**Data profile**

**Osong Public Health and Research Perspectives: Data Profile: article title**

**ABSTRACT**

The abstract should not exceed 200 words, and must be written as one unstructured paragraph. Use neither bibliographic references nor references to figures or tables in the Abstract.

**Keywords:** Aaaaaa; Baaaaaaa; Caaaa; Daaaaaa

Three to six keywords should be listed. MeSH (https://www.ncbi.nlm.nih.gov/mesh/) is preferred for the keyword selection.

**HIGHLIGHTS**

• All papers must include 3−5 short sentences presenting short summary or findings in the next of title page.

• The highlight section should be no more than 100 words, including spaces.

• It is important to ensure that the language used in the highlights is polished and error-free.

**Introduction**

Brief details of the following information where relevant: country or area covered by the data resource; units, groups or individuals covered; survey type (e.g. demographic & health survey, malaria indicator survey); data collection dates and number of repeat surveys; topic headings (e.g. diabetes testing, maternal mortality); and funding sources. Some of this material might be best presented in tabular form. Manuscript limitations are 4,000 words from introduction to conclusion, 40 references, 7 figures and tables.

References must be numbered with superscripts according to their quotation order. When more than two quotations of the same authors are indicated in the main body, a comma must be placed between a discontinuous set of numbers, whereas an N-dash must be placed between the first and last numerals of a continuous set of numbers: “Kim et al. [1−3] insisted…” and “However, Lee et al. [4,5] showed opposing research results.”

**Collection**

Data Resource Area and Population Coverage

Where relevant, this section should include a map or series of maps that indicate the area covered by the data resource and major centers of data collection, e.g. hospitals. It must describe the units, groups and individuals from whom data are collected and describe how contact at each level was achieved and maintained (if relevant).

Survey Frequency

The date of the survey and the number of units, groups and/or individuals surveyed should be provided. If repeat surveys have been carried out, the dates of each survey should be provided together with the numbers surveyed. Where appropriate these details should include numbers invited, the response rate and how well the sample represents the population from which it was taken. This information can be presented in tabular form. For recent or ongoing repeat surveys include the dates when data will be available.

Measures

The measures collected at each of the different levels included in the data resource, e.g. individual, household, group, should be described in as much detail as necessary i.e. methods for commonly used measures will not need to be described. At least partial presentation in tabular form is encouraged. This section should indicate the source (e.g. questionnaire, clinic exam, data linkage), type of data collected (e.g. biomarker, geographical, genetic, demographic), the methods used to collect the data, and the frequency. This section must be sufficiently detailed to provide readers with a clear picture of the data available.

**Data Resource Use**

Data resource use should provide one or two brief illustrative examples of how the data resource can be used or examples of published work which has used this database. If you are aware of any ongoing specific data analysis plans please indicate these here to avoid duplication of effort by others interested in the data resource. Please also provide an up-to-date citation list for work published on the data resource.

**Strengths and Weaknesses**

Strengths and weaknesses should include both the strengths and the limitations of the data. If the data resource is one of a series e.g. a key indicators survey, please describe any features that are unique to the particular data resource or country/area location, if applicable.

**Access**

Access should describe how readers can access and download the data. The location and format of the data should be described together with variable lists and data dictionaries, where available. If the data are open access a web address should be provided. If an application is required, please indicate where the application form can be found and the process for submitting an application. Briefly indicate the software required to access the database and/or use the data, if applicable.

**REFERENCES**

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3. Gultekin V, Allmer J. Novel perspectives for SARS-CoV-2 genome browsing. J Integr Bioinform 2021 Mar 15 [Epub]. https://doi.org/10.1515/jib-2021-0001.

4. Riffenburgh RH, Gillen DL. Statistics in medicine. 4th ed. Academic Press; 2020.

5. Miller DD. Minerals. In: Damodaran S, Parkin KL, editors. Fennema’s food chemistry. 5th ed. CRC Press; 2017. p. 627‒80.

6. Ministry of Employment and Labor. Statistics on occupational injuries and illnesses, 2008. Ministry of Employment and Labor; 2009.

7. World Health Organization (WHO). COVID-19 vaccines [Internet]. WHO; 2021 [cited 2021 Mar 15]. Available from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-vaccines.

8. Christensen S, Oppacher F. An analysis of Koza's computational effort statistic for genetic programming. In: EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3‒5; Kinsdale, IE. Springer; 2002. p. 182‒91.

9. Park HY. The role of the thrombomodulin gene in the development of myocardial infarction [dissertation]. Yonsei University; 2000.

**Figure Legends**

Figure 1. Legend text.

Figure 2. Legend text.

Please note that the actual figures should be uploaded separately. Figures that are drawn or photographed professionally should be sent as JPG or PPT files. However, if an article receives approval for publication, files must be submitted as .tiff or .pdf. Each figure must have a caption explaining the figure. The preferred size of the images is 8 x 8 cm but 16.5 cm in width x 8 cm in length is also acceptable. It is authors' full responsibility to submit images of sufficient quality for accurate reproduction and to approve the final color galley proof. All images must be correctly exposed, sharply focused and prepared in files of 500 dpi or more.

Table 1. A brief, specific, descriptive title

| Characteristic | Total  (*n*=578) | Prophylaxis  (*n*=171) | No prophylaxis  (*n*=407) | *p* |
| --- | --- | --- | --- | --- |
| Age (y) | 49.0 (37.0‒56.0) | 49.0 (38.5‒57.5) | 49.0 (37.0‒56.0) | 0.21 |
| Male sex | 363 (62.8) | 87 (50.9) | 276 (67.8) | <0.01 |
| Body mass index (kg/m2) | 22.6 (20.5‒24.6) | 22.0 (20.4‒24.5) | 22.8 (20.6‒24.7) | 0.17 |
| Body surface areaa) | 1.7±0.2 | 1.6±0.2 | 1.7±0.2 | <0.01 |
| Cause of ESRD |  |  |  | 0.14 |
| IgA nephropathy | 104 (18.0) | 23 (13.5) | 81 (19.9) |  |
| Diabetes | 101 (17.5) | 32 (18.7) | 69 (17.0) |  |
| Hypertension | 51 (8.8) | 19 (11.1) | 32 (7.9) |  |
| ADPKD | 47 (8.1) | 17 (9.9) | 30 (7.4) |  |
| Nephrotic syndrome | 43 (7.4) | 13 (7.6) | 30 (7.4) |  |
| Autoimmune disease | 8 (1.4) | 4 (2.3) | 4 (1.0) |  |
| Other | 38 (6.6) | 5 (2.9) | 33 (8.1) |  |
| Unknown | 96 (16.6) | 30 (17.5) | 66 (16.2) |  |

(if applicable)

Data are presented as median (interquartile range) or *n* (%) [unless otherwise specified]. (general note)

ESRD, end stage renal disease; IgA, immunoglobulin A; ADPKD, autosomal dominant polycystic kidney disease. (abbreviation)

a)Calculated using the Du Bois formula. (notes on specific parts)

\**p*<0.05, \*\**p*<0.01, \*\*\**p*<0.001. (notes on level of probability)

Reused (or Revised, Adapted) from the article of Gultekin et al. [4] with Elsevier. (source note)