Surveillance summary reporting guide

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Surveillance reports provide essential information about a disease or health-related condition according to person, time and place. They often provide the basis to identify burden of illness and may include related information, such as trends in risk factor frequency or prescribing practices. Surveillance reports inform strategies to address targeted health conditions and may identify the need for additional clinical care or public health action. They can be summaries of larger reports published in the grey literature and, increasingly, may link to a complete surveillance dataset. Surveillance reports are approximately 2,000-2,500 words in length - excluding the abstract, tables and references.

The *Canada Communicable Disease Report* (CCDR) supports the use of reporting guidelines, including those collected by the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) Network (1). However, the EQUATOR Network does not currently provide guideline for surveillance reports, so the CCDR has developed this one based on other checklists, a guideline for evaluating surveillance systems (2) and recent trends in Open Science.

Table 1 provides CCDR's checklist for surveillance reports. **Figure 1** illustrates an example of how surveillance data is typically summarized graphically with incidence on the *y* axis and time on the *x* axis.

As with all submissions, check CCDR's Information for authors (published in January every year with the first issue of each new volume) for general manuscript preparation and submission requirements.

Table 1: Checklist for surveillance reports

Reporting item	N°[1]	Description
Title		
Title	1	Compose a title that includes the name of the health condition, population, time and place.
Abstract		
Structured summary	2	Provide a structured abstract including the following sub-headings: Background; Objectives; Methods; Results; and Conclusions.
Introduction		
Context	3	Summarize the current situation regarding the health condition under surveillance and identify why it is important.
Objectives	4	State the objective of the surveillance report.
Methods		
Setting	5	Describe the setting, locations and dates of the surveillance period.
Population	6	Describe the population under surveillance.
Definitions	7	Provide definitions for each health event under surveillance, including case definitions and any public health interventions.
Information sources	8	Describe all data sources, including the objective of any surveillance systems, what data were collected and how data were gathered, transferred and stored.
Supplementary data	9	If appropriate, note where to access supplemental material (e.g., www.opendata.gc.ca).
Data quality, missing data and reporting delays.	10	Describe how the data quality was assessed. Explain how missing data were addressed. If data is reported by date of diagnosis or symptom onset, include a statement

		about whether the data for the most recent periods may be revised.
Data analysis	11	Describe any analytical methods used providing sufficient detail to enable a knowledgeable reader with access to the original data to judge its appropriateness and to assess the reported results.
Results		
Descriptive data	12	Provide a summary of the descriptive data, including demographics.
Data Quality	13	Report on data quality (e.g., completeness, missing data, under reporting,)
Analytic data	14	Provide a summary of the analysis including (when indicated) estimates of trends. When applicable, point estimates should include appropriate indicators of measurement error such as 95% confidence intervals (e.g., average annual percentage change used to describe trends or odds ratios used to describe subgroup differences).
Figures	15	Create the minimum number of figures to highlight key results. Create a title that includes person, time and place.
Discussion		
Key results	16	Summarise key results with reference to study objectives
Comparison	17	Consider these findings in relation to the current literature.
Strengths and weaknesses	18	Discuss strengths and weaknesses of the study (data quality, completeness, sources of potential bias).
Interpretation and generalizability	19	Provide a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies and other relevant evidence.
Conclusion	20	Ensure conclusions address objective and follow from the results.

[1] Nº: Number

Figure 1: Rates of reported cases of Hepatitis C in Canada [1] by sex, CNDSS [2], 1991-2012 (3)
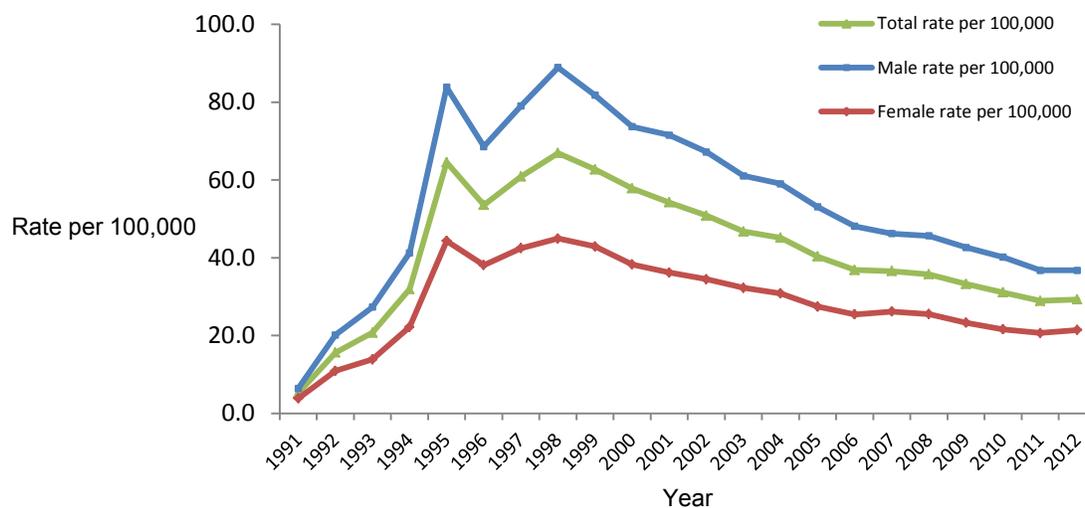
[1]Includes PEI, ON, SK, AB, BC 1991-2012; NL, NB, NT 1993-2012; YT 1994-2012; NS, QC 1996-2012; MB 1999-2012; NU 1999-2006. For rate calculation, population denominators were adjusted to include only those jurisdictions for which data were available in a given year.
[2]CNDSS = Canadian Notifiable Disease Surveillance System

References

(1)   The Equator Network (Enhancing the QUality and Transparency of health Research)[Internet]. Oxford: EQUATOR Network; 2015.
http://www.equator-network.org/.
(2)   Klaucke DN, Buehler JW, Thacker SB, Parrish RG, Trowbridge FL, Berkelman RL and the Surveillance Coordination Group. Guidelines for evaluating surveillance systems. MMWR. 1988;37(S-5):1-18.
(3)   Payne E, Totten S, Archibald C. Hepatitis C surveillance in Canada. CCDR 2014;19:421-428.