Submission and reviewer's abstract checklist for intervention studies[a] and outbreak reports

[a] *carried out either to reduce infection or to improve compliance with infection control measures such as hand hygiene, antibiotic prescription or care bundle implementation*

Title	**1.**	Clear statement that this is an intervention study or outbreak report.
Background	**2.**	Rationale for study with clear hypothesis for intervention studies or objective for outbreak reports.
Methods	**3.**	Clear statement of intervention study design[1] or case definition for outbreak report.
	4.	Brief description of setting, participants, and intervention or outbreak control measures with start and stop dates.
	5.	Clearly defined outcomes & denominators at regular time intervals[2], not as totals for each phase (can be in results).
	6.	Statistical analysis accounts for any dependencies in the data (can be in results instead). (Statistical analysis may not be appropriate for outbreak reports).
	7.	Which potential confounders or biases were considered, recorded or adjusted for [3] (can be in results instead)
	8.	Where relevant: details of culture, typing, environmental sampling, and risk factors for acquisition, root cause analysis or organisational risk assessment
Results	**9.**	For the main outcomes: estimated effect size & its precision (usually using 95% C.I.) (A graphical summary is often appropriate for dependent data -such as most time series).
Conclusions	**10.**	For intervention studies: consider in relation to original hypothesis, accounting for potential confounders & biases. For outbreak reports: consider clinical significance of observations and hypothesis to explain them.

[1] e.g. Interrupted Time Series, Cluster or other Randomised Controlled Trial, Cross over, Controlled Before and After intervention, Uncontrolled Before and After Intervention (see explanatory document and www.ccg.cochrane.org/en/newPage1.html for standard terminology.

[2] at least 3 time points per phase and for many two phase studies 12 or more monthly data points

[3] e.g. changes in length of stay, case mix, bed occupancy, staffing levels, hand-hygiene compliance, antibiotic use, strain type, processing of isolates, seasonality, other interventions, incomplete blinding, fidelity to intervention, non standardised outcome assessment