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.

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- Conflicts of interest disclosure
- Acknowledgements
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Human Genetic Nomenclature and Notation

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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.

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Journals


Books

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

Website


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.

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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.

- amikacin AMK
- amoxicillin AMX
- amoxicillin-clavulanic acid AMC
- ampicillin AMP
- ampicillin-sulbactam SAM
- arbekacin ABK
- azithromycin AZM
- azlocillin AZL
- aztreonam ATM
- bedaquiline BDQ
- capreomycin CPM
- carbenicillin CAR
- cefaclor CEC
- cefadroxil CFR
- cefamandole FAM
- cefazolin CFZ
- cefdinir CDR
- cefditoren CDN
- cefepime FEP
- cefetamet FET
- cefiderocol FDC
- cefixime CFM
- cefmetazole CMZ
- cefonicid CID
- cefoperazone CFP
- cefoperazone/sulbactam SCF
- cefotaxime CTX
- cefotetan CTT
- cefoxitin FOX
- cefpodoxime CPD
- cefprozil CPR
- ceftaroline CPT
- ceftazidime CAZ
- ceftazidime-avibactam CZA
- ceftibuten CTB
- ceftizoxime ZOX
- ceflozole-tazobactam C/T
- ceftriaxone CRO
- cefuroxime (axetil or sodium) CXM
- cephalixin LEX
- cephalothin CEF
- cepapirin HAP
- cephradine RAD
- chloramphenicol CHL
- ciprofloxacin CIP
- clarithromycin CLR
(ii) **Antifungal agents.** Use the indicated abbreviations for the following antifungal agents.

- amphotericin B deoxycholate: AMB
- anidulafungin: ANF
- caspofungin: CAF
- clotrimazole: CLT
- fluconazole: FLC
- flucytosine: 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
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Signed: ___________________________ Date: ___________________________

Print name: ___________________________
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Witness: ___________________________ Date: ___________________________