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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**Types of article**
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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**Brief communications:**
Recommended for brief observations of a study that does not warrant a full length paper. It may be divided into sections as for the full paper, but not exceeding 1000 words.
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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.

**Case reports:**
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.
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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:**
The word limit is 1000 words. It should be in the following sections:
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  
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