DESCRIPTION

Official Journal of the Australasian College for Infection Prevention and Control (ACIPC)

The journal aims to be a platform for the publication and dissemination of knowledge in the area of infection and disease causing infection in humans. The journal is quarterly and publishes research, reviews, concise communications, commentary and other articles concerned with infection and disease affecting the health of an individual, organisation or population.

The journal is interested in articles that fundamentally relate to prevention and or control of human infection (not treatment of disease). The original and important articles in the journal investigate, report or discuss infection prevention and control of human infection. These can include clinical, social, epidemiological or public health aspects of infectious disease; policy and planning for the control of infections; zoonoses; and vaccination related to disease in human health. Examples of topics that fall outside the scope of the journal include the evaluation of systemic drug therapy on infection outcomes, the surveillance or reporting of infections that are not healthcare associated or do not have a focus on infection and prevention, and unstructured reviews that do not focus on a specific question or topic of relevance to infection prevention and control. All submissions must contribute new knowledge or advance debate on a topic.

To provide further guidance for authors and noting the above, the following are examples of articles that would be considered out of scope: treatment of infections (e.g. antimicrobial therapy for infection treatment and or vaccination) articles related to vaccination, which are more suited to public health based or similar journal. At times, exceptions to this will apply, for example, if the article is concerned with vaccination and prevention of infection within healthcare settings and presents something new of interest to an international audience. articles related to antimicrobial stewardship unless it is part of a wider strategy to prevent infection/antimicrobial resistance in healthcare, aged care or similar settings. Articles related to various roles and antimicrobial stewardship (e.g. nursing, pharmacists) are better placed in discipline specific journals case studies, unless the primary focus relates to the prevention and control of infection articles where the primary focus is not on the prevention and control of infection.

*Infection, Disease & Health* provides a platform for the publication and dissemination of original knowledge at the nexus of the areas infection, disease and health in a One Health context. One Health recognizes that the health of people is connected to the health of animals and the environment. One Health encourages and advances the collaborative efforts of multiple disciplines-working locally, nationally, and globally-to achieve the best health for people, animals, and our environment. This
approach is fundamental because 6 out of every 10 infectious diseases in humans are zoonotic, or spread from animals. We would be expected to report or discuss infection prevention and control; clinical, social, epidemiological or public health aspects of infectious disease; policy and planning for the control of infections; zoonosis; and vaccination related to disease in human health. The Journal seeks to bring together knowledge from all specialties involved in infection research and clinical practice, and present the best work in this ever-changing field.

The audience of the journal includes researchers, clinicians, health workers and public policy professionals concerned with infection, disease and health.

**ABSTRACTING AND INDEXING**

- PubMed/Medline
- Scopus
- CINAHL
- Emerging Sources Citation Index (ESCI)
- Embase
- EBSCOhost
- CABI Information

**EDITORIAL BOARD**

**Editor-in-Chief**

Brett Mitchell, The University of Newcastle School of Nursing and Midwifery, Callaghan, Australia
Epidemiology, Infection prevention and control, Clinical trials, Health services

**Senior Editors**

Stephanie Dancer, Edinburgh Napier University School of Nursing Midwifery and Social Care, Edinburgh, United Kingdom
Epidemiology, Infection prevention and control, Clinical trials, Environmental services, Health services

Ramon Z. Shaban, The University of Sydney, Sydney, Australia
Infection prevention and control, Leadership, Policy, Qualitative, Emergency care

**Section Editors**

Allen Cheng, Monash University, Clayton, Australia
Biostatistics, Infectious disease, Microbiology, Clinical trials

Gwendolyn Gilbert, The University of Sydney, Sydney, Australia
Qualitative research, Public health, Ethics

**Associate Editors**

Oyebola Fasugba, Australian Catholic University Nursing Research Institute, Canberra, Australia
Public health, Infection prevention and control, Implementation science

Jason Kwong, Austin Health Department of Infectious Diseases, Heidelberg, Australia
Infection prevention and control, Healthcare epidemiology, Antimicrobial resistance, Microbial genomics, Microbiology, Clinical infectious diseases

Gillian Ray-Barruel, Griffith University Griffith Sciences, Southport, Australia
Invasive devices, Clinical decision making, Patient experience

**Editorial Board**

Noleen Bennett, The Peter Doherty Institute for Infection and Immunity, Melbourne, Australia
Aged care, antimicrobial resistance, healthcare associated infections, Influenza

Michael Borg, Mater Dei Hospital, Msida, Malta
Prevention and control of healthcare associated infection, Human behaviour and change management and their role in infection prevention and control, Antibiotic stewardship

Ann Bull, The Peter Doherty Institute for Infection and Immunity, Melbourne, Australia
Epidemiology, Infection prevention and control, Management of health information, Patient safety

Emma Burnett, University of Dundee School of Nursing and Midwifery, Dundee, United Kingdom
Infection prevention, Infection prevention behaviour, Patient experiences, Patient safety

Peter Collignon, Canberra Hospital, Canberra, Australia
Infectious disease, Microbiology, Bloodstream infection, Multi-drug resistance organisms

Marilyn Cruickshank, University of Technology Sydney, Sydney, Australia
Safety and quality, Antimicrobial resistance, Antimicrobial stewardship and healthcare associated infection, Health project management, Health policy

Evonne Curran, Glasgow Caledonian University School of Health and Life Sciences, Glasgow, United Kingdom
Infection prevention, Quality improvement, Healthcare outbreak, Statistical process control, Outbreak prevention and preparedness

John Ferguson, John Hunter Hospital, New Lambton Heights, Australia
Infectious diseases, Infection prevention, Healthcare-associated infection and antibiotic resistance and stewardship, Microbiology

Jenny Firman, Commonwealth Treasury, Parkes, Australia
Health emergencies, Communicable disease control including the National Antimicrobial Resistance Strategy, Immunisation, Responses to global outbreaks, Bioterrorism

Dale Fisher, National University Hospital, Singapore, Singapore
Medicine, Infectious diseases, General tropical Infectious Disease, Outpatient Parenteral Antibiotic Therapy (OPAT), MRSA control in healthcare settings, Outbreak investigations and management (Global and Local)

Joshua Freeman, Auckland City Hospital, Auckland, New Zealand
Microbiology, Infection prevention and control

Anne Gardner, Australian Catholic University - Canberra Campus School of Nursing Midwifery and Paramedicine, Canberra, Australia
Infection control, Wound care, Nurse Practitioner, Nursing Models of Practice

Nicholas Graves, Queensland University of Technology, Brisbane, Australia
Health economics, Decision Making, Economic Evaluation, Health Behaviour, Health Services Research, Healthcare Acquired Infection

William Jarvis, Jason and Jarvis Associates, South Carolina, United States of America
Healthcare epidemiology, Pediatrics, Pediatric infectious diseases, Epidemiology

Moi Lin Ling, Singapore General Hospital, Singapore
Microbiology, Quality improvement, Research in antimicrobial resistance

Deborah MacBeth, Queensland Health, Brisbane, Australia
Infection prevention and control, Accreditation and standards, Qualitative research

David Paterson, Royal Brisbane and Women's Hospital, Herston, Australia
Molecular and clinical epidemiology of infections with antibiotic resistant organisms, clinical trials

Thomas Riley, The University of Western Australia, Australian Centre for Pathology and Medical Research, Perth, Australia
Microbiology, Healthcare epidemiology

Philip Russo, Deakin University School of Nursing and Midwifery, , Australia
Infection control, Health services research, Policy

Patricia W. Stone, Columbia University Center for Health Policy, New York, United States of America
Health economics, Healthcare associated infections, Health policy, Nursing

Rhonda Stuart, Monash Health, Clayton, Australia
Infectious disease, Aged care, Multi-drug resistance organisms, Infection prevention and control

Paul Turner, University of Oxford, Oxford, United Kingdom
Antimicrobial resistance surveillance and control, Paediatric healthcare associated infections, Pneumococcal colonisation and disease and the impact of pneumococcal vaccines, Utilisation of bacterial colonisation data

David Weber, The University of North Carolina at Chapel Hill, Chapel Hill, United States of America
Health behavior, Health care delivery, Infectious diseases
GUIDE FOR AUTHORS

Your Paper Your Way
We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to adapt your paper in the correct format for acceptance and provide further information that may be required before publication. However, prior to any submission, please ensure your manuscript includes the following mandatory headings, with a relevant statement for each: Ethical Considerations, Funding, Authorship Statement, and Declarations of Conflicts of interest. More information on these is provided in the authors guidelines below.
To find out more, please visit the Preparation section below.

Introduction
Infection, Disease & Health provides a platform for the publication and dissemination of original knowledge at the nexus of the areas infection, Disease and health in a One Health context. One Health recognizes that the health of people is connected to the health of animals and the environment. One Health encourages and advances the collaborative efforts of multiple disciplines-working locally, nationally, and globally-to achieve the best health for people, animals, and our environment. This approach is fundamental because 6 out of every 10 infectious diseases in humans are zoonotic, or spread from animals. We would be expected to report or discuss infection prevention and control; clinical, social, epidemiological or public health aspects of infectious disease; health economics, policy and planning for the control of infections; zoonosis; and food hygiene and vaccines related to disease in human health. The Journal seeks to bring together knowledge from all specialties involved in infection research and clinical practice, and present the best work in this ever-changing field. Infection, Disease & Health will consider for publication an original articles, on any aspect of infection, written concisely in English provided it is not being considered for publication elsewhere.

IDH accepts original works in the following formats:
Original research Full research papers up to 2500 words, 30 references maximum Short research papers 1250 words, 15 references maximum Table/figures - combined maximum of 5 (4 for short research papers) Systematic or structured reviews (consistent with the Preferred Reporting Items for Systematic review and Meta-Analysis Protocols - PRISMA) 3000 words, 40 references maximum Table/figures - combined maximum of 5 Discussion papers 1000 words, 20 references maximum Table/figures - combined maximum of 2 Guidelines Discussion with Editor on Word limit and references Protocol papers 1500 words, 25 references maximum Table/figures - combined maximum of 2 Correspondence (for example, Letters to the Editor, Editorials and case reports) <800 words, 10 references maximum. Table/figures - combined maximum of 1

Authors must comply fully with these instructions. These guidelines generally follow the Uniform Requirements for Manuscripts Submitted to Biomedical Journals? The complete document appears at http://www.icmje.org.

Submission Checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.
Ensure that the following items are present:
One author has been designated as the corresponding author with contact details:
E-mail address Full postal address

Manuscript:
Include keywords Ensure relevant headings are included and used (see article structure section for more detail). This includes statements on ethics, funding, authorship and conflicts of interest. All figures (include relevant captions) All tables (including titles, description, footnotes) Ensure all figure and table citations in the text match the files provided Indicate clearly if colour should be used for any figures in print Graphical Abstracts / Highlights files (where applicable) Supplemental files (where applicable) Further considerations:
Manuscript has been spell checked and grammar checked. All references mentioned in the Reference List are cited in the text, and vice versa. Permission has been obtained for use of copyrighted material from other sources (including the Internet). A competing interests statement is provided, even if the authors have no competing interests to declare. Journal policies detailed in this guide have been reviewed. Referee suggestions and contact details provided, based on journal requirements.

For further information, visit our Support Center.

BEFORE YOU BEGIN

Ethics in publishing
Please see our information on Ethics in publishing.

Ethics
Work on human beings that is submitted to *Infection, Disease & Health* should comply with the principles laid down in the Declaration of Helsinki; Recommendations guiding physicians in biomedical research involving human subjects. Adopted by the 18th World Medical Assembly, Helsinki, Finland, June 1964, amended by the 29th World Medical Assembly, Tokyo, Japan, October 1975, the 35th World Medical Assembly, Venice, Italy, October 1983, and the 41st World Medical Assembly, Hong Kong, September 1989. The manuscript should contain a statement that the work has been approved by the appropriate ethical committees related to the institution(s) in which it was performed and that subjects gave informed consent to the work. Studies involving experiments with animals must state that their care was in accordance with institution guidelines.

Studies on patients or volunteers require ethics committee approval and informed consent which should be documented in your paper. Patients have a right to privacy. Therefore identifying information, including patients images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian or next of kin where applicable). If such consent is made subject to any conditions, Elsevier must be made aware of all such conditions. Written consents must be provided to Elsevier on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

All submissions must contain the heading Ethics, with a relevant statement made below.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editors decision and requests for revision, is sent by e-mail.

Submit your article
Please submit your article via https://www.editorialmanager.com/idh/.

Preparation

New Submissions
Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process.

As part of the Your Paper Your Way service, you may choose to submit your manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or layout that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately.
**References**

There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

**Formatting requirements**

Specific layout requirements for the manuscript are detailed under the Article Structure heading. There are no strict formatting requirements but all research manuscripts must contain the essential elements needed to convey your manuscript, for example, Abstract, Keywords, Introduction, Methods, Results, Discussion, Acknowledgements, Funding, Ethical considerations. Conflicts of interest, Authorship statement, Artwork and Tables with Captions. Figure legends?

If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes. Divide the article into clearly defined sections.

**Peer review**

This journal operates a double-blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editors decision is final. More information on types of peer review.

**Use of word processing software**

Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). See also the section on Electronic artwork. To avoid unnecessary errors you are strongly advised to use the spell-check and grammar-check functions of your word processor.

**Article Structure**

**Research papers**

For research articles, the main text of the paper should of comprise the following sections:

- Introduction
- Methods*
- Results*
- Discussion
- Acknowledgements
- Funding
- Ethical considerations

Where ethical approval is required, include details about the approving intuitions. Include a statement about informed consent, even if applicable or not. If ethics approval was not required, please state this and provide a rationale. For example: Ethics approval not required as the research is a systematic review?.

Conflicts of interest

References.

Tables, Figures and Legends to figures should be on separate sheets.

*Methods and results are to be written consistent with the following:


Qualitative research papers: The Standards for Reporting Qualitative Research (SRQR). See also [https://www.equator-network.org/reporting-guidelines/srqr/](https://www.equator-network.org/reporting-guidelines/srqr/)

Quality improvement: The SQUIRE statement (Standards for QUality Improvement Reporting Excellence). See also [http://www.equator-Network.org/reportingguidelines/squire](http://www.equator-Network.org/reportingguidelines/squire)


**Discussion papers**

For discussion papers, the main text of the paper should comprise of an introduction and discussion section, in addition to acknowledgements, funding, ethical considerations, conflicts of interest, authorship statement and references. Tables, Figures and Legends to Figures should be on separate sheets.
**Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Author contributions**

For transparency, we encourage authors to submit an author statement file outlining their individual contributions to the paper using the relevant CRediT roles: Conceptualization; Data curation; Formal analysis; Funding acquisition; Investigation; Methodology; Project administration; Resources; Software; Supervision; Validation; Visualization; Roles/Writing - original draft; Writing - review & editing. Authorship statements should be formatted with the names of authors first and CRediT role(s) following. More details and an example

**Protocol papers**

For protocol papers reporting clinical trial, the paper is to be consistent with the SPIRIT statement (Standard Protocol Items: Recommendations for Interventional Trials). For protocol papers of systematic reviews, please use Preferred Reporting Items for Systematic Review and Meta-Analysis Protocols (PRISMA-P). The headings, ethical considerations, conflicts of interest and authorship statement and must be included.

**Correspondence (e.g. Letter to the Editor)**

Less than 1000 words in length Less than 10 references Maximum of 2 figures or tables

**Essential Title Page Information**

Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. Your title should not exceed 100 letters. Running Title You should include a running title which does not exceed 50 letters. Author names and affiliations. Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the authors name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that phone numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address. Contact details must be kept up to date by the corresponding author. Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a Present address (or Permanent address) may be indicated as a footnote to that authors name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

**Abstract**

A structured abstract of your manuscript, a maximum of 250 words, summarizing the content, should be provided on a separate sheet following the title page. A structured abstract is required for all research papers. An unstructured abstract may be used for discussion papers. The structured abstract should be divided into sections, entitled: Background Methods Results Conclusions

**Highlights**

Highlights are mandatory for this journal. They consist of a short collection of bullet points that convey the core findings of the article and should be submitted in a separate editable file in the online submission system. Please use Highlights in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point). You can view an example of Highlights on our information site.
Keywords
Authors should provide Keywords from their summary. They should include those published in Medical Subject Headings - Annotated Alphabetical List, U.S. Department of Health and Human Services (new volume every year).

Conflict of interest
All authors must disclose any financial, business and/or personal relationships with other people or organizations that could inappropriately influence (bias) the submitted work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. If there are no conflicts of interest then please state this: Conflicts of interest: none.

Submission declaration and verification
Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint. Please see Multiple, redundant or concurrent publication section of our ethics policy for more information). The submission should not be under consideration for publication elsewhere, its publication should be approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out. If accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service CrossCheck.

Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study; acquisition of data; or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; (3) final approval of the version to be submitted. Authors should make a statement of Authorship (under the heading Authorship statement in accordance with the International Committee on Medical Journal Editors highlighting the respective roles of the authors, e.g. XX conducted the analysis of the data, wrote the analysis, plan, drafted and revised the paper; XY conducted analysis and revised the paper, etc.

Changes to authorship
Authors are expected to consider the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted, and publication of the manuscript will be suspended while the request is considered. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Reporting clinical trials
Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

Registration of clinical trials
Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or
participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

**Copyright**

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. **Permission** of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has **preprinted forms** for use by authors in these cases.

**Author rights**

As an author you (or your employer or institution) have certain rights to reuse your work. **More information**.

**Elsevier supports responsible sharing**

Find out how you can **share your research** published in Elsevier journals.

**Role of the funding source**

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

**Open Access**

This journal offers authors a choice in publishing their research:

**Open access**

Articles are freely available to both subscribers and the wider public with permitted reuse. An open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution. **Subscription**

Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs. No open access publication fee payable by authors.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses:

**Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)**

For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

The open access publication fee for this journal is USD 1700, excluding taxes. Learn more about Elsevier's **pricing policy**. ACIPC members receive a 25% discount ($1275 USD).

**Green open access**

Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors visit our green open access page for further information. Authors can also self-archive their manuscripts immediately and enable public
access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications.

Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form.

This journal has an embargo period of 12 months.

Elsevier Publishing Campus
The Elsevier Publishing Campus is an online platform offering free lectures, interactive training and professional advice to support you in publishing your research. The College of Skills training offers modules on how to prepare, write and structure your article and explains how editors will look at your paper when it is submitted for publication. Use these resources, and more, to ensure that your submission will be the best that you can make it.

Open access
Please visit our Open Access page for more information.

Language (usage and editing services)
Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's Author Services.

Units and Abbreviations
Microbes should be referred to by their scientific names according to the binominal system used in the latest edition of Bergeys Manual of Systematic Bacteriology (The Williams and Wilkins Co.). When first mentioned, the name should be in full and underlined - to denote italics. hence forward, the genus should be abbreviated to its initial letter, e.g. S. aureus not Staph. aureus. If abbreviation is likely to cause confusion or render the intended meaning(s) unclear the names of organisms should be given in full. Only those names included in the Approved Lists of Bacterial Names (Int J Syst Bacteriol 1980; 30: 225-420) and/or which have been validly published in the Int J Syst Bacteriol since January 1980 are acceptable. If there is a good reason to use a name that does not have standing in nomenclature, it should be enclosed in quotation marks and an appropriate statement concerning its use made in the text (e.g. Int J Syst Bacteriol 1980; 30: 547-556). Symbols for units of measurement must accord with the Systeme International (SI). However, blood pressure should be expressed in mmHg and haemoglobin as g/dl. Drugs should be referred to by their generic, and not proprietary, name(s); for guidance the latest edition of the British National Formulary should be consulted.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references. All contributors who do not meet the criteria for authorship as defined above should be listed in an acknowledgements section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided general support. Authors should disclose whether they had any writing assistance and identify the entity that paid for this assistance.

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funders requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa]. It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding. If no funding has been provided for the research, please include the following sentence: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.
Footnotes
Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article.

Artwork
General points:
Illustrations should be numbered in Arabic numerals (e.g., Fig. 3) according to their sequence in the text. Each figure should have a title that makes its meaning clear without reference to the text. The identity of patients shown in photographs should either be concealed, or they should give written consent; a copy of consent should accompany the photograph. Simple masking of eyes in a photograph may not be sufficient. Make sure you use uniform lettering and sizing of your original artwork. Embed the used fonts if the application provides that option. Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar. Use a logical naming convention for your artwork files. Provide captions to illustrations separately. Size the illustrations close to the desired dimensions of the printed version. Submit each illustration as a separate file.

A detailed guide on electronic artwork is available on our website: https://www.elsevier.com/artworkinstructions

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats
If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply ‘as is’ in the native document format. Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please ‘Save as’ or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
EPS (or PDF): Vector drawings, embed all used fonts. TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi. TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi. TIFF (or JPEG): Combinations bitmapped line/halftone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:
Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors. Supply files that are too low in resolution. Submit graphics that are disproportionately large for the content.

Color artwork
Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF) or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) in addition to color reproduction in print. Further information on the preparation of electronic artwork.

Figure captions
Ensure that each illustration has a caption. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables
Tables should be numbered in Arabic numerals (e.g., Table 3). Each one should be on a separate sheet and have a title that makes its meaning clear without reference to the text included.

Web references
As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.
Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Free Reference Style
There are no strict requirements on reference formatting at submission, however, incite referencing should use numerical superscript. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal (Vancouver) will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct. If you do wish to format the references yourself, they should be arranged according to the following examples:

Reference style
Journal reference style follows the ‘Vancouver’ style (Br Med J 1982; 284: 1766-1770). When the number of authors is six or less, the names and initials of all should be given in the reference list; when seven or more, the first six names should be cited, followed by et al. Authors are responsible for checking the accuracy of all references and ensuring that all given in the text agree with those in the reference list. Example: 1. McConkey B, Crookson R A, Crookson A P, Wilkinson A R. The effect of some anti-inflammatory drugs on the acute phase proteins in rheumatoid arthritis. Q J Med 1973; 42: 785-791. References to book chapters should be set out: Example: 1. Weinstein L, Schwartz M N. Pathogenic properties of invading micro-organisms. In: Soderman W A Jr, Soderman W A, eds. Pathologic physiology: mechanisms of disease. W B Saunders, 1974: 457-472. References cited solely in tables and/or legends to figures should be numbered in accordance with the sequence established by the first mention in the text of the table or illustration. Papers submitted with references or other features which fail to comply with these instructions will be returned, and not considered for publication until resubmitted in the required style. When citing an Elsevier journal, include the digital object identifier (DOI), if noted, from the article’s title page. Please note the following examples. 1. Munday PE. Pelvic inflammatory disease - an evidence-based approach to diagnosis. J Infect 2000; 40: 31-41, https://doi.org/10.1053/jinf.1999.06092. Colebunders R, Borchert M. Ebola haemorrhagic fever - a review. J Infect, https://doi.org/10.1053/jinf.1999.0603.

DNA SEQUENCES AND GENBANK ACCESSION NUMBERS
Many journals cite gene accession numbers in their running text and footnotes. Gene accession numbers refer to genes or DNA sequences about which further information can be found in the databases at the National Center for Biotechnical Information (NCBI) at the National Library of Medicine. Elsevier authors wishing to enable other scientists to use the accession numbers cited in their papers via links to these sources, should type this information in the following manner: For each and every accession number cited in an article, authors should type the accession number in bold, underlined text. Letters in the accession number should always be capitalised (see example below). This combination of letters and format will enable Elseviers typesetters to recognise the relevant texts as accession numbers and add the required link to GenBanks sequences. Example: GenBank accession nos. AI631510 , AI631511 , AI632198 , and BF223228 , a B-cell tumor from a chronic lymphatic leukemia (Gen Bank accession no. BE675048 ), and a T-cell lymphoma (GenBank accession no. AA361117 ). Authors are encouraged to check accession numbers used very carefully. An error in a letter or number can result in a dead link. In the final version of the printed article, the accession number text will not appear bold or underlined. In the final version of the electronic copy, the accession number text will be linked to the appropriate source in the NCBI databases enabling readers to go directly to that source from the article.

Supplementary material
Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to
supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the Track Changes option in Microsoft Office files as these will appear in the published version.

**Research data**
This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the [research data page](www.elsevier.com/locate/idh).

**Data linking**
If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the [database linking page](www.elsevier.com/locate/idh).

For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

**Mendeley Data**
This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to Mendeley Data. The datasets will be listed and directly accessible to readers next to your published article online.

For more information, visit the [Mendeley Data for journals page](www.elsevier.com/locate/idh).

**Data statement**
To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the [Data Statement page](www.elsevier.com/locate/idh).

**Research Data**
This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the References section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.
Data linking

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described. There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page. For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect. In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR:AT1G01020; CCDC: 734053; PDB: 1XFN).

Mendeley Data

This journal supports Mendeley Data, enabling you to deposit any research data (including raw and processed data, video, code, software, algorithms, protocols, and methods) associated with your manuscript in a free-to-use, open access repository. During the submission process, after uploading your manuscript, you will have the opportunity to upload your relevant datasets directly to Mendeley Data. The datasets will be listed and directly accessible to readers next to your published article online. For more information, visit the Mendeley Data for journals page.

Data statement

To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

Virtual Microscope

The journal encourages authors to supplement in-article microscopic images with corresponding high resolution versions for use with the Virtual Microscope viewer. The Virtual Microscope is a web-based viewer that enables users to view microscopic images at the highest level of detail and provides features such as zoom and pan. This feature for the first time gives authors the opportunity to share true high resolution microscopic images with their readers. More information and examples. Authors of this journal will receive an invitation e-mail to create microscope images for use with the Virtual Microscope when their manuscript is first reviewed. If you opt to use the feature, please contact virtualmicroscope@elsevier.com for instructions on how to prepare and upload the required high resolution images.

AFTER ACCEPTANCE

Online proof correction

To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.

We will do everything possible to get your article published quickly and accurately. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to us in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.
**Offprints**
The corresponding author will, at no cost, receive 25 free paper offprints, or alternatively a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier’s Author Services. Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

**Disclaimer**
The opinions expressed in the Journal are those of the authors, and not necessarily the Editorial Board or publishers. Ultimate responsibility in use and checking drug doses mentioned in the Journal, and in interpretation of published material lies with the physician concerned. Neither the Editorial Board nor the publishers can accept any liability whatsoever in respect of a claim for damages arising there from.

**AUTHOR INQUIRIES**
Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch.
You can also check the status of your submitted article or find out when your accepted article will be published.

© Copyright 2018 Elsevier | https://www.elsevier.com