**Original article**

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

**ABSTRACT**

**Objectives:** The abstract should be within 250 words. Use neither bibliographic references nor references to figures or tables in the Abstract.

**Methods:**

**Results:**

**Conclusion:**

**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**

Introduction should provide concise yet sufficient back ground information about the study to provide the readers with better understanding of the study, avoiding a detailed literature survey or a summary of the results. Conclusions or findings should not appear in the Introduction.

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.”

**Materials and Methods**

Materials and methods should contain detailed procedure of the experiment including investigation period, methods of subject selection, and information on subjects such as age, gender, and other significant features, in order to enable the experiment to be repeated. The procedure which has been already published or standardized shall be described only briefly using literature citations.

Clinical Trials

Clinical trials or experiments involving laboratory animals or pathogens must elaborate on the animal care and use and experimental protocols, in addition to mentioning approval from the relevant committees. The sources of special equipment and chemicals must be stated with the name and location of the manufacturer (city and country).

Sex and Gender

Ensure correct use of the terms “sex” (when reporting biological factors) and “gender” (identity, psychosocial or cultural factors). Unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or gender. If the study involved an exclusive population (only one sex, for example), authors should justify why, except in obvious cases (e.g., prostate cancer).

IRB/IACUC Approval

Authors should define how they determined race or ethnicity, and justify its relevance. Institutional Review Board approval and informed consent procedures can be described as follows: The study protocol was approved by the Institutional Review Board of OOO (IRB No: OO-OO-OO). Informed consent was confirmed (or waived) by the IRB.

**Results**

Results should be presented in logical sequence. Only the most important observations should be emphasized or summarized, and the main or the most important findings should be mentioned first. Tables and figures must be numbered in the order they are cited in the text, kept to a minimum, and should not be repeated. Supplementary materials and other details can be separately presented in an appendix. The authors should state the statistical method used to analyze the results (statistical significance of differences) with the probability values given in parentheses.

**Discussion**

Discussion should contain an interpretation and explanation of the results and important aspects of the study, followed by the conclusions drawn from them. Information already mentioned in the Introduction or Results sections should not be repeated and the main conclusions of the study may be presented in the discussion.

**Conclusion** (if any)

Conclusion must be linked with the purpose of the study stated in the abstract, and clearly supported by the data produced in the study. New hypotheses may be stated when warranted, but must be clearly labeled.

**REFERENCES**

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2. Hyun J, Lee JH, Park Y, et al. Interim epidemiological and clinical characteristic of COVID-19 28 cases in South Korea. Public Health Wkly Rep 2020;13:464‒74. Korean.

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)