**Original article (STROBE)**

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

Indicate the study’s design with a commonly used term in the title or the abstract

**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**

In the Introduction, explain the scientific background and rationale for the investigation while stating specific objectives, including any prespecified hypotheses. Conclusions or findings should not appear in this section.

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**

**Ethics Statement**

If this study was on human subjects or human-originated materials, Institutional Review Board (IRB) approval, including the approval number, and informed consent from subjects are required. For a clinical trial, IRB approval is mandatory. For a secondary analysis using deidentified data, IRB approval may be waived. Please contact the editorial office to discuss the ethics statement. The most critical points of research and publication ethics are the safety of the study participants and the protection of personal information.

IRB 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.

**Study Design and Setting**

Present key elements of study design early in the paper. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.

**Participants**

Give the eligibility criteria and detail the sources and methods used to select participants. Alongside this, describe methods of follow-up. For matched studies, give matching criteria and number of exposed and unexposed (or controls per case).

**Variables**

Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable.

**Data Sources/Measurement**

For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group.

**Bias**

Describe any efforts to address potential sources of bias.

**Study Size**

Explain how the study size was arrived at.

**Quantitative Variables**

Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why.

**Statistical Methods**

Describe all statistical methods, including those used to control for confounding. This should encompass methods applied to the examination of subgroups and interactions. Also, explain how missing data were addressed. If your research is a cohort study, explain how loss to follow-up (or matching of cases and controls) was addressed. Describe any sensitivity analyses.

**Results**

**Participants**

Report numbers of individuals at each stage of study, give reasons for non-participation at each stage, and consider use of a flow diagram.

**Descriptive Data**

Give characteristics of study participants and information on exposures and potential confounders. Additionally, indicate number of participants with missing data for each variable of interest. If your research is a cohort study, summarize follow-up time.

**Outcome Data**

Cohort study: report numbers of outcome events or summary measures over time.

Case-control study: report numbers in each exposure category, or summary measures of exposure.

Cross-sectional study: report numbers of outcome events or summary measures.

**Main Results**

Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision. Make clear which confounders were adjusted for and why they were included. Report category boundaries used for continuous variables that were categorized. Additionally, if relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period.

**Discussion**

Summarize key results with reference to study objectives. Move on to a discussion of the study's limitations, considering potential sources of bias or imprecision, including the direction and magnitude of these biases. Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence. Finally, address the generalizability (external validity) of the study results.

**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**

1. Park AK, Kim IH, Kim J, et al. Genomic surveillance of SARS-CoV-2: distribution of clades in the Republic of Korea in 2020. Osong Public Health Res Perspect 2021;12:37‒43.

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.

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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)

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