

20 common errors in abstracts - Checklist		COMMENTS
A: SECTIONS	1. NEUTRAL, UNINFORMATIVE TITLE: The title lacks specificity and is not informative (e.g., limited to reference to the methods used without a mention of key results, conclusions, time or place). <input type="checkbox"/>	
	2. EXCESSIVELY LONG INTRODUCTION: The introduction is extensive and takes more than 15% of the word count (e.g., mentions the global burden and other unnecessary background information elements). <input type="checkbox"/>	
	3. INSUFFICIENT DESCRIPTION OF METHODS (E.G., LABELLING): The methods section does not provide key information - necessary for the reader to understand how the project was conducted. For example: <ul style="list-style-type: none"> a. It specifies the software used for the analysis (which is unimportant) but omits to explain the indicators that were calculated (e.g., matched odds ratio, weighted average, prevalence) that are key. b. It makes reference (labels) to names of various methods (e.g., case-cohort study) rather than describing the practical steps that were followed in the fieldwork. <input type="checkbox"/>	
	4. INSUFFICIENT DISPLAY OF DATA IN THE RESULTS: Findings are not backed up with enough quantified data (e.g., mention of a rate that doubled over time without any mention of the actual incidence before and after, absence of measures of association, no presentation of the proportion of cases exposed). <input type="checkbox"/>	
	5. INAPPROPRIATE CONCLUSION: The conclusion includes findings mentioned there for the first time and that belong to the results section or it only repeats results presented earlier (e.g., through the transformation of an estimate – like 80%- into a qualification –like very high). <input type="checkbox"/>	
	6. RECOMMENDATIONS / NEXT STEPS NOT BASED ON CONCLUSIONS: The recommendations or next steps are based on external material , information well known before the investigation or they go beyond the evidence provided in the conclusions. <input type="checkbox"/>	
	7. POOR/ NON-COMPLIANCE WITH TECHNICAL REFERENCES: The abstract fails to document that the work was conducted according to the recommended steps (e.g., a surveillance evaluation does not refer to the attributes of a surveillance system). <input type="checkbox"/>	
	8. NON SELF-CONTAINED ABSTRACT: The abstract does not stand-alone . It refers to pieces of evidence that not presented in the abstract itself (e.g., a graph, a map, or additional results to be presented later). Errors may also include: <ul style="list-style-type: none"> • Some of the introduction is irrelevant. • Some methods do not match the proposed objectives or they do not lead to any results. • Some results come from unspecified methods or are not useful to the conclusions. • Some conclusions are not based upon any results presented. • Some recommendations are not based upon any of the conclusions formulated. <input type="checkbox"/>	

B: DATA	<p>9. Excessive number of decimals: Percentages are used to make the number easier to remember and facilitate comparison. Hence, we say 39% rather than 321/815, because it is easier to remember and to compare from one group or scenario to another. If percents to one or two decimal places are presented, the numbers are no longer easy to remember and compare: 38.76% or even 38.8% is more complex. Wherever possible, it's better to present percentages without decimals. However, if the percentage is less than 10 and the figures beyond the decimal point have public health significance then it may be reasonable to include them. Excessive number of decimals may not be meaningful at all. If the confidence interval is wide, it makes no sense to present the two bounds with two decimals of precision. One rule of thumb for measures of association and their confidence intervals is that they should not have more than two meaningful figures (decimals or not). Odds ratios for "protective exposures" and "risk factors" are symmetrical around the number one on a log scale. Thus, reporting an odds ratio of 243 represent the same amount of precision than an odds ratio of 24.3, an odds ratio of 2.43 and an odds ratio of 0.243. These decimals will have a different meaning for the upper bound and the lower bound. The extra decimals are just calculation artifacts.</p>	<input type="checkbox"/>
C: STYLE	<p>10. Excessively complex writing style: The abstract uses complex language (e.g., jargon, acronyms, labels) or sentence structure.</p> <p>11. Lack of specificity: The abstract uses general terms instead of precise information. Examples include:</p> <ul style="list-style-type: none">a. Vague language (e.g., make reference to 'many studies' or 'few studies' instead of stating what is known or unknown);b. Qualifiers. The abstract uses words that do not carry a specific meaning, but modify an adjective to create an emphasis (e.g., very) or uses adjectives / adverbs when an estimate could do. Adjectives already carry a certain amount of subjectivity. For example, what is "important" or "large" to one person may not be the same to another. The addition of a qualifier (e.g., very) adds to that subjectivity. Choose the best adjective, to provide justification of its use and do not use a qualifier. Similarly, prefer numbers or estimates to qualifications and avoid placing a vague qualification before a precise quantified estimate. <p>12. Lack of logical or time sequence: The abstract does not follow a sequence: It goes back and forth in time, space or logic.</p> <p>13. Verbosity/ repetitions: The abstract misses opportunities to go directly and shortly to the point. Examples include:</p> <ul style="list-style-type: none">a. Redundancy / repetitions: The abstract repeats the same information in different ways, often with a combination of approximations and precise language.b. Long sentences. <p>14. Weak verbs: Weak verbs (e.g., to conduct, to be, to do, to implement, to perform) take space, use up word count and convey little information (Note this occurs often in combination with passive voice).</p> <p>15. Inappropriate / Erratic use of words: The abstract uses improper words, different words to refer to the same thing or it uses terms outside of their accepted usage in epidemiology or microbiology (e.g., mortality instead of case fatality, incidence instead of reported rates etc).</p> <p>16. Incorrect structure: The abstract's structure is not the one recommended by the journal or the conference (e.g., The abstract includes extra sections [e.g., limitations], references, or tables that are not recommended as per the standardized format).</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D: GRAMMAR	<p>17. Passive voice: Passive voice is imprecise and gives an impression that the authors are not willing to take responsibility over the data presented. In addition, sentences written in passive voice may:</p> <ul style="list-style-type: none">a. Obscure important subjects (e.g., 'An outbreak was reported' →, prefer: the Infection control nurse reported an outbreak)	<input type="checkbox"/>

	<p>b. Add unnecessary complexity to the sentence (e.g., fieldworkers collected data rather than data were collected by fieldworkers).</p> <p>18. Tenses: The abstract fails to use the past to report results or the present to mention generally accepted facts. <input type="checkbox"/></p>	
E: PROOF	<p>19. Excessive word count: The abstract is wordy and exceeds the word limit recommended by the journal or the organizers of the meeting. <input type="checkbox"/></p> <p>20. Spelling mistakes: The abstract contains spelling mistakes. <input type="checkbox"/></p>	