

Infection & Chemotherapy

Manuscript Preparation Instructions

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)

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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 on-line (<http://www.icjournal.org>) versions, is the only official publication of the Korean Society of Infectious Diseases and Korean Society for Chemotherapy. 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.

Journal Details

Editor-in-Chief, Dong-Gun Lee

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KoMCI

ARTICLE TYPE SPECIFICATIONS

| ARTICLE DESCRIPTION | ABSTRACT | WORD LIMIT | TABLES/FIGURES | REFERENCES |
|---|--|---|--|-------------|
| <p>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.</p> | 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 |
| <p>Original article Report clinically relevant investigations or observations within <i>Infection & Chemotherapy</i> scope of interests.</p> | 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 |
| <p>Brief Communication Brief communications are short original research articles on issues important to medical researchers.</p> | Up to 100 words, unstructured | 1,500 words | Max of 3 | 20 or less |
| <p>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.</p> | No abstract required | 500 words | Max of 1 | 10 or less |
| <p>Case Report Case reports should present unusual aspects of common problems or novel perspectives upon, or solutions to, clinically relevant issues.</p> | 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 |
| <p>Editorial Editorials relate to articles published in <i>Infection & Chemotherapy</i> and are invited at the discretion of the Editor.</p> | No abstract required | 1,200 words | Max of 1 | 10 or less |
| <p>Special Article Special articles are invited with an intention for special introduction of medical issues and any interesting information such as practice guideline.</p> | 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 |

SUBMISSION

Please read these instructions carefully and follow them closely to ensure that the review and publication of your paper is as efficient and quick as possible. The Editors reserve the right to return manuscripts that are not in accordance with these instructions.

All material to be considered for publication in *Infect Chemother* should be submitted in electronic form via the journal's online submission system at <http://submit.icjournal.org>.

Cover Letter

The cover letter must include the completed contact information [addresses, telephone and fax numbers, and e-mail] for the corresponding author. The letter should warrant that all authors have seen and approved the manuscript, contributed significantly to the work, and also that the manuscript has not been previously published nor is not being considered for publication elsewhere.

Related Manuscripts

A copy should be included of any closely related manuscript submitted to or published in *Infect Chemother* or elsewhere, as noted in the journal's Duplicate Publication Policy.

Permissions

Written permission should be obtained to adapt a part of or reprint an entire table, graph, or illustration that has been previously published. Authors are responsible for obtaining permission from the copyright holder to use copyrighted material prior to submission, and are responsible for paying any associated fees.

EDITORIAL AND PEER REVIEW PROCESS

Infect Chemother reviews all manuscripts received. A manuscript is first reviewed for its format and then sent to the most relevant investigators available for review of the contents. The editor selects peer referees by recommendation of the Editorial Board members or from the Board's specialist database. In addition, if deemed necessary, a review of statistics may be requested. Authors' names and affiliations are removed during peer review, and also the authors realize that the identities of the reviewers are kept confidential.

Acceptance of the manuscript is decided based on the critiques and recommended decision of the referees. A referee may recommend "Accept without revision", "Accept with minor revision", "Major revision", or "Reject". If there is a marked discrepancy in the decisions

between two referees or between the opinions of the author and referee (s), the Editor may send the manuscript to another referee for additional comments and a recommended decision. Three repeated decisions of "review again after revision" are regarded as a "rejection". The reviewed manuscripts are returned back to the corresponding author with comments and recommended revisions. Names and decisions of the referees are masked. A final decision on acceptance for publication or rejection for publication is forwarded to the corresponding author from the Editorial Office.

The usual reasons for rejection are topics that are too specific and target an audience that is too limited, insufficient originality, serious scientific flaws, poor quality of illustrations, or absence of a message that might be important to readers. Rarity of a disease condition is itself not an acceptable justification for a case report. The peer review process takes usually four to eight weeks after the manuscript submission.

Revisions are usually requested to take account of criticisms and comments made by referees. The revised manuscript should be resubmitted via the web system. Failure to resubmit the revised manuscript within 2 months without any notice from the corresponding author is regarded as a withdrawal. The corresponding author must indicate clearly what alterations have been made in response to the referee's comments point by point. Acceptable reasons should be given for non-compliance with any recommendation of the referees.

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 infor-

mation 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 Formats

The preferred format for submitting manuscripts online is Microsoft Word (.doc files). PDF files are not acceptable for submission.

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 in the lower right-hand corner of the page, with the title page as page 1. All line numbers should be written in Arabic numerals continuously from the beginning in the abstract. The recommended layout is as follows: title page, abstract, text, acknowledgments, references, tables, figure legends.

The manuscript should be prepared according to the "ICMJE Recommendations for the Conducts, Reporting, and Publication of Scholarly Work in Medical Journals" (2016) (<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>).

- **Title page**
- **Abstract**
- **Key words**
- **Text**
- **Funding**
- **Acknowledgements**
- **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.

Any changes of address may be given next to the Affiliations or in the Acknowledgments. Any deletions or additions to the author list after submission of the paper must be submitted in writing, and signed by all authors.

Abstract

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.

Key words

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) at <http://www.nlm.nih.gov/mesh/MBrowser.html>.

Text

Authors are encouraged to follow the Uniform Require-

ments 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.

Funding

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 National Cancer Institute at the National Institutes of Health" or simply "National Institutes of Health" not "NCI" (one of the 27 subinstitutions) or "NCI at NIH."
- Grant numbers should be complete and accurate and provided in brackets as follows: "[grant number ABX CDXXXXXX]"
- Multiple grant numbers should be separated by a comma as follows: "[grant numbers ABX CDXXXXXX, EFX GHXXXXXX]"
- Agencies should be separated by a semi-colon (plus "and" before the last funding agency)
- Where individuals need to be specified for certain sources of funding the following text should be added after the relevant agency or grant number "to [author initials]."

An example is given here: "This work was supported by Korea Centers for Diseases Control and Prevention".

Acknowledgement

Personal acknowledgment should precede those of institutions of agencies. Any substantial assistance in preparing the manuscript—for example, in data retrieval or statistical analysis—other than by an author should be stated.

Please note that acknowledgment of funding bodies and declarations regarding conflicts of interest should be given in separate Funding and Conflicts of Interest sections, respectively.

References

Names of journals are abbreviated according to the List of Journals Indexed for Medline. Titles of journals not listed in Medline should be spelled out in full. References should be numbered consecutively as they appear in the text, with the numbers in brackets on the text line (*e.g.*, [3, 7–9, 57]). Reference to a doctoral dissertation should include the author, title, institution, location, year, and publication information, if published. For online resources, a URL and date accessed should be included. Accuracy of references

is the responsibility of the authors.

The citation of journals, books, multi-author books, and articles published online should conform to the following examples:

Journals

- Pittet D, Wenzel RP. Nosocomial bloodstream infections: secular trends in rates, mortality, and contribution to total 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.

Tables

All tables should be on separate pages and accompanied by a title, and footnotes where necessary. The tables should be numbered consecutively using Arabic numerals. Units in which results are expressed should be given in parentheses at the top of each column and not repeated in each line of the table. Ditto signs are not used. Avoid overcrowding the tables and excessive words. The format of tables should be in keeping with that normally used by the journal; in particular, vertical lines, colored texts, and shading should not be used. Be certain that the data given in tables are correct.

In a footnote to the table, all abbreviations used should be defined, unless otherwise defined in the text, excluding units of measure. Footnotes and accompanying explanatory material should be kept to a minimum. Foot-

notes should be placed below the table and designated by superscript lowercase letters (listed in order of location when the table is read horizontally). Each column must have a heading describing the data below, and units of measure must be clearly indicated for all data.

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.

MANUSCRIPT DETAILS

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.

Human Genetic Nomenclature and Notation

For human genes, use genetic notation and symbols approved by the Human Gene Mapping Workshop (see Wain HM, Bruford EA, Lovering RC, Lush MJ, Wright MW, Povey S. *Guidelines for human gene nomenclature*. *Genomics* 2002; 79:464-70). Human gene names and loci should be written in italicized capital letters and Arabic numerals. Human protein product names are not italicized. For human mutation nomenclature, see Antonarakis *et al.* (Recommendations for a nomenclature system for human gene mutations. *Hum Mutat* 1998; 11:1-3).

Human Single-Nucleotide Polymorphisms (SNPs)

For human genes, newly described SNPs should be submitted to an appropriate database, such as dbSNP (<http://www.ncbi.nlm.nih.gov/SNP/>), prior to submission of the revised manuscript. The identification numbers of previously recognized SNPs (rs numbers) or recently

submitted SNPs (ss numbers) should be provided in the manuscript, if the number of SNPs is small, or submitted as supplemental online material, if the number is large.

Statistical analysis

The statistical analyses used should be identified both in the text and in all tables and figures where the results of statistical comparison are shown.

Units of measurement

The use of SI units is encouraged. All data should be expressed in metric units. Temperature should be expressed in degrees Celsius.

Abbreviations

Non-standard abbreviations should be kept to a minimum. They should be defined at the first occurrence and introduced only where multiple use is made.

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.

Please check the website (<http://www.ksac.or.kr/medical/sub05.html>) for more details, and refer to the previous version of the website for abbreviations that are not included in the third version.

(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 |
| capreomycin | CPM |
| carbenicillin | CAR |
| cefaclor | CEC |
| cefadroxil | CFR |
| cefoperazone/sulbactam | SCF |
| cefamandole | FAM |
| cefazolin | CFZ |
| cefdinir | CDR |
| cefditoren | CDN |
| cefepime | FEP |
| cefetamet | FET |
| cefixime | CFM |
| cefmetazole | CMZ |
| cefonicid | CID |
| cefoperazone | CFP |

| | |
|-------------------------------|-----|
| cefotaxime | CTX |
| cefotetan | CTT |
| cefoxitin | FOX |
| cefpodoxime | CPD |
| cefprozil | CPR |
| ceftazidime | CAZ |
| ceftibuten | CTB |
| ceftizoxime | ZOX |
| ceftriaxone | CRO |
| cefuroxime (axetil or sodium) | CXM |
| cephalexin | LEX |
| cephalothin | CEF |
| cephapirin | HAP |
| cephradine | RAD |
| chloramphenicol | CHL |
| ciprofloxacin | CIP |
| clarithromycin | CLR |
| clinafloxacin | CLX |
| clindamycin | CLI |
| colistin | CST |
| cycloserine | CCS |
| daptomycin | DAP |
| dirithromycin | DTM |
| doxycycline | DOX |
| erythromycin | ERY |
| ethambutol | ETB |
| ethionamide | EA |
| fosfomycin | FOF |
| gemifloxacin | GEM |
| gentamicin | GEN |
| imipenem | IPM |
| isoniazid | INH |
| kanamycin | KAN |
| levofloxacin | LVX |
| linezolid | LZD |
| lomefloxacin | LOM |
| meropenem | MEM |
| methicillin | MET |
| metronidazole | MDZ |
| minocycline | MIN |
| moxifloxacin | MXF |
| nafcillin | NAF |
| nalidixic acid | NAL |
| netilmicin | NET |
| nitrofurantoin | NIT |
| norfloxacin | NOR |
| ofloxacin | OFX |
| oritavancin | ORI |
| oxacillin | OXA |
| p-aminosalicylic acid | PAS |
| penicillin | PEN |
| piperacillin | PIP |
| piperacillin-tazobactam | TZP |

| | |
|-------------------------------|---------|
| polymyxin B | PMB |
| prothionamide | PTH |
| oyrazinamide | PZA |
| rifabutin | RFB |
| rifampin (rifampicin) | RIF |
| rifamycin | RF |
| rifapentin | RFP |
| streptomycin | STR |
| teicoplanin | TEC |
| telithromycin | TEL |
| tetracycline | TET |
| ticarcillin | TIC |
| ticarcillin-clavulanic acid | TIM |
| tigecycline | TGC |
| tobramycin | TOB |
| trimethoprim-sulfamethoxazole | TMP/SMX |
| vancomycin | VAN |

(ii) **Antifungal agents.** Use the indicated abbreviations for the following antifungal agents.

| | |
|-----------------------------|-----|
| amphotericin B deoxycholate | AMB |
| anidulafungin | ANF |
| caspofungin | CAF |
| clotrimazole | CLT |
| fluconazole | FLC |
| flucytosine | 5FC |
| itraconazole | ITC |
| ketoconazole | KTC |
| liposomal amphotericin B | LAB |
| micafungin | 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 |
| atazanavir | ATV |
| cidofovir | CDV |
| cobicistat | COBI |
| darunavir | DRV |
| didanosine | ddI |
| dolutegravir | DTG |
| efavirenz | EFV |
| elvitegravir | EVG |
| emtricitabine | FTC |
| enfuvirtide | T20 |
| entecavir | ETV |
| etravirine | ETR |

| | |
|-------------------------------|-------|
| famciclovir | FCV |
| foscarnet | FOS |
| ganciclovir | GCV |
| indinavir | IDV |
| lamivudine | 3TC |
| lopinavir | LPV |
| maraviroc | MVC |
| nelfinavir | NFV |
| nevirapine | NVP |
| raltegravir | RAL |
| ribavirin | RBV |
| rilpivirine | RPV |
| ritonavir | RTV |
| ritonavir-boosted atazanavir | ATV/r |
| ritonavir-boosted darunavir | DRV/r |
| ritonavir-boosted lopinavir | LPV/r |
| ritonavir-boosted tipranavir | TPV/r |
| stavudine | d4T |
| tenofovir disoproxil fumarate | TDF |
| tipranavir | TPV |
| valaciclovir | VACV |
| valganciclovir | VGCV |
| 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 |

JOURNAL COPYEDITING STYLE

Authors are referred to the *AMA Manual of Style: A Guide for Authors and Editors* (10th ed., Oxford University Press, 2007) and the *Chicago Manual of Style* (16th ed., University of Chicago Press, 2010). For commercially obtained products mentioned in the text, the full names of manufacturers should be listed. Generic names of drugs and other chemical compounds should be used.

FIGURES AND ILLUSTRATIONS

Figures should also be numbered in the order of mention in the text and should appear at the end of the manuscript and references. Figures will not be relettered by the publisher. The journal reserves the right to reduce the size of illustrative material.

Formatting

Multipart figures should be submitted as a single file, with panels labeled within the image, rather than as multiple files. Letters, numbers, and symbols should be clear and of sufficient size to be legible when the figures are reduced. Photomicrographs should have internal scale markers. If the manuscript is accepted, the author will be required to supply high resolution figure files for production.

Save figure files in TIFF or EPS format, using CMYK colors, with fonts embedded. When creating figures, please make sure any embedded text is large enough to read. If figures contain miniscule characters such as numbers on a chart or graph, they will most likely be illegible in the final version.

For useful information on preparing your figures for publication, go to <http://cpc.cadmus.com/da>.

Halftone Illustrations, Photographs

Any photomicrographs, electron micrographs, or radiographs must be of high quality with respect to detail, contrast, and fineness of grain to withstand the inevitable loss of contrast and detail inherent in the printing process. Wherever possible, photographs should fit within the print area or within a column width. Photomicrographs should provide details of staining technique and a scale bar. Patients shown in photographs should have their identity concealed or should have given their written consent to publication. Please indicate the magnification by a bar on the photograph. Minimum resolutions are 300 d.p.i for color or tone images.

Line Drawings

All line drawings should have clear and sharp lines. No additional artwork, redrawing, or typesetting will be done. Therefore, all labeling should be done on the original line drawing. Faint shading and stippling could be lost upon reproduction and should be avoided. Line drawings must have a resolution of at least 600 d.p.i. at their final size.

Color Illustrations

Authors are required to pay the full cost of reproduction of color figures. For details see *Infect Chemother* charges. If you require color reproduction of figures in the print journal you will be asked to approve the cost.

An invoice will be issued at the time of publication.

Infect Chemother also offers free reproduction of color figures in the online version (figures in the print version will appear in black and white). Figure captions must be suitable worded to apply to both the print and online versions of the article.

HOW TO SUBMIT

Online Submission

We only accept manuscript submission via our online manuscript submission system (<http://submit.icjournal.org>). Before submitting a manuscript, authors are encouraged to consult both our Editorial Policies and the Manuscript Preparation Instruction for our online manuscript submission system. If you have not already done so, please register for an account with our online manuscript system. You will be able to monitor the status of your manuscript online throughout the editorial process.

Submission of Revisions

Authors submitting a revised manuscript after review are asked to include the following:

- (1) A rebuttal letter, indicating point-by-point how you have addressed the comments raised by the reviewers. If you disagree with any of the points raised, please provide adequate justification in your letter.
- (2) A marked-up version of the manuscript that highlights changes made in response to the reviewers' comments in order to aid the Editors and reviewers.

AUTHOR'S MANUSCRIPT CHECKLIST

Original article

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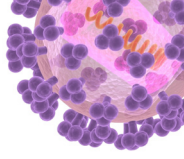
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