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Antiviral Therapy

Guidelines for preparation of manuscripts

EDITORIAL POLICY

Antiviral Therapy welcomes the submission of high-quality research on the clinical development and use of antiviral agents and vaccines, and the treatment of all viral diseases.

Manuscripts submitted to *Antiviral Therapy* are considered for publication on the understanding that the work contained therein has not been submitted simultaneously to another journal. Copies of related manuscripts submitted elsewhere or in press should accompany the submitted manuscript.

All submissions must be accompanied by a [covering letter](#) (a letter template is also available on the [online submission website](#)), signed by all the authors (or the corresponding author on behalf of all others) stating that all authors have contributed to the paper, are familiar with the contents of the final draft and agree to be accountable for all aspects of the work, and that all authors meet the criteria for authorship as established by the [International Committee of Medical Journal Editors](#). The letter should also state whether any author has any conflict of interest.

You must declare sources of funding, any influence the funding source may have had on the analyses and reporting of the results and any related interest in the Acknowledgements section of your manuscript. All disclosures and declarations must also be summarized in the manuscript itself. Illustrations and other material obtained from other sources must be acknowledged and it is the author's responsibility to obtain permission for reproduction/adaptation from the publisher(s). Copies of permission letters/e-mails must be provided to the Editorial Office upon request for all accepted articles.

All manuscripts should be submitted via the [online ScholarOne Manuscripts site](#). Manuscripts will not be accepted via e-mail or post.

Papers will be peer-reviewed and assessed statistically before acceptance. Priority and time of publication of accepted material will be decided by the Section Editors. The Editors retain the right to modify material accepted for publication. This can include subediting the text for style. The Editors endorse the [code of conduct and best practice guidelines](#) from the [Committee on Publication Ethics \(COPE\)](#) and [GPP3](#).

Ethics

Papers based on clinical investigation must conform to ethical standards as set out in the Declaration of Helsinki. Reports describing data obtained from experiments performed on animals must clearly indicate that humane standards were adhered to.

For experiments on isolated tissues, the paper must indicate precisely how the donor tissue was obtained. The NIH *Guide for the Care and Use of Laboratory Animals* (National Institutes of Health Publications) gives guidelines for the acquisition and care of animals.

Randomized controlled trials

Authors are requested to report randomized controlled trials in accordance with the [CONSORT](#) (Consolidated Standards of Reporting Trials) statement. This ensures that enough information is provided for Editors, peer-reviewers and readers to see how the study was performed and to judge whether the findings are likely to be reliable. For behavioural and public health evaluations involving non-randomized designs, authors should include with their submission a complete checklist from the [TREND statement](#).

Observational studies

Observational studies (cohort, case-control or cross-sectional designs) should be reported according to the [STROBE recommendations](#).

Systematic reviews

Authors are requested to report these in accordance with the [PRISMA statement](#) and the [Cochrane Collaboration guidelines](#). When conducting any literature review, it is important that there is complete transparency concerning the choice of material included. All systematic reviews must therefore contain a brief section entitled *Search strategy and selection criteria*. This should state clearly the sources (databases, journals or book reference lists, etc.) of the material covered and the criteria used to include or exclude studies. Systematic reviews should fit the submission category of Original article as outlined below.

SUBMISSION CATEGORIES

All manuscripts submitted to *Antiviral Therapy* must contain a disclosure statement.

Review

3,000–5,000 words, ≤100 references, ≤5 display items

Reviews are usually commissioned, but unsolicited reviews will be considered. Those considered suitable will be peer-reviewed before an editorial decision is made. Reviews include definitive overviews of a major topic or updates of knowledge in a somewhat narrower field of current interest. References cited in the article should be chosen for their importance, ease of access, and for the 'further reading' opportunities they provide.

All reviews should be prefaced by a summary of 100–120 words that contains sufficient information for the reader to be able to appreciate the relevance of the full article when read alone. Summaries are used by abstracting services and many users of these services read only the summary. It should include background information and specific examples of recent advances. References should not be included and abbreviations should be avoided as far as possible in the summary.

Original article

≤4,000 words, ≤50 references, ≤5 display items

Original articles include any novel research, encompassing randomized and non-randomized trials, observational studies (e.g., cohort, case-control and cross-sectional studies) and systematic reviews.

Original articles are prefaced by a structured abstract (maximum 250 words) that includes the following sections: 'Background', 'Methods', 'Results' and 'Conclusions'. The main body of text should include the following sections: 'Introduction', 'Methods', 'Results' and 'Discussion'.

Systematic reviews should be identified as 'systematic review' or 'meta-analysis', as appropriate, within the title (see [Systematic reviews](#), above).

Short communication

≤1,500 words, ≤20 references, ≤3 display items

Original research findings that do not require a full paper, but are completed studies, may be submitted as a short communication.

All short communications should follow the format of an original article, and should be prefaced by a structured abstract ('Background', 'Methods', 'Results' and 'Conclusions'; maximum 250 words). The main body of text should include the following sections: 'Introduction', 'Methods', 'Results' and 'Discussion'.

Case report

≤1,500 words, ≤20 references, ≤3 display items

A case report should cover the details of an unusual case or any case that warrants discussion in the journal. However, a case report can be published as an original article if the Editor feels that the author has adequately extended the report into a topic discussion that meets the criteria for an original article, or if the case report itself is used as an example of a point in the author's article. Case reports are prefaced by a brief summary (maximum 100 words).

Commentary

≤1,500 words, ≤20 references, ≤2 display items

Commentaries are based on a paper published in *Antiviral Therapy*, or another journal, which is often of particular interest or importance. Commentaries are prefaced by a brief summary (maximum 100 words).

Workshop report

≤1,500 words, ≤20 references

Antiviral Therapy encourages submissions on written reports from relevant and recent workshops and conferences. Workshop reports are prefaced by a summary (maximum 150 words).

Letter

≤1,000 words, ≤15 references, ≤2 display items

Letters are articles that address issues or exchange views on topics arising from published articles in *Antiviral Therapy*. They should contain original data. An abstract is not required.

MANUSCRIPT FORMAT

Manuscripts should be prepared in accordance with '[Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#)' (International Committee of Medical Journal Editors).

All manuscripts should be submitted using editable files (Word in .doc format is preferable for text and tables, .jpg or .pdf for figures); manuscripts will be converted to PDFs for peer-review.

No page charges will be made for standard text, diagrams and black & white images. The use of colour figures will incur a per figure charge, due to the additional printing costs involved. Upon acceptance, the Editorial Office will contact the corresponding author with the relevant details.

Key features of manuscripts are listed and described below:

- [Title](#)
- [Authors](#) and affiliations
- [Corresponding author details](#)
- [Running head](#)
- [Structured abstract](#) (original articles and short communications)
- [Main text](#)
- [Acknowledgements](#)
- [Disclosure statement](#)
- [References](#)
- [Display items](#) (optional)
- [Supplementary material](#) (optional)

Title

Use of abbreviations should be avoided in the title and it should not exceed three typeset lines (~150 characters, including spaces). If the article is a 'systematic review' or 'meta-analysis' then these words should appear in the title.

Authors and affiliations

Full forenames, initials of middle names, and full surnames should be given for all authors. Brief addresses (for example, department/division, company/institute, city, state/province, country) should be included for each author, and be indicated with Arabic numerals, in order. Each affiliation should have a separate, full address even if there are, for example, two departments from the same institution. If an author's current affiliated address differs from the one at which the research was conducted this may also be indicated. Authors (including members of study groups, working groups and the like) included in the byline must satisfy the criteria of authorship given by the [International Committee of Medical Journal Editors](#). All individuals who qualify for authorship must be included.

A multicentre group can be credited with sole authorship; however, the group must identify and include in their manuscript a corresponding author on the title page and the principal investigators who accept direct responsibility for the manuscript in a separate section entitled 'Writing group' before the references. These principal investigators should fully meet the criteria for authorship defined by the [International Committee of Medical Journal Editors](#) and be willing to complete relevant journal-specific forms on behalf of the group. A full membership list will be published online as an additional file.

Corresponding author details

The name of the corresponding author and e-mail address should be supplied. Preferably, only one author should be designated as the corresponding author. Unless instructed otherwise, the editorial office will send page proofs of the article to this e-mail address.

Running head

A running head of up to 75 characters should be supplied. This will appear at the top of each right-hand page.

Structured abstract (original articles and short communications)

The following headings should be used: 'Background', 'Methods', 'Results' and 'Conclusions'. The abstract must not exceed 250 words. All abbreviations should be defined at first mention. References and display item citations must not appear in the abstract, and the abstract must be clear and comprehensible in its own right.

Main text

The supplier name (with brief address including city, state and country) must be given for all laboratory equipment and materials.

Acknowledgements

Acknowledgements should be made to individuals, not including the authors, who have made a substantial contribution to the study. Authors are responsible for obtaining written permission from people acknowledged by name in case readers infer their endorsement of data and conclusions.

Details of sources of funding, editorial support and previous presentation of work should be placed in this section, when appropriate. A summary of the role of each author on a collaborative paper may also be included.

Disclosure statement

All conflicts of interest relevant to the article should be disclosed in this section. If there are no conflicts of interest, a sentence to this effect should be included. See [ICMJE guidelines](#).

References

The accuracy of references is essential and this remains the responsibility of the author. As formatting information (italics, special characters and subscript and superscript text) is often lost on websites such as PubMed or in referencing databases such as Review Manager and EndNote, the original versions should be consulted. References must be cited numerically by order of appearance in the text and listed in the bibliography. Vancouver style is requested. References should be cited in square brackets, for example, [3] or [1,3–5]. The manuscript bibliography must present full references in the formats given below.

In the full list of references give the names and initials of all authors. If there are more than six, cite only the first three followed by *et al.* The authors' names are followed by the title of the article, the title of the journal (italics) abbreviated according to the style of [Index Medicus](#), the year of publication, the volume number (in bold) and the first and last page numbers in full followed by a full stop. Titles of books should be followed by the city of publication, the publisher, the year and inclusive page numbers. See the following examples:

Standard journal article

Bar S, Alizon M. Role of the ectodomain of the gp41 transmembrane envelope protein of human immunodeficiency virus type 1 in late steps of the membrane fusion process. *J Virol* 2004; **78**:811–820.

Advanced online publication

Kim DY, Kim SU, Ahn SH, *et al.* Usefulness of FibroScan for detection of early compensated liver cirrhosis in chronic hepatitis B. *Dig Dis Sci* 2008; doi: 10.1007/s10620-008-0541-2.

Beregszaszi M, Dollfus C, Levine M, *et al.* Longitudinal evaluation and risk factors of lipodystrophy and associated metabolic changes in HIV-infected children. *J Acquir Immune Defic Syndr* 2005; in press.

More than six authors

Hirsch MS, Brun-Vézinet F, Clotet B, *et al.* Antiretroviral drug resistance testing in adults infected with human immunodeficiency virus type 1: 2003 recommendations of an International AIDS Society-USA Panel. *Clin Infect Dis* 2003; **37**:113–128.

Translated journal title

Vernazza P, Hirschel B, Bernasconi E, Flepp M. [HIV-positive individuals not suffering from any other STD and adhering to an effective antiretroviral treatment do not transmit HIV sexually]. *Bull Med Suisses* 2008; **89**:165–169. French.

Book

Glantz SA. *Primer of Biostatistics*. 3rd ed. New York: McGraw-Hill 1997.

Chapter or selected pages in a book

Varmus HE, Swanstrom R. Replication of retroviruses. In Weiss R, Teich N, Varmus H, Coffin J (Editors). *RNA tumor viruses*. Vol. 1. New York: Cold Spring Harbor Laboratory Press 1994; pp. 369–512.

Abstract

Ranade K, Parker R, Ploughman L, *et al.* A single nucleotide polymorphism in the resistin gene is associated with adverse metabolic changes on HAART: an exploratory pharmacogenetic association study of A5005s, the metabolic sub-study of ACTG 384. *13th Conference on Retroviruses and Opportunistic Infections*. 5–8 February 2006, Denver, CO, USA. Abstract 763.

Website

Panel on Antiretroviral Guidelines for Adult and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. (Updated 10 October 2006. Accessed 3 August 2007.) Available from <http://aidsinfo.nih.gov/contentfiles/AdultandAdolescentGL.pdf>

Prescribing information

Viread (tenofovir disoproxil fumarate). *Package insert* 2005. Gilead Sciences, Foster City, CA, USA.

Patents

Hurst DN, Jones PS, Parkes KEB, Parratt MJ, Wilson FX, inventors; Hoffmann-La Roche Inc., assignee. Inhibitors of HPV E1 helicase enzyme. United State patent US 6703387. 2004 March 9.

Display items

References to figures and tables should be made in order of appearance in the text and should be in Arabic numerals in parentheses, for example, '(Figure 2)'. Any abbreviation used in a figure or table must be defined in the footnote, even if it has already been defined in the main text. Units for figure axis labels and table headings should be stated after a comma, for example 'Time, years' or 'HCV RNA, log₁₀ copies/ml'. Place explanatory matter in footnotes, not in the heading or within the table or figure. The footnote symbols used in the journal are lower-case, superscript, italicized lettering (e.g., ^a, ^b, ^c, ^d, ^e, ^f etc.) and appear in alphabetical order from top to bottom and left to right.

If a figure or table has been published before, in total or in part, the original source must be acknowledged and written permission from the copyright holder for both print and electronic formats should be submitted with the material. It is the responsibility of the author to obtain this permission, and failure to do so may delay publication. Permission is required regardless of authorship or publisher, except for documents in the public domain.

Tables

Create tables using the table editor of a Word processing package. Do not embed tables as images in the manuscript file or upload tables in image or PDF formats. Each piece of data needs to be contained in its own cell in the table. Vertical rules should not be used. Avoid creating tables using spaces or tabs. Do not align cells with hard returns or extra spaces. Furthermore, no cell should contain a hard return or tab. Although individual empty cells are acceptable, be sure there are no empty columns. Tables should not be split into separate sections and should not exceed one typeset page in size. Data within tables should be left aligned. Shading is not allowed in tables as they cannot be represented in xml for online publication.

Each table should be assigned an Arabic numeral (e.g., 'Table 1', 'Table 2') and should not be split into separate parts (e.g., 'Table 1A', 'Table 1B' etc). Each table should have a brief title. Identify all statistical measures, along with all units.

Please note, accepted manuscripts not following these table guidelines must be retyped during the editing process, which may result in delays and opportunities for error.

Figures

Figures may be reduced, cropped or omitted at the discretion of the Editor. Chemical schemes should be supplied as standard figures and be labelled as figures. Each figure should be assigned an Arabic numeral (e.g., 'Figure 1', 'Figure 2'). Where a figure has several parts these should be labelled with upper case letters placed above the image. Amino acid sequences should be given in Courier or a similar monospaced font.

For ease of review, clear and complete figures should be submitted in .jpg or .pdf format.

Should the article be accepted for publication, the authors should be ready to supply print-quality images in cases of electron micrographs, images of blots and gels, computer-generated

protein structures and the like. This will ideally be in .eps format for computer-generated images (all programmes have the facility to print to an .eps file) or .tif format for photographic images. Images intended to be printed across the width of one column should be a minimum of 900 pixels (5 cm wide at 300 dpi) in width. Those intended to occupy two columns should be a minimum of 1,300 pixels (11 cm at 300 dpi) in width. It is also worth remembering that RGB colour profile figures will necessarily be converted to CMYK for printing – therefore if possible authors should supply figures as CMYK, to ensure that the alteration in colour is satisfactory.

Graphs, schemes and simple diagrams will be redrawn by in-house illustrators so the initially submitted images will usually be sufficient.

By submitting any patient data, the author(s) agree that the data has been anonymized or written permission has been received from the patient.

Supplementary material

Supplementary data can be published as additional files as part of the online journal. It should be referred to within the text (e.g. 'Additional file 1'). Lists of members of study groups and the like can also be included as an additional file. Supplementary material will be published online in the format submitted and will not be subedited or styled by the Editorial Office.

GENERAL POINTS ON MANUSCRIPT PREPARATION

Drug names

International non-proprietary names for drugs should be used throughout the text.

Spelling

Spelling should follow the Oxford English Dictionary.

Units of measurement

SI units of measurement should be used wherever applicable. Temperatures should be given in degrees Celsius. Metrics units should be used throughout (for example, 5 kg).

Abbreviations and symbols

The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement. Abbreviations that have been defined in the abstract must be defined again at first mention in the main text. Abbreviations should only be used when helpful to the reader, as an improvement in clarity. As a guideline, use abbreviations for terms appearing three or more times in the article. Use only standard abbreviations. Avoid abbreviations in the title and abstract. All abbreviations must be redefined in each table and figure in which they are used.

PROOFS

Page proofs of articles will be sent to the corresponding author shortly before publication and these should be corrected and returned within the requested timeframe. For this reason, please ensure that the e-mail address supplied is checked regularly. Only corrections and essential changes should be made and the cost of additional changes will be charged to the authors.

However, in some cases, information that has become available since acceptance of the manuscript may be included as an addendum in proof. This is at the discretion of the Editors. The Editors reserve the right to make minor modifications to the manuscripts. Material changes will be submitted to the authors for approval at the proof stage.

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To facilitate effective dissemination of the article, copyright must be transferred to the publisher before publication. Copyright assignment forms will usually be supplied after acceptance, but can be requested in advance from the Editorial Office.

OFFPRINTS

The corresponding author of each published article may obtain a PDF of the final version of the article from the Editorial Office. Authors can purchase offprints at reduced rates and a form will be sent along with the page proofs. Please note that these reduced rates are only applicable prior to the publication of the full paginated issue that the article is assigned to. Any orders received after the full issue is printed will be charged at the full reprint price.

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