



Publishing in the *MMWR*

Centers for Disease Control and Prevention

MMWR

Weekly / Vol. 64 / No. 27

Morbidity and Mortality Weekly Report

July 17, 2015

Sonja A. Rasmussen, MD, MS

2017 CSTE MMWR Intensive Writing Training Course
March 20, 2017

1976



1976

CENTER FOR DISEASE CONTROL

August 6, 1976 / Vol. 25 / No. 30

MNWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Current Trends

- 237 Cigarette Smoking in the United States – 1975
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Epidemiologic Notes and Reports

- 238 Atypical Mycobacteria Wound Infections – North Carolina, Colorado
- 244 Respiratory Infection – Pennsylvania

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Epidemiologic Notes and Reports

Respiratory Infection – Pennsylvania

A total of 152 persons associated with a state American Legion convention in Philadelphia July 21-24 have been hospitalized with respiratory infections. Onsets of illness

other Legionnaires who may be ill with less severe symptoms.

The patients, among several thousand attending the

1976

CENTER FOR DISEASE CONTROL

August 1976 / Vol. 5 / No. 30

United States - 1975

St. Louis Encephalitis - California, Mississippi, Tennessee

Epidemiologic Notes and Reports

238 Atypical Mycobacteria Wound Infections - New Mexico, Colorado

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244 Legionnaires' Disease - United Kingdom

PREVALENCE AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

Respiratory Infections - Pennsylvania

A total of 152 persons associated with a ... American Legion convention in Philadelphia, ... 21-24 have been hospitalized with respiratory infections. Onsets of illness

other Legionnaires who may be ill with less severe symptoms.

The patients, among several thousand attending the

LEGIONNAIRES' DISEASE

1981



1981

CENTERS FOR DISEASE CONTROL

June 5, 1981 / Vol. 30 / No. 21

MNWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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250 *Pneumocystis* Pneumonia – Los Angeles
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261 Quarantine Measures

Pneumocystis Pneumonia – Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia and oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with

1981

CENTERS FOR DISEASE CONTROL

June 5, 1981 / Vol. 11 / No. 21

MORBIDITY AND MORTALITY WEEKLY REPORT

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Dysentery Type 4 Infections in U.S. Travelers to the Caribbean
Pneumocystis Pneumonia – Los Angeles, California
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Vaccination in the United States, First 20 Years
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AIDS

Pneumocystis carinii Pneumonia – Los Angeles, California

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Swine Influenza A (H1N1) Infection in Two Children --- Southern California, March--April 2009

On April 21, this report was posted as an MMWR Early Release on the MMWR website (<http://www.cdc.gov/mmwr>).

On April 17, 2009, CDC determined that two cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California were caused by infection with a swine influenza A (H1N1) virus. The viruses from the two cases are closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously has not been reported among swine or human influenza viruses in the United States or elsewhere. Neither child had contact with pigs; the source of the infection is unknown. Investigations to identify the source of infection and to determine whether additional persons have been ill from infection with similar swine influenza viruses are ongoing. This report briefly describes the two cases and the investigations currently under way. Although this is not a new subtype of influenza A in humans, concern exists that this new strain of swine influenza A (H1N1) is substantially different from human influenza A (H1N1) viruses, that a large proportion of the

Zika Virus Response

Early Release

[Interim Guidelines for the Evaluation and Testing of Infants with Possible Congenital Zika Virus Infection – United States, 2016](#)

JANUARY 26, 2016

CDC has developed interim guidelines for health care providers in the United States who are caring for infants born to mothers who traveled to or resided in an area with Zika virus transmission during pregnancy.

[Zika Virus Spreads to New Areas – Region of the Americas, May 2015–January 2016](#)



JANUARY 22, 2016

In May 2015, the World Health Organization reported the first local transmission of Zika virus in the Americas, with autochthonous cases identified in Brazil. In December, the Ministry of Health estimated that 440,000–1,300,000 suspected cases of Zika virus disease had occurred in Brazil in 2015. By January 19, 2016, local transmission had been identified in Puerto Rico and 19 other countries or territories in the Americas. Further spread to other countries in the region is likely.

[Possible Association Between Zika Virus Infection and Microcephaly – Brazil, 2015](#)



JANUARY 22, 2016

An outbreak of Zika virus infection was first recognized in northeastern Brazil in early 2015. By September, a sharp increase in microcephaly cases was reported from affected areas. The Brazil Ministry of Health developed a case definition for Zika virus–related microcephaly, and established a task force and a registry to investigate Zika virus–related cases of microcephaly and to describe the clinical characteristics of cases.

Early Releases on January 22 (two reports) and January 26, 2016

Notes from the Field

Injuries Associated with Bison Encounters — Yellowstone National Park, 2015

Cara Cherry, DVM^{1,2}; Kirsten Leong, PhD³; Rick Wallen MS⁴;
Danielle Buttke DVM, PhD²

Since 1980, bison have injured more pedestrian visitors to Yellowstone National Park (Yellowstone) than any other animal (1). After the occurrence of 33 bison-related injuries during

persons were gored, and three were tossed into the air. Four persons required hospitalization, three of whom were transported by helicopter ambulance. There were no deaths.

All encounters resulted from failure to maintain the required distance of 75 ft (23 m) from bison. Four injuries occurred when three or more persons approached the bison. Two persons were injured while walking on hiking trails. Three persons sustained injuries while taking photographs at a distance of



MMWR @CDCMMWR · Mar 29
5 bison-related injuries at Yellowstone illustrate need to adhere to park guidelines. [cdc.gov/mmwr/volumes/6...](https://www.cdc.gov/mmwr/volumes/6...)

Cherry et al., *Morb Mortal Wkly Rep* 2016;65:293–294

Mission

- Voice of CDC
- Scientific periodical
- Public health capacity building

Components of *MMWR* Series

- *MMWR* Weekly
- *MMWR* Serials
 - Recommendations and Reports
 - Surveillance Summaries
 - Supplements
 - Annual Summaries

Types of articles in *MMWR* Weekly

- Full Reports
 - Outbreak Reports
 - Notes from the Field
 - Policy Notes
 - Vital Signs
 - CDC Grand Rounds
 - Announcements
- 

Criteria for Publication

- Appropriateness
- Originality
- Quality
- Timeliness
- Clarity

Important Questions to be Answered When Considering Reports

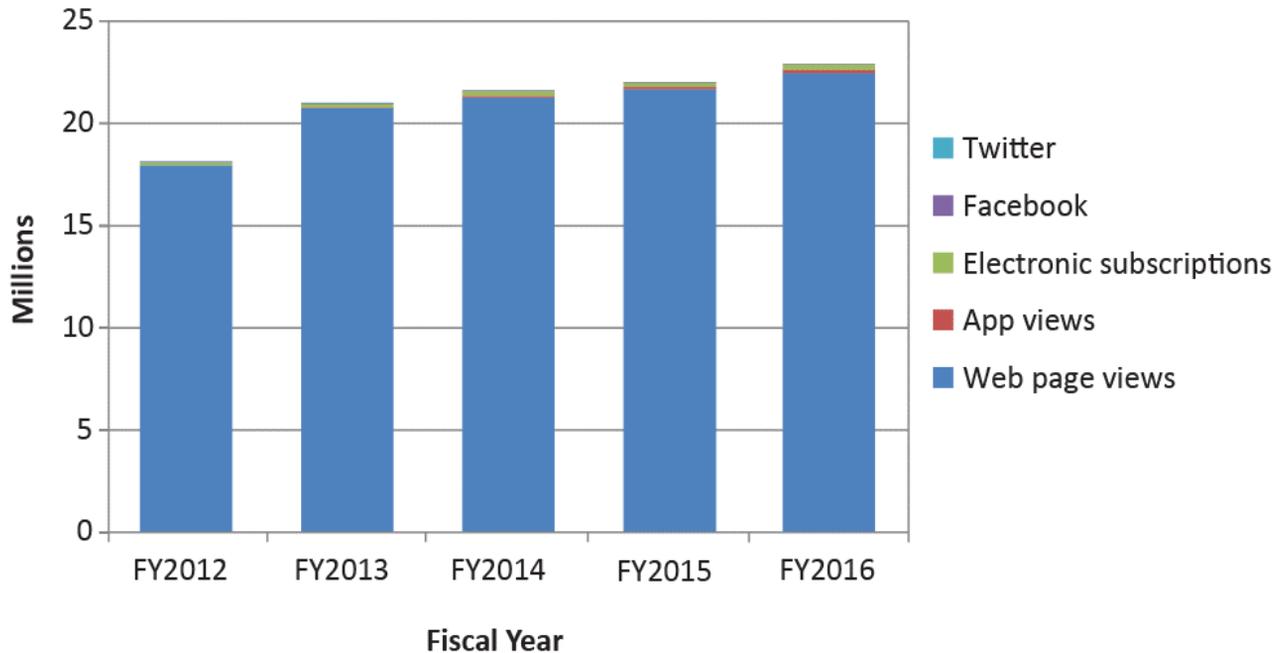
- What is already known on this topic?
- What is added by this report?
- What are the implications for public health practice?

Question 1:

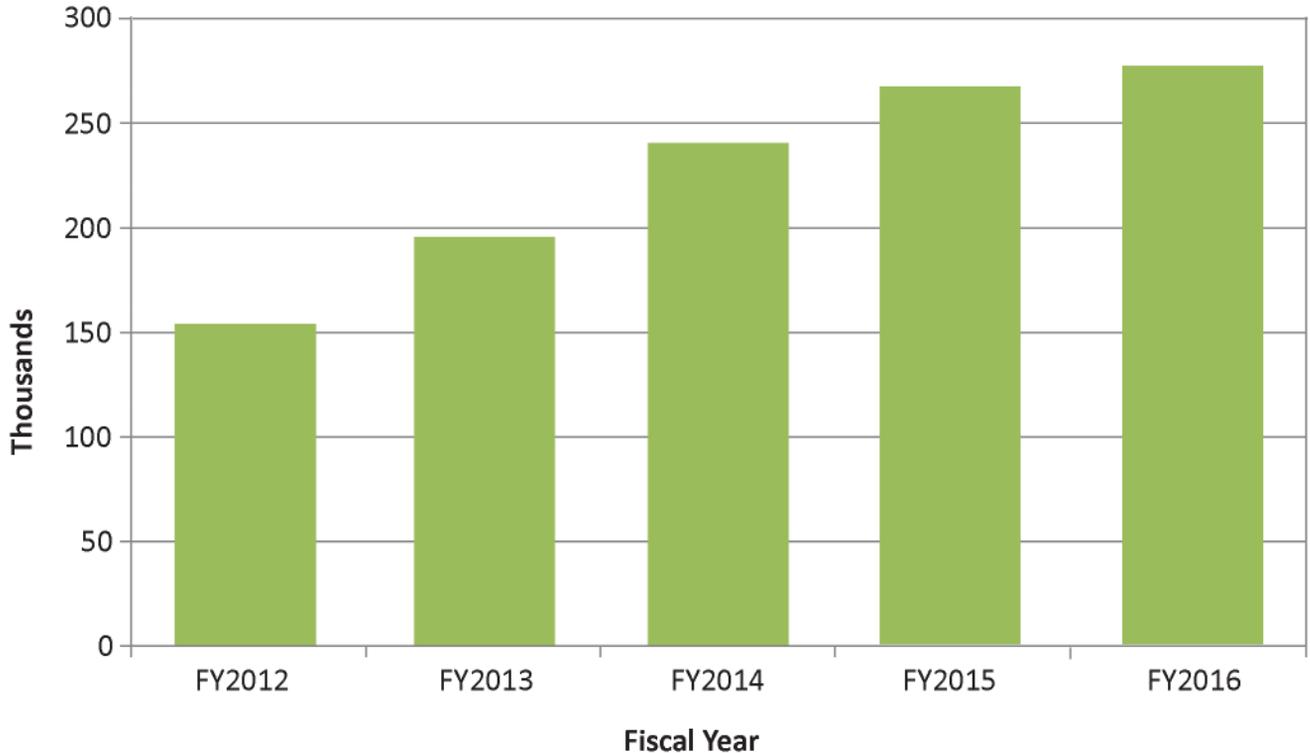
- Which of the following questions is NOT one considered as important to be answered in an MMWR report?
 - a. What is already known on this topic?
 - b. What are the implications of this report for state and local health departments?
 - c. What is added by this report?
 - d. What are the implications for public health practice?

***MMWR* Reach**

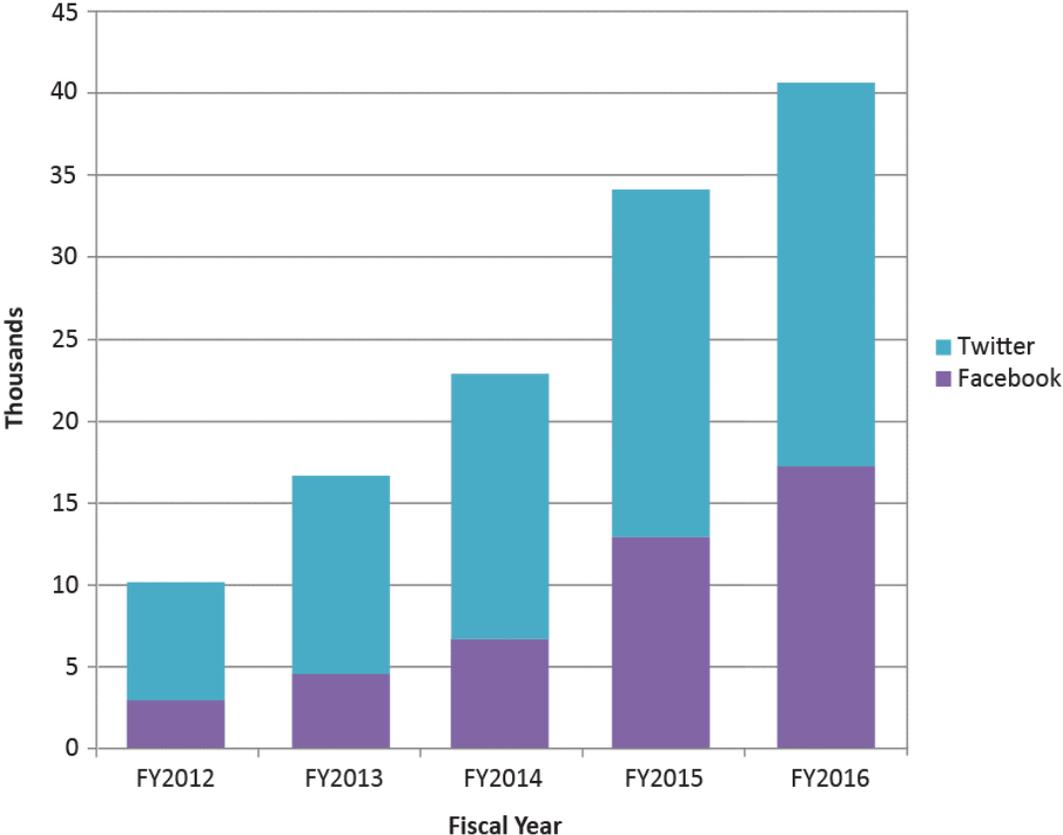
MMWR Electronic Media



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MMWR Social Media



Amplification of Content: News Stories

Too many women gain too much weight during pregnancy, CDC says

THURSDAY NOV. 5, 2015

Los Angeles Times

Too Few Preteen Girls Get HPV Vaccine, CDC Says



HealthDay

Oct. 29, 2015 | 2:00 p.m. EDT

Use of E-Cigarettes Rises Sharply Among Teenagers, Report Says

By SABRINA TAVERNISE APRIL 16, 2015

The New York Times

Amplification of Content: Journals/Medical Associations

news@JAMA

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CDC Releases Guidelines About Medications to Prevent HIV Infection

BY PILLER, ED, MD, MPH AND SEITZ, JR, MD

Physicians should consider prescribing antiretroviral medication to individuals who are not infected with HIV but are at high risk of infection, according to a new set of comprehensive guidelines released this week by the US Centers for Disease Control and Prevention (CDC).

This approach, called *pre-exposure prophylaxis*, involves individuals who are not infected with HIV taking daily antiretroviral (ART-HIV) medications to prevent infection. Numerous clinical studies have shown this approach to drastically reduce the chance of HIV infection in certain high-risk groups such as men who have sex with men, people who are HIV-negative but are in an ongoing relationship with a partner who is HIV-positive, and people who use injection drugs.

In July 2012, the US Food and Drug Administration approved the first antiretroviral (ARV) drugs to prevent HIV infection in individuals at high risk of contracting HIV. The CDC has released recommendations to public clinicians on which individuals may be considered candidates for this treatment. These include:

INFECTIOUS DISEASE/CDC UPDATE

Update on Emerging Infections: News From the Centers for Disease Control and Prevention

Commentary
Carolyn Gates, MD; Gregory J. Moran, MD

Editor's note: This article is part of a regular series on emerging infection from the Centers for Disease Control and Prevention (CDC) and the EMERGENCY ID NET, an emergency department-based and CDC-collaborative surveillance network. Important infectious disease public health information with relevance to emergency physicians is reported. The goal of this series is to advance knowledge about communicable diseases in emergency medicine and foster cooperation between the front line of clinical medicine and public health agencies.

Update: Severe Respiratory Illness Associated With a Novel Coronavirus—Worldwide, 2012-2013

[Centers for Disease Control and Prevention. Update: severe respiratory illness associated with a novel coronavirus—worldwide, 2012-2013. *MMWR Morb Mortal Wkly Rep.* 2013;62:194-194.]

The Centers for Disease Control and Prevention (CDC)

treatment but died with severe respiratory disease.^{5,9} The patient's underlying illness might have made him more susceptible to severe respiratory infection. The third patient is an adult woman who developed a respiratory illness on February 5 after contact with the index patient after he hospitalized.^{3,10} She did not require hospitalization and recovered by February 19.^{3,6} Only the index patient has traveled recently outside the United Kingdom. In accordance with their ongoing investigation of this cluster of illness, the UK Health Protection Agency has concluded that person-to-person transmission likely occurred in the United Kingdom within this family.⁶

This recent cluster provides the first clear evidence of human-to-human transmission of this novel coronavirus, coinfection of this novel coronavirus with another pathogen (influenza A), and a case of mild illness associated with this novel coronavirus infection. In light of these developments, updated guidance has been posted on the CDC coronavirus Web site (<http://www.cdc.gov/coronavirus/ncv>). Persons

MAY 16, 2014

AAP SmartBrief

News for pediatricians and other child health professionals

Top Stories

CDC finds racial disparities in swimming pool drowning rates

Among 5- to 19-year-olds, blacks had a more than fivefold increased risk of drowning in swimming pools compared with their white counterparts, suggesting that fewer blacks are taught to swim, CDC researchers wrote in the *Morbidity and Mortality Weekly Report*. Another study released Thursday by the agency showed that people younger than age 18 accounted for almost half of the 3,000 to 5,000 swimming pool chemical injuries each year that required emergency care. [USA Today/The Associated Press](#) (5/15), [HealthDay News](#) (5/15)

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Ann Emerg Med. 2013;62:269-271

Amplification of Content: Tandem Publications

Centers for Disease Control and Prevention

MMWR in Brief

Morbidity and Mortality Weekly Report

Outbreaks of Acute Gastroenteritis Transmitted by Person-to-Person Contact — United States, 2010–2014



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Perspective

Health Care for Americans with Disabilities — 25 Years after the ADA

Georgina Peacock, M.D., M.P.H., Lisa I. Iezzoni, M.D., and Thomas R. Harkin, J.D.
July 30, 2015 | DOI: 10.1056/NEJmp1508854

VIEWPOINT

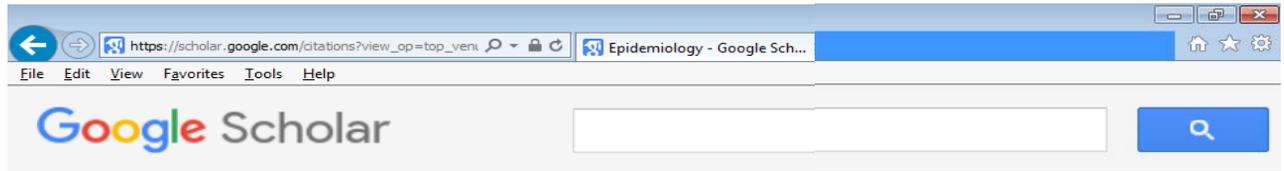
Use of Clinical Preventive Services in Infants, Children, and Adolescents

Coleen A. Boyle, PhD

At each stage from birth to young adulthood, the use of clinical preventive services (CPS) provided... In infancy and early childhood, altho...

MMWR Bibliometrics

2016 Google Scholar Top Publications - Epidemiology



< Epidemology

Publication	h5-index	h5-median
1. MMWR. Morbidity and Mortality Weekly Report	80	136
2. International Journal of Epidemiology	76	104
3. Emerging Infectious Diseases	74	100
4. American Journal of Epidemiology	71	95
5. Euro surveillance: European communicable disease bulletin	65	94

Retrieved August 3, 2016 from

https://scholar.google.com/citations?view_op=top_venues&hl=en&vq=med_epidemiology

MMWR's Impact Factor (Released June 13, 2016)



NEW JOURNAL WITH
HIGHEST JIF

MMWR-
MORBIDITY
AND MORTALITY
WEEKLY REPORT
10.588

Journal	Journal Impact Factor
<i>New England Journal of Medicine</i>	55.9
<i>Lancet</i>	39.2
<i>JAMA</i>	35.3
<i>MMWR</i>	10.6
<i>Clinical Infectious Diseases</i>	8.7
<i>Emerging Infectious Diseases</i>	7.0
<i>American Journal of Public Health</i>	4.1
<i>Preventing Chronic Disease</i>	2.2
<i>Public Health Reports</i>	1.7

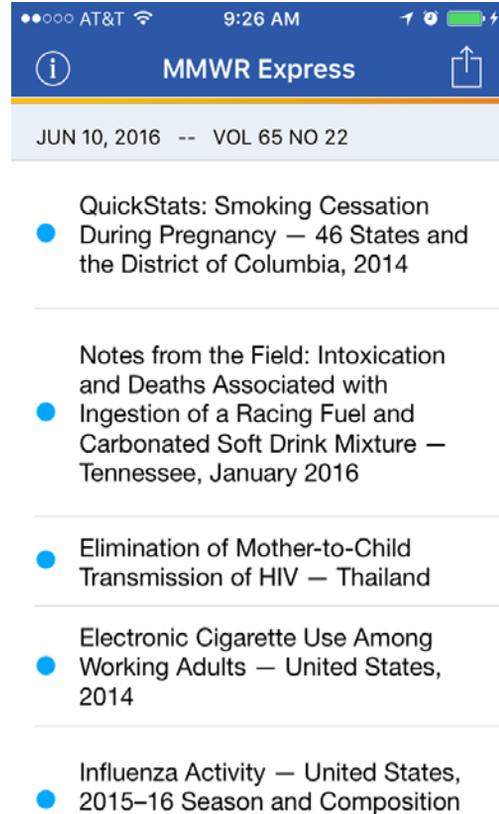
New *MMWR* Features

Infrastructure Modernization

- MMWR content produced in XML
 - Allows greater redistribution of content through PubMed Central, Web of Science, others
- Direct object identifiers (DOIs) used to create persistent URLs
- Website uses responsive design

Other New *MMWR* Features

- MMWR Express – iOS and Android
- Access to Altmetric results



MMWR Altmetric

Centers for Disease Control and Prevention
MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 65 / No. 6

February 19, 2016

Prevalence of Healthy Sleep Duration among Adults — United States, 2014

Yong Liu, MD¹; Anne G. Wheaton, PhD¹; Daniel P. Chapman, PhD¹; Timothy J. Cunningham, ScD¹; Hua Lu, MS¹; Janet B. Croft, PhD¹

Altmetric.com
accessed 6/9/2016



About this score

In the top 5% of all research outputs scored by Altmetric

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Readers on



Question 2:

- What is Altmetric?
 - a. A new way to measure the number of mentions a paper gets in traditional and social media
 - b. A new way to measure the number of times a paper is cited in the medical literature
 - c. A new colorful graphic added to MMWR reports for visual interest
 - d. The best way to measure impact of an MMWR report

Tips for Publishing in *MMWR*

- Read lots of *MMWR* articles
 - Familiarize yourself with format, style, and types of articles accepted
- Find an example article
- Follow the “Instructions for Authors”
- Get feedback by giving a presentation on your study
- Put yourself in the position of a reader
 - For *MMWR*, this should be a generalist, not a specialist

Requirements for *MMWR* Weekly Full Report/Outbreak Report

- Publication criteria: appropriateness, originality, timeliness, clarity
- Word limit: <1400
- Reference limit: <10
- Tables, Figures and Boxes: <3
- Summary boxes
- Clearance
- Corresponding author – needs to be available during production week

Structure of *MMWR* Lead Paragraph (will serve as abstract in PubMed)

- Introduction
- Methods
- Results
- Discussion
- Single Overriding Communication Objective (SOCO) – what public health actions should follow?

Requirements for *MMWR* Weekly Notes from the Field

- Abbreviated reports intended to advise readers of ongoing or recent events of concern to the public health community
 - May contain early information, preliminary results, and other similarly incomplete information
 - Word limit: <500
 - Reference limit: “should be kept to an absolute minimum”
 - Tables, Figures and Boxes: <1
- 

Question 3:

- Which of the following is correct about word length and number of references permitted for MMWR reports?
 - a. Full Reports are limited to 3500 words and 30 references.
 - b. Notes from the Field are limited to 500 words and 10 references.
 - c. Outbreak Reports are limited to 500 words and 3 references.
 - d. Full Reports are limited to 1400 words and 10 references.

Common Errors

- Failure to follow Instructions for Authors
- Poor organization
- Overly complex sentence structure
- Meandering discussion
- Lack of clear focus
- Use of jargon
- Use of first person (MMWR is considered the “voice of CDC”)

Clear Writing Tips

- Short words are better than long (e.g., “end” vs. “terminate”)
- Trim extra words (e.g., “because” vs. “owing to the fact that”)
- Keep sentences simple
- Avoid repetition and jargon
- Proofread carefully (read out loud – if you stumble over the words, others probably will, too)

Question 4:

- Which of the following sentences is MOST consistent with MMWR style?
 - a. Annual cancer prevalence estimates and 95% confidence intervals were calculated for all states with available data.
 - b. We calculated annual cancer prevalence estimates and 95% confidence intervals for all states with available data.
 - c. For all states with available data, prevalence estimates and 95% confidence intervals for cancer were calculated annually.
 - d. Owing to the fact that not all states had available data, we calculated annual cancer prevalence estimates and 95% confidence intervals only for states with available data.

Summary

- MMWR
 - Plays a critical role in disseminating public health information, especially during public health responses
 - Reaches broad audience through email subscriptions, news and social media
 - Recent modernization efforts likely to increase reach
 - Cited frequently in peer-reviewed literature
 - Encourages submissions from state and local health departments

Questions

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1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

