

GUIDELINE FOR AUTHORS COMPILING FIDSSA CASE OF THE MONTH (COTM) REPORTS

Aims

Case Reports must be carefully documented and must be of importance for any the following reasons:

- Demonstrate the typical presentation or management of an important infectious syndrome or disease
- Describe an uncommon or neglected infectious disease
- Illustrate or describe unusual clinical or laboratory features
- Have important implication for diagnosis, therapy, infection prevention and control, antimicrobial stewardship, travelers' health or public health

Case reports should be *case-patient based*, with an emphasis on and clear description of the *clinical* presentation, diagnosis, management and public health implications if applicable. The target readership is general practitioners, physicians, clinical microbiologists and virologists, infectious diseases specialists, IPC practitioners, and trainees. COTM reports aim to improve diagnosis, clinical management and prevention of infectious diseases by highlighting interesting and important clinical cases. Highly technical or narrow theoretical expositions should be avoided.

Content

COTM reports should include the following headings and content. These sections should be structured in a question and answer format, e.g. what is the differential diagnosis?

Case presentation

Presentation of the case with a description of presenting problem, background/history, clinical findings, investigations. The case can be presented from a laboratory perspective (e.g. starting with a laboratory microscopy or culture result) or infection control/ public health perspective (e.g. starting with a cluster of cases), but should link back to a specific patient with a clinical description provided. If possible, try to provide a justification for each diagnostic test (in the context of the case, including laboratory processes) and an explanation of uncommon or important tests (performance characteristics, some technical insight). Please provide reference ranges in SI units for all test results, relevant to the case patient.

Differential diagnosis

Discuss the differential diagnosis as a list or narrative paragraph. Briefly explain the supporting features and reasons for discounting each possibility.

Management

Discuss the management (therapeutic, diagnostic, infection prevention and control), explaining the approach taken, and describe the course of the illness. Discuss the public health implications, if relevant.

Final diagnosis

Report the final clinical/pathological diagnosis.

Discussion

Provide a brief discussion of the clinical problem that may include:

- Epidemiology (burden and local relevance)
- Clinical features in the context of the literature (e.g. why is this case unusual?)
- Standard diagnostic and therapeutic approaches and supportive evidence (citing key studies)
- Explanations of key concepts, e.g., meaning and clinical relevance of MIC testing

Recommended reading

List a minimum of 3 key papers (including pivotal research studies, reviews, or guidelines) with a brief explanation of why they are recommended.

Use this format: Ergönül Ö, Keske Ş, Çeldir MG, Kara İA, Pshenichnaya N, Abuova G, et al. Systematic Review and Meta-analysis of Postexposure Prophylaxis for Crimean-Congo Hemorrhagic Fever Virus among Healthcare Workers. *Emerg Infect Dis.* 2018;24:1642-1648.

Questions

Provide 5 - 10 multiple choice questions relating to the content presented in the report.

Each question should have 4 options. Construct the questions so that they can potentially be answered without looking at the multiple-choice options. For example, avoid “Which of the following is true?”

Format

Maximum length 1200 words and a maximum of 2 tables and 5 figures. Include references for evidence-based recommendations for either therapeutics or diagnostics. Try to cite key papers in the field, including guidelines and review articles, and highlight these in the ‘Recommended reading’ section.

Ethics

Authors should ensure that informed consent is obtained from patients if any photographs are included in the submission. Identifying photographs should be avoided if possible.

Authors should take responsibility for obtaining all relevant approvals for collection of clinical information.

Review process

Accuracy of the content in COTM is the responsibility of the authors and submitting society. It is recommended that the reports are circulated internally (to colleagues within the submitting society) for review prior to submission. A senior member of the society (qualified specialist) should be listed as an author for all COTM reports. Members of the FIDSSA Expert Review Committee or Council may review COTM reports prior to publication.

Publication

With the authors’ consent, the best COTM report will be selected each year for publication in the Southern African Journal of Infectious Diseases (no article processing charges will be levied).