DESCRIPTION

Clinical Microbiology and Infection (CMI) is a monthly publication in English of the European Society of Clinical Microbiology and Infectious Diseases and publishes peer-reviewed papers that present basic and applied research relevant to therapy and diagnostics in the fields of microbiology, infectious diseases, virology, parasitology, immunology and epidemiology.

IMPACT FACTOR

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INTRODUCTION

Clinical Microbiology and Infection (CMI), the official publication of the European Society of Clinical Microbiology and Infectious Diseases, was launched in 1995 and publishes manuscripts presenting the results of original research in clinical microbiology, infectious diseases, bacteriology, mycology, virology and parasitology, including immunology and epidemiology as related to these fields. The journal also publishes editorials, commentaries and reviews, as well as guidelines originating from ESCMID Study Groups and ESCMID-sponsored conferences.

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Reporting guidelines

Certain research designs should be reported in CMI articles according to reporting guidelines: CONSORT for randomized controlled trials; STROBE for observational studies (including its extensions, STROME-ID for reporting of molecular epidemiology for infectious diseases and STROBE-AMS for reporting epidemiological studies on antimicrobial resistance); PRISMA for systematic reviews and meta-analysis; STARD for diagnostic studies; CHEERS for economic evaluations; and ORION for outbreak reports and interventional, non-randomized studies of nosocomial infections. The appropriate checklist should be submitted at the time of the article submission. All reporting guidelines can be found at the EQUATOR network site: http://www.equator-network.org/reporting-guidelines

Article types

Original article

The title of original articles should be descriptive rather than declarative. The first part of the title should describe the question that was addressed (e.g., Incidence of severe pain after Herpes Zoster; or Antibiotic A versus Antibiotic B for diverticulitis; or In vitro synergy of Antibiotic A and Antibiotic B against Escherichia Coli); and the second part the design of the study (e.g., prospective cohort study; or randomized controlled trial; or using the checkerboard technique).

A structured abstract of 250 words maximum should be divided into the following sections: Objectives; Methods; Results; Conclusions. The Abstract should be as informative as possible: e.g. it should include the absolute number of included patients or of strains tested; denominators and numerators rather than just rates or percentages.

Original Articles should not exceed 2500 words. Original articles should contain a maximum of 4–5 tables and figures (more can be included as supplementary material. Please refer to the section below for further guidelines). Data should be provided in Tables and Figures and not repeated in the text. Text should be used to emphasize important points. The text should be divided into the following sections: Introduction; Methods; Results; Discussion.

We urge authors to structure their Discussion according to the recommendations of Docherty and Smith: BMJ 1999;318:1224–5; namely: summary of the principal findings; findings of the present study in light of what was published before; strengths and limitations of the study; meaning of the study; understanding possible mechanism; implications for practice or policy; implications for future research.

The maximum number of references is 30.

Articles will be published online only or in the print issue as well at the discretion of the Editor. Like all articles published in CMI, online-only Original Articles will be fully citable and indexed. Each Original Article will have the abstract included in the accompanying print issue and will be referenced in the table of contents.
If you consider submitting the results of a survey as an original article please read our guidance for authors of surveys: http://dx.doi.org/10.1016/j.cmi.2016.08.015

**Research note**
Research notes are restricted to a maximum of 1200 words; 1-2 tables or figures; and 15 references. They should contain a structured abstract and structured text as described above. All Research Notes will be published online only, and their abstracts included in the accompanying print issue and referenced in the table of contents.

**Systematic review**
Systematic reviews address a clear question, and use pre-defined methods to identify and include studies, appraise their methodological rigour, and extract data. Meta-analysis is optional. More details on our expectations on systematic reviews are given here: http://dx.doi.org/10.1016/j.cmi.2016.04.012. Systematic reviews should contain a structured abstract of maximum 250 words with the sections as described above. These reviews are limited to 3500 words.

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We are happy to publish reviews that are helpful to our readers on relevant topics not recently reviewed. These should be short (2500 words or fewer), evidence-based, with clear search strategies explicit, and the implications of their results for patient management, health policy and future research thoughtfully discussed. We ask for a structured abstract with the following sections: Background; Aims; Sources; Content; Implications (maximum 300 words in length). CMI publishes reviews with an in-depth explanation on how to do things that are of interest to our readers. These topics of interest might be new laboratory techniques (in the clinical laboratory or in the research one); programs (e.g. how to establish an antibiotic stewardship effort in a hospital in which there is none); or analysis (e.g. how to use interrupted time-series analysis) (please see http://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(17)30290-2/fulltext). The structure of the "How to " review is similar to the narrative review, including the Abstract.

**Theme issues**
Theme issues consist of 3–5 narrative reviews addressing the different aspects of one topic. To serve as a Guest Editor of a theme issue please contact the CMI Editor-in-Chief, Leonard Leibovici: leibovic@post.tau.ac.il with an outline of the topic and of each of the reviews, including names of proposed authors for the reviews. The format of the reviews is that of narrative reviews (please see above).

**Hot topic**
In this section we welcome short contributions (1200 words or less, 1 figure or table, maximum 12 references, no abstract) describing a topic that is hot now (a new pathogen; a new epidemic; a new drug or a new study that might change practice; a new laboratory method that could change the way things are done). Hot Topic are short reviews or opinion-based; and not original research. The author should examine in short the implications for practice or policy. Hot topic items are fast-tracked through the review system. Questions about the suitability of Hot Topics should be addressed to the Associate Editor-in-Chief, Professor Gilbert Greub: gilbert.greub@chuv.ch. Hot topics are published without an Abstract. However for the purpose of informing our peer-reviewers please upload 4-5 sentences describing your contribution in the box dedicated to Abstracts. These lines will not be published.

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We are looking for personal viewpoints; opinions; novel or exciting ideas, criticism (or praise) on topics relevant to our readers. A Commentary should be a short contribution: 1200 words or less, maximum 5 references.

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Please also see our Editorial on conflict of interest in guidelines: http://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(15)00864-2/fulltext.

Before submitting non-ESCMID guidelines, and preferably before writing them, please consult the Editor in charge of guidelines at the CMI, Professor Mical Paul: paulm@post.tau.ac.il.

High-quality images of pathogens should be of special interest, have an informative title and be accompanied by no more than 250 words and 1 reference.

Letters
Letters will be considered for publication if they contain constructive criticism on articles published within the previous 3 months, the authors of which will be given the right of reply. Letters must specify the title and authors of the article they are writing about. Items of topical interest, including case reports presenting a significant advance in therapy or highlighting substantial scientific advances in understanding the mechanism(s) of the disease process, will also be considered under this heading. Letters should not exceed 800 words; have no more than 5 references and only 1 figure or table.

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This journal has an embargo period of 12 months.

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