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Editorial and Peer Review Process

Clin Exp Vaccine Res reviews all manuscripts received. A ma-

nuscript is first reviewed for its format and then sent to the 3 most relevant investigators of the relevant field available for review of the contents. The editor selects peer referees by recommendation of the editorial and review board members. In addition, if deemed necessary, a review of statistics may be requested. Authors' names and affiliations are removed during peer review. Acceptance of the manuscript is decided based on the critiques and recommended decision of the referees. A referee may recommend "acceptance without revision," "acceptance after minor revisions," "review again after revisions," or "rejection." If there is a marked discrepancy in the decisions between two referees or between the opinions of the author and referee(s), the Editor may send the manuscript to another referee for additional comments and a recommended decision. Three repeated decisions of "review again after revision" are regarded as a "rejection." The reviewed manuscripts are returned back to the corresponding author with comments and recommended revisions. Names and decisions of the referees are masked. A final decision on acceptance for publication or rejection for publication is forwarded to the corresponding author from the Editorial Office.

Editorial Policy

The editor assumes that all authors listed in a manuscript have agreed with the following policy of Clin Exp Vaccine Res on submission of manuscripts. Except for the negotiated secondary publication, manuscripts submitted to the journal must be previously unpublished and not be under consideration for publication elsewhere. Under any circumstances, the identities of the referees will not be revealed. If a new author should be added or an author should be deleted after the submission, it is the responsibility of the corresponding author to ensure that the authors concerned are aware of and agree to the change in authorship. Clin Exp Vaccine Res has no responsibility for such changes. All published manuscripts become the permanent property of Korean Vaccine Society and may not be published elsewhere without written permission.

Research and Publication Ethics

For the policies on the research and publication ethics not stated in this instructions, 'Good Publication Practice Guidelines for Medical Journals' (<http://www.kamje.or.kr/intro.php?>

body=publishing_ethics, Korean Association of Medical Journal Editors [KAMJE], 2013), 'Guidelines on Good Publication' (<http://www.publicationethics.org.uk/guidelines>, Committee on Publication Ethics), and Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org>, International Committee of Medical Journal Editors [ICMJE], updated 2013) can be applied.

Research Ethics

All of the manuscripts should be prepared in strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (CSE), ICMJE, World Association of Medical Editors (WAME), and the KAMJE. Any study including human subjects or human data must be reviewed and approved by a responsible institutional review board (IRB). Please refer to the principles embodied in the Declaration of Helsinki (<http://www.wma.net/en/20activities/10ethics/10helsinki/>) for all investigations involving human materials. Animal experiments also should be reviewed by an appropriate committee (Institutional Animal Care and Use Committee) for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee (IBC). The editor of Clin Exp Vaccine Res may request submission of copies of informed consents from human subjects in clinical studies or IRB approval documents.

Conflict of Interest

The corresponding author of an article is asked to inform the editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the cover letter even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf). The editor will decide whether the information on the conflict should be included in the published paper. Before publishing such information, the editor will consult with the corresponding author. In particular, all sources of funding for a study should

be explicitly stated. Clin Exp Vaccine Res asks referees to let its editor know of any conflict of interest before reviewing a particular manuscript.

Redundant Publication and Plagiarism

Redundant publication is defined as "reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)". Characteristics of reports that are substantially similar include the following: (a) at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant publication), (b) the subject or study populations are often the same or similar, (c) the methodology is typically identical or nearly so, and (d) the results and their interpretation generally vary little, if at all. When submitting a manuscript, authors should include a letter informing the editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to Clin Exp Vaccine Res differs substantially from this other material. If all or part of your patient population was previously reported, this should be mentioned in the materials and methods, with citation of the appropriate reference(s).

Authorship

Clin Exp Vaccine Res follows the recommendations for authorship by the ICMJE (2013, <http://www.icmje.org>) and the Good Publication Practice Guidelines by the KAMJE (2013, http://www.kamje.or.kr/intro.php?body=publishing_ethics). The uniform requirements by the ICMJE recommends authorship as follows. 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, 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors should meet conditions 1, 2, 3, and 4. Beyond the ICMJE recommendations, the KAMJE guidelines suggest that all authors should make a substantial intellectual contribution to the publication, the guidelines warn against authorship abuse, and list common types of abuse. Authorship is an important aspect of research publication, and all in-

volved authors should agree whole contents of the document including authorship. Contributors should be differentiated from authors as recommended by the ICMJE.

► Corresponding author and first author:

Clin Exp Vaccine Res does not allow multiple corresponding authors for one article even when it is reporting on a multicenter study. Only one author should correspond with the editorial office and readers for one article. Clin Exp Vaccine Res accepts notice of equal contribution for the first author when the study was clearly performed by co-first authors.

► Correction of authorship after publication:

Clin Exp Vaccine Res does not correct authorship after publication unless any 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 authors involved.

Obligation to Register Clinical Trial

Clinical trial defined as any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome should be registered to the primary registry to be prior publication. Clin Exp Vaccine Res accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (see <http://www.who.int/ictrp/about/details/en/index.html>) as well as <http://www.actr.org.au/>, <http://www.clinicaltrials.gov/>, <http://www.isrctn.org/>, www.umin.ac.jp/ctr/index/htm and <http://www.trialregister.nl/>. The clinical trial registration number shall be published at the end of the abstract.

Standards for Reporting

For the specific study design, such as randomized control study, study of diagnostic accuracy, meta-analysis, observational study and non-randomized study, it is recommended for authors to follow the reporting guide lines listed in the following table.

CONSORT
(Consolidated Standards of Reporting Trials)

<http://www.consort-statement.org/>

STARD
(Standards for Reporting of Diagnostic Accuracy)

<http://www.stard-statement.org/>

PRISMA
(Preferred Reporting Items of Systematic Reviews and Meta-Analyses)

<http://www.prisma-statement.org/>

STOBE
(Strengthening the Reporting of Observational studies in epidemiology)

<http://www.strobe-statement.org/>

MOOSE
(Meta-analysis of Observational Studies in Epidemiology)

http://www.consort-statement.org/mod_product/uploads/MOOSE%20Statement%202000.pdf

Manuscript Submission

Authors should submit manuscripts via the electronic manuscript management system for Clin Exp Vaccine Res, <http://submit.ecevr.org>. Please log in first as a member of the system and follow the directions. Manuscripts should be submitted by the corresponding author or first author, who should indicate the address and phone number for correspondence in the title page of the manuscript. If available, a fax number and e-mail address would be helpful. The revised manuscript should be submitted through the same web system under the same identification numbers.

Queries concerning manuscript submission should be directed to:

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 Fax: +82-32-899-6039
 E-mail: cevr.editor@gmail.com

Language

All manuscripts should be written in English.

Categories of Publication

Clin Exp Vaccine Res publishes editorials, invited review articles, special articles, original articles, case reports, brief communications, and correspondences.

- ▶ Editorials are invited perspectives on an area of medical science, dealing with very active fields of research, current medical interests, fresh insights and debates.
- ▶ Review articles provide a concise review of a subject of importance to medical researchers written by an invited expert in medical science.
- ▶ Special articles are invited with an intention of special introduction of medical information.
- ▶ Original articles are papers reporting the results of basic and clinical investigations that are sufficiently well documented to be acceptable to critical readers.
- ▶ Case reports deal with clinical cases of medical interest or innovation.
- ▶ Brief communications are short original research articles on issues important to medical researchers.
- ▶ Correspondence includes a reader's comment on an article published in Clin Exp Vaccine Res and a reply from the authors.

Preparation of Manuscript

Authors are required to submit their manuscripts after reading the following instructions. Any manuscript that does not conform to the following requirements will be considered inappropriate and may be returned.

General Requirements

- Manuscripts must be submitted as MS-word files. The text should be typed in 11-point font and double-spaced.
- Pages should be numbered from, and including, the abstract.
- To facilitate blind peer review, the manuscript must not contain the name of any author or institution.
- Measurements should be presented in accordance with the International System of Units (SI).

- Abbreviations should be minimized. When necessary, spell out the full term the first time it appears in the text, add the abbreviation in parentheses, and use the abbreviation thereafter.
- To cite a reference with an author in the text, insert the author's surname only and the citation number in superscript. e.g., Kim [1] For a reference with two authors, list both names in the citation. e.g., Kim and Park [2] For a reference with three or more authors, use 'et al.', e.g., Kim et al. [3].
- If two or more citation numbers are required, separate numbers with a comma (,) or a dash (-). e.g., Lee [1-3] Chapman [1,2,7].

Title Page

The title page should contain the full title of paper, the running title of fewer than 10 words, the names of the authors and of the institutions, and institutional addresses. If authors are at different institutions, first present the institution where most of the work was carried out, and indicate individual departments and institutions by inserting a superscript letter immediately after the author's name, and the same letter in front of the appropriate institution. The name, address, e-mail address, telephone, and fax number of the corresponding author should be placed in the lower portion of the title page. The title should be expressed briefly, clearly, and concisely. It is not necessary to lead with expressions like "clinical research on-" or "the study on-."

Abstract

Each paper should start with an abstract not exceeding 250 words. The abstract should state the purpose, materials and methods, results, and conclusion in each paragraph in a brief and coherent manner. Relevant numerical data should be included. Under the abstract, keywords should be inserted (maximum 5 words) and listed in the following order: anatomical name (illness), diagnosis, and treatment. Authors are recommended to use the MeSH database to find medical subject heading terms at <http://www.nlm.nih.gov/mesh/meshhome.html>. The abstract should be structured into the following sections.

- ▶ Purpose: The rationale, importance, or objective of the study should be described briefly and concisely in one to two sentences. The objective should be consistent with

that stated in the Introduction.

- ▶ **Materials and Methods:** The procedures conducted to achieve the study objective should be described in detail, together with relevant details concerning how data were obtained and analyzed and how research bias was adjusted.
- ▶ **Results:** The most important study results and analysis should be presented in a logical manner with specific experimental data.
- ▶ **Conclusion:** The conclusions derived from the results should be described in one to two sentences, and must match the study objective.

Abbreviations or references are not allowed in the abstract.

Introduction

State the background or problem that led to the initiation of the study. Lead systematically to the hypothesis of the study, and finally, to a restatement of the study objective, which should match that in the abstract. Do not include conclusions in the Introduction.

Materials and Methods

Institutional review board (IRB) approval, when applicable, must be stated. Describe the study design (prospective or retrospective, inclusion and exclusion criteria, duration of the study) and the study population (demographics, length of follow-up). Explanations of the experimental methods should be concise, but yet enable replication by a qualified investigator.

▶ Ethics statement

The study protocol was approved by the institutional review board of ##### (IRB No. ##-##-###). Informed consent was confirmed (or waived) by the IRB. The animal studies were performed after receiving approval of the Institutional Animal Care and Use Committee in ### University (IACUC approval No. ##-##-###).

Results

This section should include detailed reports on the data obtained during the study. All data in the text must be presented in a consistent manner throughout the manuscript.

Discussion

In the discussion, data should be interpreted to demonstrate

whether they affirm or refute the original hypothesis. Discuss elements related to the purpose of the study and present the rationales that support the conclusion drawn by referring to relevant literature. Care should be taken to avoid information obtained from books, historical facts, and irrelevant information. A discussion of study weaknesses and limitations should be included.

Acknowledgments

All persons who have made substantial contributions, but who have not met the criteria for authorship, should be acknowledged here. All sources of funding for the study should be stated here explicitly.

References

- Citation of references in the text should be made by giving consecutive numbers in parenthesis (Vancouver style).
- The number of references is limited to 40 for original articles and 15 for case reports.
- The references should be numbered according to the citation order in the text (not alphabetically).
- All references must be cited in the text.
- Non-published findings and personal communications should not be included in the list of references.
- References to journal articles should conform to the journal title abbreviations used in the Index Medicus.
- List names of all authors when six or fewer. When seven or more, list only the three names and add et al.
- For more on references, refer to the NLM Style Guide for Authors, Editors, and Publishers.

Examples of references are as follows:

▶ Journal article

1. Lee NH, Lee JA, Park, SY, et al. A review of vaccine development and research for industry animals in Korea. *Clin Exp Vaccine Res* 2012;1:18-34.

▶ Supplement

2. Turner CH, Robling AG. Mechanisms by which exercise improves bone strength. *J Bone Miner Metab* 2005;23 Suppl:16-22.

▶ Book

3. Buchman A. *Clinical nutrition: a guide for gastroenterologists*. Thorofare, NJ: Slack Incorporated; 2005.

▶ Book chapter

4. Pan ES, Cole FS, Weinttrub PS. Viral infections of the fetus and newborn. In: Tausch HW, Ballard RA, Gleason CA, editors. *Avery's diseases of the newborn*. 8th ed. Philadelphia: Elsevier Saunders; 2005. p.495-529.

► Website

5. World Health Organization (WHO). WHO statistical information system [Internet]. Geneva: WHO; c2010 [cited 2012 Jun 5]. Available from: <http://www.who.int/whosis/en/menu.cfm>.

Tables

- Tables should be numbered sequentially with Arabic numerals and given a brief title.
- Tables should be numbered in the order in which they are mentioned in the text.
- If an abbreviation is used in a table, it should be defined in a footnote below the table.
- The symbols should be used in the following order: ^{a), b), c),} Each symbol must be defined in a footnote.
- Tables should be understandable and self-explanatory, without references to the text.

Figure Legends

- Illustrations should be numbered in the order in which they are mentioned in the text (e.g., Fig. 1).
- Each illustration should have a brief and specific legend, which should be listed on a separate manuscript page after references.
- Staining techniques used should be described. Photomicrographs with no inset scale should have the magnification of the print in the legend.

Illustrations

- Papers containing unclear photographic prints may be rejected.
- Each figure should be prepared in a separate file (e.g., Fig. 1. jpg).
- The name of an image file should match the figure number, such as Fig. 1. eps. If a figure contains two or more photographs, they should be assigned an Arabic numeral followed by letters in the English alphabet. Example: Fig. 1A, Fig. 1B.
- Submit illustrations in JPEG, GIF or PPT format. Do not embed images into the text file. Figures may be half tone

photographs or black on white line drawings. Color images will be accepted only when essential. Remove any writing that could identify a patient.

- If a manuscript is accepted for publication, the journal will request high quality figures in TIFF or EPS format. When using a digital camera, set the resolution to a minimum of 300 ppi (pixels per inch), and set the size of the image to 5×7 inch (127×178 mm). Color and grayscale images, such as radiographs, must have a minimum resolution of 300 dpi, and line art drawings must have a minimum resolution of 1,200 dpi.
- Any illustrations previously published should be accompanied by the written consent of the copyright holder.

Other Types of Manuscript

All other types of manuscripts should meet the above-mentioned requirements.

Review Articles

Review articles should focus on a specific topic. Publication of these articles will be decided upon by the editorial board. The abstract should not exceed 200 words, and must be written as one unstructured paragraph.

Case Reports

- Abstract: The abstract should not exceed 200 words, and must be written as one unstructured paragraph. In other words, introduction, materials and methods, results, and conclusion must not be paragraphed in the abstract.
- Introduction: The reason for reporting the case should be stated in a clear and cohesive manner.
- Case report: This section should include relevant elements, such as, patient history and treatment.
- Discussion: Discussion should focus on the case and pertinent literature.
- References: References should not exceed 15.

Editorials

Editorials are invited by the editors and should be commentaries on articles published recently in the journal. Editorial topics could include active areas of research, fresh insights, and debates in the field of vaccines. Editorials should not exceed 1,200 words, excluding references, tables, and figures.

Brief Communications

A brief communication manuscript should be prepared in the following sequence: title page, abstract and keywords, text without section titles, acknowledgments, references, and figures or tables. Maximums: one-paragraph unstructured abstract, 100 words; word counts of the text, 1,500 words; number of references, 20. The number of tables and figures in total should not exceed three.

Correspondence

The journal welcomes readers' comments on articles published recently in the journal or orthopedic topics of interest.

Instructions for Submission of Revised Manuscripts

When you prepare a revised version of your manuscript, you should carefully follow the instructions given in the editor's letter. Please submit both a clean copy of your manuscript and an annotated copy describing the changes you have made. Failure to do so will cause a delay in the review of your revision. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references and figures are cited in numeric order. The annotated copy should have changes highlighted (either by using the Track Changes function in MS Word or by highlighting or underlining the text) with notes in the text referring to the editor or reviewer query.

Figures and Tables for Accepted Manuscripts

Graphs and illustrations: Graphs, illustrations, and drawings rendered in professional graphics programs should be submitted in Photoshop (.PSD), TIFF, or encapsulated Postscript (.EPS) format at 300 dpi. Layers should be retained (i.e., do not "flatten" the image). If the graph or illustration was created in MS Excel or Word, we recommend that you submit the original file in the native format (.XLS for Excel, .DOC for MS Word). Files created by vector programs are best for accurately plotting and maintaining data points. Graphs, charts, and diagrams may be imported or copy/pasted into applications such as MS Word or PowerPoint for labeling and formatting, but must be accompanied by vector files created by the statistical software application. Preferred file formats

(vector files): AI, EMF, EPS, PDF, WMF, XLS. Electronic photographs-photomicrographs, electron micrographs, Western blots, radiographic images, ECG and EEG tracings, and so on- and scanned images must have a resolution of at least 300 dpi. If fonts are used in the artwork, they must be converted to paths or outlines or they must be embedded in the files. Color images must be created/scanned and saved and submitted as CMYK files. Send the electronic original with appropriate labeling and arrows. The following formats are preferred for submission of digital files of photographic images: EPS, TIFF, Adobe Photoshop, JPEG (use only the maximum quality compression setting). Color is acceptable for charts and graphs. Do not use patterns or textures; use of three-dimensional graphs is discouraged unless all three axes are needed to depict data. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If the symbols are too complex to appear in the caption, they should appear on the illustration itself, within the area of the graph or diagram, not to the side.

Author's Checklist

- Manuscript in MS-WORD (.doc) format.
- Double-spaced typing with 11-point font.
- Sequence of title page, abstract and keywords, purpose, methods, results, discussion, acknowledgments, references, tables, and figure legends. All pages numbered consecutively, starting with the abstract.
- Title page with article title, authors' full name(s) and affiliation(s), address for correspondence (including telephone number, fax number, and e-mail address number), running title (less than 10 words), and acknowledgments, if any.
- Abstract in structured format up to 250 words for original articles and in unstructured format up to 200 words for review articles and case reports. Keywords (up to 5) from the MeSH list of Index Medicus.
- All table and figure numbers are found in the text.
- Figures as separate files, in JPG, GIF, or PPT format.
- References listed in proper format. All references listed in the reference section are cited in the text and vice versa.
- Covering letter signed by the corresponding author.

Gallery Proof

Clin Exp Vaccine Res provides the corresponding author with galley proofs for their correction. Corresponding author will receive electronic page proofs to check the copyedited and typeset article before publication. Portable document format (PDF) files of the typeset pages and support documents will be sent to the corresponding author by e-mail. Complete instructions will be provided with the e-mail for downloading and printing the files and for faxing the corrected page proofs to the publisher. Those authors without an e-mail address will receive traditional page proofs. Corrections should be kept to minimum. The editor retains the prerogative to question minor stylistic alterations and major alterations that might affect the scientific content of the paper. Authors may be charged for alterations to the proofs beyond those required to correct errors or to answer queries. Any fault found after the publication is the responsibility of the authors. We urge our contributors to proofread their accepted manuscripts very carefully. The corresponding author may be contacted by the editorial office, depending on the nature of the correction in the proof. If the proof is not returned or faxed to the printing office (Fax: +82-31-389-8817) within 48 hours, it may be necessary to reschedule the paper for a subsequent issue.

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Publication Frequency

Clin Exp Vaccine Res is published printed and open accessed online issues 4 times per year in 31 January, 30 April, 31 July, and 31 October.

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Appendices:

- ▶ Authorship Responsibility Form
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- ▶ Acknowledgment Statement