

Uganda Public Health Bulletin



Article Writing Instructions for Authors

Effective date: 1st June 2021

Last reviewed date: 26th September 2023

Approved by: Dr. Alex Riolexus Ario, Editor in Chief

Table of contents

1.0: Criteria for Publication	2
2.0: Authorship:	2
3. 0 Acknowledgments	4
4.0: Types of Articles	4
4.1: Full Articles.....	4
4.2: Outbreak Investigation Articles.....	5
4.3: Policy Briefs	6
4.4: Notes from the Field.....	7
4.5: Notices to Readers	7
5.0: Author Submission Checklist and Submission Formats	7
6.0: Clearance policy	8
7.0: Submission, Acceptance, and Scheduling	8
8.0: Guidance for Correcting Errors	9
9.0: Author fees and revenue sources	9
10: Copyright and licensing	9

1.0: Criteria for Publication

Appropriateness: The Uganda Public Health Bulletin (UPHB) publishes information on disease outbreak investigations, public health surveillance 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, teachers and students, and the news media.


Originality: Articles should not contain previously published information or guidelines/recommendations.

Quality: Articles should be based on analyses using accepted scientific methods and should include sufficient data to adequately address the public health topic.

Timeliness: Articles should contain the most current data from surveys, surveillance systems, or studies. Reports 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 the time of submission, surveillance data should not be older than ten years, and other data should not be older than three years (e.g. for publication in 2023, data should be from 2020–2023).

Clarity: Articles should adhere to principles of plain language (<https://www.plainlanguage.gov/media/FederalPLGuidelines.pdf>), including succinctness, logical organization with the reader in mind, language appropriate for local and international audiences, and minimal use of acronyms and initialisms.

2.0: Authorship: Authorship criteria for UPHB is based on guidance from the International Committee of Medical Journal Editors (ICMJE) (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). Articles for the UPHB may be authored by Uganda National Institute of Public Health (UNIPH) staff members or fellows or trainees, Ministry of Health (MoH), Uganda staff members or fellows or trainees, Non-National Institute of Public Health staff members or fellows or trainees, Non-Ministry of Health, Uganda staff members or fellows or trainees or in combination but not by artificial intelligence (AI)–assisted technologies.

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 report or revising it critically for important intellectual content; and 3) final approval of the version to be published.

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 report.

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.

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.

The list of authors follows the title. First and last names and middle initials (optional) should be used. The organizational affiliation will be footnoted as in the example. Contact information should be provided for the corresponding author. The order of authorship should be a joint decision of the coauthors. *UPHB* recognizes that scientific work is a collaboration and collaborators have a responsibility to define, accept, and fulfill their roles. *UPHB* recommends that author 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 as a whole 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., IRB review, disclosure of conflicts of interest) have been addressed.

An example of the new author format is as follows:

Trends of key surveillance performance indicators of acute flaccid paralysis: A descriptive analysis of the surveillance system, Uganda, 2015-2020

Bob O. Amodan^{1, 2*}, Annet Kisakye³, Daniel Kadobera¹, Alfred Driwale², Alex R. Ario^{1, 2}

¹Uganda Public Health Fellowship Program, Kampala, Uganda; ²Ministry of Health Uganda, Kampala, Uganda; ³World Health Organization, Country Office-Uganda, Kampala, Uganda

Correspondence*^e: Tel: 256782152194, Email: bomoda@uniph.go.ug In accordance with [ICMJE recommendations](#), chatbots (e.g., ChatGPT) should not be listed as authors because they cannot be responsible for the accuracy, integrity, and originality, which are requirements for authorship. Therefore, humans are responsible for any submitted material that includes the use of AI-assisted technologies. Authors should not list AI and AI-assisted technologies as an author or co-author, nor cite AI as an author.

If authors request removal or addition of an author after bulletin submission or publication, they should provide *UPHB* with an explanation and signed statement of agreement for the requested change from all listed authors and from the author to be removed or added.

At times, a group will meet *UPHB* criteria for authorship. If there is a group author on the byline, the group title and list of individual members may be included following the text of the report and any general acknowledgements; persons listed in the group will be indexed in PubMed as collaborators. *UPHB* follows ICMJE [guidance for designating authors and other contributors](#)

Any individual author can be designated as the corresponding author. In accordance with [ICMJE recommendations](#), the corresponding author has primary responsibility for communicating with *UPHB* staff and will

- Ensure that all administrative requirements are met, including
- Obtaining and archiving written permission from all persons listed as authors and all persons listed in the Acknowledgments
- Ensuring that all ethical considerations (e.g., institutional review board review or disclosure of conflicts of interest) have been addressed
- Be available throughout the submission, review, and publication processes to respond to editorial queries in a timely way
- Be available after publication to respond should post publication questions about the bulletin arise.

3.0: Acknowledgments

Acknowledgment section can be used to recognize the work of persons or groups or institutions that made substantial contributions to the project but who do not meet authorship criteria. *UPHB* style is to list the author and their affiliation, and describe specific contributions to the project/bulletin such as “for preparing the figures” or “for editorial/statistical review,” etc. The corresponding author should ensure that all named individuals have consented to being listed under Acknowledgments.

4.0: Types of Articles

The following types of articles are published in the *UPHB*: a) Full articles b) Outbreak investigation articles, c) Policy briefs, d) Notes from the Field, e) Notices to Readers

4.1: Full Articles

A report 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 *UPHB* articles similar to their submissions to determine their own optimal format and structure. Full articles should be no longer than 1,400 words and include no more than 10 references and a total of no more than three tables, figures, and/or boxes. Articles exceeding these limits might be considered if, in the opinion of the editor of the *UPHB*, the exception is justified.

(TIPS: A hallmark of *UPHB* articles is simplicity. These articles are intended only to 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 report is about and what should be done).

Summary paragraph: The first paragraph of a full article is similar to both a newspaper lead paragraph (i.e., who, what, when, where, why, and how) and the abstract of a report 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 report.

Background: Each full article 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.

Methods: For most 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 and tests performed (e.g., serology, culture, or toxicology), and statistical methods used. For survey and surveillance data, response rates should be specified. Ethical considerations including Institutional review board approvals, informed assent and consent, and permission to access data for articles based on secondary data such as surveillance data among others.

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.

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 articles 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.

Acknowledgments: May be used to recognize the work of persons involved in the project but who do not meet UPHB author criteria. The corresponding author should ensure that all named individuals have consented to being listed under Acknowledgments.

References: Must be limited to 15.

4.2: Outbreak Investigation Articles

These should generally follow the format of full articles, with some elements specific to outbreak reporting. (TIP: As much as possible, an outbreak article should read like a chronologic narrative; it should tell the story.)

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 neighboring 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.

Background: Same as for full articles with details on the alert (how you got to know about the outbreak). First, present the initial investigation and its findings. This 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.

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.

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 toxicological results.

Discussion: Same as for a Full article plus when appropriate, a brief description summarizing any public health interventions taken and the results of the interventions follows.

Acknowledgments: Same as for [full articles](#).

References: Same as for [full articles](#).

4.3: Policy Briefs

Policy Briefs are intended to announce new official policies or recommendations (e.g., from Ministry of Health). These reports can be thought of as briefer, Maximum word count at submission is 1,400 words. Up to three tables, figures, or boxes may be included. Contributors should check published UNIPH quarterly epidemiological bulletin articles 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.

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 publichealth implications of the new policy or recommendations.

Background: The Policy Brief should include a paragraph after the introduction that summarizes background information relevant to the policy or recommendation that can help the reader understand the context and need for the policy or recommendation.

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?

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.

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.

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.

References: Same as for [full article](#).

4.4: Notes from the Field

Notes from the Field are abbreviated reports intended to advise UPHB articles readers of ongoing or recent events of concern to the public health community, without waiting for development of a full article. 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.

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 scientific editor of the UPHB articles *before* submission. One table, one figure, or one box will be considered, especially if its inclusion makes it possible to shorten the text. References should be kept to an absolute minimum. 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 UPHB articles similar to their proposed submission to determine its optimal format and structure. When uncertain, consultation with the scientific editor of the UPHB articles is advised.

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.

4.5: Notices to Readers

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

5.0: Author Submission Checklist and Submission Formats

Text: Open a new Microsoft Word document to create your text. Do not use a previously created Word document as the basis (i.e., a template) for your report. All previous reports have underlying (often unremovable) coding that interferes with UPHB processing. Use of a previous document will make your report unusable. Maximum length of reports varies by report type and does not include title, reported by, footnotes,

references, and acknowledgments.

References: Follow the style of Uniform Requirements for Manuscripts Submitted to Biomedical Journals (available at http://www.nlm.nih.gov/bsd/uniform_requirements.html^{external icon}). 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 report. Do not submit with Reference Manager engaged.

Tables and Figures: Tables should be created in Word table function or in Excel. Contributors should study tables in previous reports 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

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.

6.0: Clearance policy

UPHB publishes only articles that have been cleared according to the Uganda Ministry of Health and Uganda National Institute of Public Health clearance policies. The UPHB clearance policy applies to both reports submitted by UNIPH and MoH authors and reports submitted from outside the agencies. Before submitting articles to UPHB for publication, contributors should ensure that articles have received clearance from the following:

All entities that are required to clear the article in accordance with the current Uganda MoH and UNIPH Clearance Policy.

District, regional, and national health departments/programs involved in the investigation or analysis. Other agencies named in the report or that have a programmatic or regulatory interesting matters mentioned in the report. 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.

7.0: Submission, Acceptance, and Scheduling

Unless UPHB articles 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 report originates must submit a request to the Editor-in-Chief at riolexus@uniph.go.ug with copy to the Scientific Editor at bulage@uniph.co.ug. The request must include the rationale for expedited publication.

All reports must be accepted for publication by the Scientific Editor. UPHB determines acceptance for publication after reviewing the final, cleared report.

8.0: Guidance for Correcting Errors

- a) Corrections of errors preserve the integrity of the scientific and public health literature. They also protect the reputations of authors, the UPHB, by demonstrating the ~~commitment~~ commitment to ensuring accurate science in UPHB
- b) Requests to publish corrections should be sent to the issue editor with the Scientific Editor in copy. An Erratum will be published as soon as possible following notification about the error.
- c). Pervasive Errors throughout the Text, Figures, or Tables. If pervasive errors are brought to the attention of authors or UPHB editors, it's our obligation to transparently correct the literature. After reviewing the nature and source of the errors for each case, UPHB will assess the report in collaboration with the UNIPH leadership, as indicated. In cases with suspected scientific misconduct, the Office of Science will determine the appropriate corrective action. In cases of inadvertent, pervasive errors, the UPHB Editor-in-Chief will determine the appropriate method for correcting the report based on current scientific publication guidance.

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

- a) For reports that have pervasive errors but the corrections do not change the conclusions or interpretation of the report, UPHB will correct the literature through the mechanism of "Correct and Republish."
- b) For reports that have pervasive errors that change the interpretation or the conclusions when corrected, UPHB will correct the literature through the mechanism of "Retraction." In collaboration with authors, UPHB will determine whether it is appropriate to also republish the report at the time of retraction. UPHB 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 riolexus@uniph.co.ug or +256772363348 and the Scientific Editor at bulage@uniph.co.ug or +256782623624 as soon as possible.

9.0: Author fees and revenue sources

The UPHB is fully supported by the Uganda National Institute of Public Health and the Ministry of Health and partners. It does not require subscriptions, advertisements, charge publication fees or charge for reprints.

10: Copyright and licensing

All materials in the UPHB are in the public domain and may be used and reprinted without permission; citation as to source; however, is appreciated. Any article can be reprinted or published. If cited as a reprint, it should be referenced in the original form.