The International Journal of Tuberculosis and Lung Disease

INSTRUCTIONS FOR AUTHORS

The International Journal of Tuberculosis and Lung Disease (IJTLD), publishes original research articles, systematic reviews and meta-analyses of international significance on tuberculosis and lung disease with a focus on clinical, epidemiological and programmatic research. In relation to lung disease, the Journal’s focus is on research that is relevant to the Union’s mission to find health solutions for the poor.

SUBMISSION OF ARTICLES

Articles should be submitted online via Manuscript Central: http://mc.manuscriptcentral.com/ijtld.

All articles must be submitted in English. If the quality of the English is not considered to be adequate, the manuscript will be returned the authors without review. Authors may be offered the opportunity to re-submit a revised version that has been edited for English language (there are a number of academic English language editors who provide this service).

Manuscripts may only be actively under consideration by one journal at any given time.

AUTHORSHIP

The journal recommends the International Committee of Medical Journal Editors’ criteria for authorship (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html). The ICMJE recommends that authorship be based on the following four criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

When a multicentre group has conducted the study, all individuals who accept direct responsibility for the manuscript should be identified. When submitting a group author manuscript, the corresponding author should clearly identify all individual authors, as well as the group name.

FORMAT OF SUBMITTED ARTICLES

Original research articles, systematic reviews and meta-analyses:
A maximum of 6 typeset pages, with text up to 2500 words, a structured summary of 200 words and up to 35 references – and between 5-7 moderate-sized tables/figures. Please see examples of table sizes that will fit this layout within the section ‘Figures and Tables’.

Brief articles and short reports are welcome. These should be submitted as original articles and will be assessed as such. Where it is believed a shorter article is justified, the editors reserve the right to ask authors to shorten their article.

Case studies: Are considered only if they contain original and innovative material. Patient consent should be provided (or, in the case of death, the consent of a relative). A maximum of 2 typeset
pages, with text up to 1000 words, a summary of 100 words, up to 10 references and a maximum of 2 moderate-sized tables/figures.

*Scientific correspondence:* One typeset page, with text up to 500 words and a maximum of 5 references and one small table or figure.

Correspondence in response to an article published in the IJTLD is welcomed and should be submitted within 3 months of the publication date of the article to which it refers. These are sent to the authors for reply and these exchanges are prioritised for publication in the next available issue of the *Journal*. Format as above.

Papers that do not conform to these guidelines will either be rejected or returned to the authors for revision.

**FORMATTING**
Authors should submit a single Word document (.doc or .docx) – this document should include the title page, summary, text, references, tables and figures with legends. For ease of peer review, the article should have 1.5 or double spacing and continuous line numbering.

**Title page:** This should contain:
1) a concise, informative title of not more than 110 characters and spaces, without abbreviations
2) the names and affiliations of all contributing authors, clearly indicating who is linked to each institution
3) a running head of not more than 45 characters and spaces
4) a word count of the summary, a word count of the text, number of references, tables and figures
5) 3-5 keywords that do not appear in the title
6) the name, full address and contact details of the corresponding author.

**Summary**
An informative structured abstract of not more than 200 words that can be understood without reference to the text. For optimal clarity, the author should use the headings Background, Methods, Results and Conclusion. Abstracts will be translated into French and Spanish on acceptance for publication (authors are welcome to provide their own translations).

**Main text headings:** Three categories of heading are used.
Major headings (e.g. **METHODS, RESULTS**) are in Arial 12 bold caps.
Minor heading 1 (e.g. *Study population and materials*) in Arial 12 italics.
Minor heading 2 (e.g. *Human subjects*) in Times Roman 12 italics.

**Section should follow the usual conventions**
*Introduction* (does not require a heading): This should include the aim, objectives and/or hypotheses for the manuscript, preceded by their rationale.

**METHODS:** This should include a description of the study design, study population, intervention, exposures, outcomes and other relevant variables, where applicable. Details of the statistical analysis plan and sample size and study power should also be included. Methods should be described in a manner that is conducive to replication.

Details of ethics approval (or a statement as to why it was not required) should be provided in the Methods section of all research studies. All studies involving human subjects should include details of informed consent.
RESULTS: Present the results in logical sequence, referencing figures and tables (see information below on submitting figures and tables). For complex tables only highlight the most important results.

DISCUSSION: Bring the reader back to your initial aims, objective or hypothesis, showing how this study has improved our understanding of the topic. CONCLUSIONS: optional, but if used, please briefly highlight the single most significant aspect of this study.

ACKNOWLEDGEMENTS: Acknowledge only those persons who have made substantial contributions to the study, with their consent. All sources of support in the form of grants, author contributions and all conflicts of interest should also be mentioned.

REFERENCES: The accuracy of references is the responsibility of the author. They should follow ‘Vancouver’ reference style (used by MEDLINE and PubMed) and must be numbered in the order in which they are cited. References that are cited more than once retain the same number for each citation. The list of references at the end of an article should be arranged in numerical order.

References to an article: should include the names of the authors, followed by their initials. List all authors when three or fewer - see the example below:
When there are more than three authors, list only the first author and add ‘et al.’

References to a piece of work: (book/monograph) should include the names of the authors, the title of the piece of work, the ISSN number of the publication, the name of the Editor, the place and year of publication, the number of the volume and the first and last page numbers.

References to a chapter in a book: should include the names of the authors, the title of the chapter with the word "In" preceding the reference of the work e.g.
Electronic references should be given only when an original citation is unavailable; please provide as much information as possible, including html address.

References to an article yet to be published: should give the name of the journal as ‘(In Press)’ and only appear after having been accepted.

Personal communications: should be given in the text with the name of the individual cited and with his/her consent.

FIGURES AND TABLES
Tables and figures should be self-explanatory and easily understood as a standalone element. Numbering of tables/figures corresponds to where they are first cited in the text.
Tables: A short descriptive title should appear above the table. Each column should have a short or abbreviated heading. All abbreviations should be explained in a clear legend below the table. Tables should not have shading or bolding.

Explanations of data should be included in the legend and linked to the respective element by a number (1, 2, 3 etc). Tables should be treated as a standalone item, so references should be included in their entirety in the legend and not added to the Reference list at the end of the article. Please note that the number and size of the tables need to be accommodated within the pages allocated for each type of article.
Examples of table sizes:

Small table with 4-5 columns and 4-5 rows = 1/4 page in a typeset article

Moderate table with 4-6 columns and 10-12 rows = 1/2 page in a typeset article

Large table with 6-10 columns and 12-16 rows = 1 full page in a typeset article

If there is the need to refer to very large datasets, the excess material can be included as Supplementary Data (please note there is a charge of €200 per 10 pp of Supplementary Data). The figures and tables in Supplementary Data should be numbered as Figure S1, Table S1 etc (to avoid confusion over labelling of the figures and tables in the main body of the article). Alternatively, the data can be hosted via a service such as Figshare (https://figshare.com) with a link embedded in the text.

**Figures:** These should be referred to consecutively in the text. They can be inserted into the Word document at the end of the References or uploaded separately as image files (.jpg, .ppt, .gif, .tif or .bmp). A brief explanatory legend should be provided for every figure to ensure it can be understood as a standalone item.

After acceptance, figures should be made available in editable form:

*Line drawings, flow charts and histograms:* Must be supplied either as .doc or .xls files. For optimal clarity they should be in black and white, with solid black lines, and avoid shading.

*Scans, photographs, or X-rays:* Should be supplied at a resolution of a least 300 dpi (preferably 500 dpi) as TIFF or JPEG files suitable for reproduction. Photo-micrographs should have internal scale markers where appropriate. X-ray film should bring out the detail with the area of importance clearly indicated. Techniques (staining, magnification, etc) should be defined.

*Patient confidentiality:* Images that show recognisable individuals are discouraged and will only be considered for publication if there is strong justification. In such cases, consent must be
obtained from the individual or legal guardian for publication. A consent form can be obtained on request from the Editorial Office.

Lettering: The size of the symbols and lettering should be in scale with the figure using black Arial font, of uniform size.

Please note, there is a fee to cover the cost of colour illustrations (€200 online, €1000 for print).

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ABBREVIATIONS AND UNITS
Avoid abbreviations in the title or summary. Abbreviations or unusual terms should be described the first time of use. Symbols and units of measure must conform to recognised scientific use, i.e. SI units. For more detailed recommendations, authors may consult the Royal Society of Medicine publication Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors.

Designation of diseases must conform to the International Classification of Diseases. Designation of micro-organisms must conform to the norms of biology. Proprietary names of drugs, instruments, etc. should be indicated by the use of initial capital letters. Names of instruments should be accompanied by the manufacturer's name, city, state and country.

PUBLICATION CHARGES
Excess page charge: an excess page charge of €300 per page is applied for all articles that go over length (6 pp for original articles and systematic reviews, 10 pp for and State of the Art articles).

Supplementary Data: Additional tables and figures may be supplied as a PDF that is published online in association with the article. A charge of 200€ will be applied per 10 pp of Supplementary Data. The PDF should be submitted with the manuscript for review. Authors may also be requested to move overlarge tables/figures to Supplementary Data.

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Manuscripts should conform to the Uniform Requirements for Manuscripts submitted to Biomedical Journals (http://www.icmje.org/index.html). Authors should ensure they follow the relevant recommendations and guidelines for reporting their findings (CONSORT, STARD, MOOSE, STROBE, PRISMA, STREGA). Articles on clinical research should conform to the standards defined in the Helsinki Declaration, as revised in 2013 (www.wma.net/en/30publications/10policies/b3/index.html).

Stigmatising language: Authors are advised to avoid terms that may be perceived to be stigmatising, such as “TB suspect” or “defaulter”. Authors can refer to the following publications: Zachariah R. et al., Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients? Int J Tuberc Lung Dis 2012; 16: 714–717

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