The *Journal of Vector Borne Diseases* (formerly known as *Indian Journal of Malariology*) is a quarterly journal devoted to the publication of original research contributions in the field of vector borne diseases such as malaria, filaria, Japanese encephalitis, dengue, dengue haemorrhagic fever, leishmaniasis, trypanosomiasis and other vector borne diseases and their control.

**Scope of articles**

The journal publishes review articles on latest advances in the field of vector borne diseases, original research contributions, short research communications, case study reports of prime importance, special communications, randomised controlled trials, intervention studies, studies of screening and evaluation of diagnostic tests, cost-effective analyses, correspondences on published articles, *etc.* Papers of routine nature which are merely records of interesting cases as also those dealing with modifications of routine methodology will not be encouraged. The JVBD strongly discourages duplication/reduplication of data already published in other journals (even when cosmetic changes/additions are made). If and when duplication is detected after publishing in JVBD, the journal will be forced to retract such articles. All papers submitted for publication in JVBD are subject to double blind peer review process. All accepted papers will be suitably edited before publication.

**(i) Research articles:** Manuscripts under this category should clearly state an objective or hypothesis, the research design and methodology (including the study design, time period, inclusion and exclusion criteria of participants/patients/animals), data sources and their selection for the study, statistical methods, the main results of the study, a comments section placing the results in the context of published literature and the conclusions drawn from the study with latest references and structured abstract.

**(ii) Short research communications:** Short research communications of original studies or evaluations are also encouraged. Manuscripts should be prepared in a manner similar to the research articles without abstract and division of text into separate headings with one or two tables/figures and 10–12 references.

**(iii) Case study reports:** Case study reports of health impact assessment, clinical reports, epidemiological reports (individual or series), *etc.* are also encouraged for publication provided they should contribute significantly to the existing knowledge. Manuscripts should be prepared in the manner similar to short research communications.

**(iv) Review articles:** Manuscripts describing systematic, critical assessment of literature and data sources pertaining to the topic(s), emphasising factors such as causes, diagnosis, prognosis, therapy, study analysis, population intervention, exposure tests, basic and applied aspects of vector biology, vector genetics, bionomics, vector/parasite resistance, entomology, epidemiology, *etc.* are encouraged for publication.

**Manuscript preparation**

The whole text, references, tables and figure legends should be typed in 12 pt Times New Roman font and be fully double-spaced throughout. All pages should be numbered consecutively starting with title page. While preparing the manuscripts the authors should strictly follow the general format of the journal. The manuscript can be typed in MS Word/Adobe Page Maker. Authors are advised to see a recent issue of the journal to get familiar with the format adopted on various elements of a paper.
**Title page** should contain an appropriate title not exceeding 80 characters or 10–15 words yet sufficiently descriptive and informative, a short running title of 3–4 words, Author(s) name(s), address of the Institute(s)/Organisation(s), corresponding author address with phone, e-mail and fax number. Subsequent pages should contain—Title, Structured Abstract, Key words, Introduction, Material & Methods, Results, Discussion, Conclusion, Acknowledgement, References, Tables, Figures and figure legends.

**Guidelines for preparing structured abstract:** The structured abstract should not be more than 250 words as per “Vancouver” style and be divided into the following heads for easy understanding: (a) context; (b) objective; (c) study design; (d) description of the subjects, patients/participants; (e) interventions; (f) main outcome measures; and (g) results and conclusion. The information presented here and in the article should be same.

Remaining text may be typed continuously in the following heads.

**Introduction** should be pertinent to the context and contain literature review related to the scope of the study, reasons for undertaking the study, properly explained objectives, the work already done in the area of the study and the knowledge to be added to the existing knowledge with essential background.

**Material & Methods** should contain nomenclature, source of procurement of materials, study design, selection of experimental subjects, equipments and methodology. Statistical treatment of the data should be clearly mentioned. New methods adopted for the first time should be explicited. If the authors are involved in DNA/protein sequencing, the source of obtaining such sequences should clearly be indicated. If the authors are reporting new sequence information, the accession numbers of such sequences after deposition in public domain should be provided. For enzymes only, the trivial names recommended by the IUPAC-IUB Commission, should be used. At its first citation in the text of the paper its code number and systematic name should be indicated.

**Ethical guidelines:** Research papers dealing with experiments on human or animal subjects must state in the Material & Methods section that: (i) informed and free consent was obtained from the participants/patients/relatives of the patients/parents or legal guardians of minors and should attach the ethical clearance certificate from the institution/organisation or similar committee/agency; and (ii) the maintenance and care of the experimental animals is as per the guidelines for use of laboratory animals in research specified by the Animal Ethics Committee of the Institute/Organisation or ethical standards of the country or agency.

**Registration of Clinical Trials:** We urge to all those who are either conducting and/or planning to conduct clinical trials involving human subjects, to register their trials in CTRI (www.ctri.in) or in any primary clinical trial register (WHO ICTRP: http://www.who.int/ictrp/en/). From January 2010 onwards, we will consider publication of a trial only if it has been registered prospectively if started in or after June 2008; trials undertaken before June 2008 need to be registered retrospectively. Clinical trial has been defined by International Committee of Medical Journal Editors (ICMJE) (http://www.icmje.org/clin_trial07.pdf).

**Results** should be presented in concise, focussed and coherent manner highlighting the principal findings without loose endings referring to tables/figures and illustrations. Only important observations need to be emphasised or summarised. Systeme International measurements should be used (Ref. The SI for Health Professional WHO, Geneva 1977). Use of the 24 hr time system e.g. 0830 hrs but not 8.30 A.M. should be followed. Abbreviations as per the list printed at the end should be followed. Numbers less than 1 should contain zero before decimal point.

**Tables and figures** should be numbered in the order of their citation in the text. Captions/legends should be self-explanatory and be typed on separate sheets. Graphs/Illustrations should be glossy prints with sharp focus and good contrast and the captions/legends should not appear on the face of the photographs/figures. Author(s) should mention their identity on the back of the graph/figure—their name, title in brief, number and caption/legend. Their sizes should
conform to single (8.5 × 21 cm) or double (17.5 × 21 cm) column sizes. Photographs in original should be supplied. For electronic submission, graphs should be prepared in MS-Excel/CorelDraw, photographs, gel photographs, pictures, etc. should be submitted in JPEG/TIFF formats with more than 300 dpi resolution as separate files.

**Discussion** should deal with interpretation and comparison of results without repetition of results already present in the results section, hypotheses with supporting evidences and literature, and logical conclusions drawn from the study.

**Acknowledgement** should be made only to scientific, financial and technical assistance and not for routine departmental and typing/secretarial assistance. This section should be typed on a separate sheet.

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*Book/Monograph/Proceedings*


*Electronic material*

*CD-ROM*


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Abbreviations

The abbreviations should be used in the text, tables and illustrations without a period (full stop)

molar M intraperitoneal ip
milli molar (mole/litre) mM intravenous iv
micromolar (mole/litre) μM intramuscular im
mole (quantity of substance) mol subcutaneous sc
normal (normality) N oral po
metre m ampere A
centimetre cm milli Ampere mA
square centimetre cm² watt W
millimetre mm Angstrom Å
micrometre μm volume ratio (volume per volume) vol/vol
nanometre nm volume vol
picometre pm weight wt
hectare ha mg/100 ml mg/dl
foot or feet ft weight per volume wt/vol
cubic centimetre cc weight ratio (weight per weight) wt/wt
litre L Confidence Interval (Statistics) CI
millilitre ml chi square χ²
microlitre μl significant at 1% level **
gallon gal significant at 5% level *
gram g standard deviation s
milligram mg standard error Sₑ
kilogram kg probability p
figure Fig. ultra low volume ULV
hour(s) h active ingredient AI
minute(s) min emulsifiable concentrate EC
second(s) sec lethal dose-50 LD₅₀
weeks wk diameter diam
mean \( \bar{x} \) revolutions per minute rpm
year(s) yr counts per minute cpm
number No. relative humidity RH
number (statistical) n sensu stricto s.s.
ortho 0 sensu lato s.l.
meta m curie Ci
para p gravity g
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3. Authorship undertaking form

4. Separate pages for acknowledgement, tables & figures

5. Complete set of photograph(s)/figure(s)/picture(s) in triplicate

6. Ethical committee clearance certificate, informed consent from the patients/participants (if applicable for the study)

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8. Short running title with key words

9. Structured abstract as per "Vancouver style"

10. Abbreviations as per *Journal of Vector Borne Diseases* format

11. References as per *JVBD* format

12. Figure legends on separate sheets