

# infectio

REVISTA DE LA ASOCIACIÓN  
COLOMBIANA DE INFECTOLOGÍA

## INFORMATION FOR AUTHORS

*Updated in June 2022*

The journal **Infectio** is the official scientific publication of the Colombian Association of Infectious Diseases (*Asociación Colombiana de Infectología*) (ACIN). It publishes four issues per year with articles related to the specialty, in areas of clinical, pharmacological or microbiological research. All the manuscripts are assessed by the Journal Editorial Committee after receiving the evaluations of two external reviewers who assess the articles in the form of a blind peer review. It regularly includes Original Articles on the previously mentioned aspects, Reviews, Editorials and Letters to the Editor. Refusal rate of manuscripts is of 70% and the mean time between submission and final editorial decision is of 5 weeks.

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## Specific guidelines for each section

**Original Articles:** These are works on clinical or experimental research, in pharmacology, etiology, physiopathology, anatomopathological, zoonosis, epidemiology, diagnosis, treatment, clinical guidelines and expert's consensus in human infectious diseases that may be considered of use and interest by our scientific community. The maximum recommended length of the text will be 3.000 words in pages DIN-A4, without including the Abstract and Keywords and up to a maximum of 50 literature references. Up to 6 figures or tables will also be allowed. For the preparation of controlled clinical trials, the CONSORT guidelines must be followed (JAMA. 1996;276:637-9). Available at: <http://www.consort-statement.org/>. Original articles should be structured in subsections: Introduction, **Material and method, Results Discussion and References**. If human subjects were included a statement about how informed consent was obtained should be included. Clinical guidelines can have a greater number of pages and should follow the recommendation of NICE organization <http://www.nice.org.uk/guidelinesmanual> or from the Colombia Minister of Health:

<http://www.minsalud.gov.co/salud/Documents/Gu%C3%ADa%20Metodol%C3%B3gica%20para%20la%20elaboraci%C3%B3n%20de%20gu%C3%ADas.pdf>

Expert's consensus can be justified if not enough evidence on a topic is available and can follow the recommendations of the *American Journal of Managed Care*:

<http://www.ajmc.com/publications/issue/1998/1998-07-vol4-n7/Jul98-1122p1023-1029/>

For guidelines and expert's consensus abstracts should be of 200 words unstructured and a maximal length of 10.000 words and up to 10 tables and 10 figures. It should have a maximum of 100 references. If required greater number of words or tables or figures authors should consult the Editor in Chief.

**Reviews:** Contributions will be included which give a complete update on any topic of interest on infectious diseases and could be invited or unsolicited; any person interested in contributing to this section should contact any member of the Editorial Committee beforehand. Reviews should descri-

be literature search strategy, including search terms, period of inclusion and criteria for articles selection. Metanalysis on interventions should follow the Cochrane collaboration recommendations:

<http://methods.cochrane.org/sites/methods.cochrane.org/files/MECIR%20Reporting%20standards%201.0.pdf>

Reviews will have a maximum of 5.000 words in DIN-A4 pages of text, without including the corresponding Abstract of 150 words and Key Words, and up to a maximum of 80 literature references. Up to 6 figures or tables will also be allowed in the text.

**Clinical cases reports:** Report of unusual cases or report of adverse events, related to human infectious diseases. Abstract of 150 words unstructured, maximum length of 1.500 words and with subsections: Introduction, case description and discussion. Up to 10 references and one table or figure will be allowed.

**Letters to the Editor:** This section will contain objections and comments on articles published in the last two numbers of our journal. The maximum length of the text must not exceed 1.000 words, will not have an abstract and will contain up to a maximum of 5 authors and 10 literature references. The number of signatories is limited to four. Letters about articles previously published in the Journal will have priority in being published, as well as the right to reply. They will be submitted to the author of the original article, who will be able to answer in a letter of similar length within a period of one month. The letter and the reply will be published together.

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All authors should include their ORCID codes during the registry at the editorial manager platform of *Infectio*. ORCID is available free at: <https://orcid.org/>

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### Ethical considerations

1. **Protection of persons and animals.** When experiments that have been performed in humans are described, it should be indicated whether these procedures were performed in accordance with the ethical guidelines of the corresponding ethics committee (institutional or regional) and the Declaration of Helsinki of 1975, with the current review, available at:

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- a) **First page: title of the article** (in Spanish and in English), short title of a maximum of 50 characters, full name and one or both surnames (joined by a hyphen) of the authors, place of work (institution, department, city and country). It will state whether there was any grant or financial support. The academic degrees or position of authors should not be included. It will contain the statement by each one of the authors on whether or not there are conflicts of interest. It will include the full name, e-mail address, telephone and fax number, and full postal address of the author for correspondence, who will also be responsible for correcting the proofs. The first page must be submitted in a separate file from the rest of the manuscript.
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given to positive and negative findings with similar scientific interest.

At the end of the abstract here must be 3 to 10 key words, in Spanish in accordance with the DECS (*Descriptores en Ciencias de la Salud*), available at: <http://decs.bvs.br/E/homepagee.htm> in accordance with these included in the Medical Subject Headings (MeSH) of Index Medicus/MEDLINE, available in English at: <http://www.nlm.nih.gov/mesh/meshhome.html> and translate them to Spanish.

### Page three and onwards; the text

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1. **Less than six authors:** González A, Estrada S, Álvarez H. Resistencia primaria a los medicamentos antituberculosos en pacientes VIH positivos y pacientes VIH negativos con tuberculosis en Medellín Colombia. *Infectio*. 2001;5:223-34.
2. **More than six authors:** Velásquez S, Matute JD, Gámez LY, et al. Characterization of nCD64 expression in neutrophils and levels of s-TREM-1 and HMGB-1 in patients with suspected infection admitted in an emergency department. *Biomedica*. 2013;33:643-52.
3. **Electronic journal:** Bility MT, Cheng L, Zhang Z, et al.

Hepatitis B virus infection and immunopathogenesis in a humanized mouse model: induction of human-specific liver fibrosis and m2-like macrophages. *PLoS Pathog.* 2014;10(3):e1004032. doi:10.1371/journal.ppat.1004032.

4. **Journal supplement:** Takagi M. Neutral proteinases and their inhibitors in the loosening of total hip prostheses. *Acta Orthop Scand.* 1996;67 Suppl 219:29–33.
5. **Books:** Auwels F. Atlas zur Biomechanik der gesunden und kranken Hu'fte. Wurzburg: Springer Verlag; 1973.
6. **Book's Chapter:** Denis K, Kennett RH, Kinman N, Molinaro C, Sherman L. Defining the B-cell repertoire with hybridomas derived from monoclonal fragment cultures. In: Kennett RH, McKearn TJ, Bechtol KB, editors. *Monoclonal antibodies. Hybridomas: a new dimension in biological analyses.* 2<sup>nd</sup> Ed. New York: Plenum Press; 1981. pp. 49–59.
7. **Doctoral thesis:** García-Rueda FJ. Alteraciones del osteoclasto en la enfermedad de Paget [tesis doctoral], Salamanca, Universidad de Salamanca, 1987.
8. **Technical report:** Dirección General para las Drogodependencias y Adicciones. Catálogo de los servicios asistenciales de los centros de tratamiento ambulatorio de Andalucía. Sevilla: Junta de Andalucía; 2003.

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