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.

Please see http://mc.manuscriptcentral.com/cmi for submission instructions. Manuscripts must be submitted via the account of the Corresponding Author. Please enter author names in full, following the conventional use of capitalization (do not use either all lower case or all upper case). Correct and individual e-mail addresses must be entered for all authors (do not enter the corresponding author's address for co-authors; this will delay the review process until all co-authors addresses are furnished). Please upload manuscripts as Word documents rather than pdf files.

In case of difficulty, please contact ScholarOne. For security reasons, the Editorial Office is unable to provide passwords.

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; ORION for outbreak reports and interventional, non-randomized studies of nosocomial infections; and ARRIVE for animal studies. 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

We accept the submission of original articles in any format. However, we encourage authors to provide a structured abstract (see below) and a text shorter than 2500 words which will be of help to the editors in the decision process before sending the article for peer-review. When accepted, we will ask the article to be formatted according to the CMI Guide for Authors (please see below).

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.

For guidance on observational studies please see 'Observational studies examining patient management in infectious diseases':

https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(16)30129-X/fulltext

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 300 words with the following sections: Background; Objectives; Data sources; Study eligibility criteria; Participants; Interventions; Methods; Results; Conclusions. These reviews are limited to 3500 words.

Narrative review
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, their search strategy 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; Objectives; Sources; Content; Implications (maximum 300 words in length and maximum 60 references.).

CMI publishes "How to" 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 Leibovic: 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). The reviews are accompanied by an Editorial written by the editor of the theme issue. For the Editorial's format, please see the instructions for Commentary.

Commentary
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: 1400 words or less, maximum 10 references.

Commentaries 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.
**Guidelines**

We publish the guidelines of the European Society of Clinical Microbiology and Infection (ESCMID). These guidelines are peer reviewed. In special cases we will consider the publication of other guidelines and position papers, if they fit the purpose of the journal and the aims of ESCMID. Our guide for reporting guidelines and position papers can be found here: https://www.elsevier.com/__data/promis_misc/CMI_Template_for_reporting_guidelines_and_position_papers.docx. Please also see our Editorial on conflict of interest in guidelines: http://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(15)00864-2/fulltext.

In addition to GRADE we require a separate risk of bias appraisal of the individual studies and explanation of the GRADE classifications based on the GRADE items.

Please also see the ESCMID EOPs for guidelines:

https://www.escmid.org/membership_organization/about_escmid/operating_procedures/eops_for_medical_guidelines/

Guidelines will be appraised using the AGREE-II tool.

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@technion.ac.il.

**Picture of a microorganism**

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.

Letters should begin 'To the Editor'. Letters 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. Letters should have no more than 6 authors.

**BEFORE YOU BEGIN**

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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

**Human and animal rights**

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In some countries observational studies do not require patients’ consent; and in some, research done in anonymized databases does not require the approval of an ethics committee. If this is the case with your research, please say so in the Methods section. Please see specific points on ethical considerations in research published in the CMI: http://dx.doi.org/10.1016/j.cmi.2016.08.006.
**Experimental studies in animals**

CMI has formulated its policy and the type of studies that are within its scope: https://www.clinicalmicrobiologyandinfection.com/article/S1198-743X(19)30162-4/fulltext.

The EU Directive 2010/63/EU should be complied with. CMI encourages authors to submit their preclinical experimental animal work applying the standards on reporting, and to upload a completed ARRIVE checklist: https://www.nc3rs.org.uk/sites/default/files/documents/Guidelines/NC3Rs%20ARRIVE%20Guidelines%20Checklist%20(fillable).pdf with their manuscript. CMI invites authors to submit with the checklist a 3R supplementary document: https://www.nc3rs.org.uk/the-3rs, justifying the use of animals for their study and how the 3Rs were addressed.

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All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted. At the end of the text before the references please include a paragraph detailing the authors' contributions. Please use the CRediT taxonomy (Brand A, Allen L, Altman M, Hlava M, Scott J (2015) Beyond authorship: Attribution, contribution, collaboration, and credit. Learn Publ 28:151?155. https://onlinelibrary.wiley.com/doi/epdf/10.1087/20150211). Terms can be added according to context.

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Revised submissions are handled directly by the Editor-in-Chief or an Associate Editor and should be resubmitted within 6 weeks. The intent is a short-term process of revision; however, some submissions may require several revisions. Although unusual, a submission may be declined after revision if the response to suggestions and requests is deemed incomplete or inadequate.

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**PREPARATION**

**Manuscript requirements**

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All submissions in all manuscript categories must include a title page indicating the intended category, the title, the full names and institutional affiliations of each author, and a complete postal address, email address, and international telephone and fax numbers for the single Corresponding Author (telephone and fax numbers will not be published).

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Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site.
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Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by 'et al.'

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