GUIDE FOR AUTHORS

INTRODUCTION
The journal *Enfermedades Infecciosas y Microbiología Clínica* is the official publication of the Sociedad Española de Enfermedades Infecciosas y Microbiología Clínica (SEIMC) (Spanish Society of Infectious Diseases and Clinical Microbiology). It has as its aim to respond to the challenges currently posed by everything associated with infectious diseases, from a clinical, microbiological and public health perspective.

The journal is included in Science Citation Index Expanded, Medline/PubMed, and SCOPUS.

Types of article
The Journal contains the following sections:

**Originals.** Prospective works of clinical, pharmacological or microbiological research will be admitted, as well as original contributions on the aetiology, physiopathology, histopathology, epidemiology, diagnosis and treatment of infectious diseases in general. The recommended length of the text will be 3,000 words (including acknowledgements). A maximum of 30 bibliographic references and up to 6 figures and 6 tables will be accepted.

The structure of the articles will be as follows:

First Page (See General Rules)

*Abstract:* The originals in Spanish will be sent with an abstract translated into English and the originals in English will be submitted with an abstract translated into Spanish. This will be no longer than 250 words or no less than 150 words. The content of the abstract is structured into four subsections: Introduction, Methods, Results and Conclusion. In each of these, the aim of the research, the way it will be carried out, the most interesting results and the conclusions derived from these, respectively, must be stated.

*Key words:* A minimum of 3 and up to a maximum of 10 key words used in the Index Medicus (Medical Subject Headings) will be included, Available at: http://www.ncbi.nlm.nih.gov/entrez/meshbrowser.cgi

*Text:* It must be divided into the following sections: Introduction, Methods, Results and Discussion. Particularly complex articles may include sub-sections in some sections, so as to better understand its contents.

*Introduction.* It will be as short as possible and must only provide sufficient explanation to understand the text that follows next. It must not be a review of the subject or an advanced
discussion. It must clearly state the objectives of the work in its last paragraph.

Methods. The selection of the subjects or experiments must be described; mention the methods and apparatus, (name and address of the manufacture in parentheses) and procedures used with sufficient detail to enable other researchers to reproduce the experiments with ease. If the methods or procedures are well used and known, their references must be provided and avoid describing them in detail. The statistics methods used must be adequately explained. When the experiments involve human beings it must be indicated that the procedures followed were authorised by the Clinical Trials and Research Committee of the corresponding institution, that they comply with all the legal requirements and consent has been obtained from the subjects. The drugs and products used must be mentioned with their generic names. Patient names, their initials or their history number must not be used, or any other data that might be able to identify them.

Results. Observations made should be stated, not interpreted. They must be presented in a logical sequence with the help of tables and figures. Unnecessary repetition of those results that are already shown in the tables must be avoided and be limited to highlighting the most significant results.

Discussion. Emphasis must be placed on the most significant aspects of the study and in the conclusions what is derived from this. Data already provided in the results section must not be repeated, except when it is required to compare them with those of other authors. It is necessary to clearly define the questions opened by the research carried ut so that it may encourage other authors to resolve them.

It is just as important for the authors them-selves to mention the contribution made by their work as well as pointing out its limitations.

Acknowledgements: (See general rules).

Bibliography: (See general rules).

Short Originals. Research works which, due to their special characteristics (series with a low number of observations, research works with very specific objectives and results, descriptive epidemiological studies, etc.) can be published in a shorter and more rapid form. These works should have a maximum of 1,400 words (including acknowledgements). A maximum of 15 bibliographic references and up to 2 figures and/ or tables will be accepted. The maximum number of authors is six. Each article should be structured like an original article (an abstract with a maximum of 150 words or no less than 100 words) with four sections.

Diagnosis at first sight. Works where the aim is to show images of a topic of clinical and/ or microbiological interest will be published in this section. The topic will be presented as a closed case; therefore, the title will not give details of the final result. It should be based on cases observed by the authors and will be presented in three sections: clinical description of the case, progress and final comment. The images should contain sufficient information so that, with the aid of the previously presented history, at least a presumptive diagnosis can be established. After presenting the images (1-3 figures) its interpretation and the final resolution of the problem will be commented upon. The maximum length will be about 700 words. The number of signatories must not exceed 4. The Editorial Committee reserves the right to select the images that it considers most representative.

Letters to the Editor. Discussion of works published in the last three months have preference
in this Section as well as the expressing of opinions, observations or experiences that, due to their characteristics, can be summarised in a short text. The section is divided into “Scientific Letters”, that is, works which contain clinical cases that can be presented in short form, and “Letters to the Editor”.

The maximum length will be about 700 words. One figure or table and a maximum of 10 bibliographic references will be accepted. The number of signatories must not exceed four. The title and key words in English and Spanish must be included.

Consensus Documents. ENFERMEDADES INFEC-CIOSAS Y MICROBIOLOGÍA CLÍNICA, as the official journal of the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC), will only publish consensus documents that comply with its current rules (http://www.seimc.org). Consensus document produced by other Scientific Societies, in which SEIMC or one of its study groups has collaborated, will also have to comply with these rules. The final manuscript will be submitted for assessment to the Journal together with the corresponding authorization by the SEIMC Board of Directors or its authorized representative. The definitive acceptance of the consensus document will be decided by the Journal’s Editorial Committee, providing that it complies with its general rules and its editorial priorities. There should be a conflict of interest section in the article that clearly states that there was no financial support from any institution in the private sector. The Editorial Committee recommends that updated consensus documents should only be sent for publication when their content has changed significantly. Updates of previously published consensus documents should state clearly any additions introduced that make a new publication necessary.

If authorship is corporate, the first author will be the “Study Group of ... of the Spanish Society of Infectious Diseases and Clinical Microbiology (SEIMC)/other participating Societies and Institutions” followed by the authors of the consensus document grouped under a single Writing Committee. The first two authors and the last author of the Writing Committee will be the three coordinators of the consensus document. The writers and then the reviewers of the consensus document will be cited after the two first coordinators in the order decided by the Study Group.

The journal will publish the consensus document accepted by the Editorial Committee as an Executive Summary, comprising a maximum of 3,000 words, not including the unstructured abstract, which will have a maximum of 150 words. These will be accompanied by the tables and figures considered necessary for clear and concise interpretation of the information. The references will be limited to 1-10 citations and the title will start with the sentence “Executive Summary of the consensus document on...”. The complete consensus document will be published as additional online material to the Executive Summary, also available at SEIMC Web. The aim of publishing the Executive Summary is to offer readers a synopsis of the consensus document, but with sufficient detail and clarity to understand the scope and most relevant points of the document as a whole.

Other sections. The journal also includes the sections: Editorials, Revisions and Continuous Medical Training. These papers are commissioned by the Editorial Committee from the authors. However, spontaneous collaboration will be accepted, after the editors have been consulted in writing. In any case, the manuscripts will be subject to revision by the Editorial Committee. Revisions (including acknowledgments, if any) must not exceed 5,000 words. A maximum of 60 references and 6 figures and/or tables will be accepted (if there are more, they will only be published as online material). These must be accompanied by an unstructured abstract in Spanish and English of a maximum 150 words. The key words will be added in both languages.
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**Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their 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’. [More information.](#)

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**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**

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.

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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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Divide your article into clearly defined sections. Each subsection is given a brief heading (Introduction, Methods, Results and Discussion). Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Results should be clear and concise.

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This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

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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.

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A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

The headings will consist of: «Introduction», «Methods», «Results» y «Conclusions».

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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.
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List funding sources in this standard way to facilitate compliance to funder’s requirements:

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