SPATIAL AND SPATIO-TEMPORAL
EPIDEMIOLOGY

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DESCRIPTION

*Spatial and Spatio-Temporal Epidemiology* is a peer-reviewed scientific journal that provides a home for high quality work which straddles the areas of GIS, epidemiology, exposure science, and spatial statistics. The journal focuses on answering epidemiological questions where spatial and spatio-temporal approaches are appropriate. The methods should help to advance our understanding of infectious and non-infectious diseases in humans.

The journal will also consider applications where health care provision is the focus. Coverage of veterinary topics will be included, and those with direct human health implications are especially welcome. The journal places special emphasis on spatio-temporal aspects of emerging diseases (e.g., avian flu, SARS), development of spatial statistical and computational methods, and novel applications of geospatial technology (e.g., GPS, GIS) for shedding insights on exposure and disease processes.

The journal accepts three different types of submissions:
1. Methods papers that outline new methodology in the areas of GIS, spatial statistics, exposure science, and/or epidemiology;
2. Case Study/Applications papers where recently developed methodology is applied to novel applications with a clear exposure/disease focus; and
3. Short reports where a) they are around 4-8 text pages in length b) they focus on an important novel development and c) the development should be capable of description within the page length. Case Studies progress reports in the form of 'what we have done so far' are not acceptable as Short Reports unless they comply with b) or c) above.

AUDIENCE

Those working in the fields of GIS, epidemiology, health/medical geography, exposure science and spatial statistics.
ABSTRACTING AND INDEXING

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Types of Paper
The journal accepts four different types of submissions:

1. Methods papers that outline new methodology in the areas of GIS, spatial statistics, exposurescience, and/or epidemiology;

2. Case Study/Applications papers where recently developed methodology is applied to novel applications with a clear exposure/disease focus; and

3. Short Reports where a) they are around 4-8 text pages in length b) they focus on an important novel development and c) the development should be capable of description within the page length. Case Studies progress reports in the form of ‘what we have done so far’ are not acceptable as Short Reports unless they comply with b) or c) above.

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Citations may be made directly (or parenthetically). Groups of references can be listed either first alphabetically, then chronologically, or vice versa.

Examples: 'as demonstrated (Allan, 2000a, 2000b, 1999; Allan and Jones, 1999).... Or, as demonstrated (Jones, 1999; Allan, 2000).... Kramer et al. (2010) have recently shown ...'

**List:** References should be arranged first alphabetically and then further sorted chronologically if necessary. More than one reference from the same author(s) in the same year must be identified by the letters 'a', 'b', 'c', etc., placed after the year of publication.

Examples:

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Reference to a book:

Reference to a chapter in an edited book:

Reference to a website:

Reference to a dataset:

Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by "et al." For further details you are referred to "Uniform Requirements for Manuscripts submitted to Biomedical Journals" (J Am Med Assoc 1997;277:927–34) (see also Samples of Formatted References).
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