

Information for authors:

Infectio

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.

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Once accepted a manuscript the journal have article processing charges of **U\$100** for authors non members of ACIN. Unsolicited reviews will be charged with U\$100.

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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 1.500 words in pages DIN-A4, without including the Abstract and Keywords and up to a maximum of 30 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:

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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 5.000 words and up to 6 tables and 6 figures. It should have a maximum of 80 references

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%20Reportin%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 1.000 words and maximum 10 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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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:

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.

b) **Second Page; Abstract and Key Words** They must be attached in Spanish and in English. The abstract should follow the recommendations of each specific section. That of originals will be **structured** into the following sections: “*Objective*”, mentioning the basic purpose of the work; “*Material and method*”, explaining the design of the study, the evaluation criteria of the diagnostic tests and the temporal direction (retrospective or prospective), it will mention the patient screening procedure, the inclusion criteria, and the number of patients who started and finished the study; “*Results*”, will mention the most relevant and significant results of the study, as well as their statistical evaluation; “*Conclusions*”, those which are directly supported by the data will be mentioned here, together with their clinical applicability; the same emphasis must be given to positive and negative findings with similar scientific interest. At the end of the abstract there must be 3 to 10 key words, in accordance with those 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

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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Examples:

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, Molinario 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.

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