

AIDS

Online Submission and Review System



Author Resources

Guidance for Authors (this page)

[Copyright Transfer \(PDF\)](#)

[FastTrack Guidelines \(.doc\)](#)

[Reprint Ordering](#)

[Permissions Requests](#)

Guidance for Authors on the Preparation and Submission of Manuscripts to AIDS

Note: These instructions comply with those formulated by the International Committee of Medical Journal Editors. For further details, authors should consult the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" at www.icmje.org.

Scope

AIDS publishes papers reporting original scientific, clinical, epidemiological, and social research which are of a high standard and contribute to the overall knowledge of the field of the acquired immune deficiency syndrome. The Journal publishes Original Papers, Concise Communications, Field Notes, Research Letters, and Correspondence, as well as invited Editorial Reviews, Opinion Pieces, Editorial Comments, and Fast Track articles. Fast Track is designed for publication, in the fastest time possible, of original short papers that contain important and time-sensitive information. All manuscript submissions to the regular issues and supplements of the journal are peer-reviewed. Papers may be subject to a statistical analysis and for flow cytometry results by a group of experts in the field. Case Reports are not encouraged but may be considered as Correspondence letters.

Field Notes

Articles describing experiences with diagnosing and treating HIV infection and its accompanying opportunistic infections and cancers will be considered for this section of the journal. These contributors should report personal experiences and give insight into the way culture and medical care within a particular part of the world influences the approaches taken for HIV/AIDS. Preference is given to individuals working in developing countries. The length should be no longer than 1500 words and can have up to 4 illustrations. Please indicate this section when submitting the manuscript.

Original papers

Manuscripts should be concise and not be more than 3500 words, with up to five figures or tables. Papers will be returned if they exceed the maximum stated. The word limit refers to the main body of the text and does not include the abstract, references or figure legends. See the FastTrack guidelines document above before submitting articles for Fast Track.

Concise Communications

Original research findings that do not require a full paper, but are completed studies, may be submitted as Concise Communications. Papers should not exceed 1800 words, and may be accompanied by a maximum of two inserts only (figures/tables). Papers submitted for consideration as Concise Communications should be clearly identified in the author's covering letter.

Research letters

Research Letters provide a forum for original research results, excluding case reports, and observations that merit publication and can be reported succinctly. Research letters are reviewed by the Editors or external reviewers. Research letters should include a summary of up to 75 words, not exceed 1000 words (excluding summary) and not have more than one figure or table.

Correspondence

The correspondence section is reserved for case reports, and letters that are addressing issues or exchanging views on topics arising from published articles in the journal. Correspondence should not exceed 750 words and not have more than one figure or table. These letters are subject to review by the Editors, and may be rejected without written explanation. In some instances, correspondence will be peer-reviewed.

Opinion Piece

The journal will consider articles that detail an opinion of an author(s) on a particular area of HIV/AIDS. These Opinion Pieces should be limited to 1500 words and can have up to three illustrations or tables. The papers will be subject to the same review process as other original articles.

According to AIDS Editorial policy, the Editors will not enter into direct correspondence regarding a submission to the journal. Where clarification about a decision is requested, all communications should be made in writing and directed to the journal office in London. The Journal is a member of the Committee on Publication Ethics (COPE) which aims to define best practice in the ethics of scientific publishing. COPE has established a number of guidelines including a Code of Conduct, and created flow charts that help editor's process cases of suspected misconduct (www.publicationethics.org).

Appeals on editorial decisions should be sent to the Editorial Office. Complaints related to how your paper was processed during peer-review and not resolved by the Editor through the Editorial Office, should be referred to the person named as publisher in "About the Journal" under "Journal Info" contacts (<http://journals.lww.com/aidsonline/>), or if unsatisfied to COPE (www.publicationethics.org).

POINTS TO CONSIDER BEFORE SUBMISSION

Redundant or duplicate publication

Submissions are accepted on the understanding that they have not been published in their current form or a substantially similar form (in print or electronically, including on a web site), that they have not been accepted for publication elsewhere, and they are not under consideration by another publication. If you are in doubt (particularly in the case of material that you have posted on a web site), we ask you to proceed with your submission but to include a copy of the relevant previously published work or work under consideration by other journals.

Conflicts of interest

Authors must state all possible conflicts of interest in the manuscript, including financial, consultant, institutional and other relationships that might lead to bias or a conflict of interest. If there is no conflict of interest, this should also be explicitly stated as none declared. All sources of funding should be acknowledged in the manuscript. All relevant conflicts of interest and sources of funding should be included on the title page of the manuscript with the heading "Conflicts of Interest and Source of Funding:". For example:

Conflicts of Interest and Source of Funding: A has received honoraria from Company Z. B is currently receiving a grant (#12345) from Organization Y, and is on the speaker's bureau for Organization X – the CME organizers for Company A. For the remaining authors none were declared.

In addition, each author must complete and submit the journal's copyright transfer agreement, which includes a section on the disclosure of potential conflicts of interest based on the recommendations of the International Committee of Medical Journal Editors, "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (www.icmje.org/update.html). The form is readily available on the manuscript submission page <http://edmgr.ovid.com/aids/accounts/copyrightTransfer.pdf> and can be completed and submitted electronically. Please note that authors may sign the copyright transfer agreement form electronically. For additional information about electronically signing this form, go to <http://links.lww.com/ZUAT/A106>.

Permissions to reproduce previously published material

Authors should include with their submission, copies of written permission to reproduce material published elsewhere (such as illustrations) from the copyright holder. Authors are responsible for paying any fees to reproduce material. We cannot send your paper to press without these permissions!

Subject consent forms

Subjects have a right to privacy that should not be infringed without informed consent. Identifying details (written or photographic) should be omitted if they are not essential, but subject data should never be altered or falsified in an attempt to attain anonymity. Complete

anonymity is difficult to achieve, and a consent form should be obtained if there is any doubt. For example, masking the eye region in photographs of subjects is inadequate protection of anonymity. When informed consent has been obtained, it should be indicated in the published article. A [sample patient consent form](#) is available here if required.

Ethics committee approval

All authors must sign a declaration that the research was conducted within the guidelines below and under the terms of all relevant local legislation. Please also look at the latest version of the [Declaration of Helsinki](#). The Editors reserve the right to judge the appropriateness of the use and treatment of humans or animals in experiments for publication in the journal.

Human experiments: All work must be conducted in accordance with the Declaration of Helsinki. Papers describing experimental work on human participants which carries a risk of harm must include (1) a statement that the experiments were conducted with the understanding and the consent of each participant, and (2) a statement that the responsible ethical committee has approved the experiments.

Animal experiments: In papers describing experiments on living animals, include (1) a full description of any anaesthetic and surgical procedure used, and (2) evidence that all possible steps were taken to avoid animals' suffering at each stage of the experiment. In experiments involving the use of muscle relaxants, describe the precautions taken to ensure adequate anaesthesia.

Experiments on isolated tissues: Indicate precisely how you obtained the donor tissue. The NIH guide for the care and use of laboratory animals (National Institutes of Health Publications No. 80-23, revised 1978) gives guidelines for the acquisition and care of animals.

Clinical trials and behavioural evaluations

Authors reporting results of randomized controlled trials should include with their submission a complete checklist from the CONSORT statement, see <http://www.consort-statement.org>. For behavioural and public health evaluations involving non-randomized designs, authors should include with their submission a complete checklist from the TREND statement, see Am J Public Health 2004; 94:361-366 or <http://www.cdc.gov/trendstatement/>.

Registration of clinical trials: As a condition for publication of a clinical trial in *AIDS*, registration of the trial in a public registry is required. Registration of a trial must be at or before the enrollment of participants. This policy, in concert with that of the ICMJE, applies to clinical trials starting enrollment after 1 July 2005. For trials beginning enrollment before this date the journal will require registration by 13 September 2005. We will use the definition proposed by the ICMJE of a 'clinical trial as a research project that prospectively assigns human subjects to intervention or comparison groups to study a cause and effect relationship between a medical intervention and a health outcome' see *N Engl J Med* 2004; 364:911. Studies such as phase 1 trials will be exempt. The editors of *AIDS* also do not advocate one particular registry but require that the registry utilized meet the criteria set out in the statement of policy of the ICMJE. Thus the registry must include an identifying number of the trial, a description of the intervention(s), comparison(s) investigated, hypothesis, primary and secondary outcome measures, eligibility and exclusion criteria, dates of start, anticipated follow up and closure, number of subjects, funding source, and contact information for the principal investigator.

Authorship

All authors must sign the document accompanying their submission to confirm that they have read and approved the paper, that they have met the [criteria for authorship](#) as established by the International Committee of Medical Journal Editors, that they believe that the paper represents honest work, and that they are able to verify the validity of the results reported.

The corresponding author should list the principal contributions made by each of the authors to the article in the Acknowledgements section of the submission. The journal discourages a long list of authors and does not recommend more than 12. In rare instances, a maximum of 15 is permitted if well-justified. Persons listed as authors must be able to justify their participation in the study and should have substantially contributed to the study's conception, design, and performance. An Appendix of additional study sites and participants, in addition to the authors, may be included after the References.

Copyright assignment

Please note that the inclusion of a signed copyright transfer and disclosure form is required for the submission of all manuscripts. This is irrespective of whether an author chooses the Open Access option when an article is accepted for publication.

Open access

LWW's hybrid open access option is offered to authors whose articles have been accepted for publication. With this choice, articles are made freely available online immediately upon publication. Authors may take advantage of the open access option at the point of acceptance to ensure that this choice has no influence on the peer review and acceptance process. These articles are subject to the journal's standard peer-review process and will be accepted or rejected based on their own merit.

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. The article processing charge for *Aids* in 2015 is \$3,100. The article processing charge for authors funded by the Research Councils UK (RCUK) in 2015 is \$3,900. The publication fee is charged on acceptance of the article and should be paid within 30 days by credit card by the author, funding agency or institution. Payment must be received in full for the article to be published open access.

Authors retain copyright

Authors retain their copyright for all articles they opt to publish open access. Authors grant LWW a license to publish the article and identify itself as the original publisher.

Creative Commons license

Articles opting for open access will be freely available to read, download and share from the time of publication. Articles are published under the terms of the Creative Commons License Attribution-NonCommercial No Derivative 3.0 which allows readers to disseminate and reuse the article, as well as share and reuse of the scientific material. It does not permit commercial exploitation or the creation of derivative works without specific permission. To view a copy of this license visit: <http://creativecommons.org/licenses/by-nc-nd/3.0>.

Compliance with NIH, RCUK and other research funding agency accessibility requirements

A number of research funding agencies now require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, LWW identifies to the National Library of Medicine (NLM) articles that require deposit and transmits the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Howard Hughes Medical Institute, or other funding agencies to PubMed Central. The revised Copyright Transfer Agreement provides the mechanism. LWW ensures that authors can fully comply with the public access requirements of major funding bodies worldwide. Additionally, all authors who choose the open access option will have their final published article deposited into PubMed Central.

RCUK funded authors can choose to publish their paper as open access with the payment of an article process charge, or opt for their accepted manuscript to be deposited (green route) into PMC with an embargo.

With both the gold and green open access options, the author will continue to sign the Copyright Transfer Agreement (CTA) as it provides the mechanism for LWW to ensure that the author is fully compliant with the requirements. After signature of the CTA, the author will then sign a License to Publish where they will then own the copyright.

It is the responsibility of the author to inform the Editorial Office and/or LWW that they have RCUK funding. LWW will not be held responsible for retroactive deposits to PMC if the author has not completed the proper forms.

FAQ for open access

<http://links.lww.com/LWW-ES/A48>

Submissions

Authors are strongly encouraged to submit their manuscripts through the web-based tracking system at <http://aids.edmgr.com/>. Signed author forms may be included in the submission as a 'supporting document' or mailed to the journal office. The site contains instructions and advice on how to use the system. Authors should NOT in addition then post a hard copy submission to the editorial office, unless you are supplying artwork, letters or files that cannot be submitted electronically, or have been instructed to do so by the editorial office. For those authors who have no option but to submit by mail please send one copy of the article, plus an electronic version on disk or CD-ROM to: The Editors, AIDS, AIDS Editorial Office, 250 Waterloo Road, London SE1 8RD, UK, Tel: +44 20 7981-0600, Fax: +44 20 7981-0601. Or alternatively via: AIDS Editorial Office (London), Lippincott Williams & Wilkins, Penn Mutual Building, 530 Walnut Street, Philadelphia, PA 19106, USA. Include the following where appropriate: subject consent forms; transfer of copyright form; permission to reproduce previously published material.

Double spacing should be used throughout the manuscript, which should include the following sections, each starting on a separate sheet: Title Page, abstract (when required) and keywords, text, acknowledgements, references, individual tables and captions. Margins should be at least 3 cm. Pages should be numbered consecutively, beginning with the Title Page, and the page number should be placed in the top right-hand corner of each page. Abbreviations should be defined on their first appearance in the text; those not accepted by international bodies should be avoided. The word count should be clearly stated on the Title Page. Manuscripts sent by post should be submitted on high quality white paper and on a word-processing disk.

Authors are invited to list up to four potential reviewers, including their full addresses, telephone and fax numbers, and e-mail addresses.

Disks and CD-ROMS

All submissions should include electronic files using either floppy disks or CD ROMs. Put only the latest version of the manuscript on the disk; name the file clearly; label the disk with the format of the file and the file name; provide information on the hardware and software used.

PRESENTATION OF PAPERS

Title Page

The Title Page should carry the full title of the paper (not more than 120 characters) and a short title (not more than 40 characters) to be used as a 'running head' (and which should be so identified). The given or first name, middle initial and family name (surname) of each author should appear. The family name (surname) must appear in CAPITAL letters. If the work is to be attributed to a department or institution, its full name should be included. Total number of words used should be clearly stated on the Title Page. Any disclaimers should appear on the Title Page, as should the name and address (and email) of the author responsible for correspondence concerning the manuscript and the name and address of the author to whom requests for reprints should be made. Finally, the Title Page should include the sources of any support for the work in the form of grants, equipment, drugs, or any combination of these. Disclose funding received for this work from any of the following organizations: National Institutes of Health (NIH); Wellcome Trust; Howard Hughes Medical Institute (HHMI); and other(s).

Abstracts

The abstract should *not exceed 250 words* and should follow one of the following two styles:

- a. Articles concerning original scientific research should include a structured abstract with the following headings and information:

Objective(s): State the primary objective of the paper (if appropriate).

Design: State the principal reasoning for the procedures adopted.

Methods: State the procedures used.

Results: State the main results of the study. Numerical data should be kept to a minimum.

Conclusions: State the conclusions that can be drawn from the data given.

- b. Articles containing original data concerning the course, cause, diagnosis, treatment,

prevention or economic analysis of a clinical disorder or an intervention to improve the quality of health care should include a structured abstract with the following headings and information:

Objective: State the main question or objective of the study and the major hypothesis tested, if any.

Design: Describe the design of the study indicating, as appropriate, use of randomisation, blinding, criterion standards for diagnostic tests, temporal direction (retrospective or prospective), etc.

Setting: Indicate the study setting, including the level of clinical care (for example, primary or tertiary: private practice or institutional).

Subjects, participants: State selection procedures, entry criteria and numbers of participants entering and finishing the study.

Intervention: Describe the essential features of any interventions including their method and duration of administration.

Main outcome measure(s): The primary study outcome measures should be indicated as planned before data collection began. If the hypothesis being reported was formulated during or after data collection, this fact should be clearly stated.

Results: Describe measurements that are not evident from the nature of the main results and indicate any blinding. Absolute values should be indicated when risk changes or effect sizes are given.

Conclusions: State only those conclusions of the study that are directly supported by data, along with their clinical application (avoiding over generalisation). Equal emphasis must be given to positive and negative findings of equal scientific merit.

Key Words

The abstract should be followed by a list of 5-7 keywords or short phrases which will assist the cross-indexing of the article and which may be published. The terms used should be from the Medical Subject Headings list of the US National Library of Medicine (<http://www.nlm.nih.gov/mesh/meshhome.html>). Include terms from the AIDS classifications that appear on the Fast Track submission form at the back of each journal issue, and on the submission website at <http://aids.edmgr.com/>.

Text

Full papers of an experimental or observational nature may be divided into sections headed Introduction, Methods (including ethical and statistical information), Results, and Discussion (including a conclusion), although reviews may require a different format.

Acknowledgements

The corresponding author should list the principal contributions made by each of the authors to the article. Acknowledgements should be made only to those 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. Sources of funding should be placed in this section.

References

References should be numbered consecutively in the order in which they first appear in the text. They should be assigned Arabic numerals, which should be given in brackets, e.g. [17]. References should include the names of all authors when six or fewer; when seven or more, list only the first six names and add *et al.* References should also include full title and source information. Journal names should be abbreviated as in the MEDLINE (<http://www.nlm.nih.gov>).

Articles in journals

Standard journal article:

Valori RM, Kumar D, Wingate DL. Effects of different types of stress and of 'prokinetic' drugs on the control of the fasting motor complex in humans. *Gastroenterology* 1986; **90**:1890-

1900.

More than six authors:

Gentilini P, Laffi G, La Villa G, Romanelli RG, Buzzelli G, Casini-Raggi V, *et al.* Long course and prognostic factors of virus-induced cirrhosis of the liver. *Am J Gastroenterology* 1997; **92**:1–7.

Supplements:

Goulis J, Burroughs AK. Role of vasoactive drugs in the treatment of bleeding oesophageal varices. *Digestion* 1999; **60(Suppl 3)**:25–34.

Letter/Abstract:

Ozsoylu S, Kocak N. Naloxone in hepatic encephalopathy [Letter]. *Am J Dis Child* 1985; **139**:749–750.

Lankisch PG, Assmus D, Pflichthofer D.: The burden of pancreatic disease in a well-defined population [Abstract]. *Gastroenterology* 1998; **114**:A24.

Books

Book:

Whitehead WE, Schuster MM, *Gastrointestinal Disorders. Behavioral and Physiological Basis for Treatment*. Orlando: Academic Press; 1985.

Chapter in a book:

Blackshaw AJ. Non-Hodgkin's lymphomas of the gut. In: *Recent Advances in Gastrointestinal Pathology*. Wright R (editor). New York: Saunders; 1980. pp. 213–240.

Personal communications and unpublished work should not feature in the reference list but should appear in parentheses in the text. Unpublished work accepted for publication but not yet released should be included in the reference list with the words 'in press' in parentheses beside the name of the journal concerned. References must be verified by the author(s) against the original documents.

Tables

Each table should be typed on a separate sheet in double spacing. Tables should not be submitted as photographs. Each table should be assigned an Arabic numeral, e.g. (Table 3) and a brief title. Vertical rules should not be used. Place explanatory matter in footnotes, not in the heading. Explain in footnotes all non-standard abbreviations that are used in each table. Identify statistical measures of variations, such as standard deviation and standard error of the mean.

Be sure that each table is cited in the text. If you use data from another published or unpublished source, obtain permission and acknowledge the source fully.

Illustrations

References to figures and tables should be made in order of appearance in the text and should be in Arabic numerals in parentheses, e.g. (Fig. 2). If hard copies of figures are submitted they should have a label pasted to the back bearing the figure number, the title of the paper, the author's name and a mark indicating the top of the figure. Illustrations should not be mounted. Half-tone illustrations should be presented as glossy prints to a width of 82 mm; line illustrations should be presented as original artwork or prints to a width of 82 mm or, when the illustration demands it, to a width of 173 mm. Photomicrographs must have internal scale markers. If photographs of people are used, their identities must be obscured or the picture must be accompanied by written consent to use the photograph. If a figure has been published before, 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. Permission is required regardless of authorship or publisher, except for documents in the public domain. Figures may be reduced, cropped or deleted at the discretion of the editor. Colour illustrations are acceptable but authors will be expected to cover the extra reproduction costs (for current charges, contact the

publisher).

Digital Artwork

A) Creating Digital Artwork

<http://links.lww.com/ES/A42>

1. Create, Scan and Save your artwork and compare your final figure to the Digital Artwork Guideline Checklist (below).
2. Upload each figure to Editorial Manager in conjunction with your manuscript text and tables.

B) Digital Artwork Guideline Checklist

Here are the basics to have in place before submitting your digital artwork:

- Artwork should be saved as TIFF, EPS, or MS Office (DOC, PPT, XLS) files. High resolution PDF files are also acceptable.
- Crop out any white or black space surrounding the image.
- Diagrams, drawings, graphs, and other line art must be vector or saved at a resolution of at least 1200 dpi. If created in an MS Office program, send the native (DOC, PPT, XLS) file.
- Photographs, radiographs and other halftone images must be saved at a resolution of at least 300 dpi.
- Photographs and radiographs with text must be saved as postscript or at a resolution of at least 600 dpi.
- Each figure must be saved and submitted as a separate file. Figures should not be embedded in the manuscript text file.

Remember:

- Cite figures consecutively in your manuscript.
- Number figures in the figure legend in the order in which they are discussed.
- Upload figures consecutively to the Editorial Manager web site and enter figure numbers consecutively in the Description field when uploading the files.

Legends for illustrations

Captions should be typed in double spacing, beginning on a separate sheet of paper. Each one should have an Arabic numeral corresponding to the illustration to which it refers. Internal scales should be explained and staining methods for photomicrographs should be identified.

Units of measurement

Measurements of length, height, weight, and volume should be reported in metric units (metre, kilogram, or litre) or their decimal multiples. Temperatures should be given in degrees Celsius. Blood pressures should be given in millimetres of mercury.

All haematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI). Editors may request that alternative or non-SI units be added by the authors before publication.

Abbreviations and symbols

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

Offprints

Offprints may be purchased using the appropriate form that will be made available with proofs. Orders should be sent when the proofs are returned; orders received after this time cannot be fulfilled.

Supplemental Digital Content (including Video Abstracts)

Authors may submit SDC via Editorial Manager to LWW journals that enhance their article's text to be considered for online posting. SDC may include standard media such as text documents, graphs, audio, video, etc. On the Attach Files page of the submission process, please select Supplemental Audio, Video, or Data for your uploaded file as the Submission Item. If an article

with SDC is accepted, our production staff will create a URL with the SDC file. The URL will be placed in the call-out within the article. SDC files are not copy-edited by LWW staff, they will be presented digitally as submitted. For a list of all available file types and detailed instructions, please visit <http://links.lww.com/A142>.

Video Abstracts

Authors are encouraged to submit a Video Abstract to accompany their article. Guidelines for preparation of the Video Abstract, along with links to sample Video Abstracts, can be found [here](#).

SDC Call-outs

Supplemental Digital Content must be cited consecutively in the text of the submitted manuscript. Citations should include the type of material submitted (Audio, Figure, Table, etc.), be clearly labeled as "Supplemental Digital Content," include the sequential list number, and provide a description of the supplemental content. All descriptive text should be included in the call-out as it will not appear elsewhere in the article.

Example:

We performed many tests on the degrees of flexibility in the elbow (see Video, Supplemental Digital Content 1, which demonstrates elbow flexibility) and found our results inconclusive.

List of Supplemental Digital Content

A listing of Supplemental Digital Content must be submitted at the end of the manuscript file. Include the SDC number and file type of the Supplemental Digital Content. This text will be removed by our production staff and not be published.

Example:

Supplemental Digital Content 1.wmv

SDC File Requirements

All acceptable file types are permissible up to 10 MBs. For audio or video files greater than 10 MBs, authors should first query the journal office for approval. For a list of all available file types and detailed instructions, please visit <http://links.lww.com/A142>.



Copyright © 2015 Wolters Kluwer Health, Inc. All rights reserved.

[Copyright/Disclaimer Notice](#) • [Privacy Policy](#)