

REVISTA SALUD HISTORIA Y SANIDAD ON-LINE
ISSN. 1909-1407

Salud, Historia y Sanidad On-Line publishes articles in the broad field of health science, clinical practice, Health history, Animal Health, sanity, which contribute to the study of the health-disease-care process, health education, reporting on novel findings in basic, clinical and translational research.

Salud, Historia y Sanidad On-Line is an Open Access Journal, as the AGENF believe that works reporting the results of scientific research should be openly accessible and freely usable by the entire scientific community.

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Contenido

<i>REVISTA SALUD HISTORIA Y SANIDAD ON-LINE</i>	1
<i>ISSN. 1909-1407</i>	1
<i>ONLINE SUBMISSIONS</i>	4
<i>AUTHOR GUIDELINES</i>	5
1. <i>General information</i>	5
1.1 <i>Manuscript submission</i>	5
1.2 <i>Submission fees</i>	6
1.3 <i>Review process</i>	6
1.4 <i>Publications charges</i>	6
1.5 <i>Copyright</i>	7
1.6 <i>Clinical trials</i>	7
1.7 <i>Reporting guidelines for main study types</i>	7
1.8 <i>Ethical considerations</i>	8
2. <i>Manuscript preparation</i>	9
2.4 <i>Figures</i>	14
2.5 <i>Conflict of interest note</i> :.....	15
3. <i>Types of manuscripts</i>	17
3.1 <i>Original Article</i>	18
3.2 <i>Opinion and Analysis and Current Topics</i>	20
3.3 <i>Letter to the Editor</i>	21
3.4 <i>Case Report</i>	21
3.5 <i>Editorial</i>	23
3.6 <i>Reviews</i>	23
4. <i>Manuscript structure</i>	25
4.1 <i>Format</i>	25
4.2 <i>Organization and contents</i>	25
4.3 <i>Title Page</i>	25
4.4 <i>Abstract</i>	26
4.5 <i>Main text</i>	26

4.6 Tables (tables should be placed after the references)	26
4.7 Figure legends (figure legends should be placed after the tables)	27
4.8 Supplements	27
<i>SUBMISSION PREPARATION CHECKLIST</i>	28
<i>COPYRIGHT NOTICE</i>	29
<i>PRIVACY STATEMENT</i>	29
<i>PEER REVIEW PROCESS</i>	29
A. Authorship	29
B. Editorial Freedom.....	30
C. Peer Review	30
D. ICMJE Statement regarding Conflicts of Interest	31
E. Privacy and Confidentiality.....	33
F. Protection of Human Subjects and Animals in Research.....	33
<i>Principles of Transparency and Best Practice</i>	33
<i>Plagiarism</i>	33
<i>Image integrity and standards</i>	34
<i>Confidentiality</i>	35
<i>Communication with the Media</i>	35
<i>Correction and retraction Policy</i>	36
<i>Corrections to the online versions of peer-reviewed content</i>	36
<i>Frequency of Publication</i>	37
<i>Open Access Policy</i>	37

ONLINE SUBMISSIONS

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AUTHOR GUIDELINES

1. General information

Salud, Historia y Sanidad On-Line publishes articles in the broad field of health science, clinical practice, Health history, Animal Health, sanity, which contribute to the study of the health-disease-care process, health education, reporting on novel findings in basic, clinical and translational research.

Since its first publication in 2006, **Salud, Historia y Sanidad On-Line** has incorporated a series of documents and initiatives as part of its editorial policies. Among these documents of reference are found the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication of the [International Committee of Medical Journal Editors](#) (ICMJE)

The scope of the journal is to report novel research results that have an important impact on our understanding of health or the development of diseases, or are likely to bring important changes to the diagnosis or treatment of diseases. **Salud, Historia y Sanidad On-Line** gives the highest priority to papers on **general and public health** and **primary health care**.

All articles are evaluated based on an international peer review process. Less than 70% of submitted articles can be accepted. Articles will be selected based on novelty, importance for the field and experimental quality.

Salud, Historia y Sanidad On-Line is an Open Access Journal, as the AGENF believe that works reporting the results of scientific research should be openly accessible and freely usable by the entire scientific community.

Follow us on: the web: <http://agenf.org/ojs/index.php/shs>

1.1 Manuscript submission

Manuscripts should be submitted through the online manuscript processing system:

<http://agenf.org/ojs/index.php/shs/user/register?existingUser=1>

At initial submission, these files will be requested:

- one word document with the text, tables, and figures (please make sure the file size is below 5 Mb)

- one pdf file with all supplemental data

At submission of a revised manuscript, these files will be requested:

- one word document with text and tables (indicate in color the changes that were made compared to the first submission)
- single high quality files for each figure (jpg is preferred)
- one pdf file with all supplemental data

AUTHOR CONTRIBUTION AND DISCLOSURE FORMS SHOULD BE COMPLETED ONLINE DURING SUBMISSION, NO FORMS NEED TO BE SUBMITTED SEPARATELY.

These forms are only needed if the information was not provided online:

- copyright form
- author contribution form
- COI disclosure forms for each author (Salud, Historia y Sanidad On-Line follows the guidelines of ICMJE.)

Salud, Historia y Sanidad On-Line recommends reading the article [Ten Simple \(Empirical\) Rules for Writing Science](#) to improve your manuscript

1.2 Submission fees

There is no submission fee for original articles, letters, comments, editorials, case report, guideline articles and review articles.

1.3 Review process

All manuscripts submitted to Salud, Historia y Sanidad On-Line are critically assessed by external and inhouse experts in accordance with the principles of [Peer Review](#), which is fundamental to the scientific publication process and the dissemination of sound science. Each paper is first evaluated by one or more editors, who will assess the overall quality and novelty of the work and the article's appropriateness for the scope of Salud, Historia y Sanidad On-Line. Articles that are not found to be relevant for Salud, Historia y Sanidad On-Line will not be sent out for external review and will be returned to the authors. The remaining articles are reviewed by external referees (second step of classical peer-review). We aim to provide feedback to the authors in less than 4 weeks after submission.

1.4 Publications charges

There is no publications fee for all articles. All Salud, Historia y Sanidad On-Line articles are also uploaded to Pubindex as a digital preservation service to our authors.

1.5 Copyright

Authors will grant copyright of their article to the Salud, Historia y Sanidad and AGENF. No formal permission will be required to reproduce parts (tables or illustrations) of published papers, provided the source is quoted appropriately and reproduction has no commercial intent. Reproductions with commercial intent will require written permission and payment of royalties. Please contact the office for requests: shs@agenf.org

1.6 Clinical trials

Obligation to Register Clinical Trials

We believe that it is important to foster a comprehensive, publicly available database of clinical trials. We therefore request, as a condition of consideration for publication, the registration of all clinical trials in a public trials registry. The ICMJE provides specific guidelines on this topic. [The ICMJE defines a clinical trial](#) as any research project that prospectively assigns human subjects to intervention or concurrent comparison or control groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Medical interventions include drugs, surgical procedures, devices, behavioral treatments, process-of-care changes, and the like.

Salud, Historia y Sanidad On-Line does not advocate one particular registry, but follows the ICMJE recommendations. Because it is critical that trial registries are independent of for-profit interests, the ICMJE policy requires registration in a WHO primary registry rather than solely in an associate registry, since for-profit entities manage some associate registries. The details of the ICMJE policy are published online.

1.7 Reporting guidelines for main study types

The following resources will help you to produce high quality research publications:

- Randomised Trials: [CONSORT](#)
- Observational studies: [STROBE](#)
- Systemic review: [PRISMA](#)
- Case Report: [CARE](#)
- Qualitative research: [SRQR](#), [COREQ](#)
- Diagnostic/prognostic studies: [STARD](#), [TRIPOD](#)
- Quality improvement studies: [SQUIRE](#)
- Economic evaluations: [CHEERS](#)
- Animal pre-clinical studies: [ARRIVE](#)
- Study protocols: [SPIRIT](#), [PRISMA-P](#)
- Other research reporting guidelines: [EQUATOR Network](#)

1.8 Ethical considerations

Documented review and approval from a formally constituted review board (Institutional Review Board - IRB - or Ethics committee) is required for all studies (prospective or retrospective) involving people, medical records, and human tissues. Salud, Historia y Sanidad On-Line requires that the authors provide this information on the manuscript's website, and also that they report it explicitly under 'Methods'.

Protection of human individuals in research

When reporting experiments on human individuals, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2013. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study.

Patients have a right to privacy that should not be violated without informed consent. Identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication.

Protection of animals in research

When performing experiments on animals or animal tissues, authors should seek approval by an institutional ethics committee and should strictly follow the institutional and national guide for the care and use of laboratory animals. At time of manuscript submission, authors should provide information on the study approval by an institutional ethical committee. We can only consider manuscripts reporting on studies on animals or animal tissues if ethical committee approval of the study can be documented.

2. Manuscript preparation

2.1 Manuscript style

Manuscripts should be prepared according to the Uniform Requirements established by the International Committee of Medical Journal Editors (ICMJE): http://www.icmje.org/manuscript_1prepare.html

Manuscripts should be prepared using in Spanish or English spelling, and should be submitted as Word files. Submit one manuscript file with the main text, figure legends and tables. Save your file in .doc format.

Scientific nomenclature should be used without Saxon Genitive (for example: use 'Hodgkin Lymphoma' and not 'Hodgkin's Lymphoma'). Saxon Genitive should be maintained in references.

Abbreviations or acronyms should only be used when necessary (do not use abbreviations of words that are only used once or twice in the entire text), and should be explained at their first use. Abbreviations should be avoided in the title and in the abstract.

2.2 Nomenclature

Use correct and established nomenclature wherever possible.

- Units of measurement. Use SI units. If you do not use these exclusively, provide the SI value in parentheses after each value.
- Drugs. The use of commercial names of drugs should be avoided. Drugs should only be referred to under their generic names or Recommended International Non-Proprietary Name (rINN), unless different products are being compared.
- Species names Write in italics (e.g., *Homo sapiens*). Write out in full the genus and species, both in the title of the manuscript and at the first mention of an organism in a paper. After first mention, the first letter of the genus name followed by the full species name may be used (e.g., *H. sapiens*).
- Genes, mutations, genotypes, and alleles. Use the official gene symbols when referring to genes, transcripts, proteins. (for example: Use ABL1, not ABL or c-ABL ; use ETV6, not TEL). Please use this database as a reference: NCBI - gene

2.3 References:

We use a new style since September 2015. Please see the latest issue of *Salud, Historia y Sanidad On-Line* for an example. *Salud, Historia y Sanidad On-Line* uses the reference style outlined by the International Committee of Medical Journal

Editors (ICMJE), also referred to as the "Vancouver" style. Example formats are listed below. Additional examples are in the [ICMJE sample references](#).

Journal name abbreviations should be those found in the [National Center for Biotechnology Information \(NCBI\) databases](#).

Please note the following examples:

The list of references must be numbered consecutively in the order in which the citations appear in the text. The list of references or bibliography should begin on a separate sheet, at the end of the manuscript, and the format must follow the instructions given below.

1. Journal Articles. The following information must be provided: author(s), article title (original, not translated), abbreviated journal title (as it appears in Index Medicus/PubMed), year of publication, volume number (in Arabic numerals), issue number, and beginning and ending page numbers. All this information should be given in the original language of the work cited. The examples below illustrate the "Vancouver Style" of reference construction and punctuation.

a. Individual authors: The surnames and initials of the first six authors should be included; when there are more than six authors, "et al." should follow. Author information should be written using capital and lower case letters, not all capitals (for example, write Ramos AG, not RAMOS AG).

Kerschner H, Pegues JA M. Productive aging: a quality of life agenda. J Am Diet Assoc. 1998;98(12):1445-8.

Silveira T R, da Fonseca JC, Rivera L, Fay OH, Tapia R, Santos JI, et al. Hepatitis B seroprevalence in Latin America. Rev Panam Salud Publica. 1999;6(6):378-83.

b. Article published in several parts:

Lessa I. Epidemiologia do infarto agudo do miocárdio na cidade do Salvador: II, fatores de risco, complicações e causas de morte. Arq Bras Cardiol. 1985;44:255-60.

c. Corporate author: If the corporate author is composed of several elements, they should be given in descending order, from largest to smallest. In the case of unsigned articles in journals published by governmental or international organizations, the organization is regarded as the author.

Pan American Health Organization, Expanded Program on Immunization. Strategies for the certification of the eradication of wild poliovirus transmission in the Americas. Bull Pan Am Health Organ. 1993;27(3):287-95.

Organisation Mondiale de la Santé, Groupe de Travail. Déficit en glucose-6-phosphate déshydrogénase. Bull World Health Organ. 1990;68(1):13-24.

d. Unsigned article in regular section of a journal:

World Health Organization. Tuberculosis control and research strategies for the 1990s: memorandum from a WHO meeting. Bull World Health Organ. 1992;70(1):17-22.

e. Special types of articles and other materials: Indicate type or format of the work in square brackets.

Brandling-Bennett AD, Penheiro F. Infectious diseases in Latin America and the Caribbean: are they really emerging and increasing? [editorial]. Emerg Infect Dis. 1996;2(1):59-61.

f. Volume with supplement:

Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. Environ Health Perspect. 1994;102(suppl 1):275-82.

g. Issue with supplement:

Barreiro C. Situación de los servicios de genética médica en Argentina. Brazil J Genet. 1997;20(1 suppl):5-10.

2. Books and Other Monographs. The entry should include the surnames and initials of all the authors (or editors, compilers, etc.), or the full name of an institution, followed by: the title, the edition number, the place of publication, the publisher, and the year of publication. When appropriate, notations may be included indicating the volume and pages consulted, and the series name and publication number.

a. Individual author:

Pastor Jimeno JC. Anestesia en oftalmología. Barcelona: Ediciones Doyma; 1990.

b. Citing the edition:

Day RA. How to write and publish a scientific paper. 3rd ed. Phoenix, Arizona: Oryx Press; 1988.

c. Corporate author that is also the publisher:

World Health Organization. The SI for the health professions. Geneva: WHO; 1977.

d. Chapter in a book:

Weinstein L, Swartz MN. Pathogenic properties of invading microorganisms. In: Sodeman WA Jr., Sodeman WA, eds. Pathologic physiology: mechanisms of disease. Philadelphia: WB Saunders; 1974. Pp. 457-72.

e. Citing the number of volumes or the specific volume:

Pan American Health Organization. Health conditions in the Americas. 1990 ed. Washington, D.C.: PAHO; 1990. (Scientific Publication 524; 2 vol).

Pan American Health Organization. Volume II: Health conditions in the Americas. 1990 ed. Washington, D.C.: PAHO; 1990. (Scientific Publication 524).

f. Volume with a title:

Kessler RM, Freeman MP. Ischemic cerebrovascular disease. In: Partain CL, Price RR, Patton JA. Magnetic resonance imaging. 2nd ed. Vol. 1: Clinical principles. Philadelphia: Saunders; 1988. Pp. 197-210.

g. Published proceedings of meetings, conferences, symposia, etc:

DuPont B. Bone marrow transplantation in severe combined immunodeficiency with an unrelated MLC compatible donor. In: White HJ, Smith R, eds. Proceedings of the third annual meeting of the International Society for Experimental Hematology. Houston: International Society for Experimental Hematology; 1974. Pp. 44-6.

h. Unsigned reports and documents: Information should be given only on written reports that readers can obtain. It is important to indicate the exact name of the organization responsible for the document, the full title, place and year of publication, and document number. If possible, the source of the document should be provided. For example:

World Health Organization. Case management of acute respiratory infections in children in developing countries. Geneva; 1985. (WHO/RSD/85.15)

3. Other Published Materials.

Generally speaking, when citing other materials, the standards for a book should be followed, that is, specifying: individual or corporate author, title, generic name for the type of material, the place of publication or issue, and the date of publication. For information in an electronic format, the computer system requirements should also be described.

a. Newspaper articles:

Torry S, Schwartz J. Contraceptive tobacco executives admit health risks before Congress. The Washington Post 1998. January 30:A14 (col. 1).

b. Internet and other electronic media:

Internet sites:

Pritzker TJ. An early fragment from Central Nepal [Internet site]. Ingress Communications. Available from: <http://www.ingress.com/~astanart/pritzker/pritzker.html>. Accessed 8 June 1995.

4. Unpublished Materials and Abstracts. The following should not be included as references: abstracts of articles, articles submitted for publication but not yet accepted and unpublished works that are not easily available to the public. Articles that are unpublished but have been accepted for publication are an exception to this rule, as are those documents that, while still unpublished, can be easily found. Included in this category are theses, and some discussion papers from international agencies.

Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [PhD dissertation]. St. Louis (MO): Washington University; 1995.
Organización Panamericana de la Salud, Programa Regional Mujer, Salud y Desarrollo. Estrategia global, metas y líneas de acción de la cooperación técnica sobre mujer, salud y desarrollo 1992-1993 [photocopy]. Washington, D.C., February 1991.

If it is absolutely necessary to cite unpublished sources that are hard to obtain, they may be mentioned in the text inside parentheses or in a footnote. The citation in the text is treated in the following manner: It has been observed¹ that... with the corresponding footnote at the bottom of the page:

¹ Llanos-Cuentas EA, Campos M. Identification and quantification of risk factors associated with New World cutaneous leishmaniasis. [Workshop presentation]. At: International Workshop on Control Strategies for Leishmaniasis, Ottawa, 1-4 June, 1987.

¹Herrick JB [and others]. [Letter to Frank R Morton, Secretary, Chicago Medical Society]. Herrick papers. [1923]. Located at: University of Chicago Special Collections, Chicago, Illinois.

If an article has been accepted for publication and is awaiting publication, the reference should appear as follows:

Wood E, de Licastro SA, Casab N, Picollo MI, Alzogaray R, Zerba E. Beta-cypermethrin-impregnated fabrics: a new tactic for *Triatoma infestans* control. Rev Panam Salud Publica. Forthcoming 1999.

5. Papers Presented at Conferences, Congresses, Symposia, etc. Unpublished papers that have been presented at conferences should be referenced as footnotes within the text. Only those conference papers that have been published in full (not just as abstracts) in official proceedings should be included in the list of references:

Harley NH. Comparing radon daughter dosimetric and risk models. In: Gammage RB, Kaye SV, eds. Indoor air and human health: proceedings of

the Seventh Life Sciences Symposium; 1984 Oct 29-31; Knoxville, Tennessee. Chelsea, Michigan: Lewis; 1985. Pp. 69-78.

World Health Organization. Primary health care: report of the International Conference on Primary Health Care; 1978 Sept; Alma-Ata, Kazakhstan, former U.S.S.R. Geneva: WHO; 1979.

Unpublished conference papers should be given as footnotes to the main body of the article.

6. Personal Communications. These should be included only if they provide essential information that is not available from a public source. Reference to a personal communication should be given inside parentheses in the body of the text—not in a footnote—in the following way:

Dr. D.A. Little, of the Ecology Center of New York, (personal communication, 2 August 1991) has pointed out that...

Without exception, obtain from the source written verification of the accuracy of the communication.

2.4 Figures

Image size and layout:

Image layout should be simple, clear and precise. In order to promote good management of the space, images must take up the least space possible without compromising clarity. Figures can be either one column width (8 cm) or 2 column widths (16 cm). If the figure contains different panels their content should be identified (use capital letters to identify each panel) and described in the order in which they are presented. Please ensure that a description is provided for all parts of the figure. Please ensure that different parts of the image are shown in proportion to each other, e.g. axis scales and labels, internal descriptive text. Lines should be black (not grey) and sufficiently thick. Data which has no graphic significance to any part of the figure content and form should be presented as a separate table.

Figure quality:

When a manuscript is accepted for publication, high quality figures will be required and will be asked to the authors. High quality figures should be submitted in tiff format. Note that we can not accept figures as presentation slides (Microsoft Powerpoint, Apple Keynote, or similar) as these can not be printed in high quality. The resolution of figures should be sufficiently high to allow clear sharp printing. The best way to determine if a figure is of sufficient quality is to print it in its final size: if all lines, letters, images are sharp and clear (not blurry or unfocused) and

sufficiently large to read, then the figure is most likely fine. It is not possible to increase the quality of low quality images : be sure to capture high quality images at all times during experimental procedures. When making figures in adobe illustrator or similar software, export your figures as 300 dpi or 600 dpi jpg files (for text 600 dpi is likely to be the best option).

We can not accept low quality figures. The final acceptance of a manuscript will be delayed if the authors fail to provide high quality figures.

Reproductions and adaptations:

The author must obtain written permission for the reproduction and adaptation of material that has already been published. Permission should be obtained from the copyright holder or publisher. Before a manuscript goes into print, Salud, Historia y Sanidad On-Line will need to receive a copy of the written permission. All material presented from other sources should be identified and should be accompanied by a specific reference in the legend confirming that permission for its use had been obtained, for example: "Adapted from Berger et al. Leukemia 2003, 17, 1820-1826; with permission."

Salud, Historia y Sanidad On-Line recommends reading the article "[Ten Simple Rules for Better Figures](#)" to improve your figures.

2.5 Conflict of interest note:

Conflict of interest regarding papers that do not report original research (primary data). As detailed under **Editorial Policies** authors must disclose all relationships that could be viewed as potential conflicts of interest both in the online manuscript submission system and in the manuscript. These disclosures are expected to help readers in establishing whether the reported relationships may influence the authors' judgment.

Salud, Historia y Sanidad On-Line believes that this procedure is appropriate with respect to papers reporting original research (original articles, brief reports and research letters) as primary data speak for themselves. This procedure may be insufficient with respect to papers that do not report primary data, such as editorials, perspective articles, commentaries, review articles, guidelines, consensus papers and position papers.

As stated by Kassirer & Angell [Kassirer JP, Angell M. Financial conflicts of interest in biomedical research. N Engl J Med. 1993 Aug 19;329(8):570-1. PubMed PMID: 8204121] "unlike reports of original research, these articles represent the judgment of their authors, based on their evaluation of the literature. What studies they select to discuss and their analysis of them are necessarily subjective. Bias may be extremely difficult to detect because these articles contain no primary data to speak for themselves." Nonetheless, disclosing relationships that could be

viewed as potential conflicts of interest may be acceptable in many of these papers. Salud, Historia y Sanidad On-Line, however, no longer considers for publication papers not reporting primary data - such as those listed above - whose preparation has been promoted, sponsored or supported in any way by a company whose product is discussed in the paper. In fact, the clear conflict of interest is very likely to influence judgment in these cases, and there are no primary data that can speak for themselves. This point is detailed in the online manuscript processing system; if doubts exist about this issue, the authors are invited to contact the editorial office (shs@agenf.org) before proceeding with submission.

3. Types of manuscripts

1. Editorials.

They deal with the journal itself, specific articles within the journal, or public health issues. Editorials reflect the personal opinions of the individual writing them, who may be an editorial staff member or an independent author. They should always bear the author's signature.

2. Articles.

These are original research reports, literature reviews, or special reports on subjects of interest to the Journal. Papers presented at meetings and conferences do not necessarily qualify as scientific articles. Studies of clinical cases and anecdotal accounts of specific interventions are not accepted. In general, articles intended for publication as a series on various aspects of a single study are not acceptable either. In general, pieces that have been published previously, in print or electronically (e.g., the Internet), in the same or similar format, will not be accepted. Any instance of such prior publication must be disclosed when the manuscript is submitted, and authors must provide a copy of the published document.

On occasion, short communications are published that convey innovative or promising techniques or methodologies or preliminary results of special interest.

3. Opinion and Analysis.

In this section individual authors present their reflections and opinions on topics of interest in the sphere of public health.

4. Current Topics and Review.

This section includes descriptions of national and regional health initiatives, projects, and interventions, and of current epidemiological trends, especially relating to diseases and health problems of major importance. Unlike articles, current topics pieces do not reflect original research. However, the same rules concerning prior publication of articles also apply with current topics pieces.

5. Publications.

This section offers brief summaries of current publications dealing with various aspects of public health. Readers are invited to submit reviews of books on subjects within their area of expertise, with the understanding that the reviews will

be edited. Each book review should be no more than 1 500 words in length and should describe the book's contents objectively, while approaching the following essential points: the book's contribution to a specific discipline (if possible, as compared to other books of its kind); the quality of the paper, type, illustrations and general format; the kind of narrative style; and whether it makes for easy or difficult reading. The author's professional background and the type of reader the book is addressed to should also be briefly described.

6. Case Report.

Salud, Historia y Sanidad On-Line publishes original and interesting case reports that contribute significantly to public health, nursing and medical knowledge

6. Letters to the editor.

Letters to the editor that clarify, discuss, or comment in a constructive manner on ideas expressed in the RPSP/PAJPH are welcomed. Letters should be signed by the author and specify his or her professional affiliation and mailing address.

3.1 Original Article

(See: Reporting guidelines for main study types)

Abstract:

The Abstract comes after the title page in the manuscript file. The abstract text is also entered in a separate field in the submission system. The Abstract of the paper should be succinct; it must not exceed 250 words. Authors should mention the techniques used without going into methodological detail and should summarize the most important results. The Abstract is conceptually divided into four sections Background (opcional) , Aim, Methods, Results (Principal Findings), and Conclusions/Significance. Do not include any citations. Avoid specialist abbreviations.

Author Summary:

We ask that all authors of research articles include a 150–200 word non-technical summary of the work as part of the manuscript to immediately follow the abstract. This text is subject to editorial change, should be written in the first-person voice, and should be distinct from the scientific abstract. Aim to highlight where your work fits within a broader context; present the significance or possible implications of your work simply and objectively; and avoid the use of acronyms and complex terminology wherever possible. The goal is to make your findings accessible to a wide audience that includes both scientists and non-scientists. Authors may benefit

from consulting with a science writer or press officer to ensure they effectively communicate their findings to a general audience.

Introduction:

The Introduction should put the focus of the manuscript into a broader context. As you compose the Introduction, think of readers who are not experts in this field. Include a brief review of the key literature and epidemiology. If there are relevant controversies or disagreements in the field, they should be mentioned so that a non-expert reader can delve into these issues further. The Introduction should conclude with a brief statement of the overall aim of the experiments and a comment about whether that aim was achieved.

Materials and Methods: This section should provide enough detail for reproduction of the findings. Protocols for new methods should be included, but well-established protocols may simply be referenced. While we do encourage authors to submit all appendices, detailed protocols, or details of the algorithms for newer or less well-established methods, please do so as Supporting Information files. These are not included in the typeset manuscript, but are downloadable and fully searchable from the HTML version of the article.

Results:

The Results section should provide details of all of the experiments that are required to support the conclusions of the paper. There is no specific word limit for this section, but details of experiments that are peripheral to the main thrust of the article and that detract from the focus of the article should not be included. The section may be divided into subsections, each with a concise subheading. The section should be written in the past tense. Large datasets, including raw data, should be submitted as supporting files or in a repository.

Discussion:

The Discussion should spell out the major conclusions of the work along with some explanation or speculation on the significance of these conclusions. How do the conclusions affect the existing assumptions and models in the field? How can future research build on these observations? What are the key experiments that must be done? The Discussion should be concise and tightly argued.

References:

References must be limited to those that are necessary. Salud, Historia y Sanidad On-Line does not restrict the number of references; however suggests not exceed 30 for manuscripts

Any and all available works can be cited in the reference list. Acceptable sources include:

- Published or accepted manuscripts
- Manuscripts on pre-print servers, if the manuscript is submitted to a journal and also publicly available as a pre-print

Do not cite the following sources in the reference list:

- Unavailable and unpublished work, including manuscripts that have been submitted but not yet accepted (e.g., “unpublished work,” “data not shown”). Instead, include those data as supplementary material or deposit the data in a publicly available database.
- Personal communications (these should be supported by a letter from the relevant authors but not included in the reference list)

3.2 *Opinion and Analysis and Current Topics*

These articles serve primarily as a forum for the discussion of controversial, emerging, or topical issues in the field; occasionally, the discussion surrounds a challenge to findings in a published research article.

Viewpoints are subset of articles that reflect a particular position adopted by a person or a group. It is an articulated organized perspective about a particular topic or issue associated with health research. A Viewpoint must be clearly expressed, and demonstrate a thorough and broad understanding of the literature and practices in the field. The opinion expressed must be cogently presented and lead to insights and possibly new and interesting perspectives. Salud, Historia y Sanidad On-Line will expect a Viewpoint paper to stimulate discussion among the scientific community that will result in advancing our knowledge and understanding of contemporary issues as well as practice in medicine and health.

While the subjective nature of Viewpoints manuscripts should be taken into account, high scholarly standards for relevance, documentation, organization, and content pertain. The author must establish a context for why the manuscript is justified and must point toward the implications or consequences that might follow from the opinions expressed in the article.

Authors must be researchers with experience in the subject discussed

Abstract:

The Abstract of the paper should be succinct; it must not exceed 200 words. Authors should express the main idea and a concise argument position in one or two paragraphs. Avoid specialist abbreviations.

Introduction:

The context for the article is made in the introduction and a logical case is made for the expression of the Viewpoint. Historical background is thoroughly reviewed, where appropriate. Key concepts and terms are well explained.

Viewpoint:

The purpose of the Viewpoint is clear and well articulated. The Viewpoint is cogently argued. The parts of the manuscript are well integrated, coherent and the conclusions follow. Contrasting viewpoints or counter-arguments are considered. The perceived benefits, and limitations, of the position advocated are clearly stated.

References:

References must be limited to those that are necessary. Salud, Historia y Sanidad On-Line does not restrict the number of references; however suggests not exceed 30 for manuscripts

3.3 Letter to the Editor

Letter to the Editor submissions must be no longer than 750 words, no more than 10 references, and no more than a total of 2 figures and tables (combined). If the Letter to the Editor is written in response to a Salud, Historia y Sanidad On-Line article, the Editor-in-Chief may choose to invite the article's authors to write a Letter to the Editor reply. The Letter to the Editor section is not considered to be an appropriate venue for publishing new data without peer review, nor for comments made in response to a previously published Correspondence. Studies with scientific merit should be considered for submission as an Original Report to an appropriate journal.

Instructions for Letter to the Editor: Letters in reference to a Journal article must be received within 12 weeks after online publication of the article. Limit text to 750 words or fewer, limit of 10 references, no more than a total of 2 figures and tables (combined). Provide a succinctly worded title, which differs from the previously published Salud, Historia y Sanidad On-Line article. Include a title page.

3.4 Case Report

Salud, Historia y Sanidad On-Line publishes original and interesting case reports that contribute significantly to public health, nursing and medical knowledge. Manuscripts must meet one of the following criteria:

- Unreported or unusual side effects or adverse interactions involving medications
- Unexpected or unusual presentations of a disease
- New associations or variations in disease processes
- Presentations, diagnoses and/or management of new and emerging diseases
- An unexpected association between diseases or symptoms
- An unexpected event in the course of observing or treating a patient
- Findings that shed new light on the possible pathogenesis of a disease or an adverse effect

Authors should indicate in the abstract and cover letter how the case report adds to the medical literature. Submissions that do not include this information will be returned to authors prior to peer review.

Case reports should include an up-to-date review of all previous cases in the field. Authors should seek written and signed consent to publish the information from the patients or their guardians prior to submission. Authors will be asked to confirm informed consent was received as part of the submission process, and the manuscript must include a statement to this effect by including a 'Consent' section, as follows: "Written informed consent was obtained from the patient for publication of this case report and accompanying images. A copy of the written consent is available for review by the Editor-in-Chief of this journal

See the [CARE guidelines](#) to write the manuscript of case report.

Abstract:

For a Case Report, the structured abstract must include the following headings: Case Description, Clinical Findings, Treatment and Outcome, Clinical Relevance

Introduction:

The Introduction should put the focus of the manuscript into a broader context. As you compose the Introduction, think of readers who are not experts in this field. Include a brief review of the key literature and epidemiology. The Introduction should conclude with a brief statement of the overall aim of the case report and a comment about whether that aim was achieved.

Case Description:

A Case Report begins with the signalment (eg, age, sex, ...) of the patient, followed by a chronologic description of pertinent aspects of the diagnostic examination, treatment, and outcome, and ends with a brief discussion. When more than 1 patients is involved, a representative of the group should be described in detail; important differences among patients can be addressed separately. For

reports in which there are 3 or fewer patients, pertinent abnormal findings should be summarized in the text. For 4 or more patients, 1 table that provides a summary of pertinent abnormal findings may be accommodated, provided that such findings are not repeated in the text.

Discussion:

The Discussion should be concise and tightly argued. Should discuss the main findings, differential diagnosis, therapeutic alternatives, as appropriate. Do not include the extensive literature reviews. Conclude with the value of the contribution to clinical practice or knowledge of the case report

References:

References must be limited to those that are necessary. Salud, Historia y Sanidad On-Line does not restrict the number of references; however suggests not exceed 12 for manuscripts

3.5 Editorial

Written by the journal's editors, our guest Editorialist these occasional pieces can cover announcements, highlights of journal content, position statements, and journal updates.

The Editor-in-Chief may solicit an Editorial to accompany an accepted manuscript. Editorialists are expected to provide a balanced opinion of the paper in question and must not have conflict of interest that could compromise their objectivity. Any concerns that the editorialist might have regarding conflict of interest should be discussed with the Editor-in-Chief, before the editorial is written. Editorials should be no longer than 1500 words, may contain a total of one table or figure (optional), and should not include an abstract.

The Editorial should generally not be divided into subheadings, although on occasion a few subheadings to promote clarity might be permitted at the discretion of the Editor. Opinions stated in Editorials should not be overly speculative and should be supported by facts published in the medical literature. Editorials are subjected to editing and final approval by the Editor-in-Chief.

3.6 Reviews

Review articles are welcomed by the Journal and are generally solicited by the Editor-in-Chief; authors wishing to submit an unsolicited Review Article are invited to contact the Editor-in-Chief prior to submission in order to screen the proposed topic for relevance and priority, given other review articles that may already be in preparation. Review articles should focus on recent scientific or clinical advances in an area of broad interest to those in the field of medicine and health. Such articles

must be concise and critical and should include appropriate references to the literature. All Review Articles, including those solicited by the Editors, are rigorously peer reviewed before a final publication decision is made.

Authors must be researchers with experience in the subject discussed

See the [Ten Simple Rules for Writing a Literature Review](#) to write the manuscript of literature review.

Abstract:

The Abstract of the paper should be succinct; it must not exceed 200 words. Authors should express the main idea and a concise argument position in one or two paragraphs. Avoid specialist abbreviations.

Introduction:

The context for the article is made in the introduction and a logical case is made for the expression of the Viewpoint. Historical background is thoroughly reviewed, where appropriate. Key concepts and terms are well explained.

Main Text (broken into subsections as appropriate):

These succinct, synthetic, well-focused, and engaging Reviews should appeal to a broad genetics readership. Aim for no more than 4,000 words (introduction and main text), two or three display items, and a concise list of the most relevant references. The article should include an overview of the existing literature that places the topic within a broader context, but it should also focus on the future: where is the field going and what exciting developments are expected? It is particularly important to highlight critical new advances, open questions, and standing controversies or paradoxes as these are especially valued by a general readership.

The use of tables and color figures to summarize critical points is encouraged; the Journal offers assistance with preparation or improvement of figures by professional illustrators, once the article is accepted.

References:

References must be limited to those that are necessary. Salud, Historia y Sanidad On-Line does not restrict the number of references; however suggests not exceed 100 for manuscripts.

4. Manuscript structure

4.1.Format.

Manuscripts (including footnotes, references, figure legends, and tables) should be prepared with the following attributes:

- 8.5 X 11-inch (or A4) page size
- Double-space typed
- 12-point Times New Roman font
- 1-inch (2.5-cm) margins
- Left justification
- Sequential line numbering

4.2 Organization and contents.

Manuscripts should be organized as follows:

- Title page
- Structured abstract (when applicable; letters to the editor, commentaries, feature submissions, and Reference Point articles excluded)
- Text
- Footnotes
- References
- Figure legends
- Tables

4.3 Title Page

Information provided on the title page should correspond exactly with the information provided in the online system. The title should consist of a phrase or a sentence; question forms should be avoided. Capitalize the first letter of the sentence only, and do not use abbreviations. Study group names may be presented in the title, however, all members' names should be listed in an appendix and presented at the end of the main text; Add for example: A complete list of the members of the European Prospective Investigation into Cancer and Nutrition Group appears in a supplement. Acronyms such as EBMT, GOELAMS, GEIL, are acceptable. Commercial names of drugs should be avoided (use only the generic names), unless different products are being compared.

To ensure a blinded review, do not include the author's name or institution in the running head or anywhere in the manuscript or in the file names of manuscript components (abstract, manuscript, figure/table). This includes references in the first person to the author's own work. Manuscripts that do not meet this requirement will not be reviewed. This information should be provided in the metadata section of the online submission system. (**Author names will be**

published exactly as they appear in the METADATA section. Please double-check the information carefully to make sure it is correct)

Trial registration: Confirmation and details of trial registration should be given on the first page; please use the following form: "clinicaltrials.gov identifier: NCT00123456."

Acknowledgments should refer to secretarial and editorial assistance, technical and intellectual input and advice, funding, fellowships and grants. The form to be used is "The authors would like to thank..."

4.4 Abstract

Summary of the work, word limit is dependent on the type of article.

Letters and editorials do not have an abstract.

4.5 Main text

Word limit is dependent on the type of article.

Tables and Figures: The presentation of Tables and Figures should always follow the same order in which they are presented in the main text. All references to Tables and Figures should be presented in brackets and should only specify "Table" or "Figure" and the relevant identification number.

When reference is made to more than one Table or more than one Figure, please separate the identification numbers with a hyphen and use "and" to present Tables or Figures that are not consecutive.

Please pay particular attention to spacing (for example: Figures 1-2; Tables 1 and 3; Figures 2-4 and 6; Tables 2, 4 and 6).

References referring to Figure panels and subpanels should be presented by adding a capital letter in alphabetic order immediately after the identification number (for example: Figure 1A, Figure 1B).

When reference is made to more than one Figure panel or subpanel, please separate the capital letters with a hyphen and use a comma followed by a space to separate capital letters that are not consecutive (for example: Figure 2 B-C ; Figure 3 B, D).

4.6 Tables (tables should be placed after the references)

Provide tables in a simple format, without specific layout. The final layout will be given by journal staff at time the final manuscript pdf file is prepared. Tables

should have a short clear title. Provide a legend to the table (if needed) directly below the table. Explain all abbreviations that are used in the table in the legend.

4.7 Figure legends (figure legends should be placed after the tables)

Figures should be numbered consecutively in the order in which they are presented in the main text, e.g. Figure 3. Give every figure a short clear title, followed by a brief description of figure content. Provide sufficient detail in the figure legend, but do not repeat what is discussed in the text.

4.8 Supplements

In addition to the main Word file, one additional pdf file can be submitted containing supplemental material. Please prepare one single pdf file containing all supplemental data (supplemental methods, supplemental data, supplemental figures, supplemental tables).

Additional files that can not be incorporated in a pdf file (such as video, large excel tables running over several pages, etc.) can be provided separately.

Please submit the manuscript with the tables and figure legends placed after the references.

Any specific questions can be addressed to: shs@agenf.org

SUBMISSION PREPARATION CHECKLIST

As part of the submission process, authors are required to check off their submission's compliance with all of the following items, and submissions may be returned to authors that do not adhere to these guidelines.

1. The article being submitted has not been previously published and has not been previously sent to another journal (or an explanation has been made in Comments to the editor).
2. At the time of submission, complete contact information (postal address, e-mail address, telephone, and fax numbers) for the corresponding author is required in the **METADATA** section of the online submission system.

First and last names, e-mail addresses, and institutional affiliations of all coauthors also are required.

Each author should complete an "Authorship, Financial Disclosure, Copyright Transfer, and Acknowledgement Form" and submit the completed forms by fax or e-mail as a [PDF] attachment (no mailed documents, please).

3. Author names will be published exactly as they appear in the METADATA section. Please double-check the information carefully to make sure it is correct
4. Manuscripts (including footnotes, references, figure legends, and tables) should be prepared with the following attributes:
 - 8.5 X 11-inch (or A4) page size
 - Double-space typed
 - 12-point Times New Roman font
 - 1-inch (2.5-cm) margins
 - Left justificationSequential line numbering
5. The text must comply with bibliographic and style requirements indicated in authors guidelines, which can be found in About the journal.

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PRIVACY STATEMENT

The names and e-mail addresses introduced in this journal will be used strictly for the purposes declared by this journal and will not be available for any other purpose or to other individuals

PEER REVIEW PROCESS

Salud, Historia y Sanidad On-Line strictly follows the [ICMJE Ethical Considerations in the Conduct and Reporting of Research](#), which are reported below with a few modifications of the original text available in the ICMJE website.

A. Authorship

All persons designated as authors should qualify for authorship according to the [ICMJE criteria](#). Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to

- conception and design, or analysis and interpretation of data; and
- to drafting the article or revising it critically for important intellectual content; and on
- final approval of the version to be published.

These three conditions must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author. Authors should provide a brief description of their individual contributions in the section Authorship and Disclosures. Authors should consider that **Salud, Historia y Sanidad On-Line** publishes scientific papers under the assumption that they have been drafted and written by persons listed as authors, and that the data presented have been collected and analyzed by the authors themselves. The Editors believe

that, while editing may benefit a paper, ghost writing is unacceptable in scientific publishing.

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Editors should ask corresponding authors to declare whether they had assistance with study design, data collection, data analysis, or manuscript preparation. If such assistance was available, the authors should disclose the identity of the individuals who provided this assistance and the entity that supported it in the published article. Financial and material support should also be acknowledged.

Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under such headings as "clinical investigators" or "participating investigators," and their function or contribution should be described—for example, "served as scientific advisors," "critically reviewed the study proposal," "collected data," or "provided and cared for study patients." Because readers may infer their endorsement of the data and conclusions, these persons must give written permission to be acknowledged.

B. Editorial Freedom

The ICMJE adopts the World Association of Medical Editors' definition of [editorial freedom](#). According to this definition, editorial freedom, or independence, is the concept that editors-in-chief have full authority over the editorial content of their journal and the timing of publication of that content. Journal owners should not interfere in the evaluation, selection, or editing of individual articles either directly or by creating an environment that strongly influences decisions.

Editors should base decisions on the validity of the work and its importance to the journal's readers not on the commercial success of the journal. Editors should be free to express critical but responsible views about all aspects of medicine without fear of retribution, even if these views conflict with the commercial goals of the publisher. Editors and editors' organizations have the obligation to support the concept of editorial freedom and to draw major transgressions of such freedom to the attention of the international medical, academic, and lay communities.

C. Peer Review

All manuscript submitted to Salud, Historia y Sanidad On-Line are critically assessed by external and/or inhouse experts in accordance with the principles of [Peer Review](#), which is fundamental to the scientific publication process and the dissemination of sound science. Each paper is first assigned by the Editors to an appropriate Associate Editor who has knowledge of the field discussed in the

manuscript. The first step of manuscript selection takes place entirely inhouse and has two major objectives:

a) to establish the article's appropriateness for Salud, Historia y Sanidad On-Line's readership;

b) to define the manuscript's priority ranking relative to other manuscripts under consideration, since the number of papers that the journal receives is much greater than that it can publish.

If a manuscript does not receive a sufficiently high priority score to warrant publication, the editors will proceed to a quick rejection.

The remaining articles are reviewed by at least two different external referees (second step or classical peer-review).

D. ICMJE Statement regarding Conflicts of Interest

Public trust in the peer-review process and the credibility of published articles depend in part on how well conflict of interest is handled during writing, peer review, and editorial decision making .

[Conflict of interest](#) exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions (such relationships are also known as dual commitments, competing interests, or competing loyalties). These relationships vary from negligible to great potential for influencing judgment. Not all relationships represent true conflict of interest. On the other hand, the potential for conflict of interest can exist regardless of whether an individual believes that the relationship affects his or her scientific judgment.

Financial relationships (such as employment, consultancies, stock ownership, honoraria, and paid expert testimony) are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself. However, conflicts can occur for other reasons, such as personal relationships, academic competition, and intellectual passion.

All participants in the peer-review and publication process must disclose all relationships that could be viewed as potential conflicts of interest. Disclosure of such relationships is also important in connection with editorials and review articles, because it can be more difficult to detect bias in these types of publications than in reports of original research. Editors may use information disclosed in conflict-of-interest and financial-interest statements as a basis for editorial decisions.

When authors submit a manuscript, whether an article or a letter, they are responsible for disclosing all financial and personal relationships that might bias their work. To prevent ambiguity, authors must state explicitly whether potential conflicts do or do not exist.

Authors should do so in the manuscript on a conflict-of-interest notification page, providing additional detail, if necessary, in a cover letter that accompanies the manuscript. **Salud, Historia y Sanidad On-Line** now adopts the [ICMJE uniform format for disclosure of competing interests](#). The ICMJE Uniform Disclosure Form for Potential Conflicts of Interest must be used, and each author should prepare a separate form. The corresponding authors will be invited to submit all forms during the peer-review process.

Increasingly, individual studies receive funding from commercial firms, private foundations, and government. The conditions of this funding have the potential to bias and otherwise discredit the research.

Scientists have an ethical obligation to submit credible research results for publication. Moreover, as the persons directly responsible for their work, researchers should not enter into agreements that interfere with their access to the data and their ability to analyze them independently, and to prepare and publish manuscripts. Authors should describe the role of the study sponsor, if any, in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. If the supporting source had no such involvement, the authors should so state. Biases potentially introduced when sponsors are directly involved in research are analogous to methodological biases.

Editors may request that authors of a study funded by an agency with a proprietary or financial interest in the outcome sign a statement, such as "I had full access to all of the data in this study and I take complete responsibility for the integrity of the data and the accuracy of the data analysis." Editors should be encouraged to review copies of the protocol and/or contracts associated with project-specific studies before accepting such studies for publication. Editors may choose not to consider an article if a sponsor has asserted control over the authors' right to publish.

Reviewers must disclose to editors any conflicts of interest that could bias their opinions of the manuscript, and they should recuse themselves from reviewing specific manuscripts if the potential for bias exists. As in the case of authors, silence on the part of reviewers concerning potential conflicts may mean either that conflicts exist and the reviewer has failed to disclose them or conflicts do not exist. Reviewers must therefore also be asked to state explicitly whether conflicts do or do not exist. Reviewers must not use knowledge of the work, before its publication, to further their own interests.

Editors who make final decisions about manuscripts must have no personal, professional, or financial involvement in any of the issues they might judge. Other members of the editorial staff, if they participate in editorial decisions, must provide editors with a current description of their financial interests (as they might relate to editorial judgments) and recuse themselves from any decisions in which a conflict of interest exists.

E. Privacy and Confidentiality

Patients have a right to privacy that should not be violated without informed consent. When informed consent has been obtained, editors may request authors to provide a copy before making the editorial decision.

Manuscripts must be reviewed with due respect for authors' confidentiality. In submitting their manuscripts for review, authors entrust editors with the results of their scientific work and creative effort, on which their reputation and career may depend. Authors' rights may be violated by disclosure of the confidential details during review of their manuscript. Reviewers also have rights to confidentiality, which must be respected by the editor. Confidentiality may have to be breached if dishonesty or fraud is alleged but otherwise must be honored.

Editors must not disclose information about manuscripts (including their receipt, content, status in the reviewing process, criticism by reviewers, or ultimate fate) to anyone other than the authors and reviewers. This includes requests to use the materials for legal proceedings.

F. Protection of Human Subjects and Animals in Research

When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2013. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

Principles of Transparency and Best Practice

Plagiarism

Plagiarism is when an author attempts to represent someone else's work as his or her own. Duplicate publication, sometimes called self-plagiarism, occurs when an author reuses substantial parts of his or her own published work without providing

the appropriate references. This can range from getting an identical paper published in multiple journals, to 'salami-slicing', where authors add small amounts of new data to a previous paper. Plagiarism can be said to have clearly occurred when large chunks of text have been cut-and-pasted. Such manuscripts would not be considered for publication in Salud, Historia y Sanidad On-Line. But minor plagiarism without dishonest intent is relatively frequent, for example, when an author reuses parts of an introduction from an earlier paper.

The journal editors judge any case of which they become aware (either by their own knowledge of and reading about the literature, or when alerted by referees) on its own merits. If a case of plagiarism comes to light after a paper is published, the journal will conduct a preliminary investigation. If plagiarism is found, the journal will contact the author's institute and funding agencies. A determination of misconduct will lead the journal to run a statement, bidirectionally linked online to and from the original paper, to note the plagiarism and to provide a reference to the plagiarized material. The paper containing the plagiarism will also be obviously marked on each page of the PDF. Depending on the extent of the plagiarism, the paper may also be formally retracted. All manuscripts submitted to Salud, Historia y sanidad are reviewed with the [Turnitin](#) Software.

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Images submitted with a manuscript for review should be minimally processed (for instance, to add arrows to a micrograph). Authors should retain their unprocessed data and metadata files, as editors may request them to aid in manuscript evaluation. If unprocessed data are unavailable, manuscript evaluation may be stalled until the issue is resolved. A certain degree of image processing is acceptable for publication (and for some experiments, fields and techniques is unavoidable), but the final image must correctly represent the original data and conform to community standards. The guidelines below will aid in accurate data presentation at the image processing level; authors must also take care to exercise prudence during data acquisition, where misrepresentation must equally be avoided.

Authors should list all image acquisition tools and image processing software packages used. Authors should document key image gathering settings and processing manipulations in the Methods. Images gathered at different times or from different locations should not be combined into a single image, unless it is stated that the resultant image is a product of time-averaged data or a time-lapse sequence. If juxtaposing images is essential, the borders should be clearly demarcated in the figure and described in the legend.

The use of touch-up tools, such as cloning and healing tools in Photoshop, or any feature that deliberately obscures manipulations, is to be avoided. Processing (such as changing brightness and contrast) is appropriate only when it is applied

equally across the entire image and is applied equally to controls. Contrast should not be adjusted so that data disappear. Excessive manipulations, such as processing to emphasize one region in the image at the expense of others (for example, through the use of a biased choice of threshold settings), is inappropriate, as is emphasizing experimental data relative to the control. When submitting revised final figures, authors may be asked to submit original, unprocessed images.

Confidentiality

Salud, Historia y Sanidad On-Line editors and editorial staff keep confidential all details about a submitted manuscript and do not comment to any outside organization about manuscripts under consideration by the journal while they are under consideration or if they are rejected. The journal editors may comment publicly on published material, but their comments are restricted to the content itself and their evaluation of it. After a manuscript is submitted, correspondence with the journal, referees' reports and other confidential material, whether or not the submission is eventually published, must not be posted on any website or otherwise publicized without prior permission from the editors. The editors themselves are not allowed to discuss manuscripts with third parties or to reveal information about correspondence and other interactions with authors and referees. Referees agree to maintain confidentiality of all manuscripts under consideration.

Communication with the Media

Authors must not discuss contributions with the media (including other scientific journals) until the publication date. The only exception is in the week before publication, during which contributions may be discussed with the media if authors and their representatives (institutions, funders) clearly indicate to journalists that their contents must not be publicized until the journal's press embargo has elapsed. Authors will be informed of embargo dates and timings after acceptance for publication of their articles. We reserve the right to halt the consideration or publication of a paper if this condition is broken.

From time to time Salud, Historia y Sanidad On-Line will distribute to a registered list a press release summarizing selected content of the next issue's publication. Journalists are encouraged to read the full version of any papers they wish to cover, and are given the names of corresponding authors, together with phone and fax numbers and email addresses. They receive access to the full text of papers about a week before publication on a password-protected website, together with other relevant material (for example, an accompanying News and Views article, and any extra illustrations provided by the authors). The content of the press release and papers is embargoed until the time and date clearly stated on

the press release. Authors may therefore receive calls or emails from the media during this time; we encourage them to cooperate with journalists so that media coverage of their work is accurate and balanced.

Authors whose papers are scheduled for publication may also arrange their own publicity (for instance through their institutional press offices), but they must strictly adhere to our press embargo.

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We recognize our responsibility to correct errors that we have previously published. Our policy is to consider refutations (readers' criticisms) of primary research papers, and to publish them (in concise form) if and only if the author provides compelling evidence that a major claim of the original paper was incorrect.

Corrections are published for significant errors at the discretion of the editors. Readers who have identified such an error should send an email to the editorial office of the journal, clearly stating the publication reference, title, author and section of the article, and briefly explaining the error.

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Publishable amendments requested by the authors of the publication are represented by a formal online notice in the journal because they affect the publication record and/or the scientific accuracy of published information. Where these amendments concern peer-reviewed material, they fall into one of four categories: erratum, corrigendum, retraction, or addendum, described here.

Erratum Notification of an important error made by the journal that affects the publication record or the scientific integrity of the paper, or the reputation of the authors or the journal.

Corrigendum Notification of an important error made by the author(s) that affects the publication record or the scientific integrity of the paper, or the reputation of the authors or the journal. All authors must sign corrigenda submitted for publication. In cases where coauthors disagree, the editors will take advice from independent peer-reviewers and impose the appropriate amendment, noting the dissenting author(s) in the text of the published version.

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seems most appropriate, noting the dissenting author(s) in the text of the published version.

Addendum Notification of a peer-reviewed addition of information to a paper, usually in response to readers' request for clarification. Addenda are published only rarely and only when the editors decide that the addendum is crucial to the reader's understanding of a significant part of the published contribution.

Frequency of Publication

Salud, Historia y Sanidad On-Line is published 2 or 3 times per year in online issues. Without any author fees, all research articles are made free access online on the day of publication on the <http://agenf.org/ojs/index.php/shs/index> website. In addition, the online version is freely available or nearly so to institutions in developing countries

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Salud, Historia y Sanidad On-Line is included in the PUBMED COLOMBIA catalog with the following data:

Title: Revista Salud, Historia y sanidad On-line

ISSN: 19-09-2407 (Electronic)

Title Abbreviation: rev.salud.hist.sanid.on-line

Publication Start Year: 2006

Publisher: AGENF

Language: Spanish

Country: Colombia