



Information for Authors

Canada Communicable Disease Report

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Introduction

The *Canada Communicable Disease Report* (CCDR) is an open access, online, bilingual, peer-reviewed journal on infectious diseases. It is published on the Government of Canada website by the Public Health Agency of Canada and is available through PubMed and PubMed Central. CCDR is published ten times a year on the first Thursday of every month, with a combined issue early in the year and in July/August. Subscribers receive an email notice featuring a hyperlinked table of contents after each new issue is released.

Objective and scope

The objective of CCDR is to advance the capacity to prevent, detect and mitigate the effects of infectious diseases in Canada and worldwide. Its readers include clinicians, public health professionals, researchers, teachers, students and others who are interested in infectious diseases. To do this, we publish authoritative and practical articles including surveillance reports, outbreak reports, original research, rapid communications, advisory committee statements and more.

Open access policy

CCDR adheres to the Directory of Open Access Journals (DOAJ) definition of open access: that users have the right to read, download, copy, distribute, print, search or link to the full text of all articles (1). The journal does not charge article processing charges (APCs) or submission charges and is free of charge to all readers. As of January 2019 all articles in CCDR are published under the [Creative Commons Attribution CC BY 4.0 license](#) (2).

What we are looking for

CCDR welcomes submissions, from across Canada and elsewhere, of articles on infectious diseases that inform policy, program development and practice. CCDR follows the recommendations of the following organizations:

- Canada's [Tri-Council \(Policy Statement on Ethical Conduct on Research Involving Humans\)](#) (3)
- [Canadian Council of Animal Care Guidelines](#) (4)
- Council of Scientific Editors ([Scientific Style and Format](#)) (5)
- Directory of Open Access Journals (1)
- [International Committee of Medical Journal Editors \(ICMJE\)](#) (6)
- Public Health Agency of Canada (Policy for the Publication of Scientific and Research Findings)
- [Sex and Gender Equity in Research \(SAGER\) \(Guidelines\)](#) (7)
- The Treasury Board of Canada Secretariat ([Policy on Official Languages](#) (8) and [Standard on Web Accessibility](#)) (9)

CCDR does not publish policy statements, with the exception of Advisory Committee statements. Authors retain the responsibility for the content of their articles and opinions expressed are not necessarily those of the Public Health Agency of Canada (PHAC).

Types of articles

CCDR publishes a wide variety of articles ([Table 1](#)). Word counts cover the main body of the text and do not include the abstract, tables or references. Author checklists for many article types have now been published. Other types of articles, such as conference summaries, may also be appropriate; consult the Editor-in-Chief (michel.deilgat@canada.ca) prior to submission.

Co-publications, or publishing the same article in two different places, may be considered when it meets the requirements of the ICMJE (19), especially when it is on a topic of public health importance and is directed to two different audiences. Contact the Editor-in-Chief (michel.deilgat@canada.ca) to discuss this possibility prior to submission.



Table 1: Types of articles published in the *Canada Communicable Disease Report*

Type of article (word count)	Description
Commentary (10) (1,000–1,500 words)	Addresses a stand-alone issue, setting forth strengths and arguments to support a point of view, as well as potential weaknesses and counter-arguments
Epidemiologic study (1,500–2,000 words)	Includes cohort and case-control studies on infectious diseases as per the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines
Implementation science (11) (1,500–2,000 words)	Describes an innovative process, policy or program designed to monitor or decrease the impact of an infectious disease and generally includes an evaluation of how it worked
Eyewitness report (1,000–1,500 words)	Provides a first-hand practice-based account and insights about the prevention, detection or management of an infectious disease
Outbreak report (12) (2,000–2,500 words)	Provides information about an outbreak, summarizing its epidemiology, risk factors, associated morbidity and mortality, public health interventions and outcomes
Overview (13) (1,500–2,000 words)	Summarizes content from many specialized articles or sources into one broadly scoped article or introduces a topic for those who may be reading about this topic outside their field of expertise
Qualitative studies (14) (2,000–2,500 words)	Analyzes data from direct field observations, in-depth interviews and/or written documents to identify themes that generate hypotheses on complex phenomena
Rapid communication (15) (750–1,500 words)	Provides a short, timely and authoritative report of an emerging or re-emerging infectious disease that typically includes the results of preliminary investigations and any interim clinical and public health recommendations
Surveillance report (16) (2,000–2,500 words)	Summarizes the trends in the incidence or prevalence of an infectious disease in Canada and analyzes the changes
Survey report (17) (1,500–2,000 words)	Identifies "what is" in a population based on self-reports and follows the Checklist for Reporting Results of Internet E-Surveys (CHERRIES)
Systematic review (18) (2,000–2,500 words)	Provides a review of the literature according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)

How to prepare a manuscript for CCDR

Articles are most likely to be read when they are written in a clear, logical and compelling fashion. Avoid jargon and minimize the use of abbreviations. CCDR encourages submission soon after a study is complete. Data should be no more than three years old.

Style and formatting requirements

Manuscripts may be submitted in either English or French and prepared with Microsoft Word (.docx). See **Table 2** for additional style and formatting information. For information on how to structure your manuscript to increase logic and readability see: [A guide to publishing scientific research in the health sciences](#) (20).

Table 2: Style and formatting requirements for the *Canada Communicable Disease Report*

Item	Requirement
Title page	<ul style="list-style-type: none"> • Provide a concise, interesting title that includes person, time and place of study, when applicable • Provide the last and first name of each author, the primary affiliation, city and province • For a collective authorship (e.g. a working group, or expert advisory committee), provide the names of each member at the end of the manuscript • Provide the email of the corresponding author • Identify four to eight keywords suitable for indexing, separated by commas • Note the word count for main text
Abstract	<ul style="list-style-type: none"> • Include a 200- to 250-word structured abstract for research articles with the following sub-titles: Background, Objective, Methods, Results and Conclusion • Include a 150- to 200-word text abstract for Commentaries, Eyewitness reports and Overviews that summarizes the texts and provides the key messages
Main text	<ul style="list-style-type: none"> • Introduce the topic and provide a rationale for your study. Start with the broad issue and then focus down to your research objective, providing a summary of relevant literature. Ensure each of the major aspects of your study is identified in the research objective in a logical sequence • Consider the "Sex and Gender Equity in Research" (SAGER) guidelines in reporting your research (7) • Organize the Methods section by using the same terms (often as sub-headings) and the same sequencing as established in the objective • Organize the Results section by using the same terms and sequencing as established in the objective • Highlight key findings in tables and figures, which will later be placed after they are first cited in the text • Develop a concise Discussion section that summarizes the key findings, identifies the strengths and weaknesses of the study, considers the implications of the findings and proposes next steps • Note the source (name) of any unpublished data or personal communication in parentheses in the text with a date. Authors are responsible for obtaining permission from any person identified • Do not include footnotes in the text. Incorporate this information into the text, summarize it and provide a reference for additional information, or do not include it • Identify references in numeric order in the text. The number is placed in parentheses prior to punctuation, such as the period at the end of a sentence



Table 2 (continued): Style and formatting requirements for the Canada Communicable Disease Report

Item	Requirement
Main text (continued)	<ul style="list-style-type: none"> Do not use the endnote function of Microsoft Word for references. Use referencing software and delink the references from the text once completed to enable copy-editing
Information after the text	<ul style="list-style-type: none"> Place an Authors' Statement after the text. Identify each author by their initials and describe their contribution. This could be done by identifying the specific tasks of scientific article preparation identified in the CRediT taxonomy (e.g. conceptualization, analysis and interpretation of data, drafting and/or revising the paper) (21) Provide a Conflict of Interest statement, even if only to note "None" Identify all funding sources. If the study was done as part of work, the organization should be identified; for example, "This work was supported by the Public Health Agency of Canada" Identify Contributors, if applicable. This includes people who made substantive contributions to the article but did not meet the criteria for authorship. Ensure you have their permission to do so Include Acknowledgements, as appropriate. Ensure that anyone who is acknowledged has provided permission
References	<ul style="list-style-type: none"> References should be numbered consecutively in the order in which they first mentioned in the text tables and figures by Arabic number in parentheses The Reference section is for published documents only. Do not included personal communications here For examples of how to cite articles, books, proceedings etc., see http://nlm.nih.gov/bsd/uniform_requirements.html Remove link to any referencing software in the article
Tables and figures	<ul style="list-style-type: none"> Tables: Ensure you have both column and row headings and no empty cells. If there is no data for a cell, note "N/A" in the cell and identify that this means "not applicable" in the Abbreviations line. The lines for all columns and rows need to be visible. Use the table creation function in the word processing program to prepare your tables—do not use tabs and spaces Figures: All figures must be provided in a fully-editable format for the purposes of editing and translation, such as Excel files for graphs. Submit illustrations, phylogenetic trees and maps as an editable PDF, PowerPoint or Visio. Pictures or screenshots of illustrations are not acceptable as they cannot be edited. Photographs should be provided as high-resolution (min. 300 dpi) bitmap files (e.g. JPEG and TIFF). Any figures that do not have an Excel file, with the associated data, will need to have a text description created for the visually impaired who use text readers Provide a title for each table and figure that fully describes the content. Do not include abbreviations in the title Note: Abbreviations can be used within a table or figure; however, they need to be spelled out in full in the first line at the bottom of a table or figure; each abbreviation is separated by a semi-colon Footnotes can be used in tables and figures to provide additional information. Identify footnotes using lower case letters in superscript: ^{a,b,c} Place tables and figures at the end of the article, after the References

How to submit a manuscript to CCDR

Authors employed by a government organization are responsible for obtaining appropriate clearance for publication of their manuscript prior to submission.

Manuscripts can be submitted online through the [Open Journal System \(OJS\)](#). Registration and login are needed to submit manuscripts online and to check the submission status. Go to [REGISTRATION](#) to obtain a Username and Password (22). Then go to [LOGIN](#).

If you do not receive a confirmation acknowledging that your manuscript has been received within one hour of your manuscript submission, please contact us at phac.ccdr-rmtc.aspc@canada.ca.

Provide assurances

During the online submission process, the submitting author will need to state that:

- The manuscript is original and is not a violation or infringement of any existing copyright or license
- The manuscript is not under consideration elsewhere
- All authors meet the definition of authorship as set out by the International Committee of Medical Journal Editors (ICMJE) (23)
- Permission has been obtained from the copyright holder(s) if indicated, for the use of any third-party textual, graphic, artistic or other material

In addition the submitting author will need to submit a completed ICMJE Conflict of Interest Form (24) from every author on the manuscript.

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Upon submission, authors will need to agree in writing that if their submission is accepted, it will be published under the [Creative Commons Attribution CC BY 4.0 license](#). This means that the authors or their affiliated institutions will retain ownership of their copyright in the manuscript, but allow anyone to copy and redistribute the article in any medium or format, remix, transform and build upon the material, for any purpose, as long as appropriate credit is given, a link to the license is provided, and any changes are indicated.

Authors will be invited to identify their Open Researcher and Contributor Identification or [ORCID](#) number (25).



How manuscripts are reviewed and processed

All manuscripts submitted are routinely screened with iThenticate, an antiplagiarism software, and then assessed by the Editor-in-Chief for suitability. If suitable, it undergoes a double-blind peer review (reviewers do not know who the authors are; authors do not know who the reviewers are). Reviewers are sent a reviewer questionnaire that corresponds to the manuscript type and are asked to assess the manuscript based on a reviewer questionnaire and make suggestions for improvements. For each type of article, questions in the reviewer questionnaire match up with the corresponding items in the Author Checklist, creating clear and consistent guidance for both authors and reviewers.

When peer review is complete, an Editor analyses the manuscript and considers the reviewers' comments, then recommends to the Editor-in-Chief whether to accept the manuscript as is, request further revisions or decline the manuscript for publication. If revisions are indicated, the editor sends the reviewers' comments and any additional editorial comments to the corresponding author and invites him or her to revise the manuscript and provide a response to each of the comments. When the revised manuscript and response to comments are received, the Editor advises the Editor-in-Chief on whether to accept the manuscript, decline it, or request additional revisions. The corresponding author is notified by email of the editorial decision.

What happens when a manuscript is accepted

All manuscripts accepted for publication are copy-edited and further changes may be needed at that time. Once the copy-editing is completed, manuscripts are proofed, translated, formatted for desktop publishing and web-coded. Corresponding authors are sent a copy-edited, proofed and formatted version of their manuscript for a final quality check prior to desktop publishing and web-coding; if requested, authors may also review the translated version.

How CCDR addresses errors, conflicts and authorship changes

CCDR has a number of policies and best practices in place to deal with errors, authorship changes and conflicts.

Correction notices

When an error or omission is identified following publication, the CCDR Editorial Coordinator (phac.ccdr-rmtc@phac.aspc@canada.ca) should be notified promptly. Any changes made to the web-coded version and the PDF of published articles are identified in a Correction Notice in a subsequent issue of CCDR with an explanation of the nature of the correction and the date of the change.

Complaints, appeals and allegations of misconduct

Any concerns or complaints about the editorial process, should be directed to the Editorial Coordinator (phac.ccdr-rmtc@phac.aspc@canada.ca), and if not satisfactorily addressed, brought to the attention of the Editor-in-Chief (michel.deilgat@canada.ca). The appeal process for editorial decisions includes the reassessment of the manuscript by either an Associate Editor or the Editor-in-Chief, and potentially an additional expert reviewer. Allegations of misconduct are addressed based on the guidance developed by the [Committee on Publication Ethics](#) (COPE) (26).

Authorship changes

To add an author during the editorial and production process, the corresponding author needs to send an email to the Editor-in-Chief explaining why this author was not included beforehand and how the author meets all four ICMJE requirements for authorship. All authors, including the additional author, should be cc'd on the email.

To remove an author during the editorial and production process, the corresponding author needs to send an email to the Editor-in-Chief explaining why this author should be excluded and the affected author needs to agree. All authors should be cc'd on the email.

If an author requests his or her name to be removed after publication, CCDR will assess this request based on COPE guidance (26).

How to contact the editorial office

If you have any questions, feedback, or information you would like to share, please contact the Editor-in-Chief (michel.deilgat@canada.ca) or the Editorial Coordinator (phac.ccdr-rmtc.aspc@canada.ca).



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