

INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY[®]

PROCEEDINGS OF THE FIRST INTERNATIONAL CONSENSUS CONFERENCE ON THE CLINICAL INVESTIGATION OF VENTILATOR-ASSOCIATED PNEUMONIA

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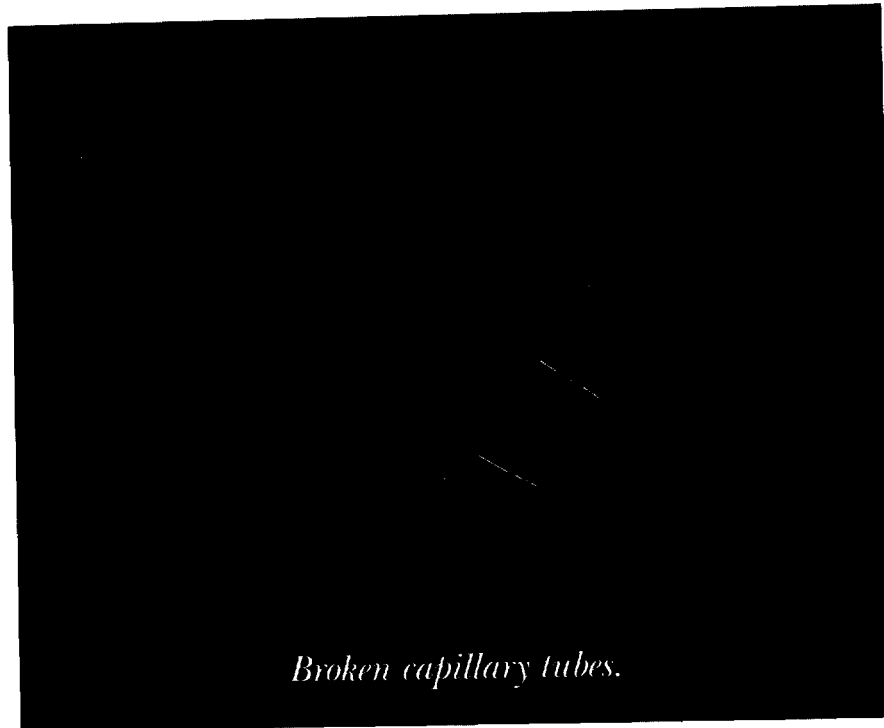
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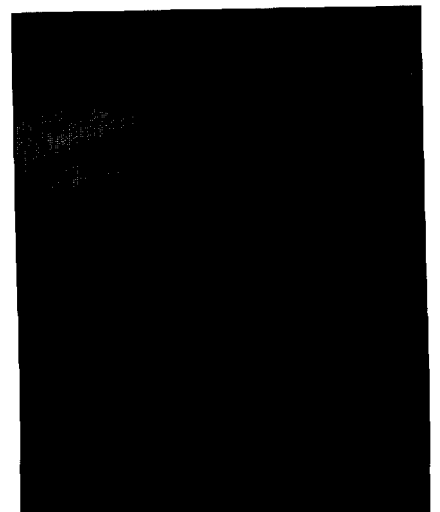
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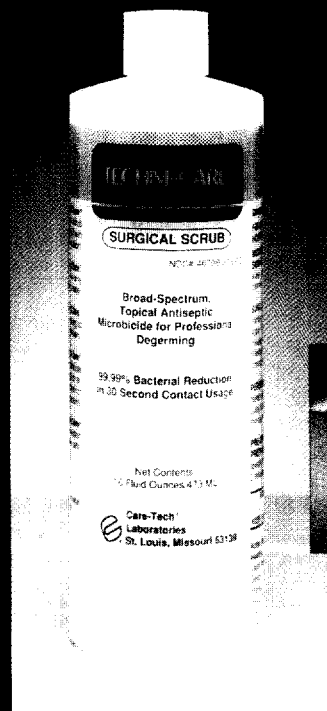
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Manuscripts should be accompanied by a cover letter that includes the title of the manuscript and the name, address, telephone, and (if available) fax number of the corresponding author. If blinded review is desired, the cover letter should so request. All manuscripts should be submitted in triplicate (with three copies of figures and tables), typewritten on one side of 8½ × 11-inch paper, double-spaced, and with generous margins. Pages should be numbered consecutively beginning with the title page. The author should keep a complete copy of the manuscript, as submitted manuscripts will not normally be returned (however, original figures, photographs, or other artwork will always be returned).

The organization of the paper should be as follows: title page; abstract; introduction; methods; results; discussion; acknowledgments; references; tables; figures; and figure legends. The main sections and subdivisions should be indicated by side headlines flush with the left margin and two lines above the text. The Arabic numbering system should be used.

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Brief communications are encouraged of approximately four to six typewritten pages containing information that does not represent a formal study. They may summarize unusual experiences or reflect opinions, hypotheses, or impressions related to infection control or hospital epidemiology.

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Authors submitting manuscripts reporting the results of clinical investigations should prepare an abstract of no more than 250 words under the following headings: Objective, Design, Setting, Patients (or Participants), Interventions

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The abstract should begin with a clear statement of the precise objective or question addressed in the report. If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated. If an a priori hypothesis was tested, it should be stated.

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b. For studies of screening and diagnostic tests: criterion standard (ie, a widely accepted standard with which a new or alternative test is being compared; this term is preferred to "gold standard"); blinded or masked comparison.

c. For studies of prognosis: inception cohort (subjects assembled at a similar and early time in the course of the disorder and followed thereafter); cohort (subjects followed forward in time, but not necessarily from a common starting point); validation cohort or validation sample if the study involves the modeling of clinical predictions.

d. For studies of causation: randomized control trial; cohort; case-control; survey (preferred to "cross-sectional study").

e. For descriptions of the clinical features of medical disorders: survey; case series.

f. For studies that include a formal economic evaluation: cost-effectiveness analysis; cost-utility analysis; cost-benefit analysis. For new analyses of existing data sets, the data set should be named and the basic study design disclosed.

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4. Patients or Other Participants

The clinical disorders, important eligibility criteria, and key sociodemographic features of patients and how they were selected should be provided, including the number of otherwise eligible subjects who were approached but refused. If matching is used for comparison groups, characteristics that are matched should be specified. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn for adverse effects should be given.

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Only those conclusions of the study that are directly supported by the evidence reported should be given, along with the clinical application (avoiding speculation and over-generalization); indicate whether additional study is required before the information should be used in normal clinical settings. Equal emphasis must be given to positive and negative findings of equal scientific merit.

To permit quick and selective scanning, the headlines outlined above should be included in the abstract. For brevity, parts of the abstract can be written in phrases rather than complete sentences (eg, 2. *Design. Double-blind randomized trial*, rather than 2. *Design. The study was conducted as a double-blind, randomized trial.*) This technique may make reading less smooth but facilitates selection scanning and allows more information to be conveyed per unit of space.

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2. Books

Heoprich PD. *Infectious Diseases*. 2nd ed. New York, NY Harper & Row Pubs Inc; 1977:169.

3. Contributions to Books

Schaffner W. Psittacosis: ornithosis, parrot fever. In: Beeson PB, McDermott W, Wyngaarden JB. eds. *Cecil Textbook of Medicine*. 15th ed. Philadelphia, Pa: WB Saunders Co; 1979:336338.

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