



## Announcing **The Hepatitis Elimination Series** in *Clinical Liver Disease*

The Coalition for Global Hepatitis Elimination, in partnership with *Clinical Liver Disease* (CLD), a journal of the American Association for the Study of Liver Disease, is launching a new series to highlight efforts towards advancing hepatitis B and C elimination globally. This series will provide an opportunity to publish timely reports on real world experience in planning, designing, implementing, and evaluating hepatitis elimination programs or projects. With a greater emphasis on the “how-to” of hepatitis elimination, this series will more readily facilitate sharing of lessons learned and new data across the hepatitis community of practice. Published reports will be featured on the *Clinical Liver Disease* website and the Coalition for Global Hepatitis Elimination website.

### **Clinical Liver Disease**

*Clinical Liver Disease* (CLD) is a digital educational resource published on behalf of the American Association for the Study of Liver Diseases (AASLD). Each issue delivers between eight and fifteen short articles (approximately 800-1000 words, 10 references, and 4-5 graphics), as well as relevant links to other AASLD online educational material. CLD articles are accompanied by podcasts, video interviews, and/or slide sets that help emphasize the key teaching points for a clinical audience, and readers can earn Continuing Medical Education (CME) credits for reading, watching, and listening to the content.

**Objective of this series:** Provide a forum for clinicians, civil society, health authorities, and others to share experiences in hepatitis elimination efforts, including program planning process, program design, implementation strategies, challenges and outcomes

### **General guidance**

These reports can feature descriptions of:

- The elimination planning process, including creating partnerships, analysis of strategic information, mobilization of civil and political support, and budgeting;
- The elimination program design, including objectives, target populations and settings, inclusion of key populations, and financing plan;
- Strategies and outcomes associated with implementation of community or clinic-based interventions to prevent, detect, care for, and treat people living with viral hepatitis, and increase community awareness and/or change policy;
- Changes in prevention and treatment priorities as revealed by program outcomes, public health surveillance or other strategic health information;
- Concise syntheses of systematic reviews to inform program planning and design;

Reports should preferably reflect recent efforts (i.e. within the last 2 years).

Each submission should be 800–1,200 words in length and may contain up to 10 references and 5 graphics.

## Manuscript Organization

- **Title:** No more than 120 characters, not including spaces between words.
- **Author Names:** The full name, email, and institutional affiliation of all authors must be included.
- **Abstract:** No abstract is requested.
- **References:** Number references in the order cited as Arabic numerals in parentheses on the line. Only literature that is published or in press (with the name of the publication known) may be numbered and listed; abstracts and letters to the editor may be cited.
- Use Index Medicus as the style guide for references and other journal abbreviations.
- List all authors up to six, using six and "et al." when the number is greater than seven.
- EndNote is a software product that we recommend to authors to help simplify the process.
- Reports should include referrals to web sites and points of contact for additional information.
- **Figures:** All figures must be in TIFF or EPS format, and have a resolution of at least 300 DPI at full size with no compression.
- Figures should be numbered with Arabic numerals in the order mentioned in the text. Provide a title and sufficient explanation. Explain all abbreviations and symbols. Provide figure legends at the end of the main text. Indicate that permission has been obtained for copyrighted material.

## Submission process

Articles should be submitted to the Coalition for Global Hepatitis Elimination [here](#).

Articles are accepted on a rolling basis.

If accepted for publication, the Coalition will first work with the authors on editorial concerns, if needed, and then transmit the articles to Clinical Liver Disease.

Reports must be submitted in English. Editorial assistance is available for authors whom English is a second language or with little or no experience in report writing. To receive this assistance, fill out this [form](#). Language and writing proficiency will not affect article selection.

There is no publication fee for Clinical Liver Disease. All accepted submissions will be available online at <https://aasldpubs.onlinelibrary.wiley.com/journal/20462484> and [www.globalhep.org](http://www.globalhep.org).

After acceptance of your written article, the Editorial Board will determine the audio/visual format that will best illustrate the educational message. At that time, AASLD staff will attempt to schedule an interview to be taped, podcast to be recorded, etc, that is convenient for you and maintains our production schedule.

**Conflict of Interest**

*Clinical Liver Disease* requires that all authors disclose any potential sources of conflict of interest. Any interest or relationship, financial or otherwise, which might be perceived as influencing an author's objectivity, is considered a potential source of conflict of interest. These must be disclosed when directly relevant or directly related to the work that the authors describe in their manuscript. All conflict of interest (or information specifying the absence of conflict of interest) should be included at submission. The existence of a conflict of interest does not preclude publication in this journal.

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