INFECTION PREVENTION IN PRACTICE
An Official Journal of the Healthcare Infection Society

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DESCRIPTION

Infection Prevention in Practice (IPIP), an open access companion title to the respected Journal of Hospital Infection, is the editorially independent online journal of the Healthcare Infection Society (HIS). IPIP provides a comprehensive fully open access resource for all those working in the field of prevention and treatment of healthcare-associated infections (HCAIs) worldwide.

In accordance with the charitable aims of the HIS, this fully open access online journal maximises the discoverability of latest research related to all aspects of infection. Fair article processing charges ensure publication in IPIP is also increasingly accessible to those authors (irrespective of funding) who wish to publish in a high quality, independently peer-reviewed journal.

IPIP welcomes high quality articles (in the form of local research studies, experiences, case reports, novel techniques, best practice and outbreak reports) in the field of infection prevention and control (IPC) that will influence clinical best practice and reduce the global burden of infection in healthcare. Articles should relate to HCAIs, either directly or indirectly, and should provide practical information to healthcare professionals working in the field of IPC that is applicable on a global or regional scale. We are particularly interested in papers that provide unique insight into the challenges of preventing HCAIs in developing countries. All submissions are subject to a rigorous single-blind peer review process.

We encourage submissions in the following areas: Antimicrobial stewardship (including antivirals and antifungals) Diagnostic stewardship and impact on infection prevention control Local hospital surveys and research in clinical infections Local epidemiological and environmental studies of infectious agents Novel infectious agent descriptions, strain characterisation and case reports that relate to HCAIs Novel treatments for HCAIs, including clinical trials Infection prevention and control challenges in developing countries Hospital and community healthcare management and resources Healthcare environments and building design Outbreaks - surveillance, management and learning points Research methodology and ethical considerations Vaccines that relate to HCAIs IPC outreach and educational activities Public health interventions in infection Clinical diagnosis of HCAIs

ABSTRACTING AND INDEXING

Directory of Open Access Journals (DOAJ)
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Gemma Winzor, Public Health England Midlands and East Region, Birmingham, United Kingdom
Diagnostics, infection control, infections in immunocompromised hosts, intensive care, laboratory development

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Antibiotic stewardship, obstetrics, paediatrics, point of care tests, test accuracy studies
Pauline Jumaa, Queen Elizabeth Hospital Birmingham, Birmingham, United Kingdom
Decontamination, hand hygiene, burns, molecular epidemiology, healthcare-associated infection
Nikunj Mahida, Queen’s Medical Centre, Nottingham, England, United Kingdom
C.

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Hand hygiene, infection control, multidrug resistant organisms, outbreak investigation, patient empowerment
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Antibiotic stewardship, antimicrobial resistance, C.
Luke Curtis, Curtis Consulting, Manchester, Greenfield, Missouri, United States of America
Aspergillosis, COVID-19, fungi, nosocomial infections, nutrition
Simon Dewar, Edinburgh Royal Infirmary, Edinburgh, United Kingdom
Antimicrobial stewardship, C.
Babak Eshrati, Iran University of Medical Sciences, Tehran, Islamic Republic of Iran
AIDS, epidemiology, health and safety, HIV, sexually-transmitted infections
Kathryn French, Queen Elizabeth Hospital Department of Microbiology, Birmingham, United Kingdom
Bacteraemia, bloodstream infections, infection control, microbiology
Mark Garvey, University Hospitals Birmingham NHS Foundation Trust, Birmingham, United Kingdom
Antimicrobial resistance, C.
Martin Kiernan, University of West London, London, United Kingdom
Environment, decontamination, human factors, pneumonia, device-related infections
Nesrene Omar, Mansoura University, Mansoura, Egypt
Clinical bacteriology, infection control, antibiotic resistance, research evaluation, pathogenic bacteria
Beryl A. Oppenheim, Cepheid and University Hospitals Birmingham, Birmingham, United Kingdom
Antimicrobial resistance, healthcare-associated infections, infections in immunocompromised hosts, rapid molecular diagnostics
Katie Prescott, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom
Critical care, infection control, intensive care, microbiology, S.
Prakash Ramakrishna, RajaRajeswari Medical College and Hospital Department of Microbiology, Bangalore, Karnataka, India
Assessment and examination, infection control, microbiology, nosocomial infections
Michael G. Schmidt, University of South Carolina, Columbia, South Carolina, United States of America
Air microbiology, biofilms, cleaning and decontamination, infectious disease, neonates
Rami Sommerstein, Bern University Hospital Department of Infectious Diseases, Bern, Switzerland
Epidemiology, mechanisms of nosocomial infection, nosocomial influenza, respiratory viruses, SSI prevention
Karen Vickery, Macquarie University, Sydney, Australia
Biofilms, disinfection, implantable medical devices, infection control
Andrew Christopher Whitelaw, Stellenbosch University Division of Medical Microbiology, Cape Town, South Africa
Antimicrobial resistance, antimicrobial stewardship, Enterobacteriaceae, hospital-acquired infections, S.
INTRODUCTION

About the Journal

Infection Prevention in Practice (IPIP) is the an editorially independent scientific publication of the Healthcare Infection Society (HIS). The aim of IPIP is to provide a comprehensive fully open access resource for all those working in the field of prevention and treatment of healthcare-associated infections (HCAIs) worldwide. The aim of the Journal is to publish high quality research and information relating to infection prevention and control that is relevant to an international audience.

Scope of the Journal

In accordance with the charitable aims of the HIS, this fully open access online journal will maximise the discoverability of latest research related to all aspects of infection. Fair article processing charges ensure publication in IPIP is also increasingly accessible to those authors (irrespective of funding) who wish to publish in a high quality, independently peer-reviewed journal.

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We encourage submissions in the following areas:

- Antimicrobial stewardship (including antivirals and antifungals)
- Local hospital surveys and research in clinical infections
- Local epidemiological and environmental studies of infectious agents
- Novel infectious agent descriptions, strain characterisation and case reports that relate to HCAIs
- Novel treatments for HCAIs, including clinical trials
- Infection prevention and control challenges in developing countries
- Hospital and community healthcare management and resources
- Healthcare environments and building design
- Outbreaks - surveillance, management and learning points
- Research methodology and ethical considerations
- Vaccines that relate to HCAIs
- IPC outreach and educational activities
- Public health interventions in infection
- Clinical diagnosis of HCAIs

Contact Information and Queries

Authors may send queries to the Editorial Office.

Email: journals@his.org.uk
Tel.: +44 (0)207 125 0822

For further information regarding formatting articles for submission to IPIP, please refer to the 'Preparation' section below.

Types of article

IPIP invites articles of the following types:

Reviews

We welcome both general reviews, that summarize the current understanding and research on a topic, and systematic reviews, that provide a thorough critical assessment of current evidence.

Before you start work on a review we do advise that you check with the editorial office that the topic of your review is suitable, and that a similar review has not already been commissioned by the Editorial Team.

Reviews are generally divided into the following sections: Summary, Introduction, Methods, Results, Discussion, Conclusion, Acknowledgements and References. A combined Results and Discussion section may be appropriate, especially for general reviews.

General reviews
An unstructured Summary of up to 250 words is required. The word limit for the main text of the article (excluding the Summary and References) is 5000 words. Each figure and/or table counts as 200 words towards the total. Up to 75 references may be provided. The IPIP also accepts electronic supplementary material to support and enhance your review.

Systematic review articles
Authors of systematic reviews and meta-analyses are encouraged to present these according to the PRISMA guidelines for systematic reviews and meta-analyses (http://www.prisma-statement.org). A structured summary of up to 250 words is required. The word limit for the main text of the article (excluding the Summary and References) is 5000 words. Each figure and/or table counts as 200 words towards the total. Up to 75 references may be provided. IPIP also accepts electronic supplementary material to support and enhance your review.

Original Research Articles
Original research articles are divided into the following sections: Structured summary (250 words maximum), Introduction, Methods, Results, Discussion, Conclusions, Acknowledgements, Conflict of interest statement, Funding source and References. The word limit for the main text of the article (excluding the Summary and References) is 4000 words. Each figure and/or table counts as 200 words towards the total. IPIP also accepts electronic supplementary material to support and enhance your review.

Short-form Articles
These may extend to 2500 words, and include up to five figures or tables. There is a 250 word limit for the structured abstract. A maximum of 20 references may be provided.

Case Reports
All Case Report submissions should have written informed consent and include the statement "Written informed consent has been given and retained by authors".

Outbreak Reports
We welcome these, but there should be something new about them to justify publication, e.g. caused by a novel organism, associated with a new source or identified or controlled using novel methods. Outbreaks may be reported as full length articles, short reports or letters; please note that the manuscript must be structured according to the requirements for the chosen article type. Please click on template for more information. Authors must include a statement regarding informed consent, or if this was not available please include the following statement: "Informed consent was not gained from patients involved in this outbreak. All patients were treated according to clinical judgement and infection control practices in order to treat them and control the outbreak according to local guidelines. Patients did not undergo randomisation or intervention for the purpose of this report. Data has been analysed and presented anonymously."

Clinical Audits/Service Improvements

Clinical Trials

Commentaries
Commentaries are by invitation only. These are intended to provide background and context for published articles, and are usually written by an Editorial Board member or referee. The usual word limit is 700 words, and a maximum of 10 references. No tables or figures are allowed, and no summary or structural headings are required.

Debates in Infection Prevention
Opinion style articles whereby two differing opinions (written by different authors) argue for and against a controversial aspect of Infection Prevention. These are usually commissioned, however if you have an idea for a "Debate in Infection Prevention" please contact the editorial board to discuss. We recommend approximately 800 words per argument with a maximum of 10 references.

Letters to the Editor
We welcome letters relating to, or responding to, recently published items in the journal. Where appropriate, these will be shown to the authors of the original article prior to publication, who will be invited to respond. We also welcome correspondence relating to general observations about infection prevention and control practice. Letters should contain up to 800 words of text and no more than eight references. One table or figure is permitted. Letters should not contain structural headings or a summary.

Other Article Types
IPIP will consider publishing other article types that are relevant to infection prevention practice. We ask authors to check with the editorial office beforehand to check that the proposed subject matter and format are appropriate.

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

Studies in humans and animals
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

Informed consent and patient details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

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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.

IPIP requires a hand signed signature from every individual author listed confirming that they have read and agree to the final draft before submission. Signatures created on a computer cannot be accepted.

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

Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or 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.

Changes to authorship
Authors are expected to consider carefully 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 only 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. While the Editor considers the request, publication of the manuscript will be suspended. 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.

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Language (usage and editing services)

The preferred language of the IPIP is British English.

Please adjust your spell checker if necessary. British spellings include diarrhoea, Haemophilus, haematology, paediatrics, leucocyte, leukaemia, bacteraemia, sulphonamides, aetiology. Please note the journal uses UK 'z' spelling (e.g., colonizes) and meticillin not methicillin.

Always write in plain English - many of our readers will not be native English speakers. Please be careful to use terminologies that will be understandable internationally, for example when describing the organisation of your hospital or healthcare system. Please be careful not to use jargon which will not be internationally understood.

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 WebShop (https://webshop.elsevier.com/language-editing-services/language-editing/) or visit our customer support site (https://service.elsevier.com) for more information.
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 Editor's decision and requests for revision, is sent by e-mail.

Please submit your article via http://www.editorialmanager.com/ipip

A mobile telephone number and e-mail address must be provided to aid processing of manuscripts.

PREPARATION

Peer Review and Editorial Process

Your submission will be received by the Editorial office.

Papers that are submitted without all Author's hand signed signatures or with references or other features that do not comply with the instructions to authors will be returned to their authors and will not be considered for publication until they have been corrected and resubmitted.

You will receive an acknowledgement by email containing your unique reference number; which should be used in all further communications, once it is being considered for publication.

All newly submitted papers are first considered by the Editorial team.

Some submissions are rejected at this stage, the main reason being that the subject material does not fall within the scope of IPIP. We aim to return a decision to the authors on these papers within 7 days, and will always provide a reason why we have rejected the paper.

The remaining papers are sent out for single blind peer review. Papers are 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 Editor's decision is final.

Editors are not involved in decisions about papers which they written themselves or have been written by family members or colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups.

Accepted articles will be published online.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. 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
It is the authors responsibility to put the manuscript into the required format before submission. Papers submitted that do not comply with these instructions will be returned to the author and not considered for publication until they have been resubmitted.
Depending on the article type the following headings must be used. You may also use subheadings to break up the text, but footnotes should be avoided. All pages of your manuscript should be numbered consecutively in the following order: title page, text, references, tables, figures, legends.

For **Case Reports** and **Outbreak Reports**, please use the following structure:

**Introduction** - Include a brief statement outlining the purpose and context of your paper but leave discussion for the Discussion section.

**Presentation of Case**

**Discussion** - Include any weaknesses or limitations of your study here but do not introduce any new results.

**Conclusion** - The main conclusions may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion section.

For **Clinical Audits**, please use this structure:

**Introduction**

**Standards** - Detail the standards used to compare your practice against

**Methods** - You can include preliminary results in the Methods section if necessary.

**Results** - This should be a statement of Results, without discussion of their significance or relationship to those of others. You can present this information in text or in figures or tables, but not both.

**Discussion and Recommendations**

**Conclusion**

For **Surveys** and **Clinical Trials**, please follow this structure: Introduction, Methods, Results, Discussion, Conclusion

**Appendices**

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

**Essential title page information**

You should show the article title, names of all authors (but not their degrees) and the name of the institution or department where the work was carried out, as well as the name, address, telephone and email address of the author to whom the proofs and correspondence should be sent if accepted. A running title not exceeding 40 characters and spaces should also be provided on the title page.

**Structured Summary**

The summary should explain briefly what was done, what was observed and what was concluded. Please note that this is arguably the most important part of the entire paper and will be the first, and perhaps the only, part of your paper that is read.

Summaries should be structured, with the following sub-headings:

Background, Presentation of Case or Methods, Discussion and Conclusion.

Summaries must not exceed 250 words. MEDLINE/PubMed has a maximum limit of 250 words for published summaries; anything past 250 words is truncated resulting in the loss of the concluding portion of your summary.

**Keywords**

Please provide up to six keywords from your summary and list them immediately after the summary. You should use British spelling, avoiding general and plural terms and multiple concepts (avoid, for example, ‘and’, ‘of’). Be sparing with abbreviations - only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

**Abbreviations**

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.
Acknowledgements
You should acknowledge any help received in carrying out the work, including supply of bacterial strains, permission to study patients, phage or biotyping of strains, language or writing help. Acknowledgements should appear in a separate section before the references.

Numbers and Measurements
Write out numbers one to nine unless they are measurements (e.g. 5 mL). Spell out numbers greater than nine if they begin a sentence, or when clarity requires it. Numbers above and including 10,000 have a comma. A decimal point is preceded by a number or cypher, e.g. '0.5'. Decimal points in columns should be aligned vertically.

Measurements may be expressed in SI or non-metric units. Use 10 mL/h rather than -1 or per. When referring to microbial concentrations use expressions such as '10x', not 'x log10'. When referring to changes in microbial concentration, use expressions such as 'reduced by a factor of 10x', not 'reduced by x log10'; 'a log10 reduction factor of x' may also be used.

Bacteria Nomenclature
Organisms should be referred to by their scientific names according to the binomial system. When first mentioned the name should be spelt in full and written in italics. Afterwards 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 unclear spell out the names of microbes in full.

When the genus alone is used as a noun or adjective, use lower case roman not italic, e.g.'organisms were staphylococci' and 'acinetobacter infection'. If the genus is specifically referred to, use italics, e.g. 'organisms of the genus Staphylococcus'. For genus in plural, use lower case roman e.g. 'salmonellae'; plurals may be anglicized e.g.'salmonellas'. For trivial names, use lower case roman e.g. 'meningococcus'.

Statistics
Include P values and confidence intervals where appropriate. The name and version of any statistical computer package should be written out in full.

Drugs
These should be referred to by their approved generic names. Do not use the proprietary name, as this may vary between countries.

Date Format
Dates should be written in full with superscript "th", e.g. 20th September 2001. Otherwise, use European Date Format, i.e. 20/9/2001, not 9/20/2001.

Footnotes
Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

Additional points to note
Use two carriage returns to end headings and paragraphs. Type text without end of line hyphenation, except for compound words. Do not use the lower case letter 'l' (el) for '1' (one) or 'O' for '0'. (They have different typesetting values.) Be consistent with punctuation and only insert a single space between words. Please include a list of any special characters you have had to use, e.g. Greek letters used in mathematical equations.

The Editor retains the customary right to make changes in style and language without consultation to ensure accuracy, clarity and comprehension to our wide readership.

Formatting of Funding Sources
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill and Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].
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If no funding has been provided for the research, please include the following sentence:

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**Artwork**

*Electronic artwork*

**General points**
- 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.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.
- Ensure that color images are accessible to all, including those with impaired color vision.

A detailed [guide on electronic artwork](#) is available.

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

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- **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/half-tone (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;
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