

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, CABI, 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 1. 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://www.consort-statement.org/Media/Default/Downloads/Other%20Instruments/MOOSE%20Statement%202000.pdf
CARE	Case reports	http://www.care-statement.org/

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 main 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.

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).

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.

Manuscript Submission and Review Process

1. Manuscript Submission

Manuscripts should be submitted by online system (<http://submit.e-epih.org/>). If it is not possible, email (enh0662@gmail.com). 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

Table 2. Recommended maximum word counts, number of references, tables, and figures by article type

Type of article	Recommendation	Abstract (words)	Main body (words)	References	Tables & figures
Letter to the editor/ Response	Letters to the editor, referring to an epiH article are encouraged up to three months from the date of its publication	Not required	1,000	30	3
Editorial	Opinion pieces; They may be commissioned by members of the formal editorial team, or on occasion, reformatted as editorials from other submitted papers	Not required	3,500	30	3
Case report	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	250	3,500	30	3
Perspective (including statistics, critical commentary)	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	250	3,500	30	5
Brief communication*	Brief communications can report preliminary or novel findings	250	3,500	30	5
Special article (including methods, hypothesis, and lecture)	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	250	3,500	50	7
Original article*	Manuscripts that report the results of original quantitative or qualitative public health research	250	3,500	50	7
Cohort profile (including data profile)	See the detailed instruction	250	3,500	50	7
Epidemiologic investigation*	This is about outbreak investigation and control using general approach	250	3,500	50	7
Systematic review (includes Meta-analysis)	These articles present a comprehensive search and appraisal of accumulating evidence of important public health topics, using a systematic approach	250	5,000	100	10

*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

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3. Page Charges: Nil

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