**INDIAN JOURNAL OF MEDICAL MICROBIOLOGY**

An official journal of [Indian Association of Medical Microbiologists](www.elsevier.com/locate/ijmmb)

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**DESCRIPTION**

*Indian Journal of Medical Microbiology (IJMM)* provides comprehensive coverage of medical microbiology, as well as infectious diseases. We welcome wide ranging contributions; from basic research at laboratory to clinical trials, including bacteriology, mycobacteriology, virology, mycology and parasitology, infection prevention and control, and infectious diseases.

We publish articles under the following subject categories:

**Antimicrobial susceptibility and antimicrobial stewardship:** surveillance of antimicrobial susceptibility in bacteria, viruses, fungi and parasites of importance in humans, animals, and the environment that are frequently interconnected; mechanisms of action, resistance and interactions. The role of antimicrobial stewardship programs in hospitals and its effectiveness.

**Clinical microbiology:** understanding pathogenesis, virulence factors of the diseases caused by bacteria, viruses, mycobacteria, parasites and fungi in humans, clinical presentation, newer methods and tools for diagnosis of disease and therapeutic options; community health with respect to infection burden and prevention, disease epidemiology and climate change.

**Emerging infectious diseases:** understanding the epidemiology of new and emerging infections or old infections having a resurgence in humans including zoonosis; their pathophysiology, clinical presentation, diagnosis and treatment.

**Medical mycology and mycobacteriology:** pathogenesis, diagnosis, drug susceptibility, therapy, immunology, vaccine development, epidemiology, public health and outbreak investigation of diseases in humans.

**Hospital infection:** various hospital associated infections -their analysis, control, prevention and lessons learnt, newer methodologies to track HAI's, hospital outbreaks.

**Molecular studies:** application of phenotypic, genotypic and molecular techniques in the study of virulence, AMR genes, epidemiology, outbreak investigations and public health.

**Microbiome and microbial ecology in health:** the normal microbiome and dysbiosis; structure of microbial ecosystems and communities; microbial ecology, with an emphasis on how microorganisms interact with their environment, their host and each other and their impact on general health.
and treatment of disease. The normal microbiome and dysbiosis and its association with disease conditions; and microbial ecosystems and communities.

**Immunology:** basic research in immunity and host cell responses to infections.

**Vaccinology and therapeutics:** research in identifying vaccine targets, novel drug discovery and therapeutics.

IJMM publishes article types such as original research, review articles, systematic reviews, meta-analysis, clinical trials, correspondence, case reports and a new section - infectious disease grand rounds.

High quality scientific content related to infections from dental and veterinary sciences (like zoonotic illnesses) can also be submitted.

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Manuscripts of high standard in the form of original research, multicentric studies, meta analysis, and systematic review, are accepted. Current reports can be submitted as brief communications. Case reports must include review of current literature, clinical details, outcome and follow up. Letters to the editor must be a comment on or pertain to a manuscript already published in the IJMM or in relation to preliminary communication of a larger study.

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We encourage original research articles. These articles must have text shorter than 2500 words, excluding references and abstract.
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Key Words: Three to five key words.
Figures and Tables: The article should have a maximum of 5 tables and, or figures.
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Keywords: Minimum three and maximum five key words
Figures and Tables: Illustrations and tables, when included, should be limited to one each.
References: References must be as few as possible and not more than 15.

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Recommended for description of uncommon infections. It should be divided into introduction, case history and discussion. Case reports with good documentation including follow up, are preferred. It is advisable to include the clinician who is involved in patient management and procedures, as a co-author, for better documentation of clinical background of the case.
Abstract: The report should have an unstructured abstract limited to 100 words
Keywords: Up to a maximum of 3 keywords
Figures and Tables: Illustrations and images are encouraged in case reports but should be limited to one each.
References: Maximum of 10 references allowed for case reports.

Infectious disease Grand rounds:
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A brief case history including laboratory / radiological investigations ? preliminary reports, photographs, if any Differential diagnosis Additional investigations leading to final diagnosis
Learning pearls
Microbiological perspectives
Clinical perspectives
Take-home points
Abstract: unstructured abstract of maximum 100 words
Keywords: 2 to 3 keywords
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High-quality images of pathogens should be of special interest. It should have an informative title and be accompanied by no more than 250 words and 1 reference. 3 to 5 keywords. No abstract required.

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Results should be clear and concise. Only such data that are essential for understanding the discussion and main conclusions emerging from the study should be included. The data should be arranged in unified and coherent sequence so that the report develops clearly and logically. Data presented in tables and figures should not be repeated in the text. Statistical tests and values must be mentioned.
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Discussion:
This should explore the significance of the results of the work, not repeat them. A combined results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature. Long, rambling and involved discussions should be scrupulously avoided. The discussion should deal with the interpretation of results without repeating what already has been presented under results. It should relate new finding to the known ones either comparing or contrasting and include logical deductions and scientific reasons for the outcome. The conclusions can be linked with the goals of the study but unqualified statements and conclusions not completely supported by the data should be avoided. Claiming of priority on work that is ongoing should also be avoided. A hypothesis should, if warranted be clearly labeled as such; recommendations may be included as part of the discussion, only when considered absolutely necessary and relevant.

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