

INSTRUCTIONS TO AUTHORS

General Information

Epidemiology and Health (epiH) is an open access electronic journal publishing papers in all areas of epidemiology and public health. The scope is wide-ranging: including descriptive, analytical and molecular epidemiology; primary preventive measures; screening approaches and secondary prevention; clinical epidemiology; and all aspects of communicable and non-communicable diseases prevention. The *epiH* publishes original research, and also welcomes review articles and meta-analyses, cohort profiles and data profiles, epidemic and case investigations, descriptions and applications of new methods, and discussions of research theory or public health policy. We give special consideration to papers from developing countries.

All of the papers published are freely available as pdf files downloadable from "<http://www.e-epih.org/>, <https://www.ncbi.nlm.nih.gov/pmc/journals/1392/>" directly or through PubMed.

epiH follows the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication (<http://www.icmje.org/>), if otherwise not described below.

Research Ethics and Informed Consent

For the policies on research and publication ethics not stated in the Instructions, Guidelines on Good Publication (<http://publicationethics.org/>) or Good Publication Practice Guidelines for Medical Journals (<http://kamje.or.kr/>) can be applied.

1. Authorship

Authorship credit should be based on: (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be published; and (4) agreeing to be accountable for all aspects of the work in ensuring that the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet these 4 conditions. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged as contributors not be authors.

The addition of an author to a manuscript under review is possible only with the editor's approval. Changes in authorship cannot be made after the manuscript is accepted for publication.

Corresponding author and first author: *epiH* does not allow multiple corresponding authors for one article. Only one author should correspond with the editorial office and readers for one article, even if it is reporting a multicenter study. *epiH* does accept notice of equal contribution for the first author when the

study was clearly performed by co-first authors.

2. Originality, Plagiarism and Duplicate Publication

Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. Submitted manuscripts are screened for possible plagiarism or duplicate publication by CrossCheck (<http://www.ihtenticate.com/>) upon arrival. If plagiarism or duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors.

A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to text, figures, and tables.

3. Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the International Committee of Medical Journal Editors (ICMJE) Recommendations (http://www.icmje.org/urm_main.html).

4. Conflict of Interest Statement

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

5. Statement of Human and Animal Right

Clinical research should be done in accordance of the Ethical Principles for Medical Research Involving Human Subjects, outlined in the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Human subjects should not be identifiable, such that patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

6. 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 and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and 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.

7. Statement of Informed Consent and Institutional Review Board Approval

Copies of written informed consent documents should be kept for studies on human subjects. For clinical studies of human subjects, a certificate, agreement, or approval by the Institutional Review Board (IRB) of the author's institution is required. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

8. Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board. Documented cases of plagiarism or data fabrication could lead to a 3-year ban on the authors with regard to future publication in of *epiH* and/or retraction of their papers.

9. Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

10. Registration of Clinical Trial Research

It is recommended that any research dealing with a clinical trial be registered at an appropriate online public registry. Manuscript with non-registered interventional clinical trials will not be considered for publication.

II. Data Sharing Statement

epiH accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). All manuscripts reporting clinical trial results should submit a data sharing statement following the ICMJE guidelines.

Manuscript Preparation

Manuscripts should be submitted to *epiH* in English or Korean. Manuscripts should be written and numbered in the following sequence: cover letter, title page, abstract, key words, manuscript body, acknowledgements, references, tables, and figures.

Descriptions appearing in each article are the responsibility of the authors and not that of *epiH*.

1. Cover Letter

A cover letter should include the following: (a) a concise summary of why the article is a valuable addition to scientific literature, (b) briefly relate the study to previously published work, (c) specify the article type (original article, review, brief communication, etc.), and (d) details of any previous interactions with *epiH* regarding the submitted manuscript.

2. Title Page

The title page should include the following: (a) a concise and descriptive title, (b) full name of the author(s) and their affiliations, (c) details of funding source(s), and (d) name, address, and e-mail address of the corresponding author. If a title has more than 15 words, a separate running title of not more than eight English words should be provided. Including specifics of the study design in the title is recommended. Abbreviations should not be used in the title.

3. Abstract

Abstracts should be no more than 250 words and consist of four sections labelled. Objectives, Methods, Results, and Conclusions. Unstructured abstracts are allowed for other types of papers (editorials, case reports, special articles, and cohort [or data] profiles). References should not be included in abstracts and abbreviations should be used sparingly.

4. Keywords (Medical Subject Headings)

Authors should provide a list of three to six keywords below the abstract. Keywords should be selected from main headings listed under Medical Subject Headings (MeSH) in Index Medicus published by the US National Library of Medicine (<http://www.nlm.nih.gov/mesh/MBrowser.html>); if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

5. Manuscript Body

The main document should be submitted as an editable word document (not as a pdf). Papers should not normally exceed 3,500 words except review articles. Pages should be numbered consecutively. The manuscript body should be divided into the following sections: Introduction, Materials (subjects) and Meth-



ods, Results, and Discussion. A brief paragraph should be included at the end of the discussion section to clarify the main conclusion. Abbreviations should be spelled out in full the first time they appear in the manuscript body with the abbreviations in brackets. Overuse of abbreviations, except for abbreviations of standard measurement units, should be avoided. All references in the text should be cited in English. In text, tables, and legends, references with Arabic numerals should be identified in square brackets, as [1], [2] and so on. Authors' last names should be cited in English. For two authors, the names should be connected by the conjunction "&". To cite three or more authors, the abbreviation "et al." should follow the first author's last name. Generic names should be used while mentioning the names of drugs. Names of commercial drugs can be used only when it is important for the purpose of the study. All measurements should be written in Arabic numbers. When reporting probability, a lowercase "p" should be used. Percent should be written using the symbol "%" throughout. Length should be expressed in the metric system, temperature in degree Celsius, blood pressure as mmHg, and hemoglobin as g/dL. All other measures should be written as per the International System of Units (SI Units). There should be a space between the value of the measure and its unit.

6. Ethics Statement

The study protocol was approved by the Institutional Review Board of ##### (IRB no. ##-##-###). Informed consent was confirmed (or waived) by the IRB.

7. Supplementary Materials

If there are any supplementary materials to help the understanding of readers or too great amount data to be included in the main text, it may be placed as supplementary data or appendix. Whole manuscripts, questionnaire form in local or regional languages or raw data is the example of data in appendix. They should be numbered in the manuscript by the numerical order in which it is cited. Supplementary material(s) will be published as submitted without editing.

8. Conflict of Interest

It should be disclosed here according to the statement in the Research and Publication Ethics regardless of existence of conflict of interest. If the authors have nothing to disclose, please state: "The authors have no conflicts of interest to declare for this study."

9. Acknowledgements

If necessary, persons who have made substantial contributions, but who have not met the criteria for authorship, are acknowledged here. All sources of funding applicable to the study should be stated here explicitly.

10. ORCID (Open Researcher and Contributor ID)

ORCID of all authors are recommended to be provided. To have ORCID, authors should register in the ORCID web site available from: <http://orcid.org/>. Registration is free to every researchers in the world.

11. References

Authors are responsible for the accuracy and completeness of references used in the manuscript. All references should be written in English. When the original author has not given the article an English title, authors can translate the title with the notation, "Korean, author's translation." All authors of a cited work should be listed if there are six or fewer authors. The first six authors should be listed followed by "et al." if there are more than seven authors. References should be numbered sequentially and cited in the same order as in the body of the manuscript. References should be cited according to the system of the American National Library of Medicine's Index Medicus, as shown in the examples below. Other types of references not described below should follow *The NLM Style Guide for Authors, Editors, and Publishers* (<http://www.nlm.nih.gov/citingmedicine>).

Journal Articles

Wiwanitkit V. The current status of Zika virus in Southeast Asia. *Epidemiol Health* 2016;38:e2016026.
Slattery ML, Janerich DT. The epidemiology of neural defect: a review of dietary intake and related factors as etiologic agents. *Am J Epidemiol* 1991;133:526-540.

Books

Go ER, Park BJ, Jung SH. Clinical tests and data analysis for the evaluation of new drugs. Seoul: Shin-Kwang Co.; 1998, p. 25-26 (Korean).
Maunsner JS, Kramer S. *Epidemiology*. 2nd ed. Philadelphia: W B Saunders Co.; 1985, p. 156-166.

Chapter in Books

Cullen MR. Multiple chemical sensitivities. In: Last JM, Wallace RB, editors. *Maxcy-Rosenau-Last public health & preventive medicine*. 13th ed. East Norwalk: Appleton & Lange; 1992, p. 459-462.

Internet Data

Collins SR, Kriss JL, Davis K, Doty MM, Holmgren AL. Squeezed: why rising exposure to health care costs threatens the health and financial well-being of American families; 2006 [cited 2013 Nov 2]. Available from: http://www.cmwf.org/usr_doc/Collins_squeezedrisinghltcarecosts_953.pdf.

Theses

Kim SR. A study on the comparison of inpatients healthcare utilization between the Medicaid recipients and the insured [dissertation]. Seoul: Yonsei University; 1999 (Korean).

12. Tables and Figures

Use of tables, figures, and photographs that supplement the text is recommended, but should not duplicate material found in the body of the manuscript. Tables and figures should be prepared with separate file. They should be numbered in Arabic numerals, in the same sequence in which they appear in the text, and their approximate locations should be marked in the manuscript body (Table 1). Particular care should be taken to

make tables and figures self-explanatory with adequate headings and footnotes. The first letter of a title should be in upper case, with the rest of the letters in lower case. The same principle applies to the content of a table or figure. Tables should not have horizontal or vertical dividing lines. Each table and figure should be presented in a separate page and should not exceed one page per table or figure, if possible. If a table takes up more than one page, it should be marked with the word “continued” at the end of each page. Explanations for and abbreviations used in tables and figures should be included as footnotes. Footnotes should be indicated by superscript numbers, in (^{1,2,3}...). All numbers should be expressed to 2 digits to the right of the decimal points after rounding, unless specified otherwise. A p-value may be indicated as follows in the footnotes: ¹p < 0.1, *p < 0.05, **p < 0.01, ***p < 0.001, etc.

13. Key Message (Korean)

For Korean authors, the author summary should be in Korean. The first sentence should give details of existing facts that led to the present work. The last sentence should state, as concisely as possible, the significance of the results with regard to health and/or an illness. Listing of statistical numbers should be avoided, unless it is absolutely necessary for proper understanding of the author summary. The files of published articles are supplied through an icon “Korean Summary” in the electronic table of contents on the website of *epiH*.

Categories of Papers

1. Systematic Reviews (includes Meta-analyses)

These articles present a comprehensive search and appraisal of accumulating evidence of important public health topics, using a systematic approach. A systematic review may, or may not, include a meta-analysis. There should be an unstructured abstract of no more than 250 words. The text should not exceed 5,000 words (excluding abstract, tables, figures, references, and online-only material) with up to 100 references, and no more than a total of 10 tables and figures.

2. Original Articles

Manuscripts that report the results of original quantitative or qualitative public health research are published as original articles (up to 3,500 words of main text, not including abstract, tables, figures, references, and online-only material). A structured abstract of 250 words is required, with up to seven tables and figures, and no more than 50 references. The main text must follow the standard *epiH* format, with an introduction and separate sections for the following: Methods, Results, and Discussion. This format is the highest priority for *epiH* and represents the majority of papers published.

3. Special Articles (includes Methods, Hypothesis, and Lectures)

This category is the articles on important topics related to epidemiologic methods, or hypothesis which is a forum for ideas in medicine and public health. The text is limited to 3,500 words, with up to 50 references and no more than seven tables and fig-

ures. Authors seeking to submit articles for lectures on a special topic should first contact the editor.

4. Editorials

Editorials in *epiH* are considered opinion pieces. They may be commissioned by members of the formal editorial team, or on occasion, reformatted as editorials from other submitted papers. Editorials are 3,500 words in length, and can have up to 30 references. Subheadings may be used to guide readers through the major arguments in the text. Authors may upload suggested images as supplemental files during submission. The editor-in-chief triages editorials to members of the formal editorial team, based on their expertise in the field.

5. Cohort Profiles (includes Data Profiles)

Cohort profiles have a main text word limit of 3,500 words, and include an unstructured abstract, a maximum of seven tables and figures, and up to 50 references. See the detailed instruction.

6. Case Reports

The main text for case reports is limited to 3,500 words, and can include an unstructured abstract, a maximum of three tables and figures, and up to 30 references.

7. Perspectives (includes Statistics and Critical Commentaries)

Perspectives present a forum for raising awareness about relevant public health issues. They provide authors an opportunity to offer their critical evaluation of recent trends and advances in epidemiology and public health. Perspectives have a main text word limit of 3,500 words; they can include an unstructured abstract, a maximum of one table or figure, and up to 30 references. Statistics can include around of 10 tables and figures.

8. Brief Communications

Brief communications can report preliminary or novel findings. The main text is limited to 3,500 words, which excludes a structured abstract, a maximum of five tables and figures, and up to 30 references. The main text for brief communications must follow the standard: *epiH* original article format, with an introduction and separate sections for methods, results, and discussion.

9. Letters to the Editor and Responses

Letters to the Editor, referring to an *epiH* article are encouraged up to three months from the date of its publication. An abstract is not required. Editors reserve the right to edit and abridge letters and publish responses. Letters may include a maximum of 30 references.

10. Epidemiologic Investigations

The main text is limited to 3,500 words, which excludes a structured abstract, a maximum of seven tables and figures, and up to 50 references. The main text for epidemiologic investigations must follow the standard *epiH* original article format, with an introduction and separate sections for methods, results, and discussion.



Key features of articles of *epiH* publishes are as shown in the below Table 1.

Table 1. Recommended maximums for articles submitted to Epidemiology and Health

Type of article	Abstract (word)	Main body (word)	References	Tables & figures
Letter to the editor/ Response	Not required	1,000	30	3
Editorial	Not required	3,500	30	3
Case report	250	3,500	30	3
Perspective (including statistics, critical commentary)	250	3,500	30	5
Brief communication*	250	3,500	30	5
Special article (including methods, hypothesis, and lecture)	250	3,500	50	7
Original article*	250	3,500	50	7
Cohort profile (including data profile)	250	3,500	50	7
Epidemiologic investigation*	250	3,500	50	7
Systematic review (includes Meta-analysis)	250	5,000	100	10

*Structured abstract and main body.

Manuscript Submission and Review Process

1. Manuscript Submission

Manuscripts should be submitted by online system (<http://submit.e-epih.org/>). If there are difficulties, please feel free to contact the editorial office (<https://www.e-epih.org/about/contact.php>). Manuscripts can be submitted at any time. For manuscript submission, original files are required; PDF files or HWP files are not accepted.

2. Review Process

Upon submission of a manuscript, the editorial board at *epiH* will review the paper for appropriateness of content. Articles are reviewed by two or three experts in the field. The authors' names and affiliations are removed during peer review. Double-blind peer reviews take an average of two months to complete. If authors request quick review process, it will take less than two weeks. The board of editors reserves the right to edit a manuscript for phrasing, style, and overall length at any stage prior to publication, while taking utmost care to maintain the scientific accuracy of the manuscript. Based on comments from reviewers and editors, authors may be asked to revise their manuscript. Authors are required to submit a letter explaining how they dealt with all comments and questions raised by reviewers and editors. If revisions cannot be submitted within one month, author(s) may request a one month grace period. If the revised manuscript is not submitted within the stipulated period, the manuscript will be automatically rejected. Once submitted, manuscripts will not be returned.

Publication

Upon acceptance for publication, one file of the original manuscript should be submitted to the journal office. The publication

schedule is based on the order of submission of finalized manuscripts. Dates of submission, acceptance and published are provided on the journal's website.

1. Page Proofs

Page proofs are sent to the corresponding authors by e-mail as PDF files. Authors are responsible for the content of page proofs. All page proofs should be read carefully, corrected if necessary, and returned within 48 hours of receipt. Corrections should be restricted to typesetting errors. Changes or additions to the edited manuscript are not allowed at this stage.

2. Page Charges: Nil

The Korean Society of Epidemiology will bear the cost of publication of accepted manuscripts.

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1. Copyright

The Korean Society of Epidemiology owns the copyright of all manuscripts published in *epiH*. Authors are required to sign the journal's "Authorship Responsibility and Copyright Transfer" form, which is downloadable from our homepage (<https://submit.e-epih.org/>), should be signed by all authors, scanned and uploaded once a manuscript has been accepted. The corresponding author is responsible for obtaining signatures of all authors to obtain their consent for copyright transfer. The author is responsible for the content of both the original, and the reviewed and edited manuscript, accuracy of references and quotes, and any violations of the copyright agreement.

2. Open Access

epiH is an open access journal. It also follows the open access policy of PubMed Central at US National Library of Medicine (<http://www.ncbi.nlm.nih.gov/pmc/>). All the content of the journal is available immediately upon publication without embargo period.

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Reporting Guidelines

It is recommended that authors include and identify essential information in the manuscript related to study design. Additionally, it is recommended that authors refer to the guidelines listed in the following Table 2.

Table 2. Reporting guidelines for specific study designs

Initiative	Type of study	Source
CONSORT	Randomized controlled trials	http://www.consort-statement.org/
STARD	Studies of diagnostic accuracy	http://www.stard-statement.org/
PRISMA	Preferred reporting items of systematic reviews and meta-analyses	http://www.prisma-statement.org/
STROBE	Observational studies in epidemiology	http://www.strobe-statement.org/
MOOSE	Meta-analyses of observational studies in epidemiology	http://statswrite.eu/pdf/MOOSE%20Statement.pdf
CARE	Case reports	http://www.care-statement.org/

Contact Us

Any inquiry including submissions, the review process, certification of acceptance, or copyrights should be directed to the editor from the website (<https://www.e-epih.org/about/contact.php>) or sent via surface mail or fax to:

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NOTICE: These instructions to authors will be applied beginning with the January 2019.