

INFORMATION FOR AUTHORS

Updated in January 2023

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 (double anonymized, the reviewers doesn't know identity of the author, and vice-versa). 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.

Open access policies

Infectio is an open access journal:
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Once accepted a manuscript, the journal have article processing charges of **U\$100** for authors no members of ACIN. Unsolicited reviews will be charged with U\$100.

Waivers: the charges for author members of ACIN is of U\$ 50. Editorials, letters to the editor and solicited reviews are without page charges.

Language

The Journal receives articles in Spanish and English, as the *lingua franca* in science.

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The Journal is digitally deposited in the Latin-American digital repository Scielo: http://www.scielo.org.co/scielo.php?script=sci_serial&pid=0123-9392&lng=en&nrm=iso

Policies of scientific publication

The Journal adheres to the recommendations of the International Committee of Medical Journal Editors. (<http://www.icmje.org/icmje-recommendations.pdf>)

Submission of the manuscripts

Manuscripts must be submitted electronically at: <https://mc04.manuscriptcentral.com/infectio>, where the information required for their submission can be found. The use of this resource enables the state of the manuscript to be followed through the page indicated. The text of the manuscript, with the Abstract, Keywords, Literature References, Tables and their Legends and Figure footnotes, will be included in a single file, while each one of the figures will be sent in separate files. These documents will be saved in the "Attach Files" section. You may consult the general instructions in its tutorial for authors: <http://mchelp.manuscriptcentral.com/gethelpnow/>

Supplement issue

A supplement issue does not constitute a regular issue of the journal. Supplement issues correspond to topics of interest to the scientific community, which are proposed by association members and approved by the board of directors. The articles that will be part of a supplement issue have undergone the same peer review process as regular articles and are published in the regular issues of the journal when accepted.

Policy of preprints and diffusion on media of results before publication

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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: <https://www.equator-network.org/reporting-guidelines/consort/>. 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:

<https://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 describe 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.

Editorials (only for Editorial Committee or by invitation): Will cover states of opinion on aspects associated with human infectious diseases in general, and specifically related to topics in the *Infectio* journal, and preferably in connection with any of the articles published in the same Journal issue. These works will be commissioned by the Journal. Its length will be a maximum of 2.000 words and maximum 20 references, and with only one author; in exceptional cases two authors may be allowed or by all the editorial committee. It will not be divided into sub-sections. The use of tables and figures will be at the discretion of the Executive Committee.

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All manuscripts must be accompanied by a mandatory cover letter, which will be included in the "Attach Files" section of the Manuscript Scholar One platform, in which it will indicate:

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- 4) that the Instructions for Authors and the ethical responsibilities have been taken into accounts, and should include a statement that all signing authors fulfil the authorship requirements, that agrees with present version of the manuscript and that all have declared whether or not there are conflicts of interest, both in the "Title Page" (Read the "Funding and Conflict of Interests" section included in these Guidelines);
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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/>

All manuscript should include an ethic statement at the end of the manuscript text and before the references section

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: <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/> When experiments with animals are described, it should be indicated that the guidelines of the institution or international research council or national regulations were followed for the care and use of laboratory animals.
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3. **Confidentiality.** The authors are responsible for following

the protocols established by their respective health care centers to access the data of the clinical histories in order to be able to make this type of research/information for the community and thus they should declare having complied with this requirement. The author is required to assure that the requirement of having informed all the patients included in the study and that he/she has a signed document from them stating that they have received sufficient information and that their written informed consent to participate in it has been obtained. The authors should mention in the section "Methods" that the procedures used in the patients and controls have been conducted after obtaining an **informed consent** or that Ethic Committee **or Institutional Board Review Commission has determined that it is not needed** in the case of retrospective studies based on clinical charts data or studies using serum bank or laboratory clinical samples. In all cases the **date and number of act of the Commission should be mentioned in the material and method section.**

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Authors contribution

The contribution of each one of the authors in the development of the research (conceptualization, experiments, data analysis and preparation of the document) must be indicated in the manuscript, in order to provide credits and responsibilities. In this section, the initials of each author and their contribution must be indicated, separated by commas, and end by noting that all the authors contributed, read and approved the version of the manuscript sent.

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The manuscripts must be written in Spanish or English, in paper format with size DIN-A4 pages, double spaced with a (Arial font, letter type of 12 characters per inch). Abbreviations will be introduced after the complete term it represents when it is first used in the article, except in the title. The metric international system (periods for thousands, comma for decimals) should be preferred but the anglosaxon system is also permitted (comma for thousands, periods for decimals), however **the use of either system should be consistent through the text.** Chemical, clinical and biological units should be defined strictly. The following data will be presented in the order given here:

- 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

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Page three and onwards; the text

- a) *Introduction*. It will be brief and must only give the information necessary so that the reader understands the text that follows next. It will give the intention and the fundamentals of the investigation. It must not contain tables or figures. In a last paragraph it must clearly state the objective/s of the study. Only quote references that are strictly necessary.
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Original article: Surnames and initials of all the authors, when there are six or less, They should be followed by the expression "et al" if there are seven or more authors. When indicating the initial and final pages of a document only the digits

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Examples:

1. **Less than six authors:** Menard KL, Haskins BE, Denkers EY. Impact of *Toxoplasma gondii* Infection on Host Non-coding RNA Responses. *Front Cell Infect Microbiol.* 2019 May 14;9:132. doi: 10.3389/fcimb.2019.00132.
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. doi: 10.7705/biomedica.v33i4.805.
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.* 2nd 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.
9. **Homepage/ Web site:** eatright.org [Internet]. Chicago: Academy of Nutrition and Dietetics; c2016 [cited 2016 Dec 27]. Available from: <https://www.eatright.org/>.

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