

INSTRUCTIONS TO AUTHORS

General Information

Epidemiology and Health (Epidemiol Health, epiH) is the official journal of the Korean Society of Epidemiology. It is an open access electronic journal publishing papers in all areas of epidemiology and public health. The scope is wide-ranging: including descriptive, analytical and molecular epidemiology; primary preventive measures; screening approaches and secondary prevention; clinical epidemiology; and all aspects of communicable and non-communicable diseases prevention. The *epiH* publishes original research, and also welcomes review articles and meta-analyses, cohort profiles and data profiles, epidemic investigations, descriptions and applications of new methods, and discussions of research theory or public health policy. We give special consideration to papers from developing countries.

All of the papers published are freely available as pdf files downloadable from "<https://www.e-epih.org/>, <https://www.ncbi.nlm.nih.gov/pmc/journals/1392/>" directly or through PubMed. It is indexed in PubMed, PubMed Central, CINAHL, EBSCOhost, CABI, Science Citation Index Expanded (SCIE), Scopus, KoreaMed, KoMCI, ScienceCentral, CrossRef, Directory of Open Access Journals (DOAJ), and Google Scholar. *epiH* follows the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication (<http://www.icmje.org>), if otherwise not described below.

Research Ethics and Informed Consent

For the policies on research and publication ethics not stated in the instructions, Guidelines on Good Publication (<http://publicationethics.org/>) or Good Publication Practice Guidelines for Medical Journals (<http://kamje.or.kr/>) can be applied.

1. Authorship

Authorship credit should be based on: (1) substantial contributions to conception and design, 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 published; and (4) agreeing to be accountable for all aspects of the work in ensuring that the questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet these 4 conditions. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged as contributors not be authors. The addition of an author to a manuscript under review is possible only with the editor's approval. Changes in authorship cannot

be made after the manuscript is accepted for publication. When a study is conducted by a large and multicenter group, the group should identify the individual authors who accept responsibility for the manuscript before submission. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as group name.

- Correction of authorship: *epiH* does not correct authorship after publication unless a mistake has been made by the editorial staff. Authorship may be changed before publication but after submission when an authorship correction is requested by all of the authors involved with the manuscript.

2. Originality, Plagiarism and Duplicate Publication

Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. Submitted manuscripts are screened for possible plagiarism or duplicate publication by CrossCheck (<http://www.ihtenticate.com/>) upon arrival. If plagiarism or duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors.

A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to text, figures, and tables.

3. Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the conditions of secondary publication of the International Committee of Medical Journal Editors (ICMJE) Recommendations (http://www.icmje.org/urm_main.html).

4. Preprint Policy

epiH allows a paper that has not conducted peer review on a preprint server such as the MedRxiv, Research square, and bioRxiv will not be considered as a duplicate publication, provided that the following conditions are met:

- 1) During submission, authors must include the following clearly on the title page: a disclaimer that the paper has been published on a preprint server, the name of the preprint server it has been published on, and any associated accession numbers or the Digital Object Identifiers (DOIs) for the paper on the preprint server.

<For example> “Disclaimer: This manuscript has been submitted for consideration to Epidemiology and Health. Please note that the manuscript published on a preprint server, Research Square (DOI: 00.12345/rs.3.rs-12345/v1), has not undergone peer review. If accepted, the peer-reviewed and edited version of our manuscript will be only available from *epiH*.”

- 2) *epiH* does not support posting the edited versions of a manuscript that have been altered as a result of the peer review process to the preprint server.
- 3) Upon publication, authors are responsible for updating the archived preprint with a DOI and link to the final published version of the article. *epiH* would expect the preprint to be amended after final publication by providing a link to the published version and relevant statement: “This is an author-created, preprint version of an article accepted for publication in Epidemiology and Health at [insert DOI].”

5. Conflict-of-Interest Statement

A conflict of interest may exist when an author (or the author’s institution or employer) has financial or personal relationships that could inappropriately influence (or bias) the author’s decisions, work, or manuscript. Corresponding author of an article is asked to let the Editor-in-Chief know potential conflict of interest possibly influencing their interpretation of data. Potential conflict of interest is applied even when the authors are confident that their judgments have not been influenced in the manuscript. Such conflicts may be financial supports or connections to pharmaceutical companies, political pressure from interest groups, or academic problems.

The Editor-in-Chief will decide whether the information of the conflict should be included in the published paper. Before publishing such information, the Editor-in-Chief will consult with the corresponding author. In particular, all sources of funding for a research should be explicitly stated.

6. Statement of Human and Animal Right

Clinical research should be done in accordance of the Ethical Principles for Medical Research Involving Human Subjects, outlined in the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. Human subjects should not be identifiable, such that patients’ names, initials, hospital numbers, dates of birth, or other protected healthcare information should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

7. Description of Participants

Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the meth-

ods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.

8. Statement of Informed Consent and Institutional Review Board Approval

Copies of written informed consent documents should be kept for studies on human subjects. For clinical studies of human subjects, a certificate, agreement, or approval by the Institutional Review Board (IRB) of the author’s institution is required. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

9. Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, an undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and so on, the resolution process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board. Documented cases of plagiarism or data fabrication could lead to a 3-year ban on the authors with regard to future publication in of *epiH* and/or retraction of their papers.

10. Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarism and fraudulent data.

The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; avoiding any conflict of interest with respect to articles they reject or accept; promoting publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

11. Registration of Clinical Trial Research

It is recommended that any research dealing with a clinical trial be registered at on appropriate online public registry. Manuscript with non-registered interventional clinical trials will not be considered for publication.

12. Data Sharing Statement

epiH accepts the ICMJE Recommendations for data sharing statement policy (<http://icmje.org/icmje-recommendations.pdf>). All manuscripts reporting clinical trial results should submit a data sharing statement following the ICMJE guidelines.



Copyright, Open Access Policy

1. Copyright

The Korean Society of Epidemiology owns the copyright of all manuscripts published in *epiH*. Authors are required to sign the journal's "Authorship Responsibility and Copyright Transfer" form, which is downloadable from our homepage (<https://submit.e-pih.org/>), should be signed by all authors, scanned and uploaded once a manuscript has been accepted. The corresponding author is responsible for obtaining signatures of all authors to obtain their consent for copyright transfer. The author is responsible for the content of both the original, and the reviewed and edited manuscript, accuracy of references and quotes, and any violations of the copyright agreement.

2. Open Access Policy

epiH an open access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. To use the tables or figures of *epiH* in other periodicals, books or media for scholarly, educational or even commercial purposes, the process of permission request to the publisher of *epiH* is not necessary. It also follows the open access policy of PubMed Central at United States National Library of Medicine (<http://www.ncbi.nlm.nih.gov/pmc/>).

All the content of the journal is available immediately upon publication without embargo period.

Categories of Papers

1. Original Articles

Manuscripts that report the results of original quantitative or qualitative public health research are published as original articles (up to 3,500 words of main text, not including abstract, tables, figures, references, and online-only material). A structured abstract of 250 words is required, with up to seven tables and figures, and no more than 50 references. The main text must follow the standard *epiH* format, with an Introduction and separate sections for the following: Methods, Results, and Discussion. This format is the highest priority for *epiH* and represents the majority of papers published.

2. Reviews (includes Meta-analyses)

These articles present a comprehensive search and appraisal of accumulating evidence of important public health topics, using a systematic approach. A systematic review may, or may not, include a meta-analysis. There should be an unstructured abstract of no more than 250 words. The text should not exceed 5,000 words (excluding abstract, tables, figures, references, and online-only material) with up to 100 references, and no more than a total of 10 tables and figures. Systematic review and meta-analysis should not include preprint papers which have not been peer-reviewed. If authors want to include preprint papers as the subject of meta-analysis, they need to clearly explain the valid reasons.

3. Special Articles (includes Epidemiologic Investigations, Methods, Hypothesis, and Lectures)

This category is the articles on important topics related to epidemiologic methods, or hypothesis which is a forum for ideas in medicine and public health. The text is limited to 3,500 words, with up to 50 references and no more than seven tables and figures. Authors seeking to submit articles for lectures on a special topic are encouraged to contact the editor before submission.

4. Cohort Profiles (includes Data Profiles)

Cohort profiles have a main text word limit of 3,500 words, and include an unstructured abstract of 200 words, a maximum of seven tables and figures, and up to 50 references. See the detailed instruction.

5. Brief Communications

Brief communications can report preliminary or novel findings. The main text is limited to 2,000 words, which excludes an unstructured abstract of 200 words, a maximum of five tables and figures, and up to 30 references. The main text for brief communications must follow the standard: *epiH* original article format, with an Introduction and separate sections for Methods, Results, and Discussion.

6. Perspectives (includes Statistics and Critical Commentaries)

Perspectives present a forum for raising awareness about relevant public health issues. They provide authors an opportunity to offer their critical evaluation of recent trends and advances in epidemiology and public health. Perspectives have a main text word limit of 2,000 words; they can include an unstructured abstract of 200 words, a maximum of five tables and figures, and up to 10 references. Statistics can include around of 10 tables and figures.

7. Editorials

Editorials in *epiH* are considered opinion pieces. They may be commissioned by members of the formal editorial team, or on occasion, reformatted as editorials from other submitted papers. Editorials are 2,000 words in length with no abstract, a maximum of three tables and figures, and up to 10 references. Sub-headings may be used to guide readers through the major arguments in the text. Authors may upload suggested images as supplemental files during submission. The Editor-in-Chief triages editorials to members of the formal editorial team, based on their expertise in the field.

8. Letters to the Editor and Responses

Letters to the Editor, referring to an *epiH* article are encouraged up to three months from the date of its publication. An abstract is not required. Editors reserve the right to edit and abridge letters and publish responses. The letter should be 1,000 words or less, a maximum of 10 references and may include 3 tables and figures.

Key features of articles of *epiH* publishes are as shown in the below Table.

Table. Recommended maximums for articles submitted to Epidemiology and Health

Type of article	Abstract (word)	Main body (word)	References	Tables & figures
Original article	250	3,500	50	7
Review (including meta-analysis)	250	5,000	100	10
Special article (epidemic investigation, methods, lecture)	250	3,500	50	7
Cohort profile (including data profile)	200	3,500	50	7
Brief communication	200	2,000	30	5
Perspective (including statistics, commentary)	200	2,000	10	5
Editorial	Not required	2,000	10	3
Letter to the editor/ Response	Not required	1,000	10	3

Manuscript Preparation

Manuscripts should be submitted to *epiH* in English or Korean. Manuscripts should be written and numbered in the following sequence: cover letter, title page, abstract, key words, manuscript body, acknowledgements, references, tables, and figures.

Descriptions appearing in each article are the responsibility of the authors and not that of *epiH*.

1. General requirements

- **Format:** Write submissions in English with characteristic double line-spacing on one side of single A4 sheets with a margin of at least 2.5 cm on every side.
- **Page number:** Number pages consecutively in the upper right-hand corner, beginning with the abstract as the first pages listed as page
- **Neither the author's names nor their affiliations should appear on the manuscript pages.**
- **Units of measurement:** Authors should express all measurements according to the established Systeme International (SI) units with some exceptions such as seconds, mmHg, or °C.
- **Drug names:** Generic names should be used whenever possible in the submitted text. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses after the first mention of the generic name in the Methods section.
- **Abbreviations:** Except for when being utilized with units of measurement, abbreviations of words are strongly discouraged. Except for units of measurement, the first time an abbreviation appears, it should be preceded by the words for which it stands.
- **Reporting guidelines for specific study designs:** For specific study designs, such as with randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, submitting authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the U.S. National Library of Medicine (https://www.nlm.nih.gov/services/research_report_guide.html).

2. Cover Letter

A cover letter should include the following: (a) a concise summary of why the article is a valuable addition to scientific literature, (b) briefly relate the study to previously published work, (c) specify the article type (original article, review, brief communication, etc.), and (d) details of any previous interactions with *epiH* regarding the submitted manuscript.

3. Title Page

The title page should include the following: (a) a concise and descriptive title, (b) full name of the author(s) and their affiliations, (c) details of funding source(s), and (d) name, address, and e-mail address of the corresponding author. If a title has more than 15 words, a separate running title of not more than eight English words should be provided. Including specifics of the study design in the title is recommended. Abbreviations should not be used in the title.

4. Abstract

Abstracts should be no more than 250 words and consist of four sections labelled: Objectives, Methods, Results, and Conclusions. Unstructured abstracts of up to 200 words are allowed for other types of papers (cohort/data profile, brief communication, perspective, etc). References should not be included in abstracts and abbreviations should be used sparingly.

5. Keywords (Medical Subject Headings)

Authors should provide a list of three to six keywords below the abstract. Keywords should be selected from main headings listed under Medical Subject Headings (MeSH) in Index Medicus published by the US National Library of Medicine (<http://www.nlm.nih.gov/mesh/MBrowser.html>); if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

6. Manuscript Body

Submitted texts should be organized with the manuscript divided into four main headings: Introduction, Materials and Methods, Results, and Discussion. Other descriptive headings and subheadings may be used if appropriate.

- **Introduction:** Brief background, references to the most pertinent papers generally enough to inform the readers of the topic, and relevant findings of others are described. The specific question to which the author's particular investigation is studied should be also described.
- **Methods:** Explanation of the experimental methods should be concise and sufficient of repetition by other qualified investigators. The procedures that have been published previously should not be described in detail. However, any new or significant modifications of previously published procedures need full descriptions in this area. The sources of special chemicals or preparations should be given along with their location (name of company, city and state, and country). The method of statistical analyses and criteria of significance level should be described. Please denote that your study received the proper ethical oversight in both your cover letter and your Methods section.

- Results: This part of the work should be presented logically using text, table and illustrations. Excessive repetition of table or figure contents should be avoided to reduce reader confusion.
- Discussion: The data should be interpreted concisely without repeating materials already presented in the results section. Speculation is permitted in this section, but it must be supported by the presented data of authors and be well founded based on evidence based conclusions and results. A brief paragraph should be included at the end of the discussion section to clarify the main conclusion.

7. Ethics Statement

The study protocol was approved by the Institutional Review Board (IRB) of ##### (IRB No. ###-##-####). Informed consent was confirmed (or waived) by the IRB.

8. Supplementary Materials

If there are any supplementary materials to help the understanding of readers or too great amount data to be included in the main text, it may be placed as supplementary data or appendix. Whole manuscripts, questionnaire form in local or regional languages or raw data is the example of data in appendix. They should be numbered in the manuscript by the numerical order in which it is cited. Supplementary material(s) will be published as submitted without editing.

9. Conflict of Interest

It should be disclosed here according to the statement in the Research and Publication Ethics regardless of existence of conflict of interest. If the authors have nothing to disclose, please state: "The authors have no conflicts of interest to declare for this study."

10. Funding

All sources of funding applicable to the study should be stated here explicitly.

11. Acknowledgements

The authors can list the names of persons, who helped the study but are not eligible as authors, in this section. Funding sources, which are informed in the title page, should not be written in this section.

12. Author Contributions

epiH participates in the CRediT standard for author contributions. The contributions of all authors must be described using the CRediT Taxonomy of author roles. For each of the categories below, please enter the initials of the authors who contributed in that category. If no one contributed in a category, you may leave that box blank. The corresponding author is responsible for completing this information at submission, and it is expected that all authors will have reviewed, discussed, and agreed to their individual contributions ahead of this time.

Examples of authors' contributions are as followings:
 Conceptualization: MK. Data curation: MK. Formal analysis:

HKC, DHH, SSH, JKJ. Funding acquisition: MK. Methodology: MK, HCK, HKC. Project administration: HKC. Visualization: MK, HCK, JMK. Writing–original draft: MK, HKC, DHH. Writing–review & editing: MK, SSH, JKJ, HCK, JMK.

13. ORCID (Open Researcher and Contributor ID)

ORCID of all authors are recommended to be provided. To have ORCID, authors should register in the ORCID web site available from: <http://orcid.org/>. Registration is free to every researchers in the world.

14. References

Authors are responsible for the accuracy and completeness of references used in the manuscript. **epiH** recommends not to cite preprint articles unless there is no other alternative. If a preprint article is published in an academic journal after peer review, it should be cited using the published journal's bibliographic information. All references should be written in English. When the original author has not given the article an English title, authors can translate the title with the notation, "Korean, author's translation." All authors of a cited work should be listed if there are six or fewer authors. The first six authors should be listed followed by "et al." if there are more than seven authors. References should be numbered sequentially and cited in the same order as in the body of the manuscript. References should be cited according to the system of the American National Library of Medicine's Index Medicus, as shown in the examples below. Other types of references not described below should follow The NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine>).

Journal Articles

Wiwanitkit V. The current status of Zika virus in Southeast Asia. *Epidemiol Health* 2016;38:e2016026.
 Slattery ML, Janerich DT. The epidemiology of neural defect: a review of dietary intake and related factors as etiologic agents. *Am J Epidemiol* 1991;133:526-540.

Books

Go ER, Park BJ, Jung SH. Clinical tests and data analysis for the evaluation of new drugs. Seoul: Shin-Kwang Co.; 1998, p. 25-26 (Korean).
 Maunsner JS, Kramer S. *Epidemiology*. 2nd ed. Philadelphia: W B Saunders Co.; 1985, p. 156-166.

Chapter in Books

Cullen MR. Multiple chemical sensitivities. In: Last JM, Wallace RB, editors. *Maxcy-Rosenau-Last public health & preventive medicine*. 13th ed. East Norwalk: Appleton & Lange; 1992, p. 459-462.

Internet Data

Collins SR, Kriss JL, Davis K, Doty MM, Holmgren AL. Squeezed: why rising exposure to health care costs threatens the health and financial well-being of American families; 2006 [cited 2013 Nov 2]. Available from: http://www.cmwf.org/usr_doc/Collins_squeezedrisinghltcarecosts_953.pdf.

Theses

Kim SR. A study on the comparison of inpatients healthcare utilization between the Medicaid recipients and the insured [dissertation]. Seoul: Yonsei University; 1999 (Korean).

15. Tables and Figures

Use of tables, figures, and photographs that supplement the text is recommended, but should not duplicate material found in the body of the manuscript. Tables and figures should be prepared with separate file. They should be numbered in Arabic numerals, in the same sequence in which they appear in the text, and their approximate locations should be marked in the manuscript body (Table 1). Particular care should be taken to make tables and figures self-explanatory with adequate headings and footnotes. The first letter of a title should be in upper case, with the rest of the letters in lower case. The same principle applies to the content of a table or figure. Tables should not have horizontal or vertical dividing lines. Each table and figure should be presented in a separate page and should not exceed one page per table or figure, if possible. If a table takes up more than one page, it should be marked with the word "continued" at the end of each page. Explanations for and abbreviations used in tables and figures should be included as footnotes. Footnotes should be indicated by superscript numbers, in (^{1,2,3}...). All numbers should be expressed to 2 digits to the right of the decimal points after rounding, unless specified otherwise.

16. Key Message

epiH requires the submission of a Key Message. The authors of original articles, reviews, special articles, cohort profiles, brief communications, and perspectives have to summarize the articles consisting of; what are the unmet needs, important findings for the unmet needs and scientific and epidemiological meanings of published article. Avoid copying the part of abstract and exceeding 100 words.

17. Key Summary (Korean)

For Korean authors, the author summary should be in Korean. The first sentence should give details of existing facts that led to the present work. The last sentence should state, as concisely as possible, the significance of the results with regard to health and/or an illness. Listing of statistical numbers should be avoided, unless it is absolutely necessary for proper understanding of the author summary. The files of published articles are supplied through an icon "Korean Summary" in the electronic table of contents on the website of **epiH**.

18. Graphic Abstract

A graphical abstract is required for original articles, review articles, special articles, cohort profiles, brief communications, and perspectives. The graphical abstract should clearly represent the topic of the article in a pictorial form designed to capture the attention of a wide readership. Authors must provide one image according to the guidelines in the section of Tables and Figures.

Manuscript Submission and Review Process

1. Manuscript Submission

Manuscripts should be submitted by online system (<http://submit.e-epih.org/>). If there are difficulties, please feel free to contact the editorial office (<https://www.e-epih.org/about/contact.php>). Manuscripts can be submitted at any time. For manuscript submission, original files are required; PDF files or HWP files are not accepted.

2. Screening Before Review

If the manuscript does not fit the aims and scope of the **epiH**, or does not adhere to the Instructions to Authors, it may be returned to the author immediately after receipt and without a review from the publisher. Before reviewing, all submitted manuscripts are inspected by Similarity Check powered by iThenticate (<https://www.crossref.org/services/similarity-check/>), a plagiarism-screening tool.

All manuscripts are pre-examined for the format and ethical requirements by managing and ethical consultants, and then decide whether to request external peer review by experts and associate editors in related topics.

3. Review Process

Articles are reviewed by two or more experts in the field. The authors' names and affiliations are removed during peer review. Double-blind peer reviews take an average of two months to complete.

The board of editors reserves the right to edit a manuscript for phrasing, style, and overall length at any stage prior to publication, while taking utmost care to maintain the scientific accuracy of the manuscript. Based on comments from reviewers and editors, authors may be asked to revise their manuscript. Authors are required to submit a letter explaining how they dealt with all comments and questions raised by reviewers and editors. If revisions cannot be submitted within one month, author(s) may request a one month grace period. If the revised manuscript is not submitted within the stipulated period, the manuscript will be automatically rejected. Once submitted, manuscripts will not be returned.

Publication

Upon acceptance for publication, one file of the original manuscript should be submitted to the journal office. The publication schedule is based on the order of submission of finalized manuscripts. Dates of submission, acceptance and published are provided on the journal's website.

1. Page Proofs

Page proofs are sent to the corresponding authors by e-mail as PDF files. Authors are responsible for the content of page proofs.

All page proofs should be read carefully, corrected if necessary, and returned within 48 hours of receipt. Corrections should be restricted to typesetting errors. Changes or additions to the edited manuscript are not allowed at this stage.



2. Article Processing Charge

There is no submission fee for the submission of manuscripts to the publisher. But article processing charges (APCs) are required for publication in the *epiH*. These fees cover some of the costs of publication as well as open access online editions in the journal website (<http://www.e-epih.org/>) or in the PubMed Central (<http://www.ncbi.nlm.nih.gov/pmc/journals/1392/>). An invoice outlining fees will be sent to the corresponding author when the submitted article is finally accepted. The APC for a full-length article is USD 800 (KRW 800,000). Discounted charge may be applied, if the corresponding author is a paid member of the Korean Society of Epidemiology.

epiH has special consideration for epidemiological research in developing countries. APC exemptions are available for papers submitted from developing countries. For APC exemption, the first and corresponding authors' current affiliations should be in low, lower-middle, or upper-middle income countries (according to the latest World Bank country classification by income level).

Contact Us

Any inquiry including submissions, the review process, certification of acceptance, or copyrights should be directed to the editor from the website (<https://www.e-epih.org/about/contact.php>) or sent via surface mail or fax to:

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NOTICE: These instructions to authors will be applied beginning with the October 2021.