INSTRUCTIONS TO AUTHORS

Epidemiology and Health (epiH) is an electronic journal publishing papers in all areas of epidemiology and public health. It is indexed on MEDLINE and PubMed Central and 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/, http://www.ncbi.nlm.nih.gov/pmc/journals/1392/” directly or through PubMed. It also indexed in PubMed, CINAHAL, EBSCO host, CABL, KoreaMed, Science Central, CrossRef, and Google Scholar. The epiH is financially supported by the Korean Federation of Science and Technology Societies (KOFST) and the Korean Society of Epidemiology, where the Editorial Office is housed.

General Information

epiH considers only those manuscripts that have not been published previously (except as an abstract), and are not being considered for publication elsewhere. A paper presented at a scientific meeting may be considered if it has not been published in entirety in either a proceedings or a similar publication. Any closely related manuscript either published, in press, or under review must be sent via e-mail to the journal office at the time of the submission to epiH. This will facilitate a full and fair evaluation of the independent contribution of the submitted paper. The editorial board can request for a review or lecture article based on its decision.

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 1.

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Type of study</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSORT</td>
<td>Randomized controlled trials</td>
<td><a href="http://www.consort-statement.org/">http://www.consort-statement.org/</a></td>
</tr>
<tr>
<td>STARD</td>
<td>Studies of diagnostic accuracy</td>
<td><a href="http://www.stard-statement.org/">http://www.stard-statement.org/</a></td>
</tr>
<tr>
<td>PRISMA</td>
<td>Preferred reporting items of systematic reviews and meta-analyses</td>
<td><a href="http://www.prisma-statement.org/">http://www.prisma-statement.org/</a></td>
</tr>
<tr>
<td>STROBE</td>
<td>Observational studies in epidemiology</td>
<td><a href="http://www.strobe-statement.org/">http://www.strobe-statement.org/</a></td>
</tr>
<tr>
<td>CARE</td>
<td>Case reports</td>
<td><a href="http://www.care-statement.org/">http://www.care-statement.org/</a></td>
</tr>
</tbody>
</table>

Research Ethics and Informed Consent

epiH follows the Good Publication Practice Guidelines for Medical Journals of the Korean Association of Medical Journal Editors (KAMJE) as its ethical code (www.kamje.or.kr). In epiH, any investigation related to a review is in accordance with the Declaration of Helsinki of the World Medical Association (http://www.wma.net/). Careful attention is paid to participant confidentiality—epiH does not use information that identifies participants. It is the authors’ responsibility to verify that any research involving human subjects is duly approved by the committee on research ethics at the institution where the research was conducted. Authors should affirm in their manuscripts that such approval was received, and where applicable, that informed consent was obtained. For animal subjects, research should be conducted in accordance with the National or Institutional Guide for the Care and Use of Laboratory Animals, and the animals should be treated in an ethical manner. Submitted manuscripts are screened for possible plagiarism or duplicate publication by CrossCheck upon arrival. If plagiarism or duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected. Authors should be aware that instances of documented plagiarism and allegations of data fabrication will be brought to the attention of the authors’ host institutions. Documented cases of plagiarism or data fabrication could lead to a 3-year ban on the authors with regard to future publication in epiH and/or retraction of their papers.

Authorship

All authors must fulfill the criteria of authorship as specified in Uniform Requirements for Manuscripts Submitted to Biomedical Journals (http://www.icmje.org/). Authors are responsible for verifying that the content of a submitted manuscript has not been published elsewhere and does not overlap previously published work. Authors must also ensure that they fulfill the following criteria: (a) significant participation in study conceptualization, design, data analysis, and interpretation of results; (b) contribution to writing the draft or making a major intellectual modification or improvement in the manuscript; (c) active participation in the approval of the final version; and (d) 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. epiH lists no more than seven authors, and a special justification must be provided for including additional authors. Addition of an author to a manuscript under review is possible only with the editor’s approval. Changes in authorship cannot be made after a manuscript is accepted for publication. epiH does not permit multiple corresponding authors for one article, even if it is reporting a multicenter study. For a specific article, only one author should correspond with the editorial office and readers. epiH accepts notice of equal contribution of the first author, even in those cases where it may be clear that the study was conducted by co-first authors.

Conflict of Interest

Each author must disclose affiliation(s) to any organization with a direct or indirect financial interest in the subject matter discussed in a manuscript that may influence the report of the work submitted. Corresponding authors are required to confirm whether they or their coauthors have any conflict of interest to declare, and provide appropriate details.

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), ORCID, 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 headings listed under Medical Subject Headings in Index Medicus published by the US National Library of Medicine (http://www.nlm.nih.gov/mesh/MBrowser.html).

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 methods, 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. 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.” 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.

Journal Articles

For six or fewer authors, the surnames and initials of all authors can be listed. For seven or more authors, the abbreviation “et al.” should be added to the list of the first six authors,
along with the title of article, the abbreviated name of the journal as per *Index Medicus* style, year, volume, and the first and last page numbers.


**Books**


**Chapter in Books**


**Internet Data**


**Theses**


**References**

References that are not shown in the examples should be cited according to the NLM style guide—Patrias, K. Citing medicine: the NLM style guide for authors, editors, and publishers [Internet]. 2nd ed. Wendling, DL, technical editor. Bethesda (MD): National Library of Medicine (US); 2007 [updated 2009 Jan 14; 2008 April 14]. (Please refer: http://www.nlm.nih.gov/citingmedicine/)

Use of “abstracts,” “unpublished observations” and “personal communication” should be avoided. However, papers accepted but not yet published may be included by adding the “doi” number.

**8. Acknowledgements**

All persons who have made substantial contribution, but who are not eligible as authors should be named in the acknowledgements.

**9. 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 here). 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: *p < 0.1, *p < 0.05, **p < 0.01, ***p < 0.001, etc.

**10. 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. When authors agreed, the manuscript written in Korean also included as Supplement.

**11. 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.

**12. Supplementary Materials or Appendix**

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.

**Categories of Papers**

Key features of articles *epiH* publishes are as shown in the below Table 2.
Table 2. Recommended maximum word counts, number of references, tables, and figures by article type

<table>
<thead>
<tr>
<th>Type of article</th>
<th>Recommendation</th>
<th>Abstract (words)</th>
<th>Main body (words)</th>
<th>References</th>
<th>Tables &amp; figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letter to the editor/Response Editorial</td>
<td>Letters to the editor, referring to an epiH article are encouraged up to three months from the date of its publication</td>
<td>Not required</td>
<td>1,000</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>Case report</td>
<td>Case report (series) is a detailed report of an individual patient(s); Case reports may contain a demographic profile of the patient, but usually describe an unusual or novel occurrence</td>
<td>250</td>
<td>3,500</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>Perspective (including statistics, critical commentary)</td>
<td>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</td>
<td>250</td>
<td>3,500</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Brief communication*</td>
<td>Brief communications can report preliminary or novel findings</td>
<td>250</td>
<td>3,500</td>
<td>30</td>
<td>5</td>
</tr>
<tr>
<td>Special article (including methods, hypothesis, and lecture)</td>
<td>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</td>
<td>250</td>
<td>3,500</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>Original article*</td>
<td>Manuscripts that report the results of original quantitative or qualitative public health research</td>
<td>250</td>
<td>3,500</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>Cohort profile (including data profile)</td>
<td>See the detailed instruction</td>
<td>250</td>
<td>3,500</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>Epidemiologic investigation*</td>
<td>This is about outbreak investigation and control using general approach</td>
<td>250</td>
<td>3,500</td>
<td>50</td>
<td>7</td>
</tr>
<tr>
<td>Systematic review (includes Meta-analysis)</td>
<td>These articles present a comprehensive search and appraisal of accumulating evidence of important public health topics, using a systematic approach</td>
<td>250</td>
<td>5,000</td>
<td>100</td>
<td>10</td>
</tr>
</tbody>
</table>

*Structured abstract and main body.

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.

**Copyrights and Creative Commons License**

**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 sent to the corresponding author by e-mail 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. 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.

**3. Page Charges: Nil**

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

**4. Creative Commons License**

Articles are distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. To use the tables or figures of the journal in other periodicals, books or other media, the process of permission request to the publisher is not necessary.