here. This section should include tables and figures with brief descriptions of the most important patterns or features avoiding data repetition.
- d. Discussion:** The discussion section links your overall results back to your objectives. This section should provide a brief summary of key findings, clear and logical interpretation of results, limitations of the study and biases that may have led to the observed results.
- e. Conclusions & Recommendations:** The conclusion section explains how results confirmed or disapproved hypothesis. The recommendations section should be short, concise, specific and targeted (who should do what, what can be done with the available resources, acceptable). This section should specify what should be done to control the current outbreak (e.g. vaccination, water chlorination etc.), to prevent future outbreaks (e.g. awareness sessions, introducing specific control measures, etc.) and to improve management of future outbreaks (e.g. decision making process, communications, involvement of other relevant stakeholders and subject matter experts etc.).
- f. Public health impact:** From the experience of the investigated outbreak, some points should be highlighted to improve future investigations. A summary of problems encountered and suggestions for improvement could be useful for participating agencies and colleagues if they will use similar approaches, methods or tools in the future. This segment explains the outcome of the outbreak investigation report like implementation of preventive measures, establishment or improvement of surveillance system, timely reporting of cases or outbreaks, increased vaccination coverage, relevant policy formulation, improved emergency preparedness and community awareness.

g. Summary box: A summary box tells the reader about the importance of the topic, significant findings and their public health impact. Authors should answer the following in one or two sentences for each:

- 1 What is already known on this topic?
- 2 What is added by this report?
- 3 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 words limit should not be more than 75–100 words.

3) Notes from the field:⁷

These are abbreviated reports intended to advise target audience of ongoing or recent events of concern to the public health community without waiting for development of a Full Report. Events of concern include outbreaks, unusual disease clusters, poisoning and notable public health-related case reports. These reports may contain preliminary results and hypotheses regarding risk factors and exposures. No definitive conclusions need to be presented in these notes.

- a. 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 managing editor before submission. Notes from the field should contain a brief introduction describing the onset of the event and when and how it was identified, followed by description 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. Public health actions that have been taken to control the current situation and recommendations given to the concerned authorities for preventing recurrences in future should be incorporated in the notes as well. Contributors should check previously published articles similar to their proposed submission to determine its optimal format and structure. When uncertain, consultation with the managing editor is advised.
- b. Tables and figures.** One table, one figure and one summary box will be included particularly if text could be shortened.
- c. References:** These should be kept relevant and the latest one. (See details in Author submission checklist and submission formats)
- d. Criteria for authors:** Because these reports are abbreviated, attribution should be strictly limited to those persons or organizations responsible for writing the report or to whom public inquiries should be directed.

AUTHOR SUBMISSION CHECKLIST AND SUBMISSION FORMATS

- **Text:** Always use 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 irremovable) coding that interferes with processing; making your article unusable. Maximum length of articles depends upon article type and excludes title, reported by, footnotes, references, and acknowledgments. Surveillance summary and outbreak investigation reports should not exceed 3,500 words in the main body of the text. Use of subheadings in the main body of the text is recommended. Illustrations are encouraged.

⁷ National Public Health Bulletin for Uganda

Report laboratory and epidemiologic results within a public health perspective. Explain the value of the the reports in public health terms and place the findings in a larger perspective (i.e. "Here is what we found, and here is what the findings mean")⁸

- **References and Endnotes:** Keep references preferably up to forty (40) with the most relevant and latest one. These are numbered in the order in which they are cited, first through the text, then through the figure and finally through the table legends.

Place citation numbers for references and endnotes within parentheses, italicized: (18, 19) (18-20) (18, 20-22). There should be only one reference list covering citations in the paper.

Each reference should have a unique number; do not combine references or embed references in notes. Any references to in-press manuscripts at the time of submission should be given a number in the text and placed, in correct sequence, in the references and notes.

Endnotes should be used for information aimed at the specialist (e.g., procedures) or to provide definitions or further information to the general reader that are not essential to the data or arguments. Notes can cite other references (by number). Journal article references should be complete, including the full list of authors, the full titles, and the inclusive pagination. Titles are displayed in the online HTML version, but not in the print or the PDF versions of papers.⁹

- **Citation Style:**¹⁰

NLM citation style should be followed

For journal articles: List initials first for all authors, separated by a space (e.g., A. B. Opus, B. C. Hobbs). Do not use "and." Titles of cited articles should be included (lowercase except for the first word and proper nouns), followed by a period (see examples below). Journal titles are in italics; volume numbers follow, in boldface. (If there is no volume number, use the publication year in its place.) Do not place a comma before the volume number or before any parentheses. You may provide the full inclusive pages of the article. If the publication is online only, use the article number (or citation number) instead of the page. Journal years are in parentheses: (1996). End each listing with a period. Do not use "ibid." or "op. cit." (these cannot be linked online).

For monographs, memos, or reports: The style for author or editor names is as above. The title should be in quotes and should have initial caps. After the title, provide (in parentheses) the report number (if applicable), publisher name, and year. If these are unavailable, or if the work is unpublished, please provide all information needed for a reader to locate the work; this may include a URL or a Web or FTP address. Monographs in series (such as AGU Monogr.) may be treated as journals.

- **Tables:** Tables should be included after the references and should supplement, not duplicate, the text. Tables should be created using the Word table function or in Excel. Authors should study tables in previous articles for style. Tables cannot have tabs or extra spaces within the cells. Tables should be embedded in text. They should be called out within the text and numbered in the order of their citation in the text. The first sentence of the table legend should be a brief descriptive title. Every vertical column should have a heading, consisting of a title with the unit of measure in parentheses. Units should not change within a column. Footnotes should contain information relevant to specific entries or parts of the table. Recommended number of tables in the article should be as per appropriate.¹¹
- **Figure legends:** These should be double-spaced in numerical order. A short figure title should be given as the first line of the legend. No single legend should be longer than 20 words. Nomenclature, abbreviations,

⁸ National Public Health Bulletin for Uganda

⁹ National Public Health Bulletin for Uganda

¹⁰ National Bulletin of Public Health, Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh

¹¹ National Bulletin of Public Health, Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh

symbols, and units used in a figure should match those used in the text. Any individually labeled figure parts or panels (A, B, etc.) should be specifically described by part name within the legend.¹²

- **Figures:** Figures should be called out within the 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 and have keys/legends. Figures should be numbered in the order of their citation in the text. For initial submission, figures should be embedded directly in the .docx or PDF manuscript file. Recommended number of figures in the article should be as per appropriate.¹³

Typefaces and labels

Please observe the following guidelines for labels on graphs and figures:

- Use an arial font whenever possible with 10 or 11 label.
- Line Spacing should be 1.5"
- Spacing should be 0.7" from top and bottom and 1.0" from right and left.
- Simple solid or open symbols reduce well.
- Label graphs on the ordinate and abscissa with the parameter or variable being measured, the units of measure in parentheses, and the scale. Scales with large or small numbers should be presented as powers of 10.
- Avoid the use of light lines and screen shading. Instead, use black-and-white, hatched, and cross-hatched designs for emphasis.
- Capitalize the first letter in a label only, not every word (and proper nouns, of course).
- Variables are always set in italics or as plain Greek letters (e.g., P, T, m). The rest of the text in the figure should be plain or bold text.
- Use leading zeros on all decimals – e.g., 0.3, 0.55 – and only report significant digits.
- Use capital letters for part labels in multipart figures – A, B, C, etc. These should be 9 pt and bold in the final figure. When possible, place part labels at the upper left-hand corner of each figure part; if a part is an image, set labels inside the perimeter so as not to waste space.
- Avoid subpart labels within a figure part; instead, maintain the established sequence of part labels [e.g., use A, B, C, D, E instead of A, B, C(a), C(b), C©]. If use of subpart labels is unavoidable, use lowercase letters (a, b, c). Use numbers (1, 2, 3) only to represent a time sequence of images.
- When reproducing images that include labels with illegible computer-generated type (e.g., units for scale bars), omit such labels and present the information in the legend instead.

Footnotes: For footnotes, do not submit with the endnotes function of MS Word engaged. Use the following footnote symbols in order of appearance: *, †, §, ¶, **, ††, §§, ¶¶, etc. Only the * symbol is not superscripted while all others are superscripted.

Acknowledgments: These should be gathered into a paragraph after the final numbered reference. This section should start by acknowledging non-author contributions, and then should provide information under the following headings

Funding: This section should include whether the authors have received any financial support for the research, author- ship and/or publication of this article. If the authors have not received any financial support then this should also be mentioned.

¹² National Bulletin of Public Health, Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh

¹³ National Bulletin of Public Health, Institute of Epidemiology, Disease Control and Research (IEDCR), Bangladesh

Authors contributions: This heading should be comprised of a complete list of contributions in the study / research conducted by primary author and co-authors.

Competing interests: Competing interests of any of the authors must be listed. Where authors have no competing interests, this should also be declared.

GUIDANCE FOR CORRECTING ERRORS ¹⁴

Corrections of errors preserve the integrity of the scientific and public health literature. They also protect the reputation of authors and the PHB Pakistan by the commitment of ensuring accurate science. Requests to publish corrections should be sent to the Managing Editor. Following notification about the error an Erratum will be published as soon as possible.

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 PHB Pakistan 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.

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

NOTE: If pervasive errors have been identified, contact the Editor-in-Chief at [provide contact information] or the Managing Editor at [provide contact information] as soon as possible.

¹⁴ Morbidity and Mortality Weekly Report (MMWR), Instructions for Authors (Updated August 15, 2022)