



INSTRUCTIONS FOR AUTHORS

The Journal of Gastrointestinal Infections (JGI) is a peer-reviewed journal published under the auspices of the Gastrointestinal Infection Society of India (GISI). The journal is published both in print and online, with articles appearing online as they are accepted. The journal aims at ensuring effective communication of research in various aspects at the confluence of Gastroenterology and Microbiology. The scope includes not only luminal gastrointestinal infections but also infections of the hepatobiliary and pancreatic system. The journal is also interested in the work focusing on the impact of the microbiome on the gastrointestinal system and infections in the setting of gastrointestinal diseases. The journal is of relevance to clinicians, infectious disease specialists, microbiologists, gastroenterologists, researchers and residents; both as a resource for continuing medical education as also a vehicle to disseminate newer concepts and strategies for managing contemporary issues.

Scope

The journal will cover studies related to gastrointestinal infections, hepatobiliary infections and the gut microbiome. The Journal of Gastrointestinal Infections is devoted to the dissemination of new knowledge concerning the various aspects of human infections and infestations of the gastrointestinal system, pancreas and the hepato-biliary tract. The journal will publish peer-reviewed original research papers, reviews (narrative as well as systematic reviews and meta-analysis), case reports and letters. Preliminary findings can be submitted as brief reports which must be structured with a brief background, clinical or laboratory workup, outcome and follow-up. Letters to the editor may be a comment pertaining to a manuscript already published in the journal or report brief cases or pilot reports. All manuscripts having original data or reporting clinical cases will undergo peer review irrespective of article type. The journal will also invite commentaries from experts in relation to some of the published papers.

Sections

The authors can select one of the following sections at the time of submission and mention this in the accompanying cover letter

- 1) Enteric infections
- 2) *Clostridioides difficile*
- 3) Gastrointestinal tuberculosis
- 4) Parasitic diseases of gastrointestinal system
- 5) *Helicobacter pylori*
- 6) Gastrointestinal diseases and infections
- 7) Viral hepatitis
- 8) Hepatic infections
- 9) Biliary infections
- 10) Pancreatic infections
- 11) Endoscopy, interventions and infections
- 12) Gut microbiome
- 13) Education in gastroenterology and hepatology
- 14) Others (if it does not fit in any of the above sections)

EDITORIAL PROCESS

The manuscripts will be reviewed for possible publication with the understanding that they are being submitted solely to JGI and have not been published, simultaneously submitted or already accepted for publication elsewhere. Publication as an abstract in the proceedings of a conference is not usually considered a prior publication but the authors are requested to mention such a publication during the submission process. There are no submission, processing or publication charges.

The submitted articles will be initially reviewed by the Editorial Board to judge their suitability for publication and then sent for peer review. Manuscripts with insufficient originality, those out of scope from the journal's focus, having serious scientific and technical flaws or lack of a significant message will be rejected without peer-review. This decision is communicated quickly, usually within few days of submission. Those passing the initial stage of editorial review will undergo peer-review. The journal operates a single-blinded review process; the authors are not aware of reviewer's identity. Revisions will be needed in light of reviewers and editorial comments. All accepted manuscripts will be suitably edited before publication and proofs will be sent to the corresponding author which has to be returned within two business days. The contributors will be informed about the initial decision of the manuscript usually within 6-8 weeks of initial submission.

ETHICAL GUIDELINES

Approval of the Institute Ethical Committees both for human and animal studies must be taken. For prospective studies or studies with an intervention, an informed consent must be taken in writing from each patient participant. For retrospective studies, a consent waiver from an institutional review board is considered acceptable. The ethical statements must be mentioned in the manuscript.

Authorship criteria

All authors of a manuscript must have agreed to its submission and are responsible for its content (initial submission and any subsequent versions), including appropriate citations and acknowledgments, and must also have agreed that the corresponding author has the authority to act on their behalf in all matters pertaining to publication of the manuscript. Any addition, deletion or change in authorship order after the initial submission is not allowed unless all authors provide a written approval for the same and the reasons are provided. All authors should submit an undertaking in the format specified by the journal indicating their consent to agree upon the authorship in the sequence indicated on the title page as well as the undertaking. In case of any doubts regarding authorship please refer to the ICMJE guidance. An author should have made substantial contributions in conceiving or designing the work, acquiring or interpreting the data, drafting or revising the manuscript. All authors should have approved the final version. Author contributions should clearly identify the guarantors for various aspects of the work. JGI allows 2 authors to share the first authorship or and this should be mentioned at submission. However, there will only be a single corresponding author who will act as guarantor of the work.

Copyright Statement

Manuscripts are accepted with understanding that they have not been submitted simultaneously to another Journal and have not been published elsewhere. Dual publication or redundant publication is unethical. For more details, please refer to the COPE guidelines on <http://www.publicationethics.org>.

Submitted manuscripts must represent original research not previously published nor being considered for publication elsewhere. The editors and Thieme combat plagiarism, double publication, and scientific misconduct with the software [CrossCheck](#) powered by [iThenticate](#). Your manuscript may be subject to an investigation and retraction if plagiarism is suspected.

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and reproduce the content in any medium, provided that the paper is properly cited, the use is non-commercial, and no modifications or adaptations are made.

Conflict of interest

All authors are expected to disclose any commercial affiliations as well as consultancies, interests and patent-licensing issues that could be considered to pose a conflict of interest pertaining to the submitted manuscript. Conflict of interest statement is necessary and no manuscript will be published without relevant statements including declaration of the funding. The authors are requested to err on the side of caution by mentioning all possible conflicts in relation to the manuscript.

At the time of revision, we require the ICMJE Conflict of interest form from each of the authors. This is available at <http://www.icmje.org/disclosure-of-interest/>

Patient identification

It is important to ensure the privacy of individuals mentioned in clinical studies, in case histories. No identifying information should be included. Written informed consent should be taken from the patient or guardian, and the authors should confirm this in the manuscript. The statement should mention that the copy of the consent will be provided to the editor/journal in case it is requested.

Ethical approvals

Authors must ensure that proper consent is taken from patients for publication in case reports/ grand round cases/ clinical images etc. All clinical or animal research published in the journal must have received ethical approval from the institutional/ appropriate ethics committee. For all randomized trials, the registration in an ICMJE accepted clinical trials registry (eg clinicaltrials.gov, ctric.nic.in, isrctn.org) is mandatory. The journal will consider only those trials which have been prospectively registered. In case the trial has not been registered, please contact the editor(s) with the reasons thereof if you still wish to submit to the journal or mention the reasons in the cover letter.

Ethical misconduct

Any instances of data fabrication/falsification, plagiarism which are identified will be dealt with as per the guidance provided by the COPE. The manuscripts in question will be retracted and the institution of the authors will be informed and requested to conduct an inquiry and necessary action. The journal will do a software based check of plagiarism for all papers which have been accepted for publication. Any authorship conflicts, ethical concerns or plagiarism detected even after publication will be dealt with in accordance with COPE guidance. Retraction notices will be published in cases where such misconduct is identified and the reasons will be clearly mentioned in the notice.

TYPES OF MANUSCRIPTS AND WORD LIMITS

Submissions in the following categories are considered

Type of Articles	Priority	Words	Author Limit	Guidelines
Original Papers				
Systematic reviews and meta-analysis	Very High	4000 words, 80 references, 6 figures and/or tables Structured abstract (Background, Methods, Results and Conclusion), 250 words Title starts with : Systematic review and meta-analysis	None; Author contributions should be provided	PRISMA or MOOSE Guidelines
Original article (Randomized trials)	Very High	3000 words, 50 references, 5 figures and/or tables Structured abstract, 250 words	None; Author contributions should be provided	CONSORT Guidelines and flow chart
Original article (Interventional studies)	High	3000 words, 50 references, 5 figures and/or tables Structured abstract, 250 words	None; Author contributions should be provided	
Original article Observational studies (case control, cohort)	High	3000 words, 50 references, 5 figures and/or Tables Structured abstract, 250 words	None; Author contributions should be provided	STROBE Guidelines
Original article (Epidemiologic surveys, cost analysis, modelling)	High	3000 words, 50 references, 5 figures and/or images Structured abstract, 250 words	None; Author contributions should be provided	
Original article (Animal studies, Qualitative research, Quality improvement studies or audits)	Moderate	3000 words, 50 references, 5 figures and/or Tables Structured abstract, 250 words	None; Author contributions should be provided	Can be considered if has a translational value

Brief/ Case Reports				
Brief Report	High	1500 words, 15 references, up to 2 images/figures/ Tables Structured abstract, 250 words Title should include the word brief/ brief report	None; Author contributions should be provided	For communication of pilot new work
Case Report	Low	600 words, 10 references, 2 images/Tables Abstract of 200 words or less Title should include the word case report	Up to 6 authors; Author contributions should be provided	CARE Guidelines Only new, relevant and important observations may be reported May consider submitting as letters
Education in JGI				
Narrative reviews	Moderate	4000 words, 80 references, 8 figures or tables Abstract of 250 words of less Title should begin with word: review	None; Author contributions should be provided	
Evidence based commentary / My Approach	High	1500 words, 20 references No abstract Title should begin with words- Evidence-based commentary	Two	Invited commentaries on difficult or contentious issues
Postgraduate corner	High	3000 words, 20 references Abstract of 250 words of less	Three	Educational pieces related to improving research, managing data, statistical analysis, publication process and ethics, mentorship and leadership in medicine

Summary/ Journal Club	High	1000 words, 10 references No abstract Title should begin with word: Journal Summary	Two	Puts recent research in context, starts with a brief summary of the work and then discusses the strengths, lacunae and implications
Images in GI infections	Moderate	300 words, 3 references, 2 images No abstract Title should begin with word: Images in GI Infection	Up to 4 author; Author contributions should be provided	Classical, educational and interesting images with brief accompanying text
Grand round case	High	2500 words; 20 references; 3 images/tables Abstract of 200 words or less	Up to 6 authors; Author contributions should be provided	In Question and Answer format bringing out the latest evidence for the residents and trainees
Clinico-pathological case	High	2500 words; 20 references; 3 images/tables Abstract of 200 words or less	Up to 6 authors; Author contributions should be provided	Clinical discussion followed by one important test/ histology/ autopsy to clinch the diagnosis
Others				
Letters to the editor	Very High	500 words; 5 references, one table or image No abstract	Up to 4 authors	Comment/ response to previously published papers
Editorials/ Viewpoint/	High	800 words, 10 references No abstract Commentaries to original papers should include the words: Editorial Commentary in the title	Up to two authors	Usually solicited by the editor in chief; Viewpoint papers may be submitted after discussion with editor in chief
Patient Journey	Very High	1000 words, Up to 10 references No abstract Title should begin with the words: Patient Journey	-	The journal encourages patients who have suffered from GI infections to discuss their experience with the disease, and the healthcare system. These reports hope to

				provide food for thought to HCPs and policy makers in improving care of patients with GI Infections
Patient education	Moderate	1000 words, at least one image, up to 5 references No abstract Title should begin with the words: Patient education	Up to 3 authors	Educational materials on Gastrointestinal infections in plain language
Study protocols especially randomized trials or large cohort studies	Moderate	2000 words, 15 references, 3 tables/figures; Ethical Approval and registration details Abstract of 200 words or less The word protocol should be included in the title	None; Authors contributions should be provided	SPRIT guidelines Likely to be published if significant funding from international/ national agencies or a novel trial/study design

All articles (except letters to editor and commentaries/editorials) published in JGI undergo blinded peer review

Original articles: Cover topics relevant to clinical and basic studies in the areas of gastrointestinal infections. Maximum 3000 words excluding about 50 references and a structured abstract. We accept all forms of clinical research including randomized trials; case-control studies; cohort studies; audits; interventional studies; cost-analysis and modelling relevant to the scope of the journal.

Abstract should be up to 250 words and structured into Background, Methods, Results and Conclusion

(Template provided at www.gisionline.org)

Systematic reviews and Meta-analysis: The journal welcomes systematic reviews with or without meta-analysis which cover the areas under the scope of the journal. The reporting guidelines like the PRISMA or MOOSE must be followed. Pre-registration in a registry (eg. PROSPERO) is preferred but not mandatory. The abstract should be structured. The article title should start with the word Systematic review OR Systematic review and meta-analysis

Brief Report: Study with clinical interest or unusual presentation of a disease can be sent. (Up to 1500 words and 15 references). Illustrations and tables, when included, should be limited to one each. It should have a structured abstract limited to 250 words.

Review articles: Current topics which are usually requested by the editorial board from individuals who have done substantial work on the given subject. (Up to 4000 words excluding about 80 references and abstract). Abstract should be up to 250 words. The article title should start with the word Review. We also consider uninvited reviews written by experts in the relevant field.

Case reports: New/interesting/ rare cases can be reported. (Up to 600 words excluding about 10 references and abstract of up to 200 words) (Template provided). Unless a significant diagnostic workup has been done, case reports are preferably submitted as letters (clinical correspondence). All cases reports (irrespective of the article type) are peer-reviewed.

The journal also accepts Grand Round cases, Clinicopathologic conferences and Images in GI Infections.

Images in GI infections should be brief notes (300 words or less) which accompany classical/ educational/ interesting/ uncommon images in the field. The images could be clinical/ radiological/ histological or microbiological. (Template provided)

Grand Round Case: This involves discussion around an interesting/ typical / uncommon case related to the field and is in a question-and-answer format. The answers to questions should be evidence based. This can be upto 2500 words with 20 references.

Clinico-pathological Case: CPC takes the form of clinical discussion of the clinical and radiological findings with discussion of various differential diagnoses. Eventually the diagnostic investigation and the correlation between the findings on testing (histology/ microbiological/ genetic) and clinical presentation is discussed.

Letter to editor: Correspondence offers opinions on papers published in the Journal of Gastrointestinal Infections. It should be limited in length to 500 words and should be continuous without headings. It should not include more than 5 references and one table or figure. Letters commenting on papers are sent to the authors of those papers for a response. Occasionally, we accept case reports or original data as letters but these will undergo standard peer review.

Study protocols: Any study protocols of a planned study/ randomized trial with some novelty like a new intervention or new outcome measure can be published. The protocol can be published only if ethical approval has been obtained and a randomized trial must have been registered in a clinical trials registry.

MANUSCRIPT PREPARATION

We are happy to receive initial manuscripts in any format. However, the author guidelines regarding formatting and other statements will be needed at the time the revisions are requested. All manuscripts submitted for publication to the Journal of Gastrointestinal Infections should include the following:

1. Cover letter

A cover letter which could explain why the article should be published in the Journal of Gastrointestinal Infections. One of the authors could be identified as the corresponding author of the paper. The covering letter should indicate any conflicts of interest, any source of funding and must affirm that all ethical guidelines have been followed and that the paper is not submitted or under consideration elsewhere. (Template is available)

2. Title page (Template Provided)

Article type: Review/Original Article, Brief Communication, Case Report, Correspondence

Title: The title of the article, which should be concise, but informative and yet sufficiently descriptive. For some of the article types we want the article title to start with the article type eg: Review:____, Images in GI Infection: _____, Systematic Review: _____, Evidence based commentary: _____, Randomized control trial: _____, “Editorial commentary:

Running title: A short running title not exceeding 6-7 words/ 50 characters may also be provided (except for case report or correspondence).

Author names in order of publication

Name(s) of the author(s), Department(s) and Institution(s) to which the work should be attributed.

Corresponding author

Name, Address, Phone number, Fax, e-mail address of the corresponding author.

Author contributions should be mentioned in the title page.

3. Manuscript file

Manuscripts should be typed in MS-Word and Figures/Photographs in JPEG as well as word format. Manuscripts should be presented in a concise form, typewritten in American format of English language, Times Roman Font size 12 and in double space. Names of organisms, *et al*, *in situ*, *in vitro*, *in vivo* should be typed in italics. Names of antibiotics should begin with small case, not capitals. Do not disclose identity/ institute name in the Materials and Methods or anywhere else in the Article file. Pages should be numbered consecutively and the contents arranged in the following order:

Abstract: All original manuscripts and systematic reviews should have a structured abstract (250 words or less) with subheadings of Background and objectives, Material and Methods, Results, and Conclusion. The abstract should not be structured for a case report (200 words or less) and review articles (250 words or less). Do not include references in the abstract.

Keywords: 3 to 8 keywords, arranged alphabetically. It is best to provide keywords using MESH terms available at <https://www.ncbi.nlm.nih.gov/pubmed>

Introduction: This puts in context the need for the work. This is expected to briefly introduce the reader to the field, indicate the current lacunae in the knowledge and then mention the research query.

Materials and Methods: The editors expect this section to be detailed to clearly identify the clinical/ laboratory processes undertaken for the work. It is helpful to delineate various subsections which may include details of setting, patients (inclusion and exclusion criteria), intervention(s),

laboratory methods, outcomes and follow-up, statistical analyses, and ethical issues and. The subsections can be variable depending on the type of work. IRB/ EC approval is mandatory for all studies involving human subjects and animal ethics clearance for experimental animals. Source of reagents/ commercial kits, manufacturer name, city and country should be clearly mentioned. Please ensure blinding of this section: name of hospital, ethics committee should not be mentioned. This information may be provided in the title page.

Statistical analysis of data is a crucial component of scientific publication. Authors who are unsure of proper statistical analysis should have their manuscripts checked by a qualified statistician. If a manuscript is deemed to be fit for revisions and possible publication after initial peer review, a statistical review will be done and authors informed about the need for any changes in analyses. Adequate details regarding the statistical process should be provided in the methods section.

Results: Only such data as are essential for understanding the discussion and main conclusions emerging from the study should be included. Present your results in a logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Do not duplicate data in graphs and tables. Interpretation of the data should be taken up only under the Discussion and not under Results. The journal encourages the use of subsections to improve the readability of the work.

Discussion: The discussion should deal with the interpretation of results without repeating information already presented under results. Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); strengths and limitations of the study, what this study adds to the available evidence, effects on patient care and health policy, possible mechanisms); controversies raised by this study and future research directions. The conclusions can be linked with the goals of the study but unqualified statements and conclusions not completely supported by the data should be avoided. The conclusions should reflect the results and not reflect personal convictions or biases of the authors.

Authors Statements

Conflict of interest: It is mandatory for all manuscripts to mention conflict of interest if any. Even in absence of any conflicts, a statement indicating the same is required. Manuscripts without this statement will not be processed.

Acknowledgement: Acknowledgment should be brief and made for specific scientific/technical assistance and financial support only and not for providing routine departmental facilities and encouragement or for help in the preparation of the manuscripts (including typing or secretarial assistance).

Source of funding: Please mention the source of funding

Ethical approvals and consent: Clearly indicate the ethical approval obtained with the approval number and the name of the ethical committee which approved the work. The consent of the patient(s)/ legal guardian must be mentioned. In case the study is retrospective or from a database/ registry, information on waiver from informed consent by the ethical committee should be provided. No manuscript will be reviewed without ethical statements.

References: Bibliography should list references in order of their appearance in the text (not alphabetically) and should follow the Vancouver style. Place the number of the references at the end of the sentence in superscript to which the reference is related. Use commas to separate

multiple reference numbers. For example: ‘bond strength of composite resin to dentin is influenced by the presence of a smear layer’^{4,5,8-15}

Journal papers

1. Kalantri A, Gupta P, Sharma V, et al. Hepatic Infections: A Comprehensive Imaging Review. *J Gastrointest Infect* 2019;9(1):38–49

If there are more than three authors put et al after 3 authors

2. Stephen S, Smiles R. An Unusual Parasite in a Colostomy Wound. *J Gastrointest Infect* 2019;9(1):53–54

3. Dandapani S, Rajkumari N, Gopichand P. Comparison of Detection of *Giardia lamblia* and *Entamoeba histolytica* Using Microscopy and Antigen Detection Rapid Cards in Patients with Diarrhea. *J Gastrointest Infect* 2020;doi: 10.5005/jp-journals-10068-3036

For articles published ahead of print

Authored Book

Bridwell KH, DeWald RL. The textbook of spinal surgery. 3rd ed. Philadelphia, PA: Lippincott Williams and Wilkins; 2011. p. 2112.

Article or Chapter in an Edited Book

Sharma V, Debi U, Mandavdhare HS, Prasad KK. Tuberculosis and Other Mycobacterial Infections of the Abdomen. In: Kuipers EJ, editors. *Encyclopedia of Gastroenterology*, 2nd edition. Academic Press, 2020. pp. 646-659

ABBREVIATIONS

Abbreviations should be used as an aid to the reader, rather than as a convenience for the author, and therefore their use should be limited. Only standard abbreviations should be used. Define each abbreviation and introduce it in parentheses the first time it is used. The title of the article should not contain abbreviations. The abbreviations should be used in the text, tables and illustrations without a full stop.

4. Tables

Tables should be self-explanatory and should not duplicate textual material. Tables should be typed separately and numbered consecutively with Arabic numerals (1,2,3, etc). They should bear brief title and column headings should also be short. Units of measurement should be abbreviated and placed below the headings. Statistical tests should be clearly mentioned with exact p values. Measurement variations such as SD and SE should be mentioned. Inclusion of structural formulae in Tables should be avoided. Also, Tables should be submitted in editable format eg word file

5. Illustrations and Figures

Illustrations should be submitted electronically in Tiff/Jpeg/pdf, numbered consecutively in Arabic numerals. Letters, numbers and symbols should be clear in the figures and of sufficient size, so

that when reduced, they could be accommodated without loss in clarity. Titles and explanations of symbols in the legends for illustrations should be typed on separate pages. Symbols, arrows or letters used in photographs should contrast with the background. If photographs of patients are used, either the subjects must not be identifiable or their pictures must be accompanied by written permission to use the photograph. The Journal reserves the right to crop, rotate, reduce, or enlarge the photographs to an acceptable size.

If a figure has been published elsewhere, please acknowledge the original source and submit written permission from the copyright holder to reproduce the material. A credit line should appear in the legend for such figures.

6. Graphical Abstract

The journal would request submission of a graphical abstract at the stage of revision. This is to aid a quick visual summarisation and will be shared by the journal using social media handles. The template to be used is available at www.gisionline.org

Processing and Publication of Manuscripts

Submission

The journal accepts submissions via an online submission system available at <https://jgi.manuscriptmanager.net/>. The submissions are processed through the peer review through this online system and the authors can check the status of the manuscripts at any time through this portal. The templates for the manuscripts including the covering letter, title page, main file and graphical abstract are available at <https://www.gisionline.org/>

Peer Review

The initial editorial decision to review/reject is usually made within 7 working days by the handling editor(s). The decision to reject at this stage is usually if the article is out of scope, poorly written or is scientifically flawed. The articles which cross this stage undergo a blinded review. This process may take variable times depending on the response time of the reviewers. Following peer review, the paper usually is recommended for revisions or is rejected. It is uncommon for a paper to be accepted without revisions. The request to revise is made after peer review and a statistical review, if required. Revisions must be submitted within one month of the decision lest they are treated as new submissions. The authors must submit a revised manuscript with changes highlighted in colour in the revised manuscript. Also, the authors must provide a response to the reviewers point-wise indicating the changes which have been made or explaining why the changes were not done. Any major revisions may be re-reviewed. At the stage of revision, the authors are advised to ensure that the formatting requirements and word limits are met. We allow initial submissions even if they do not meet the formatting requirements for the journal but should be in standard formats.

Process	Time
Acknowledgement of submission	2-3 working days
Initial decision to reject/ review	1 week
Peer review	Variable (2 weeks to 2 months)
First decision after peer review	Usually within 2 months of submission
Revision by authors	One month of decision

Revisions

The journal almost never accepts a manuscript without revision. We are happy to receive initial manuscripts in any format. However, the author guidelines regarding formatting and other statements will be needed at the time the revisions are requested. The authors should carefully prepare the revisions in light of the instructions to avoid repeated revisions and delays in final acceptance of manuscripts. After the manuscript is editorially acceptable, we provide a 'provisional acceptance' which is subject to post acceptance checks for plagiarism.

After Acceptance

After a paper has been provisionally accepted it undergoes various checks including checking for any plagiarism using software or any other minor queries. At this stage, the assigned editor and an assistant editor also review the abstract and keywords to suggest changes and optimization for search engines. This service is provided without any costs and the authors are free to accept or reject these changes. Once this is done a formal acceptance letter is provided and the manuscript undergoes copy editing and formatting. The proofs are sent to the corresponding author and changes, at this stage, must be kept to the minimum. Any significant changes during the proofreading stage will have to be approved by the editor(s). The papers are first published ahead of print and are included in the issue later.

Publication charges

All article processing charges (APCs) are fully sponsored by the Gastrointestinal Infection Society of India (GISI). Upon acceptance, no APC is due by the author. For current prices, please visit [Open Access - Journal authors - Thieme Group](#), navigate to "APC", and select the Price List. APCs are regularly reviewed and may be subject to change. No additional fees, including submission fees, editorial processing charges, or page and color charges apply.

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Appeals

The editors make decisions on the basis of reviews and their own understanding of the work. However, we welcome any appeals in response to the decisions made. The initial appeal will be dealt by one of the chief editors who was not initially involved in the final decision on the manuscript. Appeals are likely to succeed only for papers which have been peer-reviewed. Manuscripts which were rejected without review for lack of priority are unlikely to be accepted. Appeals should provide rebuttals against the reviews and editorial comments. In case the authors are not satisfied with the adjudication of the first appeal, the authors can contact the ombudsperson of the journal. Initial response to the appeals will be made within 7-14 days of the appeal. Appeals may also be made to the ombudsman against unexplained delays in review, or the unprofessional tone/ tenor of reviewers or the editors or any other matter which the authors may desire to report.

Email contact for

Initial appeals: sharma.vishal@pgimer.edu.in, Khanna.Sahil@mayo.edu

Second appeals or other issues: Prof C Vaishnavi, Ombudsperson, Journal of Gastrointestinal Infections, cvaishnavi@rediffmail.com

Why submit to Journal of Gastrointestinal Infections?

- Publish in a peer reviewed, open access journal of the Gastrointestinal Infection Society of India
- No submission, processing or article publishing charge will free online use of colour
- Format free initial submissions: So that authors can focus on research and not on formatting.
- Quick and authoritative decision: First decision (to review or reject): 3 days (mean)
- Multiple article types: so that the journal educates apart from informing.
- Supportive peer review process which considers the role as an ally of the authors
- Free search engine optimization of titles and abstracts and the opportunity to publish graphical abstracts.