ABOUT THE JOURNAL

Aims and Scope
Infection & Chemotherapy (Infect Chemother) is an international, peer-reviewed, and open-access journal in English, which publishes the current research on issues posed by infectious diseases worldwide. This journal, which is published quarterly (on the last day of March, June, September, and December) in both print and online (https://icjournal.org) versions, is the only official publication of the Korean Society of Infectious Diseases (http://www.ksid.or.kr), Korean Society for Antimicrobial Therapy (formerly Korean Society for Chemotherapy) (http://www.ksat.or.kr), and the Korean Society for AIDS (http://www.kosaids.or.kr). It publishes review articles, original articles, brief communications, correspondences, case reports, editorials, and special articles covering an extensive range of clinical descriptions on infectious diseases, public health issues, microbiology including emerging resistance, parasitology and immunity to microbes, current and novel treatments, and the promotion of optimal practices or guidelines for diagnoses and treatments.

As the world continues to shrink as a result of globalization, it is necessary that appropriate communication is maintained among countries for timely sharing of information on infectious diseases. This is an important topic because such diseases tend to have unique biologic features according to the regions in which they develop, and these diseases can easily become niduses that may spread globally at any time. Based on these factors, the aim of this publication is to facilitate communication among societies and countries, enabling the worldwide sharing of information on infectious diseases. The scope of this journal is to link basic and clinical research in the field of infectious diseases, in reference to relevant evidence. The journal continuously attempts to publish current global and regional topics concerning infectious diseases and their diagnoses and managements to create awareness of related issues and link various developing and developed countries.

Journal Contact Details
Editor-in-Chief, Dong-Gun Lee
Editorial office
Infection & Chemotherapy
#806, Seocho Town Trapalace
23 Seocho-daero 74-gil, Seocho-gu, Seoul 06621, Korea
Tel: +82-2-532-6003, Fax: +82-2-535-2494
E-mail: icjournal@icjournal.org

Indexed in
Emerging Sources Citation Index (ESCI)
PubMed
PubMed Central
SCOPUS
Crossref and DOI
DOAJ
EMBASE
CAS
Google Scholar
CABI
KoreaMed
Synapse
KoMCI

RESEARCH AND PUBLICATION ETHICS

Research Ethics including Statement of Human/Animal Rights, Informed Consents, and Institutional Review Board Approval
All of the manuscripts should be prepared in strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (http://www.councilscienceeditors.org/), Committee on Publication Ethics (COPE, https://
The corresponding author of an article is asked to inform the Editor of the authors’ potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the cover letter even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf). The Editor will decide whether the information on the conflict should be included in the published paper. Before publishing such information, the Editor will consult with the corresponding author. In particular, all sources of funding for a study should be explicitly stated. The *Infect Chemother* asks referees to let its Editor know of any conflict of interest before reviewing a particular manuscript. If editor/editorial members were involved in the creation of manuscript that to be submitted to *Infect Chemother*, office request a signed statement from the corresponding author to include their name and information about funding of this person(s). This information should be added to the Acknowledgements or Conflicts of Interest Disclosure section. Also, office require signed statements from any medical writers or editor/editorial members declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgement section.

• **Funding:** Research support (including salaries, equipment, supplies, reimbursement for attending symposia, and other expenses) by organizations that may gain or lose financially through this publication. The role of the funding body in the design of the study, collection and analysis of data and decision to publish should be stated.

• **Employment:** Recent (while engaged in the research project), present or anticipated employment by any organization that may gain or lose financially through this publication.

• **Personal financial interests:** Stocks or shares in companies that may gain or lose financially through publication; consultation fees or other forms of remuneration from organizations that may gain or lose financially; patents or patent applications whose value may be affected by publication.

### Authorship

Instructions to Authors

Page=). Authorship credit should be based on 1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; 2) Drafting the work or revising it critically for important intellectual content; 3) Final approval of the version to be published; and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Each author will take responsibility for his or her contribution as presented in the final manuscript and the lead (or corresponding) author will warrant that the final manuscript and authorships accurately reflect the contributions of all individuals who participated substantially in the study. When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Also, the group should identify the individuals who accept direct responsibility for the manuscript if publicly challenged. All members of the group who are named as authors must meet the above authorship criteria. The other members of the group should be listed in the Acknowledgments section. Journals generally list other members of the group in the Acknowledgments. Guest authorship of supervisors, department chairs, and mentors is discouraged. Such supervision and participation should be noted in the Acknowledgments section. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Ghost authorship by individuals such as clinical research associates at pharmaceutical companies, medical writers, marketing and public relations writers who do not meet the authorship criteria but have made substantial contributions to the research, writing, or editing of the manuscript should be named in the Acknowledgments section. Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged. Description of co-first authors or co-corresponding authors is also accepted if the corresponding author believes that such roles existed in contributing to the manuscript. Authors are obliged to participate in peer review process.

Correspondence with the Journal

One author is designated the contact author for matters arising from the manuscript (materials requests, technical comments and so on). It is this author’s responsibility to inform all co-authors of matters arising and to ensure such matters are dealt with promptly. Before submission, the corresponding author ensures that all authors are included in the author list, its order agreed upon by all authors, and are aware that the manuscript was submitted. After acceptance for publication, proofs are e-mailed to this corresponding author who should circulate the proof to all co-authors and coordinate corrections among them.

Originality and Duplicate Publication

All submitted manuscripts should be original and should not be in consideration by other scientific journals for publication. Any part of the accepted manuscript should not be duplicated in any other scientific journal without permission of the Editorial Board, although the figures and tables can be used freely if the original source is verified according to the Creative Commons Attribution License. It is mandatory for all authors to resolve any copyright issues when citing a figure or table from other journal that is not open access. By submitting your manuscript to Infect Chemother, it is understood that this is an original manuscript and is unpublished work not under consideration elsewhere. Plagiarism, including duplicate publication of the author’s own work, in whole or in part without proper citation is not tolerated by Infect Chemother. Manuscripts submitted to the journal may be checked for originality using anti-plagiarism software. If an attempt at undisclosed duplicate publication is identified, the article will be rejected, the owners of the copyright will be notified, and the violation may be reported to the Editorial Board of Infect Chemother, depending on the circumstances. If duplicate publication does occur without the express written permission of the Editor, a notice of the duplication may be published in Infect Chemother, and additional steps may be taken at the Editor’s discretion.

Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the condition of secondary publication of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals by ICMJE, available from http://www.icmje.org/.

These are:

• The authors have received approval from the editors of both journals (the editor concerned with the secondary publication must have access to the primary version).
• The priority for the primary publication is respected by a publication interval negotiated by editors of both journals and the authors.
• The paper for secondary publication is intended for a different group of readers; an abbreviated version could be sufficient.
• The secondary version faithfully reflects the data and interpretations of the primary version.
• The secondary version informs readers, peers, and documenting
agencies that the paper has been published in whole or in part elsewhere - for example, with a note that might read, “This article is based on a study first reported in the [journal title, with full reference]” - and the secondary version cites the primary reference.

- The title of the secondary publication should indicate that it is a secondary publication (complete or abridged republication or translation) of a primary publication. Of note, the United States National Library of Medicine (NLM) does not consider translations as “republications” and does not cite or index them when the original article was published in a journal that is indexed in MEDLINE.

Correction and Retraction Process
Content published as Advance Online Publication (AOP) is final and cannot be amended. The online and print versions are both part of the published record hence the original version must be preserved and changes to the paper should be made as a formal correction. If an error is noticed in an AOP article, a correction should accompany the article when it publishes in print. An HTML (or full-text) version of the correction will also be created and linked to the original article. If the error is found in an article after print publication the correction will be published online and in the next available print issue.

Please note the following categories of corrections to print and online versions of peer reviewed content:

- **Erratum.** Notification of an important error made by the journal that affects the publication record or the scientific integrity of the paper, or the reputation of the authors, or of the journal.
- **Corrigendum.** Notification of an important error made by the author that affects the publication record or the scientific integrity of the paper, or the reputation of the authors or the journal.
- **Retraction.** Notification of invalid results. All co-authors must sign a retraction specifying the error and stating briefly how the conclusions are affected.

### ARTICLE TYPE SPECIFICATION

<table>
<thead>
<tr>
<th>ARTICLE DESCRIPTION</th>
<th>ABSTRACT</th>
<th>WORD LIMIT</th>
<th>TABLES/FIGURES</th>
<th>REFERENCES</th>
</tr>
</thead>
</table>
| **Review Article**  | Up to 200 words, unstructured | 6,500 words (excluding the abstract, reference, and figure/table legends) | Data in the text should not be repeated extensively in tables or figures | 100 or less
| **Original article** | Up to 400 words, structured using the headings Background, Materials and Methods, Results and Conclusion | 5,500 words (excluding the abstract, reference, and figure/table legends) | Data in the text should not be repeated extensively in tables or figures | 40 or less
| **Brief Communication** | Up to 100 words, unstructured | 1,500 words | Max of 3 | 20 or less
| **Correspondence** | No abstract required | 500 words | Max of 1 | 10 or less
| **Case Report** | Up to 400 words, unstructured | 2,000 words (excluding the abstract, reference, and figure/table legends) | Data in the text should not be repeated extensively in tables or figures | 20 or less
| **Editorial** | No abstract required | 1,200 words | Max of 1 | 10 or less
| **Special Article** | Up to 200 words, unstructured | 6,500 words (excluding the abstract, reference, and figure/table legends) | Data in the text should not be repeated extensively in tables or figures | 100 or less

Consult the editorial office when reference and word additions are required.
Decisions about corrections are made by the Editor (sometimes with peer-reviewers’ advice) and this sometimes involves author consultation. Requests to make corrections that do not affect the paper in a significant way or impair the reader’s understanding of the contribution (a spelling mistake or grammatical error, for example) are not considered.

In cases where co-authors disagree about a correction, the editors will take advice from independent peer-reviewers and impose the appropriate correction, noting the dissenting author(s) in the text of the published version.

Redundant Publication and Plagiarism
Redundant publication is defined as “reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)”. Characteristics of reports that are substantially similar include the following: (a) “at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant publication),” (b) “the subject or study populations are often the same or similar,” (c) “the methodology is typically identical or nearly so,” and (d) “the results and their interpretation generally vary little, if at all.”

When submitting a manuscript, authors should include a letter informing the editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to *Infect Chemother* differs substantially from this other material. If all or part of your patient population was previously reported, this should be mentioned in the Materials and Methods, with citation of the appropriate reference(s).

*Infect Chemother* use Similarity Check, a plagiarism detection software tool, to identify instances of overlapping and similar text in submitted manuscripts. Similarity Check is a multi-publisher initiative to screen published and submitted content for originality. To find out more about Similarity Check visit https://www.crossref.org/services/similarity-check/.

Obligation to Register Clinical Trial
Clinical trial defined as “any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome” should be registered to the primary registry to be prior publication. *Infect Chemother* accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (http://www.who.int/ictrp/about/details/en/), NIH ClinicalTrials.gov (www.clinicaltrials.gov), ISRCTN (www.ISRCTN.org), or the Clinical Research Information Service (CRIS), Korea CDC (https://cris.nih.go.kr/cris/index.jsp). The clinical trial registration number shall be published at the end of the abstract.

ARTICLE TYPES

Review Article
Review articles are usually solicited by the Editor-in-Chief. Authors should contact the Editor-in-Chief in advance to determine the appropriateness of any proposed review.

Format guide:
- Word limit: 6,500 words (excluding the abstract)
- References: 100 or less
- Abstract: Up to 200 words, unstructured
- Tables/Figures: Data in the text should not be repeated extensively in tables or figures
- Consult the editorial office when reference and word additions are required

Original Article
Report clinically relevant investigations or observations within *Infect Chemother* scope of interests.

Format guide:
- Word limit: 5,500 words (excluding the abstract)
Instructions to Authors

• References: 40 or less.
• Abstract: Up to 400 words, structured using the headings Background, Materials and Methods, Results and Conclusion
• Tables/Figures: Data in the text should not be repeated extensively in tables or figures

Brief communication
Brief communications are short original research articles on issues important to medical researchers.

Format guide:
• Word limit: 1,500 words.
• Abstract: Up to 100 words, unstructured
• Tables/Figures: A maximum of 3 figure or table
• References: 20 or less
• No subheadings

Correspondence
Letters to the Editor should respond to a recently published article in *Infect Chemother* or address an issue of interest to *Infect Chemother* readers. Replies will be published in the same issue as the letter, and are invited at the discretion of the Editor.

Format guide:
• Word limit: 500 words
• Tables/Figures: A maximum of 1 figure or table
• References: 10 or less
• No subheadings
• Begin with ‘Dear Editor’

Case Report
Case reports should present unusual aspects of common problems or novel perspectives upon, or solutions to, clinically relevant issues.

Format guide:
• Word limit: 2,000 words (excluding the abstract)
• References: 20 or less
• Abstract: Up to 400 words, unstructured
• Tables/Figures: Data in the text should not be repeated extensively in tables or figures

Editorial
Editorials relate to articles published in *Infect Chemother* and are invited at the discretion of the Editor.

Format guide:
• Word limit: 1,200 words
• Tables/Figures: A maximum of 1 figure or table

• References: 10 or less
• Ensure that there is a clear message in the conclusion

Special Article
Special articles are invited with an intention for special introduction of medical issues and any interesting information such as practice guideline.

Format guide:
• Word limit: 6,500 words (excluding the abstract)
• References: 100 or less
• Abstract: Up to 200 words, unstructured
• Tables/Figures: Data in the text should not be repeated extensively in tables or figures
• Consult the editorial office when reference and word additions are required

MANUSCRIPT FORMAT AND STRUCTURE
Please refer to a recent issue of *Infect Chemother* for guidance on style and layout of articles. Also refer to the Article type section for guidance on relevant information for each article type.

File Style, Language and Formats
Every manuscript should be written in English. Medical terminology should be followed by the latest version of Dorland’s Illustrated Medical Dictionary (Saunders). Abbreviations should be fully described at first appearance in the text and should be described in parentheses. After that the abbreviation can be used instead of the full term. The first letter of a name, place and a proper noun should be typed in capital letters. Numbers should be in Arabic numerals. Weight and other measurements should be written in the CGS (centimeter-gram-second) system of units. Other units need to be in the International System of Units / le Système international d’unités, SI. Genus/Species name and name of a gene should be typed in italic characters. The word of a Latin origin such as *in vivo*, *etc.* needs to be typed in italic characters. The spelled-out abbreviation followed by the abbreviation in parentheses should be used on the first mention unless the abbreviation is a standard one. All numbers should be written in Arabic numerals except for in the beginning of a sentence. The preferred format for submitting manuscripts online is Microsoft Office Word (.DOC or .DOCX files). We will also accept WordPerfect (.WPD), and text (.TXT) documents or (.RTF) file format. PDF files are not acceptable for submission. Acceptable file formats for pictures, photos, and figures are PPT, TIF, PDF, and JPG. It is permissible to send low-resolution images for peer review, but we will ask for high-resolution files later.
Instructions to Authors

File Contents
Manuscript submissions are preferred as a single file, except for figures, which can be uploaded separately. You must also submit a cover letter in a second file, in the same format as your main file.

Manuscript Preparation
Manuscripts should be double-spaced throughout, including the references and the table and figure legends. All pages, except for the figures, should be numbered at the bottom center of the page, with the title page as page 1, and number lines continuously. The recommended layout is as follows: title page, abstract and key words, text (in case of original article, introduction, materials and methods, results, and discussion), funding disclosure, conflicts of interest disclosure, acknowledgments, Open Researcher and Contributor ID (ORCID), authors’ contributions, appendix, supplementary materials, references, tables, figure legends. Graphic files are included separately.

The manuscript should be prepared according to the “ICMJE Recommendations for the Conduct, Reporting, and Publication of Scholarly Work in Medical Journals” (2017) (http://www.icmje.org). In addition to the ICMJE recommendation, a number of reporting guidelines have been developed by groups of experts to facilitate reporting of research studies or clinical trials (http://www.equator-network.org/library/). For reporting of randomized controlled trials, Infect Chemother requires compliance with the statement of CONSORT (http://www.consort-statement.org/) and the ICMJE Statement on Data Sharing (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html).

• Title page
• Abstract and keywords
• Text (in case of original article, introduction, materials and methods, results, and discussion)
• Funding disclosure
• Conflicts of interest disclosure
• Acknowledgements
• ORCID
• Authors’ contributions
• Appendix
• Supplementary materials
• References
• Tables
• Figure Legends

Title Page
All manuscripts, including Correspondence, should have a title page that includes the following information:

1. A concise, informative title. It is recommended to be less than 150 characters
2. The names and affiliations of all authors.
3. A running title of less than 50 characters.
4. The complete contact information for the corresponding author.

Title should be concise and precise. Title should provide a reasonable indication of the contents of paper. Avoid the main title/subtitle arrangement, complete sentences, and unnecessary article.

The title should be written in small characters except the first word’s first character. Avoid abbreviations in the title of the manuscript. Name of authors should be described fully without abbreviation. In author name listing, any title of degree or professions such as M.D. or Ph.D. should not be added. Differentiation of the authors’ affiliation can be done with superscript Arabic character numerals - such as 1, 2, 3- after the author’s name and before the address of their affiliation. Address of affiliation should comprise at least the institute, city, and country. The corresponding author has full responsibility on the manuscript’s exactness, and this author’s full name, academic degrees, mailing address (institutional affiliation, city, zip code, and country), telephone number, fax number, and e-mail address should be described.

Abstract and Keywords
The second file of the manuscript should contain the Abstract. Please refer to the Article Type for Abstract formats. The Abstract should be comprehensible to readers before they have read the paper and should not contain reference citations.

Original article abstract must be organized and formatted according to the following headings: (1) Background; (2) Materials and Methods; (3) Results; and (4) Conclusion.

It is not necessary to have a fully structured abstract for Review article, Brief communications, Case reports, and Special article. Up to five key words should be listed at the end of the abstract to be used as index terms. For the selection of key words, refer to Medical Subject Headings (MeSH) in PubMed, or at the internet site, http://www.nlm.nih.gov/mesh/MBrowser.html.

Text
Authors are encouraged to follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals. They should strive for a concise article without excessive detail (word limits are specified under Categories of Articles). All but the shortest articles should have subheadings.

https://icjournal.org
Introduction
It provides a brief research background and specific purpose or objectives for the research. The hypothesis tested can be stated. It is recommended that the introduction includes ‘general and specific background’, ‘debating issue’, and ‘specific purpose of this study’.

Materials and Methods
The explanation of the experimental methods should be concise and sufficient for repetition by other qualified investigators. Procedures that have been published previously do not need to be described in detail. However, new or significant modifications of previously published procedures need full descriptions. Clinical studies or experiments using laboratory animals or pathogens should mention approval of the studies by relevant committees in this section (examples as bellows). If there is no IRB or IACUC approval, it should be discussed with the editor during the review process. The sources of special chemicals, preparations, or programs should be given along with their location (name of manufacturing company, city and state, and country). Method of statistical analyses and the criteria for determining significance levels should be described. If the reviewers want to analyze the data to confirm the results, the raw data may be provided to the editorial office.

(Example for clinical study)
The study protocol was reviewed and approved by the AAA University Hospital Institutional Review Board (Approval No. AUHRIB 2019-01-001). The need for patient consent was waived due to the retrospective nature of the study, but the consents were obtained from patients whose photographs were taken.

(Example for animal study)
All animal experiments and animal care were carried out in accordance with the criteria of the Laboratory Animals Welfare Act, the Guide for the Care and Use of Laboratory Animals, and the Guidelines and Policies for Rodent Survival Surgery provided by the Institutional Animal Care and Use Committee (IACUC) of the College of Medicine, BBB University (Approval No. BUMC-12345).

(Example for clinical trials)
The study was conducted in accordance with the International Conference on Harmonization Good Clinical Practice Guidelines and ethical principles originating in or derived from the Declaration of Helsinki, approved by the appropriate institutional review boards, and registered on ClinicalTrials.gov (primary study: NCT00000000). Manuscripts reporting interventional clinical trial should include data sharing plan following the ICMJE statement by referring to the ICMJE Statement on Data Sharing (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration).

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

Results
It should be described logically according to the Materials and methods section. Tables and figures are recommended to present the results more rapidly and easily. Do not duplicate the content of a table or a figure with in the Results section. Briefly describe the core results related to the conclusion in the text when data are provided in tables or in figures. Supplementary results can be placed in the Appendix.

Discussion
The data should be interpreted concisely without repeating materials already presented in the results section. Summary or conclusion should be included at the end of this section. We recommend authors to describe clinical or biomedical significance of the study. Speculation is permitted, but it must be clearly supported by results presented in the study or literature published. Please do not repeatedly mention the results of previous relevant studies, but mention any differences or concordances. Emphasize the core findings and the conclusions drawn from them with the best available evidence.

Funding Disclosure
Details of all funding sources for the work in question should be given in a separate section entitled “Funding.” This should appear before the “Acknowledgment” section.

The following rules should be followed:
• The sentence should begin: “This work was supported by ...”
• The full official funding agency name should be given, i.e. “the National Cancer Institute at the National Institutes of Health” or simply “National Institutes of Health” not “NCI” (one of the 27 subinstitutions) or “NCI at NIH.”
• Grant numbers should be complete and accurate and provided in brackets as follows: “[grant number ABX CDXXXXX]”

https://icjournal.org
Instructions to Authors

- Multiple grant numbers should be separated by a comma as follows: “[grant numbers ABX CDXXXXX, EFX GHXXXXXX]”
- Agencies should be separated by a semi-colon (plus “and” before the last funding agency)
- Where individuals need to be specified for certain sources of funding the following text should be added after the relevant agency or grant number “to [author initials].”

An example is given here: “This work was supported by Korea Centers for Diseases Control and Prevention”.

Conflicts of Interest Disclosure

It should be disclosed here according to the statement in the Ethical considerations regardless of existence of conflict of interest.

Examples of declarations are:
- Conflicts of interest.
  No conflicts of interest.

- Conflict of interest.
  JAM reports grants and personal fees from Bio-Rad, personal fees and non-financial support from Astellas and Basilea, and grants, personal fees and non-financial support from Gilead Sciences, Merck Sharp and Dohme, and Pfizer, Inc. during the conduct of the study. KAM has a patent (diagnostics for aspergillosis) licensed to MycoMed Technologies. D-GL reports grants and personal fees from Astellas, Gilead Sciences, MSD, Pfizer, and Yuhan, outside the submitted work.

DGL is editor-in-chief of Journal Infect Chemother; however, he did not involve in the peer reviewer selection, evaluation, and decision process of this article. Otherwise, no potential conflicts of interest relevant to this article was reported.

Acknowledgments

Personal acknowledgment should precede those of institutions of agencies. Any substantial assistance in preparing the manuscript—for example, in data retrieval or statistical analysis—other than by an author should be stated.

Please note that acknowledgment of funding bodies and declarations regarding conflicts of interest should be given in separate Funding and Conflicts of Interest sections, respectively.

ORCID

All authors (1st and corresponding author, at least) are recommended to provide ORCID. To obtain an ORCID, authors should register in the ORCID web site: https://orcid.org. Examples of ORCID description is as follows: Dong-Gun Lee https://orcid.org/0000-0003-4655-0641.

Authors’ Contributions

What authors have done for the study should be described in this section. To qualify for authorship, all contributors must meet at least one of the seven core contributions by CRediT (conceptualization, methodology, software, validation, formal analysis, investigation, and data curation), as well as at least one of the writing contributions (original draft preparation, review and editing). Authors may also satisfy the other remaining contributions; however, these alone will not qualify them for authorship.

Contributions will be published with the final article, and they should accurately reflect contributions to the work. The submitting author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time.

Examples of authors’ contributions are as follow:
- Conceptualization: JYS, JHY, ARC.
- Data curation: BWY, COK, AI, AKA, EH.
- Formal analysis: BWY, COK.
- Funding acquisition: JHY, ARC.
- Investigation: JHY, ARC, COK.
- Methodology: COK, AI, AKA, EH.
- Project administration: JHY, ARC.
- Resources: JHY, ARC.
- Software: AI, AKA, EH.
- Supervision: HSA, SHK.
- Validation: JHB, SWP.
- Visualization: SWP.
- Writing - original draft: JHB, SWP.
- Writing - review & editing: BWY, COK, AI, AKA, EH.

Appendix

If any materials are not enough to be included in the main text such as questionnaires, they can be listed in the Appendix.

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. Not only recording of the abstract, text, audio or video files, but also data files could be added here. Supplementary materials should be submitted in a single Word document or a single PDF file which should include all materials (information, tables, figures, and references). Each element included in supplementary material should be cited in
the text of the main manuscript (e.g., Supplementary Table 1, Supplementary Fig. 1, Supplementary Materials and Methods). The first page of the online-only document should list the number and title of each element included in the document.

References

Names of journals are abbreviated according to the List of Journals Indexed for Medline. Titles of journals not listed in Medline should be spelled out in full. References should be numbered consecutively as they appear in the text, with the numbers in brackets on the text line (e.g., [3, 7-9, 57]). Reference to a doctoral dissertation should include the author, title, institution, location, year, and publication information, if published. For online resources, a URL and date accessed should be included. Accuracy of references is the responsibility of the authors.

The citation of journals, books, multi-author books, and articles published online should conform to the following examples:

Journals


Books

- Seah AI, Hornick RB. Principles and Practice of Infectious Diseases. 2nd ed. New York: Wiley Medical; 1985;1094

Website


Tables

All tables should be on separate pages and accompanied by a title, and footnotes where necessary. The tables should be numbered consecutively using Arabic numerals. Units in which results are expressed should be given in parentheses at the top of each column and not repeated in each line of the table. Ditto signs are not used. Avoid overcrowding the tables and excessive words. The format of tables should be in keeping with that normally used by the journal; in particular, vertical lines, colored texts, and shading should not be used. Be certain that the data given in tables are correct.

In a footnote to the table, all abbreviations used should be defined, unless otherwise defined in the text, excluding units of measure. Footnotes and accompanying explanatory material should be kept to a minimum. Footnotes should be placed below the table and designated by superscript lowercase letters (listed in order of location when the table is read horizontally). Each column must have a heading describing the data below, and units of measure must be clearly indicated for all data.

Figure Legends

These should be on a separate, numbered manuscript sheet. Define all symbols and abbreviations used in the figure. Figures and legends should be intelligible without reading the text of the manuscript.

MANUSCRIPT DETAILS

Nomenclature


Human Genetic Nomenclature and Notation

in italicized capital letters and Arabic numerals. Human protein product names are not italicized. For human mutation nomenclature, see Antonarakis et al. (Recommendations for a nomenclature system for human gene mutations. Hum Mutat 1998; 11:1-3).

**Nucleotide, Protein Sequences, and Microarray Data**

If a manuscript reports on any new nucleotide or protein sequences, these must be deposited in a publicly available database at the time of submission. Nucleotide sequences should be deposited in one of the three major collaborative databases: GenBank (https://www.ncbi.nlm.nih.gov/genbank/), European Nucleotide Archive (https://www.ebi.ac.uk/ena), or DDBJ (https://www.ddbj.nig.ac.jp/index-e.html). New sequences and their accession numbers should be listed at the beginning of the Methods section. Protein sequences should be deposited with UniProt. Authors submitting microarray data should comply with the ‘Minimal Information About a Microarray Experiment’ (MIAME) guidelines. Microarray data should also be submitted to GEO (http://www.ncbi.nlm.nih.gov/geo/) or ArrayExpress (http://www.ebi.ac.uk/arrayexpress) and to provide accession numbers by the time the paper is accepted.

**Statistical Analysis**

The statistical analyses used should be identified both in the text and in all tables and figures where the results of statistical comparison are shown.

**Units of Measurement**

The use of SI units is encouraged. All data should be expressed in metric units. Temperature should be expressed in degrees Celsius.

**Abbreviations**

Non-standard abbreviations should be kept to a minimum. They should be defined at the first occurrence and introduced only where multiple use is made.

**Drugs and pharmaceutical agents**. Should an author decide to abbreviate the names of antimicrobial agents in a manuscript, the following standard abbreviations are strongly recommended.

Please check the website (http://www.ksac.or.kr/medical/sub05, html) for more details, and refer to the previous version of the website for abbreviations that are not included in the third version.

(i) **Antibacterial agents**. Use the indicated abbreviations for the following antibacterial agents.

<table>
<thead>
<tr>
<th>Antibacterial Agent</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>amikacin</td>
<td>AMK</td>
</tr>
<tr>
<td>amoxicillin</td>
<td>AMX</td>
</tr>
<tr>
<td>amoxicillin-clavulanic acid</td>
<td>AMC</td>
</tr>
<tr>
<td>ampicillin</td>
<td>AMP</td>
</tr>
<tr>
<td>ampicillin-sulbactam</td>
<td>SAM</td>
</tr>
<tr>
<td>arbekacin</td>
<td>ABK</td>
</tr>
<tr>
<td>azithromycin</td>
<td>AZM</td>
</tr>
<tr>
<td>azlocillin</td>
<td>AZL</td>
</tr>
<tr>
<td>aztreonam</td>
<td>ATM</td>
</tr>
<tr>
<td>bedaquiline</td>
<td>BDQ</td>
</tr>
<tr>
<td>capreomycin</td>
<td>CPM</td>
</tr>
<tr>
<td>carbenicillin</td>
<td>CAR</td>
</tr>
<tr>
<td>cefaclor</td>
<td>CEC</td>
</tr>
<tr>
<td>cefadroxil</td>
<td>CFR</td>
</tr>
<tr>
<td>cefamandole</td>
<td>FAM</td>
</tr>
<tr>
<td>cefazolin</td>
<td>CFZ</td>
</tr>
<tr>
<td>cefdinir</td>
<td>CDR</td>
</tr>
<tr>
<td>cefditoren</td>
<td>CDN</td>
</tr>
<tr>
<td>cefepime</td>
<td>FEP</td>
</tr>
<tr>
<td>cefetamet</td>
<td>FET</td>
</tr>
<tr>
<td>cefiderocol</td>
<td>FDC</td>
</tr>
<tr>
<td>cefixime</td>
<td>CFM</td>
</tr>
<tr>
<td>cefmetazole</td>
<td>CMZ</td>
</tr>
<tr>
<td>cefonicid</td>
<td>CIDs</td>
</tr>
<tr>
<td>cefoperazone</td>
<td>CFP</td>
</tr>
<tr>
<td>cefoperazone/sulbactam</td>
<td>SCF</td>
</tr>
<tr>
<td>cefotaxime</td>
<td>CTX</td>
</tr>
<tr>
<td>cefotetan</td>
<td>CTT</td>
</tr>
<tr>
<td>cefoxitin</td>
<td>FOX</td>
</tr>
<tr>
<td>cefpodoxime</td>
<td>CPD</td>
</tr>
<tr>
<td>ceftazidime</td>
<td>CAZ</td>
</tr>
<tr>
<td>ceftazidime-avibactam</td>
<td>CZA</td>
</tr>
<tr>
<td>cefibuten</td>
<td>CTB</td>
</tr>
<tr>
<td>cefizoxime</td>
<td>ZOX</td>
</tr>
<tr>
<td>ceftolozane-tazobactam</td>
<td>C/T</td>
</tr>
<tr>
<td>ceftriaxone</td>
<td>CRO</td>
</tr>
<tr>
<td>cefuroxime (axetil or sodium)</td>
<td>CXM</td>
</tr>
<tr>
<td>cephalalexin</td>
<td>LEX</td>
</tr>
<tr>
<td>cephalothin</td>
<td>CEF</td>
</tr>
<tr>
<td>cepharin</td>
<td>HAP</td>
</tr>
<tr>
<td>cephradine</td>
<td>RAD</td>
</tr>
<tr>
<td>chloramphenicol</td>
<td>CHL</td>
</tr>
<tr>
<td>ciprofloxacin</td>
<td>CIP</td>
</tr>
<tr>
<td>clarithromycin</td>
<td>CLR</td>
</tr>
<tr>
<td>clindamycin</td>
<td>CLI</td>
</tr>
<tr>
<td>clorazoline</td>
<td>CLO</td>
</tr>
<tr>
<td>colistin</td>
<td>CST</td>
</tr>
<tr>
<td>cycloserine</td>
<td>CCS</td>
</tr>
<tr>
<td>dalbavancin</td>
<td>DAL</td>
</tr>
</tbody>
</table>
(ii) **Antifungal agents.** Use the indicated abbreviations for the following antifungal agents.

- amphotericin B deoxycholate: AMB
- anidulafungin: ANF
- caspofungin: CAF
- clotrimazole: CLT
- fluconazole: FLC
- fluocytosine: 5FC
- isavuconazole: ISA
- itraconazole: ITC
- ketoconazole: KTC
- liposomal amphotericin B: LAB
- micafungin: MIF
- nystatin: NYT
- posaconazole: PSC
- terbinafine: TRB
- voriconazole: VRC

(iii) **Antiviral agents.** Use the indicated abbreviations for the following antiviral agents.

- abacavir: ABC
- acyclovir: ACV
- adefovir: ADV
- asunaprevir: APV
- atazanavir: ATV
- bictegravir: BIC
- boceprevir: BOC
- cidofovir: CDV
- cobicistat: COBI
- daclatasvir: DCV
- darunavir: DRV
- dasabuvir: DAS
- didanosine: ddI
- dolutegravir: DTG
Instructions to Authors

efavirenz EFV
elbasvir EBR
elvitegravir EVG
emtricitabine FTC
enfuvirtide T20
entecavir ETV
etravirine ETR
fanciclovir FCV
foscarnet FOS
ganciclovir GCV
grazoprevir GZR
indinavir IDV
lamivudine 3TC
letermovir LMV
lopinavir LPV
maraviroc MVC
nevirapine NVP
ombitasvir OBV
oseltamivir OTV
paritaprevir PTV
peramivir PRV
raltegravir RAL
ribavirin RBV
rilpivirine RPV
ritonavir RTV
ritonavir-boosted atazanavir ATV/r
ritonavir-boosted darunavir DRV/r
ritonavir-boosted lopinavir LPV/r
sofosbuvir SOF
stavudine d4T
tenofovir alafenamide TAF
tenofovir disoproxil fumarate TDF
valaciclovir VACV
valganciclovir VGCV
velpatasvir VEL
zanamivir ZAN
zidovudine ZDV
mebendazole MBDZ
mefloquine MQ
nitazoxamide NTZX
paromomycin PRM
pentamidine PTMD
praziquantel PZQT
primaquine PQ
pyrimethamine PM
quinine QN
tinidazole TDZ

(JOURNAL COPYEDITING STYLE

Authors are referred to the AMA Manual of Style: A Guide for Authors and Editors (10th ed., Oxford University Press, 2007) and the Chicago Manual of Style (16th ed., University of Chicago Press, 2010). For commercially obtained products mentioned in the text, the full names of manufacturers should be listed. Generic names of drugs and other chemical compounds should be used.

FIGURES AND ILLUSTRATIONS

Figures should also be numbered in the order of mention in the text and should appear at the end of the manuscript and references. Figures will not be relettered by the publisher. The journal reserves the right to reduce the size of illustrative material.

Formatting

Multipart figures should be submitted as a single file, with panels labeled within the image, rather than as multiple files. Letters, numbers, and symbols should be clear and of sufficient size to be legible when the figures are reduced. Photomicrographs should have internal scale markers. If the manuscript is accepted, the author will be required to supply high resolution figure files for production.

Save figure files in TIFF or EPS format, using CMYK colors, with fonts embedded. When creating figures, please make sure any embedded text is large enough to read. If figures contain miniscule characters such as numbers on a chart or graph, they will most likely be illegible in the final version.

For useful information on preparing your figures for publication, go to http://cpc.cadmus.com/da.

Halftone Illustrations, Photographs

Any photomicrographs, electron micrographs, or radiographs must be of high quality with respect to detail, contrast, and fineness of

(iv) Others. Use the indicated abbreviations for the following others.

albendazole ADZ
artemether AMET
artemisinin AMS
artesunate AS
atovaquone AT
atovaquone/proguanil AT/PGU
chloroquine CQ

https://icjournal.org
Instructions to Authors

To withstand the inevitable loss of contrast and detail inherent in the printing process. Wherever possible, photographs should fit within the print area or within a column width. Photomicrographs should provide details of staining technique and a scale bar. Patients shown in photographs should have their identity concealed or should have given their written consent to publication. Please indicate the magnification by a bar on the photograph. Minimum resolutions are 300 d.p.i for color or tone images.

Line Drawings
All line drawings should have clear and sharp lines. No additional artwork, redrawing, or typesetting will be done. Therefore, all labeling should be done on the original line drawing. Faint shading and stippling could be lost upon reproduction and should be avoided. Line drawings must have a resolution of at least 600 d.p.i at their final size.

Color Illustrations
Authors are required to pay the full cost of reproduction of color figures. For details see Infect Chemother charges. If you require color reproduction of figures in the print journal you will be asked to approve the cost. An invoice will be issued at the time of publication.

Infect Chemother also offers free reproduction of color figures in the online version (figures in the print version will appear in black and white). Figure captions must be suitable worded to apply to both the print and online versions of the article.

SUBMISSION
Please read these instructions carefully and follow them closely to ensure that the review and publication of your paper is as efficient and quick as possible. The Editors reserve the right to return manuscripts that are not in accordance with these instructions.

All material to be considered for publication in Infect Chemother should be submitted in electronic form via the journal’s online submission system at http://www.editorialmanager.com/ic.

Cover Letter
The cover letter must include the completed contact information (addresses, telephone and fax numbers, and e-mail) for the corresponding author. The letter should warrant that all authors have seen and approved the manuscript, contributed significantly to the work, and also that the manuscript has not been previously published nor is not being considered for publication elsewhere.

Related Manuscripts
A copy should be included of any closely related manuscript submitted to or published in Infect Chemother or elsewhere, as noted in the journal’s duplicate or secondary publication policy.

Permissions
Written permission should be obtained to adapt a part of or reprint an entire table, graph, or illustration that has been previously published. Authors are responsible for obtaining permission from the copyright holder to use copyrighted material prior to submission, and are responsible for paying any associated fees.

EDITORIAL AND PEER REVIEW PROCESS
Infect Chemother reviews all manuscripts received. A manuscript is previewed for its format and academic relevancy. If the manuscript does not fit the aims and scope of Infect Chemother or does not adhere to the Instructions to Authors, it may be returned to the author immediately after receipt and without a review. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (https://www.crossref.org/services/similarity-check/), a plagiarism-screening tool. The criterion for similarity rate for further screening is usually 15%; however, the excess amount of similarity in specific sentences may be also checked in every manuscript. The settings for Similarity Check screening are as follows: It excludes quotes, bibliography, small matches of 6 words, small sources of 1%, and the Methods section. After screening, manuscript will be sent to the most relevant investigators (2 or more) available for review of the contents. The editor selects peer referees by recommendation of the Editorial Board members or from the Board’s specialist database. In addition, if deemed necessary, a review of statistics may be requested. Authors’ names and affiliations are removed during peer review, and also the authors realize that the identities of the reviewers are kept confidential.

The review period is usually 2 weeks. Acceptance of the manuscript is decided based on the critiques and recommended decision of the referees. A referee may recommend “Accept without revision”, “Accept with minor revision”, “Major revision”, or “Reject”. If there is a marked discrepancy in the decisions between two referees or between the opinions of the author and referee(s), the Editor may send the manuscript to another referee for additional comments and a recommended decision. Three repeated decisions of “review again after revision” are regarded as a “rejection”. The reviewed manuscripts are returned back to the corresponding author with comments and recommended revisions. Names and decisions of the referees are masked. A final editor’s decision on acceptance
Instructions to Authors

for publication or rejection for publication is forwarded to the corresponding author from the editorial office.

The usual reasons for rejection are topics that are too specific and target an audience that is too limited, insufficient originality, serious scientific flaws, poor quality of illustrations, or absence of a message that might be important to readers. Rarity of a disease condition is itself not an acceptable justification for a case report. The peer review process takes usually four to eight weeks after the manuscript submission.

Revisions are usually requested to take account of criticisms and comments made by referees. If there are any requests for revision of the manuscript by the reviewers, the authors should do their best to revise the manuscript. If the reviewer’s opinion is not acceptable or is believed to misinterpret the data, the author should reasonably indicate that. The corresponding author must indicate clearly what alterations have been made in response to the referee’s comments point by point. Acceptable reasons should be given for non-compliance with any recommendation of the referees. After revising the manuscript, the author should upload the revised manuscript(s) with a reply to each item of the reviewer’s commentary via the on-line web system. The author’s revisions should be completed within 30 days after the request. If it is not received by the due date, the Editorial Board will notify the author. To extend the revision period beyond 30 days, the author should negotiate that with the Editorial Board. Failure to resubmit revisions should be completed within 30 days after the request. If it is not received by the due date, the Editorial Board will notify the author. To extend the revision period beyond 30 days, the author should negotiate that with the Editorial Board. Failure to resubmit the revised manuscript within 2 months without any notice from the corresponding author is regarded as a withdrawal.

EDITORIAL POLICY

The Editor assumes that all authors listed in a manuscript have agreed with the following policy of Infect Chemother on submission of manuscripts. Except for the negotiated secondary publication, manuscripts submitted to the Infect Chemother must be previously unpublished and not be under consideration for publication elsewhere. Under any circumstances, the identities of the referees will not be revealed.

If a new author should be added or an author should be deleted after the submission, it is the responsibility of the corresponding author to ensure that the authors concerned are aware of and agree to the change in authorship. Infect Chemother has no responsibility for such changes.

Minimum article processing charges are due for every accepted manuscript. Costs for reprints are charged to the authors by their option. All published manuscripts become the permanent property of the Korean Society of Infectious Diseases, Korean Society for Antimicrobial Therapy, and the Korean Society for AIDS and may not be published elsewhere without written permission.

HOW TO SUBMIT

Online Submission
We only accept manuscript submission via our online manuscript submission system (http://www.editorialmanager.com/ic). Before submitting a manuscript, authors are encouraged to consult both our Editorial Policies and the Manuscript Preparation Instruction for our online manuscript submission system. If you have not already done so, please register for an account with our online manuscript system. You will be able to monitor the status of your manuscript online throughout the editorial process.

Submission of Revisions
Authors submitting a revised manuscript after review are asked to include the following:

(1) A rebuttal letter, indicating point-by-point how you have addressed the comments raised by the reviewers. If you disagree with any of the points raised, please provide adequate justification in your letter.

(2) A marked-up version of the manuscript that highlights changes made in response to the reviewers’ comments in order to aid the Editors and reviewers.

AUTHOR’S MANUSCRIPT CHECKLIST

Original article
1. Typed double-spaced in 12-point font on A4 and prepared as an electronic file, preferably using Microsoft (MS) Word.
2. Sequence: title page, abstract and keywords, introduction, materials and methods, results, discussion, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors’ contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page.
3. Title page with article title (less than 150 characters), authors’ full name (s) and affiliation (s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any.
4. Abstract in structured format within 400 words and up to five key words from MeSH.
5. Total text does not exceed 5,500 words (excluding abstract, references, and figure/table legends).
6. All table and figure numbers appear in the text.

https://icjournal.org
Instructions to Authors

7. References: 40 or less. References are listed in proper format. All listed references are cited in the text, and vice versa.

8. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors.

You can find the checklist of other manuscripts in online submission system.

PROOFS

Authors are sent page proofs by e-mail. To avoid delays in publication, proofs should be checked immediately and corrections, as well as answers to any queries, returned to the publishers as an annotated PDF via email or fax within 2 working days. Further details are supplied with the proof. It is the author’s responsibility to check proofs thoroughly.

Excessive alterations in the proof stage may delay publication of the article to a subsequent issue. Authors who make extensive amendments to the text at the page-proof stage will be charged an additional fee.

PROCESS AFTER ACCEPTANCE AND FEEDBACK AFTER PUBLICATION

Process after Acceptance

If the manuscript is finally accepted, the proofreading will be sent to the corresponding author after professional manuscript editing and/or English proofreading. Proofreading should be performed again for any misspellings or errors by the authors. Even before final proofreading, the manuscript may appear at the journal homepage or PubMed as an Epub ahead of print with a unique DOI number for rapid communication. The Epub ahead of print version will be replaced by the replacement XML file and a final PDF. All published articles will be included in PubMed/PubMed Central. All or a part of the abstracts will be indexed to a variety of databases including ESCI, SCOPUS, DOI/Crossref, DOAJ, EMBASE, CAS, Google Scholar, CABI, KoreaMed, Synapse, and KoMCI.

Feedback after Publication

If the authors or readers find any errors, or contents that should be revised, it can be requested from the Editorial Board. The Editorial Board may consider erratum, corrigendum or a retraction. If there are any revisions to the article, there will be a CrossMark description to announce the final draft. If there is a reader’s opinion on the published article with the form of Correspondence, it will be forwarded to the authors. The authors can reply to the reader’s letter. Correspondence both Letter to the editor and the author’s reply may be also published.

How the Journal Handle Complaints and Appeals

The policy of Infect Chemother is primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from: https://publicationethics.org/appeals

Who complains or makes an appeal?

Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problem. If any individuals or institutions want to inform the cases, they can send a letter to editorial office in the journal contact details (e-mail or off-line printed version). For the complaints or appeals, concrete data with answers to all factual questions (who, when, where, what, how, why) should be provided.

Who is responsible to resolve and handle complaints and appeals?

The Editor, Editorial Board, or Editorial Office is responsible for them. A legal consultant or ethics editor may be able to help with the decision making.

What may be the consequence of remedy?

It depends on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the COPE (https://publicationethics.org/).

ARTICLE PROCESSING CHARGE

Submission Charge

No charge for all kinds of manuscripts submitted to our online system.

English Editing

Papers that will be published since 2014 must go through an English editing process, and for those that do not undergo the editing process will undergo the editing process after permission is granted for publication. The fees will be charged to the author.

Page Charge

The following applies to papers published since the 1st issue of 2014:
Instructions to Authors

• Original article: No fees for publication
• Case report: US $200 / KRW 200,000 (4-page basis), additional pages: US $60/page / KRW 60,000/page
• Color image: US $100/page / KRW 100,000/page

PRESS EMBARGOS
Release of manuscripts that decided to be accepted, but not yet published, to the media or government agencies violates *Infect Chemother* policy. Release of these manuscripts may be warranted when they pertain to issues of urgent public importance, but they may be released only if there is express written permission from the Editor.

COPYRIGHT AND CREATIVE COMMONS ATTRIBUTION LICENSE
It is a condition of publication in *Infect Chemother* that the authors grant an exclusive license to the journal’s sponsoring society, the Korean Society of Infectious Diseases, Korean Society for Antimicrobial Therapy, and the Korean Society for AIDS. They also follow the Creative Commons Attribution Non-Commercial License available from: https://creativecommons.org/licenses/by-nc/4.0/. For any commercial use of material from the open access version of the journal, permission must be obtained from the Korean Society of Infectious Diseases, Korean Society for Antimicrobial Therapy, and the Korean Society for AIDS. This ensures that all of the necessary rights needed for publication of the article are in place including provision for any requests from third parties to reproduce the content to be as widely disseminated as possible. No article will be published unless the signed license has been received at *Infect Chemother*. On acceptance of your article for publication, the license form should be returned immediately by fax or by sending a scanned PDF copy, and the original must be posted as soon as possible. Faxing a copy of the form when requested will assist in the rapid publication of your article but the Original form should also be returned. Any queries about the license form should be sent as soon as possible to Rights and permissions so that any issues can be resolved quickly and to avoid any delay in publication.

Work submitted for publication must be original, previously unpublished, and not under consideration for publication elsewhere. If previously published figures, tables, or parts of text are to be included, the copyright-holder’s permission must have been obtained prior to submission.
Please see Copyright Transfer Form.

OPEN ACCESS POLICY
*Infect Chemother* is an open access journal which means that all content is freely available without charge to the user or his/her institution. Users are allowed to read, download, copy, distribute, print, search, or link to the full texts of the articles, or use them for any other lawful purpose, without asking prior permission from the publisher or the author. This is in accordance with the BOAI definition of open access. For details, see https://www.icjournal.org/index.php?body=terms.

ARCHIVING POLICY
Full text of *Infect Chemother* has been archived in PubMed/PubMed Central (https://www.ncbi.nlm.nih.gov/pmc/journals/2204/) and KoreaMed (https://koreamed.org/JournalVolume.php?id=86). Authors can archive publisher’s version/PDF. *Infect Chemother* provides the electronic backup and preservation of access to the journal content in the event the journal is no longer published by archiving in PubMed Central and KoreaMed.

OPEN DATA POLICY
For clarification on result accuracy and reproducibility of the results, raw data or analysis data will be deposited to a public repository. If the data is already a public one, its URL site or sources should be disclosed. If data cannot be publicized, it can be negotiated with the editor. If there are any inquiries on depositing data, authors should contact the editorial office.

DATA SHARING STATEMENT

READERSHIP
It is primarily for clinicians and researchers interested in infectious diseases, medical microbiology and public health

https://icjournal.org
issues. They will be able to obtain tailored information to adopt for their research and practices and to link the basic and clinical research in the field of infectious diseases even though they are clinicians or researchers not in this field. Its readership can be expanded to other positions: Policy makers may be able to apply the results of articles to the strategies of infectious diseases (e.g., prevention, diagnosis, management and control); Administrators of the governments, hospitals, or universities and so on can access and adopt a variety of data in public health issues; Medical students and residents can understand the recent epidemiology of infectious and medical microbiology; The public will be able to read the advancement in the evaluation study of undergraduates, graduates, and continuing education so that they have a confidence in the training courses of future health professionals.

REVENUE SOURCES
*Infect Chemother* is mainly supported by the publishers, the Korean Society of Infectious Diseases, Korean Society for Antimicrobial Therapy, and the Korean Society for AIDS. This journal is also supported by the Korean Federation of Science and Technology Societies Grant funded by the Korean Government (MEST).

DIRECT MARKETING
Journal propagation has been done through the *Infect Chemother* website and distribution of an introduction pamphlet during the related conferences organized by the Korean Society of Infectious Diseases, Korean Society for Antimicrobial Therapy, and the Korean Society for AIDS. Invitations to submit a manuscript are usually focused on the presenters at conferences, seminars, or workshops if the topic is related to the journal’s aims and scope.

ADVERTISING POLICY
*Infect Chemother* does not accept any commercial product advertisements until policy changes otherwise.
Copyright Transfer Form

Title: ____________________________________________________________

Type:  Review Article _____  •  Original Article _____  •  Brief communication _____
       Correspondence _____  •  Case Report _____  •  Editorial _____  •  Special article _____

1. Informed Consent
The author(s) haven’t suggested any personal information that may make the identity of the patient recognizable in any forms of description part, photograph or pedigree. When the photographs of the patient were essential and indispensable as scientific information, the author(s) have received the consent in writing form and have clearly stated it.

2. Human and Animal Right
In case of experimenting on human, the author(s) have certified that the process of the research is in accordance with ethical standards of Helsinki declaration, domestic and foreign committees that preside over human experiment. If any doubts are raised whether the research was proceeded in accordance with the declaration, the author(s) would explain it. In case of experimenting on animals, the author(s) have certified that the author(s) had followed the domestic and foreign guideline related to experiment of animals in a laboratory.

3. Copyright Transfer
The author(s) have received consent from the author or editor about the picture or the table that was quoted from other journals or books. A portion or entire of the article hasn’t been published on other journals nor contributed to other journals and under review.
The author(s) undersigned hereby transfer all rights, interest, copyright and digital copyright related to the journal to the Korean Society of Infectious Diseases and the Korean Society for Antimicrobial Therapy when it is published on Infection and Chemotherapy.

4. Disclosure of Conflict of Interest
Author(s) of the journal have clarified everything that interest may arise such as research expenses, consultant expenses, stock, particularly concerned person of the judges on the document of disclosure of conflict of interest.

Signed: ___________________________  Date: ___________________________

________________________________________  __________________________

________________________________________  __________________________

________________________________________  __________________________
Author's Manuscript Checklist

REVIEW ARTICLE

1. Typed double-spaced in 12-point font on A4 or letter-size paper and prepared as an electronic file, preferably using Microsoft (MS) Word. ✓

2. Sequence: title page, abstract and keywords, introduction, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors’ contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page. □

3. Title page with article title (less than 150 characters), authors' full name(s) and affiliation(s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any. □

4. Abstract in unstructured format within 200 words and up to five key words from MeSH. □

5. Total text does not exceed 6,500 words (excluding abstract, references, and figure/table legends). □

6. All table and figure numbers appear in the text. □

7. References: 100 or less. References are listed in proper format. All listed references are cited in the text, and vice versa. □

8. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors. □
Author’s Manuscript Checklist

ORIGINAL ARTICLE

1. Typed double-spaced in 12-point font on A4 or letter-size paper and prepared as an electronic file, preferably using Microsoft (MS) Word.

2. Sequence: title page, abstract and keywords, introduction, materials and methods, results, discussion, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors' contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page.

3. Title page with article title (less than 150 characters), authors' full name (s) and affiliation (s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any.

4. Abstract in unstructured format within 400 words and up to five key words from MeSH.

5. Total text does not exceed 5,500 words (excluding abstract, references, and figure/table legends).

6. All table and figure numbers appear in the text.

7. References: 40 or less. References are listed in proper format. All listed references are cited in the text, and vice versa.

8. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors.

✓ □ □ □ □ □ □ □
Author's Manuscript Checklist

BRIEF COMMUNICATION

1. Typed double-spaced in 12-point font on A4 or letter-size paper and prepared as an electronic file, preferably using Microsoft (MS) Word.

2. Sequence: title page, abstract and keywords, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors' contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page.

3. Title page with article title (less than 150 characters), authors' full name (s) and affiliation (s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any.

4. Abstract in unstructured format within 100 words and up to five key words from MeSH.

5. Total text does not exceed 1,500 words (excluding abstract, references, and figure/table legends).

6. All table and figure numbers appear in the text.

7. References: 20 or less. References are listed in proper format. All listed references are cited in the text, and vice versa.

8. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors.
Author’s Manuscript Checklist

CORRESPONDENCE

1. Typed double-spaced in 12-point font on A4 or letter-size paper and prepared as an electronic file, preferably using Microsoft (MS) Word. [✓]

2. Sequence: title page, abstract and keywords, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors' contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page. [☐]

3. Title page with article title (less than 150 characters), authors' full name(s) and affiliation(s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any. [☐]

4. Total text does not exceed 500 words (excluding abstract, references, and figure/table legends). [☐]

5. All table and figure numbers appear in the text. [☐]

6. References: 10 or less. References are listed in proper format. All listed references are cited in the text, and vice versa. [☐]

7. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors. [☐]
CASE REPORT

1. Typed double-spaced in 12-point font on A4 or letter-size paper and prepared as an electronic file, preferably using Microsoft (MS) Word.

2. Sequence: title page, abstract and keywords, introduction, case report, discussion, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors' contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page.

3. Title page with article title (less than 150 characters), authors' full name(s) and affiliation(s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any.

4. Abstract in unstructured format within 400 words and up to five key words from MeSH.

5. Total text does not exceed 2,000 words (excluding abstract, references, and figure/table legends).

6. All table and figure numbers appear in the text.

7. References: 20 or less. References are listed in proper format. All listed references are cited in the text, and vice versa.

8. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors.
EDITORIAL

1. Typed double-spaced in 12-point font on A4 or letter-size paper and prepared as an electronic file, preferably using Microsoft (MS) Word. ✔

2. Sequence: title page, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors' contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page. □

3. Title page with article title (less than 150 characters), authors' full name(s) and affiliation(s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any. □

4. Total text does not exceed 1,200 words (excluding abstract, references, and figure/table legends). □

5. All table and figure numbers appear in the text. □

6. References: 10 or less. References are listed in proper format. All listed references are cited in the text, and vice versa. □

7. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors. □
Author's Manuscript Checklist

SPECIAL ARTICLE

1. Typed double-spaced in 12-point font on A4 or letter-size paper and prepared as an electronic file, preferably using Microsoft (MS) Word. ✓

2. Sequence: title page, abstract and keywords, funding disclosure, conflicts of interest disclosure, acknowledgment, ORCID, authors' contributions, appendix, supplementary materials, references, tables, and figure legends. All pages should be numbered consecutively, starting from the title page. □

3. Title page with article title (less than 150 characters), authors' full name (s) and affiliation (s), corresponding author (include phone and fax numbers and e-mail address), running title (less than 50 characters), and footnotes, if any. □

4. Abstract in unstructured format within 200 words and up to five key words from MeSH. □

5. Total text does not exceed 6,500 words (excluding abstract, references, and figure/table legends). □

6. All table and figure numbers appear in the text. □

7. References: 100 or less. References are listed in proper format. All listed references are cited in the text, and vice versa. □

8. A cover letter stating that the material has not been published previously and will not be submitted for publication elsewhere and reporting all conflicts of interest for all listed authors. □
Patient Consent Form

This consent form should be retained by the corresponding author and should not be sent to Infect Chemother journals.

To be completed by the corresponding author:

Title of article, photograph, video, or audio:

Name of author submitting material:

Corresponding author’s affiliations and address:

Manuscript reference number, if known (e.g. IC-19-001): *

To be completed by the patient (s)/patients’ relatives or guardians:

I give my consent for all or any part of this material to appear in print and online versions of Infect Chemother journals under an open access license.

I understand that:

• My name will not be published with the material and Infect Chemother will endeavor to ensure my anonymity. However, despite Infect Chemother’s best efforts, I understand that it is possible that somebody, for example members of my family or the health care staff who have looked after me, may recognize me from the image and/or the accompanying text.

• I have reviewed (OR I have been offered the opportunity, but I waive my right to review) all materials (photographs, video, or audio files) in which I am included that will be published.

• Use/re-use of my material may include (without limitation) publication, sharing and adaptation of the material in print and electronic editions of Infect Chemother journals, on websites, in sublicensed or reprinted editions (including foreign language editions), and in other works or products if proper accreditation/citation of the original publication is given.

• I cannot revoke this consent once I have signed this consent form.

Signed: ___________________________ Date: _____________________

Print name: ___________________________

If you are not the patient, what is your relationship to him/her?

Witness: ___________________________ Date: _____________________