

# SEXUALLY TRANSMITTED INFECTIONS

## WHAT WE PUBLISH

### TYPES OF PAPER

### BMJ GROUP POLICIES AND GUIDELINES

### CHECKLIST FOR SUBMISSION OF PAPERS

## WHAT WE PUBLISH

*Sexually Transmitted Infections* selects original papers on the basis of their likely appeal to its readership. Papers we select for publication will:

- Be of interest to practitioners, policy-makers, trainees and researchers wishing to keep themselves up to date in the field of clinical, epidemiological, sociological and laboratory aspects of STIs and HIV.
- Be clearly and correctly expressed. Many of our valued contributors do not speak English as their first language. If you feel unsure of your competence in English, please show your paper to a colleague who speaks English, preferably as a mother-tongue, before making your submission.
- Be intelligible to our broad international readership. Do not assume familiarity with cultural or institutional facts that are specific to the place in which the research is undertaken. Please explain any details that are likely to cause confusion or misunderstanding for readers from other cultural backgrounds.

Papers are considered on the basis that they are submitted solely to this journal and do not duplicate material already published, or submitted, elsewhere. In cases of doubt, where part of the material has been published elsewhere, please mention this to the editor in your [cover letter](#), and submit the published material in a [supplementary file](#) along with your manuscript. Our editors can then reach their own decision about the degree of duplication. *Sexually Transmitted Infections* adheres to the guidelines issued by the Committee on Publication Ethics (COPE) (<http://publicationethics.org/guidelines>).

## **BMJ GROUP POLICIES AND GUIDELINES**

For guidelines on BMJ Journals policy and submission please click on links below.

[Manuscript Formatting](#)

[Editorial policies](#)

[Patient consent forms](#)

[Licence forms](#)

[Peer Review Process](#)

[Online First process](#)

Please also ensure your manuscript file is double spaced before submitting.

## **TYPES OF PAPER**

**RESEARCH STUDIES**

**SYSTEMATIC REVIEWS AND META-ANALYSES**

**CASE SERIES**

**CASE REPORTS**

**CORRESPONDENCE**

**MISCELLANEA**

Most of the contributions to the journal are **RESEARCH STUDIES** in the area of sexually transmitted infections.

### **RESEARCH STUDIES**

**General**

**Article or Short Report**

**How to maximise the chances of your article being accepted**

**General**

Some types of research study that we frequently publish are:

- Controlled trials (randomised or not randomised);
- Observational studies;
- Diagnostic accuracy studies;

- Basic science;
- Qualitative research;
- Quality improvement reports;
- Economic evaluations;
- Modelling studies.

Authors may choose to present their research in one of two forms:

- a full-length article (with a maximum of 3000 words, and a maximum of four tables/figures and 30 references);
- a short report (with a maximum of 1000 words, and a maximum of one table/figure and 10 references).

In the case of articles, we are sometimes able to publish [additional material](#) “web only”, but the paper version must be self-contained.

### Article or Short Report?

You should consider presenting your findings as an article rather than a short report in the following situations:

- where the research is generalizable and of widespread significance;
- where your work provides a stand-alone contribution to the literature;
- where the findings relate to a substantial piece of research, and not only a pilot or preliminary investigation.

You should consider presenting your findings as a short report rather than a full-length article in the following situations:

- where the research, though interesting, is of mainly local significance;
- where your findings provide a largely additional or complementary perspective on existing research;
- where these findings correspond to a still early and relatively incomplete stage in the development of your project.

Both **articles** and **short reports** should be prefaced with an **abstract** of no more than 250 words (additional to the 3000/1000 words of the main body of the text). Structure your abstract under the headings: Objectives, Methods, Results, Conclusions. For an example of an abstract, please view the PDF files of an article and a short report given below.

**Articles** must, in addition to an abstract, include as part of the text a **key messages box**. This should contain three or four bullet points of no more than 25 words each, highlighting the main features of, and lessons from, the paper. For an example of a key messages box, please view the PDF file of an article given below.

[View a model article \(PDF\)](#)

[View a model short report \(PDF\)](#)

## How to maximise the chances of your research article being accepted

Editors frequently have to reject otherwise interesting research studies where they fail to satisfy criteria for the reporting of research. When preparing your work for publication, here are four points to bear in mind.

- Statistical analysis needs to be appropriate and clearly described. Where studies involve *complex* statistical analysis, seek the guidance of a statistician at an appropriately early stage in your work.
- You should include in your paper all the appropriate reporting statements. Protocols have recently been developed for many types of research study. You will find a useful collection of protocols relevant to the reporting of most types of medical research at [equator-network.org](http://equator-network.org). If your research is a **randomised controlled trial** you should refer to the CONSORT [checklist](#) and [flow diagram](#). For **observational studies**, refer to the [STROBE checklist](#), and for **studies of diagnostic accuracy**, to the [STARD checklist and flow diagram](#). In the case of **non-randomized controlled trials, qualitative research, economic evaluations or qualitative improvement studies, and other types of study**, the choice is less clear cut. But you will find appropriate reporting protocols for most types of study at [equator-network](http://equator-network.org). All mathematical modelling studies should consider following the recommendations in M.E. Halloran and M. Lipsitch, "[Infectious Disease Modeling Contributions to the American Journal of Epidemiology](#)", American Journal of Epidemiology, 2005, 161(11): pp. 997-8. Modelling studies involving individual-based and agent-based models (IBM) should refer to V.Grimm's [standard protocol for IBM: Ecological Modelling](#), v.198, Issues 1-3, 15 September 2006, pp. 115-126.
- Your paper should be well organized and clearly structured. Your presentation must follow the IMRaD style (introduction, methods, results and discussion).

Your introduction (and your abstract) should contain a clear statement of the objectives of the study and the major hypothesis tested or research question posed.

Your **methods** section should contain, in *all* cases, information about:

- design – including, where appropriate, such factors as prospective, randomisation, blinding, placebo control, case control, crossover, sample size calculation, a statement of the primary outcome and whether a protocol is available;
- setting – including, where appropriate, the level of care (e.g. primary/secondary, and the number of participating centres). Be general rather than give the name of the specific centre, but give the geographical location if this is important;
- participants – including, where appropriate, numbers eligible and enrolled in the study, sex, and ethnic group. Give clear definitions of how participants were selected, of entry and exclusion criteria.

In the case of *trials* the **methods** section should also contain information regarding:

- interventions – what, how, when, and for how long. (For studies, where a full account of interventions will not fit within the normal limits for the article type, see below:

## CHECKLIST FOR SUBMITTING PAPERS/The paper itself/methods

*Quality improvement reports* should include, in addition to a description of the design and setting, information about:

- key measures for improvement;
- strategies for change.

Your results section should, in the case of *quantitative* studies, begin with the primary outcome measure, and give the results with 95% confidence intervals. Statistics should include, at the very least:

*For a cohort study:*

- Absolute event rates over time (e.g. 10 years) among exposed and non-exposed groups;
- Absolute risk difference;
- Relative risk (RR) or hazard ratio (HR) for strength of association between exposure and outcome;
- Where multivariable analyses have been conducted, report both the crude and adjusted analyses, with 95% confidence intervals.

*For a case control study:*

- Odds ratio (OR) for strength of association between exposure and outcome.

*For a study of a diagnostic test:*

- Sensitivity and specificity;
- Positive and negative predictive values (PPV and NPV).

*For clinical trials:*

- Absolute event rates among experimental and control groups;
- Relative risk reduction (RRR);
- Number needed to treat or harm (NNT or NNH) and its 95% confidence interval (or, if the trial is of a public health intervention, number helped per 1,000 or 100,000).

The **discussion** section must be well structured, and should include the following five elements:

- a statement of your principal findings;
- an assessment of the strengths and weaknesses of your study;
- a discussion of these strengths and weaknesses in relation to the strengths and weaknesses of comparable studies;
- a summary of the meaning of your study, offering possible explanations of your findings and their relevance for clinicians and policymakers;
- a consideration of unanswered questions and the possibilities for future research
- the take home message for readers.

For further guidance, see [Michael Docherty and Richard Smith, “The case for structuring the discussion of scientific papers”, BMJ 1999; 318: 1224-1225 \(8 May\).](#)

- Your ideas need to be adequately expressed in clear and correct English. If you feel unsure of your competence in English, please consider showing your paper to a colleague who speaks English as a mother-tongue, before making your submission.

## SYSTEMATIC REVIEWS AND META-ANALYSES

### General

#### How to maximise the chances of your review article being accepted

##### General

A systematic review is a review of a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise relevant research, and to collect and analyse data from the studies that are included in the review. Statistical methods (meta-analysis) may or may not be used to analyse and summarize the results of the included studies. Meta-analysis refers to the use of statistical techniques in a systematic review to integrate the results of included studies.

Although we sometimes commission systematic reviews, we welcome unsolicited contributions.

**Systematic reviews** have a word limit of 3,000 words. They should contain no more than four tables/figures and a maximum of 60 references. Preface your review with an **abstract** of no more than 250 words (additional to the 3,000 words of the main body of the text), structured in accordance with [PRISMA guidelines](#). Include a key messages box. For an example of an abstract and a key message box, view the PDF file given below.

[View an example of a review article \(PDF\).](#)

#### How to maximise the chances of your review article being accepted

When preparing your work for publication, here are some points to bear in mind.

- Your review article should contain all the appropriate reporting statements given in the PRISMA checklist and flow diagram (see [equator-network.org](http://equator-network.org)). We occasionally publish narrative reviews which may not meet PRISMA requirements. In this case the search strategies and methods of analysis must be explicit, and follow PRISMA as far as is reasonable.
- Your paper should be well organized and clearly structured. Your presentation must follow the IMRaD style (introduction, methods, results and discussion).

Your introduction (and your abstract) should contain a clear statement of what the review sets out to determine.

Your **methods** section should include statements about:

- design – the type of systematic review or meta-analysis, and the study appraisal and synthesis methods;
- data sources – i.e. where included studies were retrieved from;
- eligibility criteria for selecting studies – i.e. inclusion and exclusion criteria (specifying participants and interventions).

Your results section should set out the main findings.

The **discussion** section must be well structured, and should include the following elements:

- how your findings relate to the existing literature
- the limitations of your study
- the meaning of your study, and a discussion of the relevance of your findings for clinicians and policymakers
- a consideration of unanswered questions and the possibilities for future research

For further guidance, see [Michael Docherty and Richard Smith, “The case for structuring the discussion of scientific papers”, BMJ 1999; 318: 1224-1225 \(8 May\).](#)

- Your ideas need to be adequately expressed in clear and correct English. If you feel unsure of your competence in English, please consider showing your paper to a colleague who speaks English as a mother-tongue, before making your submission.

## CASE SERIES

A **case series** should not exceed 3,000 words, and should include no more than three tables and 30 references.

A case series is rarely best design to answer a research question as it lacks formal hypotheses and study designs. This means that a case series has serious scientific limitations, and generalizable conclusions cannot so reliably be drawn as they could from a scientific paper. On the other hand, in certain circumstances (e.g. early in a disease outbreak), they may be the only effective means of feeding helpful preliminary information to clinicians and policy-makers. *Sexually Transmitted Infections* will therefore consider as research studies case series where they are sufficiently informative for clinical practice and/or public health practice or policy.

When a case series raises controversial issues for health services and policy, warranting detailed discussion, a [systematic review](#) might be the best format.

Please note that [patient permission](#) is required for the use of images (see electronic submission system for consent form).

For guidance on presentation, see below ([CASE REPORTS](#))

## CASE REPORTS

### General

#### How to maximise the chances of your case report being accepted

### General

We occasionally publish individual case reports, if – only if – they convey an important learning point for our community of clinicians (e.g. cases involving a new manifestation of a disease, or important diagnostic or management issues). It is vital, if you are seeking publication in *Sexually Transmitted Infections*, that you make absolutely clear in your **covering letter**, as well as in the case report itself, why you see the lessons of the case to be important *for other people's practice*.

In cases of submitted case reports that the editorial committee to be of insufficient importance for publication in *Sexually Transmitted Infections*, we would often advise submission to [BMJ Case Reports](#).

**Case reports** should not exceed 750 words, and should contain a maximum of 1 table and 10 references. They should be prefaced by an abstract of not more than 150 words.

Please note that patient permission is required for the use of images (see electronic submission system for consent form).

[View an example of a case report \(PDF\)](#).

#### How to maximise the chances of your case report being accepted

Please bear in mind the following points:

- Your report needs to be well structured and should contain the following elements:
  - Background – why you think the case is important;
  - Presentation – presenting important features; medical/social/family history;
  - Investigations – if relevant;
  - Differential diagnosis – if relevant;
  - Treatment – if relevant;
  - Discussion – including a very brief review of similar published cases;
  - Learning points (use bullet points).
  
- Your ideas need to be adequately expressed in clear and correct English. If you feel unsure of your competence in English, please show your paper to a colleague who speaks English as a mother-tongue, before making your submission.

## CORRESPONDENCE

We publish correspondents' letters. Correspondence includes:

- Short research letters (maximum 400 words);
- Rapid response to published papers;
- Contributions to a controversy or debate;
- Blogs and comments posted as blogs.

**Short research letters** may be used to present findings that are interesting, but are insufficiently important, or not yet at a stage, to warrant publication as a [RESEARCH STUDY](#). They should be submitted *through our electronic submission system* in the same way as an article or a short report. They will not have an abstract. They may be subject to external review.

**Rapid response** should be submitted to the journal *electronically* via the website. Go to the abstract or full text of the article in question. At the top right corner of each article is "contents box". Click on the link "eLetters: Submit a response to this article".

Readers wishing to **initiate a debate**, or **contribute to a debate** that is ongoing should contact the blog master, [Leslie Goode](#). This is the forum for debates relating to issues of concern to the journal.

## MISCELLANEA

Filler article with a maximum of 300-400 words, if they have no tables or figures. If the article contains a table or figures there is a maximum word count of 150 words with a single small table, or figure.

## CHECKLIST FOR SUBMITTING PAPERS

Along with a copy of your **paper**, you will need to submit, in supplementary electronic files: a **covering letter**, and, in certain cases, other necessary documents.

Here is a checklist of information that you may need to give us, **either** within the paper itself, **or** in your covering letter, **or** in an additional electronic file.

### The covering letter

### The paper itself

### Supplementary files

#### The covering letter

*In all cases:*

- the main purpose of the covering letter is to make clear why your paper is of interest. So you need to draw attention to your principal finding(s), and explain what they add to the existing literature.

*In some cases*, the covering letter is the place to address any issues on which editors may need additional information. Three obvious issues are: duplication, transparency and impartiality. On these issues *Sexually Transmitted Infections* adheres to the guidelines issued by the Committee on Publication Ethics (COPE) (<http://publicationethics.org/guidelines>).

- Duplication. You must notify us, and supply us a copy, of any potentially relevant paper or electronic publications that came out of the same study as the paper you are submitting. This includes anything you have already published from the study, anything you are currently submitting elsewhere, and/or anything in press. *If there is any potential for doubt, mention this in your covering letter and upload a copy of the relevant document(s) as a supplementary file.*
- Transparency. Where the paper has been written by someone who is a medical writer and not themselves an author/researcher, we need to be clear about the relationship between writer and author/researchers. Those named as authors must have full control of their work; the role of professional medical writers must be transparent.
- Impartiality. We need to know who has funded the work, whether directly or indirectly (e.g. research councils, industry or other interested parties).

#### The paper itself

When you submit your paper through our electronic system in the normal way, you will have to make a “competing interest declaration” and confirm that any identifiable patients have given their signed consent to publication. In addition to this, further information must be given within the body of your text, and at the end of your paper.

*In all cases*, the **methods** section of the submitted paper should include:

- All the information that readers and reviewers would need about interventions and comparators (even if they constitute normal care) in order to be able to replicate your work or implement the interventions in their own practice. Our editors understand that there may be cases where – for reasons intrinsic to the work itself – a full account makes tedious reading, or simply won't fit within our normal format. In such cases, editors may choose to ask you to make cuts in the paper version while placing the full-version online. But this must be a decision for our editors. Authors must make all the information available, and the paper version must be stand-alone for the general reader.
- A statement that the study obtained ethics approval, giving the name of the ethics committee or institutional review board and the number of the approval. If ethics committee approval was not required, this should be explicitly stated, and the reason given.

*In all cases*, the following information should be given at the **end** of your paper:

- Names of contributors, with their specific roles, and the name(s) of the guarantor(s) for the study;
- A statement that all authors, external and internal, had full access to all of the data in the study, and can take responsibility for the integrity of that data, and the accuracy of the data analysis.

*In some cases*, the following information will need to be given at the **end** of the paper:

- *If appropriate*, full details of all direct and indirect funding for the study, with a description of any role the funders have had in the conduct of the study and in the decision to submit it for publication;
- *If appropriate*, the registration number for the study, and the name of the register for the study type;
- *If appropriate*, a data sharing statement such as “Data sharing: technical appendix, statistical code, and dataset available from the corresponding author at <email address or URL>. Participants gave informed consent for data sharing” (or ... “Consent was not obtained but the presented data are anonymised and risk of identification is low” ... or “Consent was not obtained but the potential benefits of sharing these data outweigh the potential harms because ....”). If there are no such further data available, please use this wording: “Data sharing: no additional data available”.

## **Supplementary files**

*In some cases*, the following should be attached to your submission as [supplementary files](#):

- Any additional “web only” material that may be considered for online publication;
- *If appropriate*, the original protocol for a clinical trial;
- *For a randomised control trial*, the completed CONSORT flow diagram;
- *For a study of diagnostic accuracy*, the completed STARD flow diagram;

- *If relevant*, copies of closely related articles you have published or submitted;
- *If relevant*, copies of previous reviewers' reports on your paper, and an account of how you have amended the paper in response;
- *If relevant*, copies of any non-standard questionnaires and assessment schedules used in the research;
- *If appropriate*, video and audio files that will add educational value to your article.