Disaster Medicine and Public Health Preparedness

Instructions for Authors Updated February 2015

All manuscripts must be submitted online electronically at $\frac{1}{2}$ http://mc.manuscriptcentral.com/dmp.

Scope

Disaster Medicine and Public Health Preparedness (DMPHP) seeks articles relevant to disaster medicine and public health preparedness from experts worldwide and from all specialties of clinical medicine, epidemiology, and public health to provide a global representation of the body of knowledge emerging to define this international field.

Types of Articles

- Original Research: Original studies of basic, clinical, quantitative (including epidemiologic and population based), or qualitative investigations in areas relevant to emergency medicine. References and a structured abstract (see Preparation of Manuscript) are required. Maximum length: 4000 words, 7 tables and/or figures, plus the abstract and references. A statement of IRB approval or exemption from full review is required. Additionally, a list defining each author's contribution to the manuscript is required (see Manuscript Submission).
- Brief Report: Original reports of pilot study data, analysis of drills and exercises, or data and information from studies with small numbers that demonstrate the need for further investigation. References and a structured abstract should be included. Maximum length: 2000 words, 10 references, 2 tables and/or figures. A statement of IRB approval or exemption from full review is required.
- Concepts: Descriptions of clinical and nonclinical problems and solutions; descriptions of novel approaches to planning, management, or provision of emergency services; and practical "how-to" articles describing aspects of emergency medicine management. Include a narrative abstract. Maximum length: 4000 words.
- Systematic Reviews: Extensive reviews of the literature on a narrow topic. References must include, but need not be limited to, the past 3 years of the literature. Articles should comply with PRISMA checklist.
- Reports from the Field: Brief descriptions of actual disaster events. Drills and exercises will not be accepted for in this category. Entities that have been reported in the past in the Disaster Medicine literature will not be considered, and those reported in other specialty literature or in the foreign literature must be extremely important or pertinent to be considered. Reports should contain an abstract, introduction, narrative, and a discussion focusing on the implications of the event reported. Sufficient data and description should be provided to support the analysis and implications presented. They should not contain a full review of the literature and the introduction should be brief with the narrative and discussion occupying the majority of the manuscript. Maximum length: 1500 words, no more than 15 references, and 1 table or figure.
- Policy Analysis: Scholarly comments or opinions on major current problems of Disaster Medicine and Public Health Preparedness to include controversial matters with significant implications for Disaster Medicine or Public Health Preparedness. Maximum length: 1500 words plus references and 1 table or figure.
- Letter to Editors: Discussion, observations, opinions, corrections, and comments on topics appearing in Disaster Medicine and Public Health Preparedness. Maximum length: 500 words, plus no more than 5 references. If responding to a specific article, manuscripts should be received within 6 weeks of the article's publication.
- Responder Tools: Practical learning tools, factsheets, guidelines, or case study recommendations intended for first responders, first receivers, and other personnel involved in disasters and public health emergencies. A "tear our" sheet that may be used for just-in-time learning or as an educational supplement. In a cover letter, identify the target learning audience and

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New

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Organize the abstract in a structured format with the headings: Objective, Methods, Results, and Conclusions. Abstracts should not be structured for other types of articles; see below.

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- Gostin LO. Drug use and HIV/AIDS. JAMA HIV/ AIDS website. http://www.ama-assn.org/special/hiv/ ethics. Published June 1, 1996. Accessed June 26, 1997.
- Emergency medicine participation in the Geriatrics for Specialists Initiative. Geriatrics for specialists page. American Geriatrics Society website. http://www. americangeriatrics.org/specialists/emergency_medicine/ shtml. Accessed October 15, 2007.

Journal article

 Ricci ZJ, Haramati LB, Rosenbaum AT, et al. Role of computed tomography in guiding the management of peripheral bronchopleural fistula. J Thorac Imaging. 2002;17:214-218.

Online journal article with DOI (digital object identifier)

 Valent F, Messi G. Deroma L, et al. A descriptive study of injuries in a paediatric populations of northeastern Italy. Eur J Pediatr [published online November 29, 2006]. doi: 10.1007/s00431-005-0366-y

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Book chapter

 Steiner RM. Radiology of the heart and great vessels. In: Braunwald E, Zipes D, Libby P, eds. Heart Disease. Philadelphia: WB Saunders; 2001:15-18.

Entire book

 Kellman RM, Marentette LJ. Atlas of Craniomaxillofacial Fixation. Philadelphia: Lippincott Williams & Wilkins, 1999.

Software

7. Epi Info [computer program]. Version 6. Atlanta: Centers for Disease Control and Prevention, 1994.

Database

 CANCERNET-PDQ [database online]. Bethesda, MD: National Cancer Institute; 1996. Updated March 29, 1996.

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