

February 2003
August 2005 (1st Revision)
July 2008 (2nd Revision)
February 2010 (3rd Revision)
December 2012 (4th Revision)
January 2016 (5th Revision)
April 2017 (6th Revision)
September 2018 (7th Revision)
February 2019 (8th edition)
November 2019 (9th edition)
August 2020 (10th edition)
March 2021 (11th edition)

ABOUT THE JOURNAL

Aims and Scope

Infection & Chemotherapy (Infect Chemother) is an international, peer-reviewed, and open-access journal in English, which publishes the current research on issues posed by infectious diseases worldwide. This journal, which is published quarterly (on the last day of March, June, September, and December) in both print and online (<https://icjournal.org>) versions, is the only official publication of the Korean Society of Infectious Diseases (<http://www.ksid.or.kr/>), Korean Society for Antimicrobial Therapy (formerly Korean Society for Chemotherapy) (<http://www.ksat.or.kr/>), and the Korean Society for AIDS (<http://www.kosaids.or.kr/>). It publishes review articles, original articles, brief communications, correspondences, case reports, editorials, and special articles covering an extensive range of clinical descriptions on infectious diseases, public health issues, microbiology including emerging resistance, parasitology and immunity to microbes, current and novel treatments, and the promotion of optimal practices or guidelines for diagnoses and treatments.

As the world continues to shrink as a result of globalization, it is necessary that appropriate communication is maintained among countries for timely sharing of information on infectious diseases. This is an important topic because such diseases tend to have unique biologic features according to the regions in which they develop, and these diseases can easily become niduses that may spread globally at any time. Based on these factors, the aim of this publication is to facilitate communication among societies and countries, enabling the worldwide sharing of information on infectious diseases. The scope of this journal is to link basic and clinical research in the field of infectious diseases, in reference to relevant evidence. The journal continuously attempts to publish current global and regional topics concerning infectious diseases and their diagnoses and managements to create awareness of related issues and link various developing and developed countries.

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RESEARCH AND PUBLICATION ETHICS

Research Ethics including Statement of Human/Animal Rights, Informed Consents, and Institutional Review Board Approval

All of the manuscripts should be prepared in strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (<http://www.councilscienceeditors.org/>), Committee on Publication Ethics (COPE, <https://publicationethics.org/>), International Committee of Medical

Instructions to Authors

Journal Editors (ICMJE, <http://www.icmje.org/>), World Association of Medical Editors (WAME, <http://www.wame.org/>), and the Korean Association of Medical Journal Editors (KAMJE, http://www.kamje.or.kr/intro.php?body=eng_index). Any study including human subjects or human data must be reviewed and approved by a responsible institutional review board (IRB). Copies of written informed consents should be kept for studies on human subjects if not waived. Please refer to the principles embodied in the Declaration of Helsinki of 1964 (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>), revised in 2013, for all investigations involving human materials. Data relating to individual participants must be described in detail, but private information identifying participants need not be included unless the identifiable materials are of relevance to the research (for example, photographs of participants' faces that show a particular symptom). A written informed consent for publication must be obtained from participating patients who can be identified (including by the patients themselves). Patients' initials or other personal identifiers must not appear in any images. For manuscripts that include any case details, personal information, and/or images of patients, authors must obtain signed informed consent from patients (or their relatives/guardians) before submitting to *Infect Chemother*. Patient details must be anonymized as far as possible, *e.g.*, do not mention specific age, ethnicity, or occupation where they are not relevant to the conclusion. You may refer to our [template sample form](#) and provide an appropriate form after consulting with your affiliated institution. Alternatively, you may provide a detailed justification of why informed consent is not necessary. For the purposes of publishing in *Infect Chemother*, a consent, permission, or release form should include unlimited permission for publication in all formats (including print, electronic, and online), in sublicensed and reprinted versions (including translations and derived works), and in other works and products under open access license. To respect patients' and any other individual's privacy, please do not send signed forms. Editor reserves the right to ask authors to provide signed forms if necessary.

Animal experiments also should be reviewed by an appropriate committee (Institutional Animal Care and Use Committee, IACUC) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (Institutional Biosafety Committee, IBC). If necessary, the editor or reviewers of *Infect Chemother* may request copies of these above documents to resolve questions about human and animal rights, IRB approval, informed consents, and study conduct.

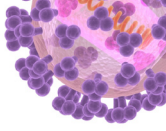
Conflict of Interest

The corresponding author of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the cover letter even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf). The Editor will decide whether the information on the conflict should be included in the published paper. Before publishing such information, the Editor will consult with the corresponding author. In particular, all sources of funding for a study should be explicitly stated. The *Infect Chemother* asks referees to let its Editor know of any conflict of interest before reviewing a particular manuscript. If editor/editorial members were involved in the creation of manuscript that to be submitted to *Infect Chemother*, office request a signed statement from the corresponding author to include their name and information about funding of this person (s). This information should be added to the Acknowledgements or Conflicts of Interest Disclosure section. Also, office require signed statements from any medical writers or editor/editorial members declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgement section.

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- **Employment:** Recent (while engaged in the research project), present or anticipated employment by any organization that may gain or lose financially through this publication.
- **Personal financial interests:** Stocks or shares in companies that may gain or lose financially through publication; consultation fees or other forms of remuneration from organizations that may gain or lose financially; patents or patent applications whose value may be affected by publication.

Authorship

The *Infect Chemother* follows the recommendations for authorship by the ICMJE, 2019 (<http://www.icmje.org/icmje-recommendations.pdf>) and Good Publication Practice Guidelines for Medical Journals 3rd Edition (KAMJE,



2019, https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13&per_page=). Authorship credit should be based on 1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Each author will take responsibility for his or her contribution as presented in the final manuscript and the lead (or corresponding) author will warrant that the final manuscript and authorships accurately reflect the contributions of all individuals who participated substantially in the study. When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Also, the group should identify the individuals who accept direct responsibility for the manuscript if publicly challenged. All members of the group who are named as authors must meet the above authorship criteria. The other members of the group should be listed in the Acknowledgments section. Journals generally list other members of the group in the Acknowledgments. Guest authorship of supervisors, department chairs, and mentors is discouraged. Such supervision and participation should be noted in the Acknowledgments section. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Ghost authorship by individuals such as clinical research associates at pharmaceutical companies, medical writers, marketing and public relations writers who do not meet the authorship criteria but have made substantial contributions to the research, writing, or editing of the manuscript should be named in the Acknowledgments section. Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged. Description of co-first authors or co-corresponding authors is also accepted if the corresponding author believes that such roles existed in contributing to the manuscript. Authors are obliged to participate in peer review process.

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One author is designated the contact author for matters arising from the manuscript (materials requests, technical comments and so on). It is this author's responsibility to inform all co-

authors of matters arising and to ensure such matters are dealt with promptly. Before submission, the corresponding author ensures that all authors are included in the author list, its order agreed upon by all authors, and are aware that the manuscript was submitted. After acceptance for publication, proofs are e-mailed to this corresponding author who should circulate the proof to all co-authors and coordinate corrections among them.

Originality and Duplicate Publication

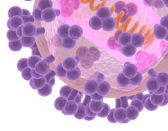
All submitted manuscripts should be original and should not be in consideration by other scientific journals for publication. Any part of the accepted manuscript should not be duplicated in any other scientific journal without permission of the Editorial Board, although the figures and tables can be used freely if the original source is verified according to the Creative Commons Attribution License. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from other journal that is not open access. By submitting your manuscript to *Infect Chemother*, it is understood that this is an original manuscript and is unpublished work not under consideration elsewhere. Plagiarism, including duplicate publication of the author's own work, in whole or in part without proper citation is not tolerated by *Infect Chemother*. Manuscripts submitted to the journal may be checked for originality using anti-plagiarism software. If an attempt at undisclosed duplicate publication is identified, the article will be rejected, the owners of the copyright will be notified, and the violation may be reported to the Editorial Board of *Infect Chemother*, depending on the circumstances. If duplicate publication does occur without the express written permission of the Editor, a notice of the duplication may be published in *Infect Chemother*, and additional steps may be taken at the Editor's discretion.

Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals by ICMJE, available from <http://www.icmje.org/>.

These are:

- The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
- The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.
- The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
- The secondary version faithfully reflects the data and interpretations of the primary version.



Instructions to Authors

- The secondary version informs readers, peers, and documenting agencies that the paper has been published in whole or in part elsewhere - for example, with a note that might read, “This article is based on a study first reported in the [journal title, with full reference]”- and the secondary version cites the primary reference.
- The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the United States National Library of Medicine (NLM) does not consider translations as “republications” and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

Correction and Retraction Process

Content published as Advance Online Publication (AOP) is final and cannot be amended. The online and print versions are both part of the published record hence the original version must be

preserved and changes to the paper should be made as a formal correction. If an error is noticed in an AOP article, a correction should accompany the article when it publishes in print. An HTML (or full-text) version of the correction will also be created and linked to the original article. If the error is found in an article after print publication the correction will be published online and in the next available print issue.

Please note the following categories of corrections to print and online versions of peer reviewed content:

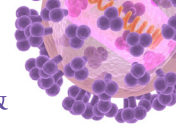
- **Erratum.** Notification of an important error made by the journal that affects the publication record or the scientific integrity of the paper, or the reputation of the authors, or of the journal.
- **Corrigendum.** Notification of an important error made by the author that affects the publication record or the scientific integrity of the paper, or the reputation of the authors or the journal.
- **Retraction.** Notification of invalid results. All co-authors must

ARTICLE TYPE SPECIFICATION

ARTICLE DESCRIPTION	ABSTRACT	WORD LIMIT	TABLES/FIGURES	REFERENCES
Review Article Review articles are usually solicited by the Editor-in-Chief. Authors should contact the Editor-in-Chief in advance to determine the appropriateness of any proposed review. Review topics should be related to clinical aspects of infectious diseases and should reflect trends and progress or a synthesis of data ^{a)} .	Up to 200 words, unstructured	6,500 words (excluding the abstract, reference, and figure/table legends)	Data in the text should not be repeated extensively in tables or figures	100 or less ^{b)}
Original article Report clinically relevant investigations or observations within <i>Infection & Chemotherapy</i> scope of interests.	Up to 400 words, structured using the headings Background, Materials and Methods, Results and Conclusion	5,500 words (excluding the abstract, reference, and figure/table legends)	Data in the text should not be repeated extensively in tables or figures	40 or less
Brief Communication Brief communications are short original research articles on issues important to medical researchers.	Up to 100 words, unstructured	1,500 words	Max of 3	20 or less
Correspondence Letters to the Editor should respond to a recently published article in <i>Infection & Chemotherapy</i> or address an issue of interest to <i>Infection & Chemotherapy</i> readers. Replies will be published in the same issue as the letter, and are invited at the discretion of the Editor.	No abstract required	500 words	Max of 1	10 or less
Case Report Case reports should present unusual aspects of common problems or novel perspectives upon, or solutions to, clinically relevant issues.	Up to 400 words, unstructured	2,000 words (excluding the abstract, reference, and figure/table legends)	Data in the text should not be repeated extensively in tables or figures	20 or less
Editorial Editorials relate to articles published in <i>Infection & Chemotherapy</i> and are invited at the discretion of the Editor.	No abstract required	1,200 words	Max of 1	10 or less
Special Article Special articles are invited with an intention for special introduction of medical issues and any interesting information such as practice guideline.	Up to 200 words, unstructured	6,500 words (excluding the abstract, reference, and figure/table legends)	Data in the text should not be repeated extensively in tables or figures	100 or less ^{b)}

^{a)}Meta-analysis, Systemic review, Literature review, etc. are classified as Original article. Consult the editorial office when reference additions are required.

^{b)}Consult the editorial office when reference and word additions are required.



Instructions to Authors

sign a retraction specifying the error and stating briefly how the conclusions are affected.

Decisions about corrections are made by the Editor (sometimes with peer-reviewers' advice) and this sometimes involves author consultation. Requests to make corrections that do not affect the paper in a significant way or impair the reader's understanding of the contribution (a spelling mistake or grammatical error, for example) are not considered.

In cases where co-authors disagree about a correction, the editors will take advice from independent peer-reviewers and impose the appropriate correction, noting the dissenting author (s) in the text of the published version.

Redundant Publication and Plagiarism

Redundant publication is defined as "reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source (s)". Characteristics of reports that are substantially similar include the following: (a) "at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant publication)," (b) "the subject or study populations are often the same or similar," (c) "the methodology is typically identical or nearly so," and (d) "the results and their interpretation generally vary little, if at all."

When submitting a manuscript, authors should include a letter informing the editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to *Infect Chemother* differs substantially from this other material. If all or part of your patient population was previously reported, this should be mentioned in the Materials and Methods, with citation of the appropriate reference (s).

Infect Chemother use Similarity Check, a plagiarism detection software tool, to identify instances of overlapping and similar text in submitted manuscripts. Similarity Check is a multi-publisher initiative to screen published and submitted content for originality. To find out more about Similarity Check visit <https://www.crossref.org/services/similarity-check/>.

Process to Manage the Research and Publication Misconduct

When *Infect Chemother* faces suspected cases of research and publication misconduct such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated

an author's idea or data, complaints against editors, and other issues, the resolving process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board of *Infect Chemother* will discuss the suspected cases and reach a decision. *Infect Chemother* will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed. For example, if a case of plagiarism comes to light after a paper is published, *Infect Chemother* will conduct a preliminary investigation, utilizing the guidelines of the Committee on Publication Ethics. If plagiarism is proven, *Infect Chemother* will contact the author's institute and funding agencies as appropriate. The paper containing the plagiarism may also be formally retracted or subject to correction.

Obligation to Register Clinical Trial

Clinical trial defined as "any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome" should be registered to the primary registry to be prior publication. *Infect Chemother* accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (<http://www.who.int/ictrp/about/details/en/>), NIH ClinicalTrials.gov (www.clinicaltrials.gov), ISRCTN (www.ISRCTN.org), or the Clinical Research Information Service (CRIS), Korea CDC (<https://cris.nih.go.kr/cris/index.jsp>). The clinical trial registration number shall be published at the end of the abstract.

ARTICLE TYPES

Review Article

Review articles are usually solicited by the Editor-in-Chief. Authors should contact the Editor-in-Chief in advance to determine the appropriateness of any proposed review.

Format guide:

- Word limit: 6,500 words (excluding the abstract)
- References: 100 or less.
- Abstract: Up to 200 words, unstructured
- Tables/Figures: Data in the text should not be repeated extensively in tables or figures
- Consult the editorial office when reference and word additions are required

Original Article

Report clinically relevant investigations or observations within *Infect Chemother* scope of interests.

Format guide:

- Word limit: 5,500 words (excluding the abstract)
- References: 40 or less.
- Abstract: Up to 400 words, structured using the headings Background, Materials and Methods, Results and Conclusion
- Tables/Figures: Data in the text should not be repeated extensively in tables or figures

Brief communication

Brief communications are short original research articles on issues important to medical researchers.

Format guide:

- Word limit: 1,500 words.
- Abstract: Up to 100 words, unstructured
- Tables/Figures: A maximum of 3 figure or table
- References: 20 or less
- No subheadings

Correspondence

Letters to the Editor should respond to a recently published article in *Infect Chemother* or address an issue of interest to *Infect Chemother* readers. Replies will be published in the same issue as the letter, and are invited at the discretion of the Editor.

Format guide:

- Word limit: 500 words
- Tables/Figures: A maximum of 1 figure or table
- References: 10 or less
- No subheadings
- Begin with 'Dear Editor'

Case Report

Case reports should present unusual aspects of common problems or novel perspectives upon, or solutions to, clinically relevant issues.

Format guide:

- Word limit: 2,000 words (excluding the abstract)
- References: 20 or less
- Abstract: Up to 400 words, unstructured
- Tables/Figures: Data in the text should not be repeated extensively in tables or figures

Editorial

Editorials relate to articles published in *Infect Chemother* and are invited at the discretion of the Editor.

Format guide:

- Word limit: 1,200 words
- Tables/Figures: A maximum of 1 figure or table
- References: 10 or less
- Ensure that there is a clear message in the conclusion

Special Article

Special articles are invited with an intention for special introduction of medical issues and any interesting information such as practice guideline.

Format guide:

- Word limit: 6,500 words (excluding the abstract)
- References: 100 or less
- Abstract: Up to 200 words, unstructured
- Tables/Figures: Data in the text should not be repeated extensively in tables or figures
- Consult the editorial office when reference and word additions are required

MANUSCRIPT FORMAT AND STRUCTURE

Please refer to a recent issue of *Infect Chemother* for guidance on style and layout of articles. Also refer to the Article type section for guidance on relevant information for each article type.

File Style, Language and Formats

Every manuscript should be written in English. Medical terminology should be followed by the latest version of Dorland's Illustrated Medical Dictionary (Saunders). Abbreviations should be fully described at first appearance in the text and should be described in parentheses. After that the abbreviation can be used instead of the full term. The first letter of a name, place and a proper noun should be typed in capital letters. Numbers should be in Arabic numerals. Weight and other measurements should be written in the CGS (centimeter-gram-second) system of units. Other units need to be in the International System of Units / le Système international d'unités, SI. Genus/Species name and name of a gene should be typed in italic characters. The word of a Latin origin such as *in vivo*, etc. needs to be typed in italic characters. The spelled-out abbreviation followed by the abbreviation in parentheses should be used on the first mention unless the abbreviation is a standard one. All numbers should be written in Arabic numerals except for in the beginning of a sentence. The preferred format for submitting manuscripts online is Microsoft Office Word (.DOC or .DOCX files). We will also accept WordPerfect (.WPD), and text (.TXT) documents or (.RTF) file format. PDF files are not acceptable for submission. Acceptable file formats for pictures, photos, and figures are PPT,

TIF, PDF, and JPG. It is permissible to send low-resolution images for peer review, but we will ask for high-resolution files later.

File Contents

Manuscript submissions are preferred as a single file, except for figures, which can be uploaded separately. You must also submit a cover letter in a second file, in the same format as your main file.

Manuscript Preparation

Manuscripts should be double-spaced throughout, including the references and the table and figure legends. All pages, except for the figures, should be numbered at the bottom center of the page, with the title page as page 1, and number lines continuously. The recommended layout is as follows: title page, abstract and key words, text (in case of original article, introduction, materials and methods, results, and discussion), funding disclosure, conflicts of interest disclosure, acknowledgments, Open Researcher and Contributor ID (ORCID), authors' contributions, appendix, supplementary materials, references, tables, figure legends. Graphic files are included separately.

The manuscript should be prepared according to the "ICMJE Recommendations for the Conducts, Reporting, and Publication of Scholarly Work in Medical Journals" (2019) (<http://www.icmje.org>). In addition to the ICMJE recommendation, a number of reporting guidelines have been developed by groups of experts to facilitate reporting of research studies or clinical trials (<http://www.equator-network.org/library/>). For reporting of randomized controlled trials, Infect Chemother requires compliance with the statement of CONSORT (<http://www.consort-statement.org/>) and the ICMJE Statement on Data Sharing (<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>).

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- Abstract and keywords
- Text (in case of original article, introduction, materials and methods, results, and discussion)
- Funding disclosure
- Conflicts of interest disclosure
- Acknowledgements
- ORCID
- Authors' contributions
- Appendix
- Supplementary materials
- References
- Tables
- Figure Legends

Title Page

All manuscripts, including Correspondence, should have a title page that includes the following information:

1. A concise, informative title. It is recommended to be less than 150 characters
2. The names and affiliations of all authors.
3. A running title of less than 50 characters.
4. The complete contact information for the corresponding author.

Title should be concise and precise. Title should provide a reasonable indication of the contents of paper. Avoid the main title/subtitle arrangement, complete sentences, and unnecessary article.

The title should be written in small characters except the first word's first character. Avoid abbreviations in the title of the manuscript. Name of authors should be described fully without abbreviation. In author name listing, any title of degree or professions such as M.D. or Ph.D. should not be added. Differentiation of the authors' affiliation can be done with superscript Arabic character numerals - such as 1, 2, 3- after the author's name and before the address of their affiliation. Address of affiliation should comprise at least the institute, city, and country. The corresponding author has full responsibility on the manuscript's exactness, and this author's full name, academic degrees, mailing address (institutional affiliation, city, zip code, and country), telephone number, fax number, and e-mail address should be described.

Abstract and Keywords

The second file of the manuscript should contain the Abstract. Please refer to the Article Type for Abstract formats. The Abstract should be comprehensible to readers before they have read the paper and should not contain reference citations.

Original article abstract must be organized and formatted according to the following headings: (1) Background; (2) Materials and Methods; (3) Results; and (4) Conclusion.

It is not necessary to have a fully structured abstract for Review article, Brief communications, Case reports, and Special article. Up to five key words should be listed at the end of the abstract to be used as index terms. For the selection of key words, refer to Medical Subject Headings (MeSH) in PubMed, or at the internet site, <http://www.nlm.nih.gov/mesh/MBrowser.html>.

Text

Authors are encouraged to follow the Uniform Requirements

for Manuscripts Submitted to Biomedical Journals. They should strive for a concise article without excessive detail (word limits are specified under Categories of Articles). All but the shortest articles should have subheadings.

Introduction

It provides a brief research background and specific purpose or objectives for the research. The hypothesis tested can be stated. It is recommended that the introduction includes ‘general and specific background’, ‘debating issue’, and ‘specific purpose of this study’.

Materials and Methods

The explanation of the experimental methods should be concise and sufficient for repetition by other qualified investigators. Procedures that have been published previously do not need to be described in detail. However, new or significant modifications of previously published procedures need full descriptions. Clinical studies or experiments using laboratory animals or pathogens should mention approval of the studies by relevant committees in this section (examples as bellows). If there is no IRB or IACUC approval, it should be discussed with the editor during the review process. The sources of special chemicals, preparations, or programs should be given along with their location (name of manufacturing company, city and state, and country). Method of statistical analyses and the criteria for determining significance levels should be described. If the reviewers want to analyze the data to confirm the results, the raw data may be provided to the editorial office.

(Example for clinical study)

The study protocol was reviewed and approved by the AAA University Hospital Institutional Review Board (Approval No. AUHRIB 2019-01-001). The need for patient consent was waived due to the retrospective nature of the study, but the consents were obtained from patients whose photographs were taken.

(Example for animal study)

All animal experiments and animal care were carried out in accordance with the criteria of the Laboratory Animals Welfare Act, the Guide for the Care and Use of Laboratory Animals, and the Guidelines and Policies for Rodent Survival Surgery provided by the Institutional Animal Care and Use Committee (IACUC) of the College of Medicine, BBB University (Approval No. BUMC-12345).

(Example for clinical trials)

The study was conducted in accordance with the International Conference on Harmonization Good Clinical Practice Guide-

lines and ethical principles originating in or derived from the Declaration of Helsinki, approved by the appropriate institutional review boards, and registered on ClinicalTrials.gov (primary study: NCT00000009). Manuscripts reporting interventional clinical trial should include data sharing plan following the ICMJE statement by referring to the ICMJE Statement on Data Sharing (<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration>).

(Description of participants)

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

Results

It should be described logically according to the Materials and methods section. Tables and figures are recommended to present the results more rapidly and easily. Do not duplicate the content of a table or a figure with in the Results section. Briefly describe the core results related to the conclusion in the text when data are provided in tables or in figures. Supplementary results can be placed in the Appendix.

Discussion

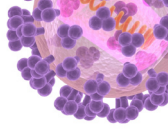
The data should be interpreted concisely without repeating materials already presented in the results section. Summary or conclusion should be included at the end of this section. We recommend authors to describe clinical or biomedical significance of the study. Speculation is permitted, but it must be clearly supported by results presented in the study or literature published. Please do not repeatedly mention the results of previous relevant studies, but mention any differences or concordances. Emphasize the core findings and the conclusions drawn from them with the best available evidence.

Funding Disclosure

Details of all funding sources for the work in question should be given in a separate section entitled “Funding.” This should appear before the “Acknowledgment” section.

The following rules should be followed:

- The sentence should begin: “This work was supported by ...”
- The full official funding agency name should be given, i.e. “the



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Acknowledgments

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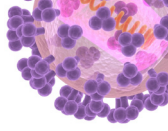
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Examples of authors’ contributions are as follow:

- Conceptualization: JYS, JHY, ARC.



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- Formal analysis: BWY, COK.
- Funding acquisition: JHY, ARC.
- Investigation: JHY, ARC, COK.
- Methodology: COK, AI, AKA, EH.
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- Validation: JHB, SWP.
- Visualization: SWP.
- Writing - original draft: JHB, SWP.
- Writing - review & editing: BWY, COK, AI, AKA, EH.

Appendix

If any materials are not enough to be included in the main text such as questionnaires, they can be listed in the Appendix.

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hospital deaths. *Arch Intern Med* 1995;155:1177-84.

- Centers for Disease Control and Prevention (CDC). Revised classification system for HIV infection in children less than 13 years of age. *MMWR Morb Mortal Wkly Rep* 1994;43:1-10.
- Chen SA. AF News. *J Cardiovasc Electrophysiol* 2016 [Epub ahead of print]
- Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994;102 (Suppl 1):S275-82.

Books

- Seah AI, Hornick RB. Principles and Practice of Infectious Diseases. 2nd ed. New York: Wiley Medical; 1985;1094
- Phillips SJ, Whisnant JP. Hypertension and stroke. In: Laragh JH, Brenner BM, eds. Hypertension: pathophysiology, diagnosis, and management. 2nd ed. New York: Raven Press; 1995;465-78.

Website

- Public Health Service Task Force. Recommendations for the use of antiretroviral drugs in pregnant HIV-1 infected women for maternal health and interventions to reduce perinatal HIV-1 transmission in the United States. Available at: <http://www.aidsinfo.nih.org>. Accessed 24 April 2002.

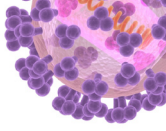
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Figure Legends

These should be on a separate, numbered manuscript sheet. Define all symbols and abbreviations used in the figure. Figures and legends should be intelligible without reading the text of the manuscript.



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Nomenclature

Infect Chemother attempts to use the latest widely accepted nomenclature. See Bergey's Manual of Determinative Bacteriology (9th ed., revised, Williams & Wilkins, 1994) and Enzyme Nomenclature: Recommendations of the Nomenclature Committee of the International Union of Biochemistry and Molecular Biology on the Nomenclature and Classification of Enzymes (Academic Press, 1992). Formal terms for virus families, genera, and species should be those approved by the International Committee on Taxonomy of Viruses; see Virus Taxonomy—The Classification and Nomenclature of Viruses: Seventh Report of the International Committee on Taxonomy of Viruses (Academic Press, 2000). This volume also includes standard abbreviations for virus species. For names and abbreviations of chemical compounds, refer to the Merck Index (13th ed., Merck, 2001). The Editors appreciate the assistance of authors and readers who inform them of changes in nomenclature.

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Drugs and pharmaceutical agents. Should an author decide to abbreviate the names of antimicrobial agents in a manuscript, the following standard abbreviations are strongly recommended.

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(i) Antibacterial agents. Use the indicated abbreviations for the following antibacterial agents.

amikacin	AMK
amoxicillin	AMX
amoxicillin-clavulanic acid	AMC
ampicillin	AMP
ampicillin-sulbactam	SAM
arbekacin	ABK
azithromycin	AZM
azlocillin	AZL
aztreonam	ATM
bedaquiline	BDQ
capreomycin	CPM
carbenicillin	CAR
cefaclor	CEC
cefadroxil	CFR
cefamandole	FAM
cefazolin	CFZ
cefdinir	CDR
cefditoren	CDN
cefepime	FEP
cefetamet	FET
cefiderocol	FDC
cefixime	CFM

Instructions to Authors

cefmetazole	CMZ	linezolid	LZD
cefonicid	CID	lomefloxacin	LOM
cefoperazone	CFP	meropenem	MEM
cefoperazone/sulbactam	SCF	meropenem-vaborbactam	MVB
cefotaxime	CTX	methicillin	MET
cefotetan	CTT	metronidazole	MDZ
cefoxitin	FOX	minocycline	MIN
cefpodoxime	CPD	moxifloxacin	MXF
cefprozil	CPR	nafcillin	NAF
ceftaroline	CPT	nalidixic acid	NAL
ceftazidime	CAZ	netilmicin	NET
ceftazidime-avibactam	CZA	nitrofurantoin	NIT
ceftibuten	CTB	norfloxacin	NOR
ceftizoxime	ZOX	ofloxacin	OFX
ceftolozane-tazobactam	C/T	oritavancin	ORI
ceftriaxone	CRO	oxacillin	OXA
cefuroxime (axetil or sodium)	CXM	p-aminosalicylic acid	PAS
cephalexin	LEX	penicillin	PEN
cephalothin	CEF	piperacillin	PIP
cephapirin	HAP	piperacillin-tazobactam	TZP
cephradine	RAD	plazomicin	PLZ
chloramphenicol	CHL	polymyxin B	PMB
ciprofloxacin	CIP	prothionamide	PTH
clarithromycin	CLR	pyrazinamide	PZA
clindamycin	CLI	rifabutin	RFB
clofazimine	CLO	rifampin (rifampicin)	RIF
colistin	CST	rifamycin	RF
cycloserine	CCS	rifapentin	RFP
dalbavancin	DAL	streptomycin	STR
daptomycin	DAP	tedizolid	TZD
dirithromycin	DTM	teicoplanin	TEC
doripenem	DOR	telavancin	TLV
doxycycline	DOX	telithromycin	TEL
eravacycline	ERV	tetracycline	TET
ertapenem	ETP	ticarcillin	TIC
erythromycin	ERY	ticarcillin-clavulanic acid	TIM
ethambutol	ETB	tigecycline	TGC
ethionamide	EA	tobramycin	TOB
fosfomicin	FOF	trimethoprim-sulfamethoxazole	TMP/SMX
fusidic acid	FA	vancomycin	VAN
gatifloxacin	GAT		
gemifloxacin	GEM	(ii) Antifungal agents. Use the indicated abbreviations for the following antifungal agents.	
gentamicin	GEN		
imipenem	IPM		
imipenem-relebactam	I-R	amphotericin B deoxycholate	AMB
isoniazid	INH	anidulafungin	ANF
kanamycin	KAN	caspofungin	CAF
levofloxacin	LVX	clotrimazole	CLT

fluconazole	FLC
flucytosine	5FC
isavuconazole	ISA
itraconazole	ITC
ketoconazole	KTC
liposomal amphotericin B	LAB
miconazole	MIF
nystatin	NYT
posaconazole	PSC
terbinafine	TRB
voriconazole	VRC

(iii) Antiviral agents. Use the indicated abbreviations for the following antiviral agents.

abacavir	ABC
acyclovir	ACV
adefovir	ADV
asunaprevir	APV
atazanavir	ATV
bictegravir	BIC
boceprevir	BOC
cidofovir	CDV
cobicistat	COBI
daclatasvir	DCV
darunavir	DRV
dasabuvir	DAS
didanosine	ddI
dolutegravir	DTG
efavirenz	EFV
elbasvir	EBR
elvitegravir	EVG
emtricitabine	FTC
enfuvirtide	T20
entecavir	ETV
etravirine	ETR
famciclovir	FCV
foscarnet	FOS
ganciclovir	GCV
grazoprevir	GZR
indinavir	IDV
lamivudine	3TC
letermovir	LMV
lopinavir	LPV
maraviroc	MVC
nelfinavir	NFV
nevirapine	NVP
ombitasvir	OBV
oseltamivir	OTV

paritaprevir	PTV
peramivir	PRV
raltegravir	RAL
ribavirin	RBV
rilpivirine	RPV
ritonavir	RTV
ritonavir-boosted atazanavir	ATV/r
ritonavir-boosted darunavir	DRV/r
ritonavir-boosted lopinavir	LPV/r
sofosbuvir	SOF
stavudine	d4T
tenofovir alafenamide	TAF
tenofovir disoproxil fumarate	TDF
valaciclovir	VACV
valganciclovir	VGCV
velpatasvir	VEL
zanamivir	ZAN
zidovudine	ZDV

(iv) Others. Use the indicated abbreviations for the following others.

albendazole	ADZ
artemether	AMET
artemisinin	AMS
artesunate	AS
atovaquone	AT
atovaquone/proguanil	AT/PGU
chloroquine	CQ
mebendazole	MBDZ
mefloquine	MQ
nitazoxamide	NTZX
paromomycin	PRM
pentamidine	PTMD
praziquantel	PZQT
primaquine	PQ
pyrimethamine	PM
quinine	QN
tinidazole	TDZ

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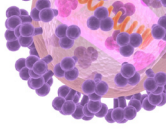
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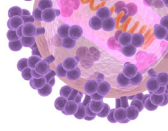
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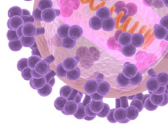
PROCESS AFTER ACCEPTANCE AND FEEDBACK AFTER PUBLICATION

Process after Acceptance

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7:1051-1053 (http://crossmark.crossref.org/dialog/?doi=10.3346/jkms.2017.32.7.1051&domain=pdf&date_stamp=2017-06-05).

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Infect Chemother is mainly supported by the publishers, the Korean Society of Infectious Diseases, Korean Society for Antimicrobial Therapy, and the Korean Society for AIDS. This journal is also supported by the Korean Federation of Science and Technology Societies Grant funded by the Korean Government (MEST).

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