

Style Guide

Canada Communicable Disease Report

Effective February 2021

Key references:

1. [International Committee of Medical Journal Editors \(ICMJE\). Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals. <http://www.icmje.org/icmje-recommendations.pdf>](http://www.icmje.org/icmje-recommendations.pdf)
2. Council of Science Editors. *Scientific Style and Format: The CSE Manual for Authors, Editors, and Publishers*. 8th edition, 2014.
3. National Institutes of Health United States National Library of Medicine. Samples of Formatted References for Authors of Journal Articles. https://www.nlm.nih.gov/bsd/uniform_requirements.html
4. *The Canadian Style Guide*: Termium Plus. <http://www.btb.termiumplus.gc.ca/tpv2guides/guides/tcdnstyl/index-eng.html?lang=eng>
5. Lang TA, Secic M. *How To Report Statistics in Medicine*. 2nd Edition. American College of Physicians, 2006.

Note: Please see template for information on format, font sizes, spacing between sections and additional information on tables and figures

Title

- Only the first word of the title and sub-titles are capitalized unless the title contains a name (such as a city), then keep it as is (e.g. Rates of syphilis in Toronto, Canada: 2000–2015).
- An exception to this is when there is a summary of a NACI or CATMAT statement that includes the title of the statement. Then words are capitalized as in the original. E.g. Summary of NACI Interim Recommendations on the Use of Pneumococcal Vaccines in Immunocompetent Adults 65 Years of Age and Older.
- Another exception is after colon (e.g. Canada's National Collaborating Centres: Facilitating evidence-informed decision-making in public health)
- Usually there are no abbreviations in a title; occasionally common acronyms such as CATMAT or NACI can be used when the name is written out in full in the authorship line.

Authors and affiliations

- Only the author's first and surname are identified (no degrees).
- Usually only the primary affiliation is noted, but upon request (or when relevant) a secondary affiliation can be included. This is followed by the city and province.
- For PHAC authors, the affiliation typically includes the Centre (or equivalent, such as the National Microbiology Laboratory) and the Agency. For Health Canada authors, the affiliation typically includes the Directorate and Health Canada. In both cases, the Branch is usually not identified.
 - A few exceptions may be indicated, such as when the author is from the CCDR (then the affiliation is the CCDR Editorial Office) or from Communications (as the preference is to identify the Branch and not the Directorate). If the author is from the Assistant Deputy Minister's Office, then the Branch needs to be identified as well.
- Names are separated by a comma that follows the superscript identifying the affiliation. An asterisk is used to identify the corresponding author. E.g. **Geneviève Cadieux^{1*}, Dara Spatz Friedman¹, Leslie Tilley¹, Tony Mazzulli², Cameron McDermaid¹**

Correspondence

- This includes the email address of the corresponding author only identified with the asterisk * (e.g. author@gmail.com).

Abstract

- Scientific studies have structured abstracts (Background, Objective, Methods, Results, Conclusion).
- Commentaries and Rapid Communications have text summaries.
- Common acronyms should be spelled out on first use.
- There are no hyperlinks or web addresses in abstracts.

Suggested citation

- This is set up the same way as a reference citation. The issue and page numbers at the end can initially be identified as (xx):xx-xx.
- The DOI can be added and the end can be left as vXXiXXaXX.

Cadieux G, Friedman DS, Tilley L, Mazzulli T, McDermaid C. Infection prevention and control lapse involving medical equipment reprocessing at a family medicine clinic in Ottawa, Ontario, 2018. *Can Commun Dis Rep* 2020;46(2/3):40–7.
<https://doi.org/10.14745/ccdr.v46i23a04>

Headings

- Only the first letter of a heading or sub-heading is capitalized.

Text

- In general, text is not bolded or italicized and there are rarely lists. When there are lists, these should be bulleted (i.e. not numbered or lettered) to assist with web-coding.
- There is no comma before “and” in lists.
- References should be numbered consecutively in the order in which they are first mentioned in the text. References should be identified in text, tables and legends by Arabic numerals in parentheses.
- Identifying a Table or Figure in the text is bolded on first mention only. (**Table 1, Figure 2**).
- Use the term “article” (not report, paper or manuscript).
- There are no footnotes in the text only references.
- Although the use of the active voice is now increasingly seen in scientific publications, minimize the use of personal pronouns such as “we”.
- When using double brackets, use a combination of square and round, round brackets are normally in the outside (e.g. Privacy and Identity Management for Community Services [PIMCS]).
- Avoid contractions: use “cannot”, “do not”, “should not”, etc.
- After a colon, capitalize the first letter of the first word if it is followed by a full sentence, e.g. “The evidence was enough to answer our question: Did these two fossil remnants represent the same organism?”
- After a colon, do not capitalize the first letter of the first word if it is followed by a phrase, e.g. “Two alternatives for treatment were proposed: surgical resection or relief of pain through medication.”
- When using acronyms such as CCDR, NACI, NML and PHAC are not preceded by the word “the”.

Acronyms and abbreviations

- Acronyms should be spelled out on first use in the abstract and again on first use in the text.
- The use of acronyms should be minimized as this increases the readability for CCDR’s general readership.
 - As a general rule of thumb if an acronym is used less than four times in the text, it is not needed. An exception to this are terms that are better known by their acronyms (e.g. HIV/AIDS, ELISA, PCR testing, CI, OR).
 - Local acronyms (e.g. HLS for Hamilton Laboratory Services) should not be used, even if referred to repeatedly.

- Minimize the use of an acronym at the beginning of a sentence.
- Usually there are no abbreviations in the title of a manuscript (See exceptions in Title section) or the title of a Table or Figure. Exceptions to this include: NACI, HIV, AIDS
- Most Latin terms that are abbreviations need periods after them (e.g., i.e., op., cit., et al., but not NB) but no comma is needed (unless of course, they are identified in a series)
- When giving the scientific name of a species, the genus is spelled out in full on first use and then abbreviated subsequently. (e.g. *E. coli*, *Ae. albopictus*)
- To abbreviate the term species, use “sp.” for one species and “spp” for several species (“spp” stands for “species plural”). These abbreviations are *not* italicized (See Appendix for more details)
- Common abbreviations need *not* be spelled out if the abbreviation is widely known and the full term is rarely used:
 - DNA (deoxyribonucleic acid)
 - HIV (human immunodeficiency virus)
- In the Reference section the word supplement is abbreviated as “Suppl”.

Numbers in text

- Use words for numbers zero to nine unless it is used with a hyphen (e.g. He received a 9-month course of treatment) or in some cases when there is a range.
- Use commas in numbers over 1,000 (e.g. 1,200).
- Do not begin a sentence with a number (unless it is written out in full).
- Spell out “less than” or “more than” except for a statistical *p* value. Examples include: Children less than two were not eligible for vaccine. Compared with the total vaccinated population, we found the efficacy of vaccine to be significantly less in the subgroup of patients who were using immunomodulatory therapies ($P<0.001$)
- When the results are described in the text as a number in brackets, ensure that it is noted with an “n” (n=7). If it is noted just as a number in round brackets (7), the software for PubMed, misinterprets it as a reference.
- Note for describing numbers in text, tables and figures: N is used when referring to the total sample size and “n” is used when describing the number of units in a subgroup of the sample under study (AMA Manual of Style 10th ed.). The “n” or “N” are not italicized.
- Technically, to avoid the use of [this was an incomplete sentence – was there something you wanted to add here?]

Percent

- The word percent is used in titles, or when used in a general sense. (e.g. the percentage of nonresponders was calculated...)
- The symbol % is used when describing the statistical term – a 95% confidence interval – or when giving a numeric result. (e.g. Of the cultures tested, only 23% yielded positive results)
- When presenting a series of percentages, use the percentage symbol in both numbers as follows: 24%–30% (not 24–30%).
- As a general rule of thumb, if the sample size >100, report percentages to 1 decimal place; if <100, report to whole numbers; when <20, consider reporting the numbers rather than the percentages (Lang, 2006)

Citations, hyperlinks and personal communications

- To increase readability, references are cited in numeric order in rounded brackets at the end of a sentence as demonstrated here (1,2,5–7). There is no space after the comma or hyphen.
 - If multiple authors are being cited in a single sentence, then an exception may be made and a citation may be indicated before the end of the sentence. For example: “Jamie et al. argue against antibiotic use in these situations (33), whereas Juneau et al. argue for short-term, high-dose use (34).”
 - Although technically when something is noted in parentheses that either includes or is beside a citation, the citation is placed in square brackets. However, our

PubMed software does not recognize citations in square brackets, so double rounded brackets may be indicated. For example: (Figure 3; Web Exclusive Tables 4-6 (7)). In this case, Figure 3 will follow the text and the reference for the two tables found in the Web Exclusive document is number 7.

- When a hyperlink is identified in the text, it needs to be supported with a reference. In general, no web addresses are noted in the text.
- Personal communications or unpublished work should be noted in brackets in the text with a date and italicized.
 - (*Personal communication. Theresa Tam, March 20, 2015*).
 - (*Lu D, Strauss B, Simkus K, Tepper M, Gagnon F, Johnson N; unpublished results*)

Naming conventions

- **Infectious vs. communicable diseases:** Infectious diseases are illnesses caused by microorganisms, such as bacteria and viruses. Some infectious diseases are communicable diseases, which indicate the disease is contagious (can spread from one person to another). If an infectious disease is not contagious (such as tetanus) it should not be identified as a communicable disease.
- The names of conditions and syndromes are not capitalized. For example: type 2 diabetes, diabetes insipidus, salmonellosis.
- Conditions that have been named after people are non-possessive. For example: Alzheimer disease, Parkinson disease, Down syndrome, Huntington disease.
- For conditions that are named after places, only the name of the place is capitalized. For example: Lyme disease, West Nile virus.
- Capitalize nouns and adjectives referring to race, tribe, nationality and language. For example: Anglophone, Arabic, and Indigenous. (Note: There is a preference to state Indigenous vs. Aboriginal, African American vs. Black or Caucasian vs. White)
 - However, do **not** capitalize the word *allophone*, which refers to a person whose first language is neither English nor French with specific reference to Quebec.
- When referring to Quebec, note that it is the Province of Quebec, but the cities of Québec Montréal retain the accent in English.
- Medications and vaccines should be referred to by their generic name.
 - Generic names are not capitalized (e.g. varicella zoster vaccine).
 - On first use the brand name may be identified in brackets. The brand name is capitalized as it is a proper noun (e.g. Zostavax).
- The CDC's EID journal's preferred usage notes: "Gram should be capitalized and never hyphenated when used as Gram stain; gram negative and gram positive should be lowercase and only hyphenated when used as a unit modifier.
 - Gram staining
 - gram negative
 - gram-positive bacteria

Scientific names

- The binomial nomenclature system is used where both the genus and species are italicized and written out in full on first use (e.g. *Aedes albopictus* and *Escherichia coli*).
 - The first letter of the first word is capitalized; the second word is not.
 - The full name is abbreviated after first use. (e.g. *Ae. Albopictus*, *E. coli*)
- When referring to the genus only, the term is neither capitalized nor in italics (e.g. "Zika virus is a flavivirus transmitted primarily by the bite of an infected Aedes mosquito." NEJM June 15, 2016)
- The names of the larger subdivisions of bacteria (phyla, classes, orders, families) are not italicized.
 - The first letter of a family name in biology is capitalized, but the common name is not. For example: Sporotrichinaceae (family name), spirochetes (common name).
- For more information, see Appendix 1.

Dates

- Month and day should be stated as follows: December 15, 2015
- Dates are sometimes spelled out, such as “during the seventies”.
- Year designations take the following forms:
 - The 1880s
 - 1300 BC but AD 1300

Spelling

- There is a trend to remove hyphens, for example: eyewitness, periurban, stormwater, onsite, tradeoff, postpartum, multidose, multidisciplinary, lifecycle, locally acquired, short term, front line and bloodborne.
 - Exceptions are: well-being, self-reported, self-identified, mosquito-borne, vector-borne, anthropod-borne, rodent-borne, tick-borne, two-dose, short-term.
 - **It is “health care” when used as a noun and “healthcare” when used as an adjective.**
 - **Health care:** the physician responsible for health care for the St. Jean garrison;
 - **Healthcare:** healthcare system, healthcare services, healthcare plans, healthcare workers (personnel, providers),
 - **Note:** Use foodborne except when identifying a name that uses a different form (such as PHAC’s Centre for Food-borne, Environmental and Zoonotic Diseases).
 - When in doubt, check TermiumPlus and do a word search on the NEJM site (<http://www.nejm.org/>).
- Use the Canadian form of terms: Pediatric, traveller (vs. traveler) and travelling (vs. traveling), favour, behaviour, diarrhea.
- Use epidemiologic (vs. epidemiological).
- Most words beginning with the following prefixes are written as one word: *after, ante, anti, bi, co, counter, de, down, extra, infra, inter, intra, iso, macro, micro, multi, over, photo, poly, post, pre, pro, pseudo, re, retro, semi, stereo, sub, super, trans, tri, ultra, un, under* and *up*.
 - For example: preexposure, postexposure.

When to italicize

- Italicize names of documents and laws (e.g. *Canadian Immunization Guide, Quarantine Act*).
- Italicize Latin prefixes and Greek and Roman letters used as prefixes to the names of chemical and biochemical compounds: *cis*-dimethylethylene, β -lactose, *M*-xylene.
- Italicize Greek and Roman letters used in statistical formulas and notations (ensuring there is a space between the letter and following word). For example: *P* = probability of, μ = population mean, *p* value.
- Some Latin terms and abbreviations are italicized: *idem, sic*; others are not: e.g., i.e., NB, op., cit., et al.

Hyphen, en dash and em dash

There are three lengths of dashes: hyphen (-), en dash (–), and em dash (—).

- **The hyphen** connects two things that are intimately related, usually words that function together as a single concept or work together as a joint modifier (e.g. tie-in, toll-free call, two-thirds).
- **The en dash** is used to indicate a range, as in the May–September issue of a magazine; or when a range of pages is cited (e.g. 147–48). En dashes are also used to connect a prefix to a proper open compound: for example, pre–World War II.
- **The em dash** has several uses. It allows an additional thought to be added within a sentence by breaking away from that sentence—as done here. Em dashes also substitute for something missing. In interrupted speech, one or two em dashes may be used: “I wasn’t trying to imply—” “Then just what were you trying to do?”

- There is no space before or after these dashes when they are inserted between words, a word and a numeral, or two numerals.
- Terms such as co-infection can be used either with or without a hyphen according to Terminum (coinfection or co-infection are both correct).
- Certain word combinations (such as “resource intensive”) do not use a hyphen on Terminum, but are hyphenated in other journals (i.e. Eurosurveillance uses “resource-intensive”). Sexually transmitted **does not need hyphen**.

Tables and figures

- As a general principle, Tables and Figures should be able to “stand on their own” as they are sometimes used in a PowerPoint presentation.
- The title should be placed above the Table and the Figure.
- Ensure there is a good descriptive title (i.e. Not “Specific Errors” but rather: “Specific errors that resulted in adverse drug reactions: 2008 to 2011”).
 - There is a colon after the Table or Figure number and before the title (Table 1: XXX).
 - Only the first letter of the first word of the title or sub-title is capitalized, although the first word after a colon in the title is capitalized as well.
 - Usually there are no abbreviations in a title; occasionally acronyms such as CATMAT or NACI can be used when the name is written out in full in a footnote.
 - Table and figure titles are in bold; there is no period after the title.
- Each column should have a heading title.
- To meet accessibility guidelines (WCAG 1.1.1) data must be in clearly demarcated cells so that it can be read by electronic readers for the blind and visually-impaired.
 - **There can be no empty cells. If there is no data for that specific cell, please identify it with a dash (-).**
 - **There cannot be more than one value per cell.**
- International System (SI) units are preferred (e.g. IU/L not mIU/mL).
- Abbreviations used in a table are identified in alphabetical order in the first line below a table or figure and should be identified even if they have been identified previously in the text. (Exception: HIV, % etc. do not need to be spelled out)
- As of January 1, 2018 issue, footnotes in tables will be identified by lower case letters in superscript: ^{a,b,c} (consistent with ICMJE).
- As of January 1, 2018 issue, footnotes in figures will be identified by lower case letters in superscript: ^{a,b,c} (consistent with ICMJE).
- Typically numbers are given as data with the percentage noted in brackets, and all data should be presented (e.g. percentages should total 100%)
 - If the denominator is <100, report percentages to the whole number only.
- Numbers in tables should be right justified. Other entries should be left justified.
- There can be references in tables, and hyperlinks in footnotes (also supported with a reference).
- Figures with a Y and X axis, requires titles

Footnotes

- According the AMA Manual Style guide, this is the sequence for the items underneath a table or figure.
 - Abbreviations
 - Footnotes (a,b,c... alphabetical order)
 - Notes
 - Source or Data
 - (Figure in English only / Figure en anglais seulement)

Authors' statement

- As per the 2017 Instructions for Authors, it is now encouraged that the roles of each author are identified at the end of the article. The authors are identified by initials. This usually follows the CRediT taxonomy (See Information for Authors 2017). For example:

- AJ — Conceptualization, Investigation, Writing – original draft, review and editing
- BJ — Methodology, Software, Validation, Writing – review and editing.
- No authors' statements are required for committee statements.

Competing interests

- A competing interests statement is generally included in every scientific paper if only to note: "None".
 - Competing interests is always plural as it can be more than one interest (e.g. financial, workplace related)

Contributors

- Contributors – those who have contributed to the article but do not meet the criteria for authorship – can be identified at the end of an article.
- Contributors are identified by name and their contributions are generally identified by the CRediT taxonomy and the. For example:
 - Contributors: John Smith – Supervision, Resources, Project administration.

Acknowledgements

- This section is discretionary and may or may not be present.

Funding

- A funding statement is included in every research paper (but not in reviews, comments or overviews); a query should be added if it is not present.
- A funding statement is generally *not* indicated for editorials, commentaries and overviews.

References

- References should be in plain text and not linked via Endnote to numbers in text.
- Only published work belongs in the References.
- CCDR generally follows the format recommended by the [National Library of Medicine](#) and the International Committee of Medical Journal Editors (ICMJE).
 - For example, NLM now lists **all** authors (i.e. no longer lists only 6 authors and then et al.)
- Consistent with publishing norms as exemplified by the *Lancet* and *MMWR*, we no longer state "Internet", "Available from" or "Accessed (date)"
 - The one **exception** to this is when giving the website for a non-journal citation (e.g. WHO or government website), as these documents are updated from time to time. Then we provide the author, title, publisher, publication date and then state: "(accessed YYYY-MM-DD)" just prior to the web address with no period between the accessed date and the website address. For example:

Public Health Agency of Canada. Canadian Guidelines on Sexually Transmitted Infections. Ottawa (ON): PHAC; 2013 (accessed 2020-01-05). www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/sexually-transmitted-infections.html

Article in a journal

- After all the authors' names, there is a period.
- There is a period after the title - unless the title ends in a question mark or an exclamation point.
- There is a period after the name of each journal.
- There is a semi-colon after the year.
- There is a colon after the volume number.
- The issue number is given

- First and last pages of the references are given. The last page number needs only to include the last digit, if the second last digit is the same (e.g. "24–9" means pages 24 to 29); two numbers are given if the second digit is different (e.g. "24–39"). This holds true even when the volume goes into hundreds or even over 1000 pages (e.g. **1034–9** means pages 1034 to 1039; **1034–49** means pages 1034 to 1049).

Example:

Narayan S, Galanis E, BC STEI Group. Are enteric infections sexually transmitted in British Columbia? *Can Commun Dis Rep.* 2016;42(2):24–9.

Article in a supplement

- Author, title, journal name, year and volume number are all the same as an article in a regular issue.
- A supplement is identified by noting the following information in brackets:
 - The previous issue number (to help identify when the supplement was published)
 - the abbreviation "Suppl" and
 - the number of the supplement, .
- There is no space between the volume number and the beginning bracket.
- There is colon after the end bracket.
- The page numbers begin with an S.

Example:

Diener A, Dugas J. Inequality-related economic burden of communicable diseases in Canada. *Can Commun Dis Rep.* 2016;42(2 Suppl 1):S8–14.

Digital Object Identifier (DOI):

- Copy editors are asked to include the DOI web address when available, but not the PMID.
 - A unique publisher item identifier (pii) may be used in place of traditional pagination and this can be followed by the doi number
- Journal articles that have no DOI web address will be listed without a web address.
- WHO or government citations will have a web address.

ID News

- The "Source" is set up the same way as a reference citation, except the title is in bold.
- The text of an ID News article should not be copy-edited as it is a direct quote from the abstract or article itself.

MISC

- When there are double brackets, the outside are circle () and the inside should be squared [].
 - We gratefully acknowledge the contribution of the physicians, epidemiologists, infection control practitioners and laboratory staff at each participating hospital (Vancouver General Hospital [VGH], Vancouver, British Columbia [BC]).
- **Equations:**
 - Odds ratio (OR #; % CI, #endash#) – NO %
 - (OR 2.45; 95% CI, 1.76–3.42)
- When there is a list with quotation marks the comma goes inside the quotation marks
 - The system also extracts "vaccine_pathogen_target_main," "adjuvanted," "immunogenicity," "immunocompromised," "healthy," "non-live," "non-adjuvanted," "live," "sex," "pregnancy," "doi," "score," "abstract," "methods," "results," "ai_version" and "keywords," but these are not listed here for reasons of brevity

Volume, issue and title

Both will have the same format.

- Volume and issue will be written out as 47-2/3 (double issue) or 47-4 (single issue)
- The issue number will **no longer have a zero**
 - 47-2/3
 - 47-4
- After the volume and issue, **we will have a comma**, separating the volume from the month(s) and year
 - Volume 47-2/3,
- The **months will be written out in full**
 - English will have the **first letter caps**
 - February/March
 - April
 - French will be **ALL lowercase**
 - février/mars
 - avril
 - If there is a double issue, the months will **be separated by a slash**
 - February/March
 - février/mars
- The date will only be composed **only of the month(s) and year – no day**
 - February/March 2021
 - April 2021
 - février/mars 2021
 - avril 2021
- At the end we will have the **colon separating** the volume, issue and date from the title
 - **EN – Space after the colon**
 - Volume 47-2/3, February/March 2021: Influenza and Other Respiratory Viruses
 - **FR – Space before and after the colon**
 - Volume 47-2/3, février/mars 2021 : Influenza et autres virus respiratoires
- The title
 - EN – will have the **first word and only major words caps**
 - Influenza and Other Respiratory Viruses
 - COVID-19: A Year After
 - FR – will have the only the **first word with first letter caps** and the **rest are lowercase (unless a proper noun) NO CAPS AFTER COLON**
 - Influenza et autres virus respiratoires
 - COVID-19 : un an après

EN:

Volume 47-2/3, February/March 2021: Influenza and Other Respiratory Viruses

Volume 47-4, April 2021: COVID-19: A Year After

FR:

Volume 47-2/3, février/mars 2021 : Influenza et autres virus respiratoires

Volume 47-4, avril 2021 : COVID-19 : un an après

Appendix and Supplemental material

When having **one appendix and supplemental material** and there is either a table or figure the table or figure will follow this naming:

Appendix:

Figure A1, A2, etc

Table A1, A2, etc

Supplemental:

Figure S1, S2, etc

Table S1, S2, etc

If there are **multiple appendices or supplemental materials** the table or figure will follow

Appendix:

Figure A1-1, A1-2, A2-1, A2-2, A3-1, A3-2, etc.

Table A1-1, A1-2, A2-1, A2-2, A3-1, A3-2, etc.

Supplemental:

Figure S1-1, S1-2, S2-1, S2-2, S3-1, S3-2, etc.

Table S1-1, S1-2, S2-1, S2-2, S3-1, S3-2, etc.

Appendix 1: Naming conventions for bacteria

Family	Genus	Species
Enterobacteriaceae	<i>Klebsiella</i>	<i>pneumoniae</i>
	<i>Escherichia</i>	<i>coli</i>
	<i>Enterobacter</i>	<i>aerogenes</i>
	<i>Serratia</i>	<i>marcescens</i>
	<i>Salmonella</i>	<i>enteritidis</i> (6 subspecies, many serovars)*
	<i>Shigella</i>	<i>dysenteriae</i>
		<i>flexneri, boydii, sonnei</i>
	<i>Yersinia</i>	<i>enterocolitica, pestis</i> (many others)
	<i>Proteus</i>	<i>vulgaris</i>
<i>mirabilis</i>		
<i>Citrobacter</i>	<i>freundii</i>	
Enterococcaceae	<i>Enterococcus</i>	<i>faecalis</i>
	<i>Streptococcus</i>	<i>pyogenes</i>
		<i>pneumoniae</i>
Clostridiaceae	<i>Clostridium</i>	<i>difficile</i>
		<i>botulinum</i>
		<i>perfringens</i>
		<i>tetani</i>
	<i>Faecalibacterium</i>	<i>prausnitzii</i>
Moraxellaceae	<i>Acinetobacter</i>	<i>baumanni</i> (many others...)
		<i>haemolyticus</i>

* *Salmonella* has many subspecies and serovars. For subspecies: *Salmonella enterica* subsp. *arizonae* on first use, *S. enterica* subsp. *arizonae* thereafter. For serovars: Names of serovars should be in roman type with the first letter capitalized: *Salmonella enterica* serovar Typhimurium. After the first use, the serovar may be given without a species name: *Salmonella* serovar Typhimurium.

Note:

- All Family names end in “ceae” – this is how to tell whether a name is a family or a genus.
- The genus name is always capitalized (e.g. *Proteus*), the species name is never capitalized (e.g. *P. vulgaris*). The species name is never used alone.
- After a genus and species is written out in full, the generic name should be abbreviated to the initial capital letter (e.g. *E. coli*)
- When a bacteria is referred to in a general sense, it is not italicized (e.g. streptococcus, brucella)
- To abbreviate the term species, use “sp.” for one species and “spp” for several species (“spp” stands for “species plural”). These abbreviations are not italicized: e.g. *Clostridium* spp.
- The plural of genus is genera, the plural of alga is algae, the plural of protozoan is protozoa
- For *E. coli* O157 – note the O is a letter not a zero.
- Genus names are always caps and italicized when it follow words species, sp, spp
 - o *Salmonella* species
 - o Do not italicized the genus if it is plural (e.g. listeria are; salmonellae; mycobacteria)