

INFORMATION FOR AUTHORS

Updated in January 2026

The journal *Infectio* is the official scientific publication of the Colombian Association of Infectious Diseases (*Asociación Colombiana de Infectología*) (ACIN). It publishes four issues per year with articles related to the specialty, in areas of clinical, pharmacological or microbiological research. All the manuscripts are assessed by the Journal Editorial Committee after receiving the evaluations of two external reviewers who assess the articles in the form of a blind peer review (double anonymized, the reviewers doesn't know identity of the author, and vice-versa). It regularly includes Original Articles on the previously mentioned aspects, Reviews, Editorials and Letters to the Editor. Refusal rate of manuscripts is of 70% and the mean time between submission and final editorial decision is of 5 weeks.

Open access policies

Infectio is an open access journal: <http://www.revistainfectio.org/index.php/infectio>

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Charges policies and waivers

Once accepted a manuscript, the journal have article processing charges of \$150 USD for authors no members of ACIN and \$75 USD for members of ACIN. Publishers, letters to the editor, and commissioned reviews do not pay this fee. Unsolicited reviews will be charged with \$150 USD. Clinical practice guidelines promoted by ACIN will be free of charge, while other guidelines will have a cost of \$1,000 USD.

Language

The Journal receives articles in Spanish and English, as the *lingua franca* in science. The journal publishes original articles, reviews, letters to the editor, and editorials.

Digital deposit policy

The Journal is digitally deposited in the Latin-American digital repository Scielo: http://www.scielo.org.co/scielo.php?script=sci_serial&pid=0123-9392&lng=en&nrm=iso

Policies of scientific publication

The Journal adheres to the recommendations of the International Committee of Medical Journal Editors. (<http://www.icmje.org/icmje-recommendations.pdf>)

Submission of the manuscripts

Manuscripts must be submitted electronically at: <https://mc04.manuscriptcentral.com/infectio>, where the information required for their submission can be found. The use of this resource enables the state of the manuscript to be followed through the page indicated. The text of the manuscript, with the Abstract, Keywords, Literature References, Tables and their Legends and Figure footnotes, will be included in a single file, while each one of the figures will be sent in separate files. These documents will be saved in the "Attach Files" section. You may consult the general instructions in its tutorial for authors: <http://mchelp.manuscriptcentral.com/gethelpnow/>

Supplement issue

A supplement issue does not constitute a regular issue of the journal. Supplement issues correspond to topics of interest to the scientific community, which are proposed by association members and approved by the board of directors. The articles that will be part of a supplement issue have undergone the same peer review process as regular articles and are published in the regular issues of the journal when accepted.

Policy of preprints and diffusion on media of results before publication

Infectio encourage posting of preprints of primary research manuscripts on preprint servers (such as <https://www.medrxiv.org> or <https://www.researchsquare.com/>). This will stimulate discussion and favorize openness for research work.

Preprints are defined as an author's version of a research manuscript prior to formal peer review at a journal, which is deposited on a free public server preprint may be posted at any

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The Authors posting preprints should not disseminate in any manner its work with reporter or mass media communication. The philosophy and aims of preprint diffusion are discussion with specialized community and they always keep in mind that the findings are provisional and that the conclusions may change during the peer review process.

Specific guidelines for each section

Original Articles: These are works on clinical or experimental research, in pharmacology, etiology, physiopathology, anatomopathological, zoonosis, epidemiology, diagnosis, treatment, systematic reviews, clinical guidelines and expert's consensus in human infectious diseases that may be considered of use and interest by our scientific community. The maximum recommended length of the text will be 6,000 words in pages DIN-A4, without including the Abstract (the Abstract must be 300 words and structured) and Keywords (3 to 6 Keywords, separated by semicolons), double spaced and a font size of 12 cpi, and up to a maximum of 50 literature references, up to 6 figures or tables will also be allowed. For the preparation of controlled clinical trials, the CONSORT guidelines must be followed (JAMA. 1996;276:637-9). Available at: <https://www.equator-network.org/reporting-guidelines/consort/>. Original articles should be structured in subsections: **Introduction, Materials and methods, Results Discussion and References**. If human subjects were included a statement about how informed consent was obtained should be included. Clinical guidelines can have a greater number of pages and should follow the recommendation of NICE organization (<http://www.nice.org.uk/guidelinesmanual>) or from the Colombia Minister of Health:

<https://www.minsalud.gov.co/salud/Documents/Gu%C3%ADa%20Metodol%C3%B3gica%20para%20la%20elaboraci%C3%B3n%20de%20gu%C3%ADas.pdf>

Expert's consensus can be justified if not enough evidence on a topic is available and can follow the recommendations of the *American Journal of Managed Care*:

<http://www.ajmc.com/publications/issue/1998/1998-07-vol4-n7/Jul98-1122p1023-1029/>

Systematic reviews should follow PRISMA recommendations <https://www.prisma-statement.org/>

For systematic reviews, guidelines and expert's consensus abstracts should be of 250 words unstructured and a maximal length of 10,000 words and up to 10 tables and 10 figures. It should have a maximum of 100 references. If required greater number of words or tables or figures authors should consult the Editor in Chief.

Reviews: Review papers must be submitted in English. Systematic reviews will be considered original work and must be done through the *ScholarOne Manuscript* platform, following PRISMA recommendations (see section on original works). Narrative revisions may be requested by the Editorial Committee, or not requested; For the latter, it is required to contact one of the associated editors in advance, and, in addition, they must be proposed by groups or authors who have previous original research in this same area.

Narrative revisions should describe literature search strategy, including search terms, period of inclusion and criteria for articles selection. Metanalysis on interventions should follow the Cochrane collaboration recommendations:

<http://methods.cochrane.org/sites/methods.cochrane.org/files/MECIR%20Reporting%20standards%201.0.pdf>

The abstract must be 250 unstructured words and the complete manuscript will have a maximum length of 10,000 words presented on A4 sheets (double spaced, Arial 12 font) without including the abstract and up to 6 tables and 6 figures will be accepted. They should not exceed 80 bibliographic citations.

Clinical cases reports: Report of unusual cases or report of adverse events, related to human infectious diseases. Abstract of 200 words unstructured, maximum length of 2,000 words and with subsections: Introduction, case description and discussion. Up to 10 references and one table or figure will be allowed.

Letters to the Editor: This section will contain objections and comments on articles published in the last two numbers of our journal. The maximum length of the text must not exceed 1,000 words, will not have an abstract and will contain up to a maximum of 5 authors and 10 literature references. The number of signatories is limited to four. Letters about articles previously published in the Journal will have priority in being published, as well as the right to reply. They will be submitted to the author of the original article, who will be able to answer in a letter of similar length within a period of one month. The letter and the reply will be published together.

Editorials (only for Editorial Committee or by invitation):

Will cover states of opinion on aspects associated with human infectious diseases in general, and specifically related to topics in the *Infectio* journal, and preferably in connection with any of the articles published in the same Journal issue. These works will be commissioned by the Journal. Its length will be a maximum of 2,000 words and maximum 20 references, and with only one author; in exceptional cases two authors may be allowed or by all the editorial committee. It will not be divided into sub-sections. The use of tables and figures will be at the discretion of the Executive Committee.

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- 2) the declaration that the work is original and is not in any evaluation process by another scientific journal;
- 3) explanation, in a maximum of one paragraph, of what is the original contribution and the relevance of the work in the Journal;
- 4) that the Instructions for Authors and the ethical responsibilities have been taken into accounts, and should include a statement that all signing authors fulfil the authorship requirements, that agrees with present version of the manuscript and that all have declared whether or not there are conflicts of interest, both in the "Title Page" (Read the "Funding and Conflict of Interests" section included in these Guidelines);
- 5) The list of scientific events, congress or symposium or working papers where preliminary or partial results have been presented. In the event that part of the article has been published previously in another journal (Redundant or Duplicate publication), the details should be specified here and declare that you are in possession of the necessary permissions of its author and its editor (Read the section "Guarantees and transfer of intellectual property rights").

The authors can propose persons who they consider qualified to make a critical review of the manuscript. The proposed reviewers must not have been collaborators or co-authors in the 3 previous years and must not have contributed by substantially reviewing the manuscript.

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In addition, on the first page of the manuscript, below its title, the names of the authors, their complete affiliation, and the ORCID of each author must be provided. Without this information, the article will be returned to the authors.

All manuscript should include an ethic statement at the end of the manuscript text and before the references section.

Ethical considerations

All items in this section must be listed, maintaining the order in which they are presented. In the event that any of them do not apply, please indicate next to the item: Not Applicable.

1. **Protection of persons and animals.** When experiments that have been performed in humans are described, it should be indicated whether these procedures were performed in accordance with the ethical guidelines of the corresponding ethics committee (institutional or regional) and the Declaration of Helsinki, available at: <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>
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Statement on the Use of Artificial Intelligence

Guidance on the Use of Generative Artificial Intelligence (AI) in Scientific Writing

The following guidelines pertain to the composition process, not to the application of artificial intelligence tools for data analysis and knowledge generation during research activities. When using generative artificial intelligence (AI) and AI-assisted tools in the writing process, authors should employ these technologies only to improve the quality and readability of the language. The application of such technologies must be under human supervision and control. Authors are responsible for meticulously reviewing and editing the output, as AI may produce content that is inaccurate, incomplete, or biased. AI and AI-assisted technologies should not be credited as authors or co-authors, nor cited as such. In the context of Infectio, authorship entails responsibilities and tasks that can only be attributed to and performed by human beings. Authors must comply with the specified guidelines when preparing their manuscripts to indicate the use of AI and AI-assisted technologies in the writing process. The published work will include a statement addressing this issue. It is crucial to emphasize that the authors have ultimate responsibility for the content of their work.

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The contribution of each one of the authors in the development of the research (conceptualization, experiments, data analysis and preparation of the document, and others) must be indicated in the manuscript, in order to provide credits and responsibilities. In this section, the contribution should be indicated, followed by the initials of each author separated by dots. At the end, it should be noted that **all authors contributed, read, and approved the version of the submitted manuscript.**

To indicate author contributions, it is recommended to use the Credit Statement taxonomy <https://credit.niso.org/>

Table 1. CRediT terms and URLs

Term	URI
Conceptualization	https://credit.niso.org/contributor-roles/conceptualization/
Data curation	https://credit.niso.org/contributor-roles/data-curation/
Formal analysis	https://credit.niso.org/contributor-roles/formal-analysis/
Funding acquisition	https://credit.niso.org/contributor-roles/funding-acquisition/
Investigation	https://credit.niso.org/contributor-roles/investigation/
Methodology	https://credit.niso.org/contributor-roles/methodology/
Project administration	https://credit.niso.org/contributor-roles/project-administration/
Resources	https://credit.niso.org/contributor-roles/resources/
Software	https://credit.niso.org/contributor-roles/software/
Supervision	https://credit.niso.org/contributor-roles/supervision/
Validation	https://credit.niso.org/contributor-roles/validation/
Visualization	https://credit.niso.org/contributor-roles/visualization/
Writing - original draft	https://credit.niso.org/contributor-roles/writing-original-draft/
Writing: review & editing	https://credit.niso.org/contributor-roles/writing-review-editing/

Example:

Conceptualization: A.B., C.D.; Methodology: E.F.; Software: A.B., E.F.; Validation: C.D., E.F.; Formal analysis: D.C.; Investigation: A.B. All authors contributed to, read, and approved the version of the submitted manuscript.

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The manuscripts must be written in Spanish or English, in paper format with size DIN-A4 pages, double spaced with a (Arial font, letter type of 12 characters per inch). Abbreviations will be introduced after the complete term it represents when it is first used in the article, except in the title. The metric international system (periods for thousands, comma for decimals) should be preferred but the Anglo-Saxon system is also permitted (comma for thousands, periods for decimals), however **the use of either system should be consistent through the text.** Chemical, clinical and biological units should be defined strictly. The following data will be presented in the order given here:

- a) **First page: title of the article** (in Spanish and in English), short title of a maximum of 50 characters, full name and one or both surnames (joined by a hyphen) of the authors, place of work (institution, department, city and country) and ORCID (<https://orcid.org/>). It will state whether there was any grant or financial support. The academic degrees or position of authors should not be included. It will contain the statement by each one of the authors on whether or not there are conflicts of interest. It will include the full name, e-mail address, telephone and fax number, and full postal address of the author for correspondence, who will also be responsible for correcting the proofs. The first page must be submitted in a separate file from the rest of the manuscript.
- b) **Second Page; Abstract and Keywords** They must be attached in Spanish and in English. The abstract should follow the recommendations of each specific section. That of originals will be **structured** into the following sections: "*Objective*", mentioning the basic purpose of the work; "*Material and method*", explaining the design of the study, the evaluation criteria of the diagnostic tests and the temporal direction (retrospective or prospective), it will mention the patient screening procedure, the inclusion criteria, and the number of patients who started and finished the study; "*Results*", will mention the most relevant and significant results of the study, as well as their statistical evaluation; "*Discussion*" the main findings of the study will be discussed in comparison with what was previously published in the bibliography on the topic; "*Conclusions*" (as the last paragraph of the Discussion), those which are directly supported by the data will be

mentioned here, together with their clinical applicability; the same emphasis must be given to positive and negative findings with similar scientific interest.

At the end of the abstract here must be 3 to 6 keywords, in English, in accordance with the DECS (*Descriptores en Ciencias de la Salud*), available at: <http://decs.bvs.br/E/homepagee.htm> in accordance with these included in the Medical Subject Headings (MeSH) of Index Medicus/MEDLINE, available in English at: <http://www.nlm.nih.gov/mesh/meshhome.html> and translate them to Spanish.

Page three and onwards. The text

With the following subdivisions:

- a) *Introduction*. It will be brief and must only give the information necessary so that the reader understands the text that follows next. It will give the intention and the fundamentals of the investigation. It must not contain tables or figures. In a last paragraph it must clearly state the objective/s of the study. Only quote references that are strictly necessary.
- b) *Material and methods*. The material used in the study will be mentioned; human or experimental, its characteristics, selection criteria and techniques employed, giving the necessary literature or direct data, so that the experiment could be repeated by the reader: it will mention compliance to good clinical practice and animal experimentation guidelines. The name of patients should not be mentioned. Generic names instead of commercial names of drugs should be used. A short description of the ethical guidelines followed by the investigators in studies on humans as well as on animals will be given. Studies on humans must have the express approval of the local ethics and clinical trials committee, and this must be mentioned in the manuscript including the date and number of act of the Ethics or Institutional Board review Commission (see "Obligations of the author").
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- d) *Discussion*. The authors have to express their own opinions on the topic. Mentioning here the significance and practical application of the results; considerations on the possible inconsistency of the methodology and the reasons why the results may be valid; the relationship with similar publications and comparison between areas of agreement and disagreement, and the indications and the lines for future investigations. On the other hand, it should be ensured that the discussion does not become a review on the subject and that concepts already expressed in the introduction are not repeated. The results of the study should not be repeated here either. The conclusions of the study will be expressed in a final paragraph of the discussion.
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but do not justify being included as an author, and b) the acknowledgement for technical help must be recognized in a separate paragraph.

- f) *Author Contributions Statement*. Please list the initials for each author, with full stops, but separated by commas (e.g. JC, JS). In the case of two authors with the same initials, please use their middle initial to differentiate between them (e.g. R.E.W., R.S.W.).
- g) *Bibliography*. References that are considered important and have been read by the authors will only be included, and the number must not exceed the maximum allowed for each section of the Journal. All references must be mentioned in the text consecutively according to the order of appearance and identified using Arabic numerals in superscript. The references cited only in tables should be numbered according to the first identification of such table on the text. References should appear before the period or comma. The literature references must rigorously follow the reference format and style of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, available at: <http://www.icmje.org/>. They will be set out on a separate page, in order of appearance in the text. No peer reviewed references such as from meeting minutes or working papers are not acceptable as literature references. It will not include references of articles subject to examination. Accepted papers in press can be cited by including their DOI. For examples of the formats of literature references, the authors can consult the web page: http://www.nlm.nih.gov/bsd/uniform_requirements.html

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Original article. Surnames and initials of all the authors, when there are six or less, They should be followed by the expression "et al" if there are seven or more authors. When indicating the initial and final pages of a document only the digits that differ from the initial page must be included (e.g., 34-9, and not 34-39; 136-41 and not 136-141). The journal names must be abbreviated according to the style used in Index Medicus (List of Journals Indexed included in the January edition of Index Medicus and on the website of the NLM library: <https://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).

Here are some examples of correct citations for different types of documents. Examples for formats not included in this list can be consulted at: http://www.nlm.nih.gov/bsd/uniform_requirements.html

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Examples:

1. **Less than six authors:** Menard KL, Haskins BE, Denkers EY. Impact of *Toxoplasma gondii* Infection on Host Non-coding RNA Responses. *Front Cell Infect Microbiol*. 2019 May 14;9:132. doi: 10.3389/fcimb.2019.00132.

2. **More than six authors:** Velásquez S, Matute JD, Gámez LY, et al. Characterization of nCD64 expression in neutrophils and levels of s-TREM-1 and HMGB-1 in patients with suspected infection admitted in an emergency department. *Biomedica*. 2013;33:643-52. doi: 10.7705/biomedica.v33i4.805.
3. **Electronic journal:** Bility MT, Cheng L, Zhang Z, et al. Hepatitis B virus infection and immunopathogenesis in a humanized mouse model: induction of human-specific liver fibrosis and m2-like macrophages. *PLoS Pathog*. 2014;10(3):e1004032. doi:10.1371/journal.ppat.1004032.
4. **Journal supplement:** Takagi M. Neutral proteinases and their inhibitors in the loosening of total hip prostheses. *Acta Orthop Scand*. 1996;67 Suppl 219:29-33.
5. **Books:** Auwels F. Atlas zur Biomechanik der gesunden und kranken Hu'fte. Wurzburg: Springer Verlag; 1973.
6. **Book's Chapter:** Denis K, Kennett RH, Kinman N, Molinaro C, Sherman L. Defining the B-cell repertoire with hybridomas derived from monoclonal fragment cultures. In: Kennett RH, McKearn TJ, Bechtol KB, editors. *Monoclonal antibodies. Hybridomas: a new dimension in biological analyses*. 2nd Ed. New York: Plenum Press; 1981. pp. 49-59.
7. **Doctoral thesis:** García-Rueda FJ. Alteraciones del osteoclasto en la enfermedad de Paget [tesis doctoral], Salamanca, Universidad de Salamanca, 1987.
8. **Technical report:** Dirección General para las Drogodependencias y Adicciones. Catálogo de los servicios asistenciales de los centros de tratamiento ambulatorio de Andalucía. Sevilla: Junta de Andalucía; 2003.
9. **Homepage/ Web site:** eatright.org [Internet]. Chicago: Academy of Nutrition and Dietetics; c2016 [cited 2016 Dec 27]. Available from: <https://www.eatright.org/>.

Tables. They will be presented on separate sheets within the text file and numbered with Arabic numbers in order of appearance (example, table 1). If a table occupies more than one page, the headings will be repeated on the following page. Acronyms and abbreviations must also be accompanied with an explanatory legend at the foot. The journal will admit tables that will occupy a maximum of one printed page. The statistical significance level should be mentioned at the foot of the table, if it has not been included in the text of the table.

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