CMI editorial report 2012

C. Yelnik[1], V. Emmans[2] and D. Raoult[3]

1) *CMI Editorial Office, Marseille, France,* 2) *Wiley-Blackwell, Oxford, UK and* 3) *Unité de Recherche sur les Maladies Infectieuses et Tropicales Emergentes, URMITE UMR CNRS 6236 IRD 198, Université de la Méditerranée, Faculté de Médecine, Marseille, France*

E-mail: cmi.raoult@gmail.com

The year 2011 was a satisfactory editorial year for CMI. Regarding the composition of the editorial board, several changes were made in order to suit better the evolution observed within the submissions to the journal. Virology is now much reinforced with three experts in virology: Guido Antonelli, Tatjana Avšič-Zupanc, and Laurent Kaiser. A new Associate Editor, Emmanuel Bottieau, from Antwerp in Belgium, was also recently hired to manage submissions in tropical and parasitic diseases, a growing discipline within CMI's publication scope. The Scientific Committee has also expanded its themes, in order to best assess the various subjects submitted to CMI, and several new experts joined the Scientific Committee (Murat Akova, Carl-Erik Nord and Jesus Rodriguez-Baño for Infectious Diseases, Nick Day and Nick White for Tropical Diseases, Christian Drosten for Virology, and Elizabeth Nagy for Bacteriology). In terms of publications, thematic coverage has consequently evolved (Table 1; Fig. 1). The works that the journal was initially receiving were mostly focused on bacteriology, physiopathology, and resistance to antibiotics. We now also receive significant proportions of manuscripts in clinical virology and in mycology, and we are receiving an increasing number of submissions regarding tropical and travel diseases. Through this evolution, CMI reflects better the fields of action of the ESCMID, which owns the publication.

The Journal's Editorial Structure

Each print issue of the journal includes a themed section. These are organized by a guest editor, and cover key topics. These consist of three to five invited reviews on the chosen topic, an editorial, and related covers. Table 2 presents all thematic sections published in 2011.

These themed sections are also intended to highlight the fields and topics that we wish to publish on. It is thus noticeable that we recently focused on virology, tropical medicine, and parasitology. Three themed sections published in 2011 on tropical diseases, associated with the recruitment of an Associate Editor and three members of the Scientific Committee, should notably point out to the researchers focusing on these areas that we are very open to tropical and travel diseases.

Submissions

The proportion of manuscripts submitted as original articles or as research notes (separated from invited reviews and editorials) is permanently increasing. Also, these manuscripts come from a large variety of countries (Table 3); this shows that the journal is sought by many authors in various countries, even though all countries' acceptance rates are not currently equivalent. As compared with 2010, it is interesting to note that several countries have managed to publish for the first time in CMI, such as Romania, Burkina Faso, and Kuwait (see Table 3, in bold). This clearly indicates the will of the journal to be open to the world, including emerging countries. It is also interesting to note that China and Taiwan are, respectively, the third and the fifth countries to submit to CMI. Some articles can involve cultural and organizational difficulties besides their high scientific quality. This has led several times to the journal making efforts to help articles reach a structure more consistent with the community's standards.

Online Publications and Backlog Management

The number of submitted papers is increasing; therefore, the number of quality papers that we want to publish is also increasing. This led us to rethink the size and shape of the journal. In 2010 and 2011, the number of articles in print increased significantly (Table 4). This happened because there were too many articles waiting to be published (backlog). We thus decided to clear this backlog of articles by provisionally increasing the size of the journal. However, in order to keep both the journal's volume and the delays before publication reasonable, we have to maintain a backlog of a maximum two issues worth of articles (approximately 50). Therefore, along with a higher rejection rate (Table 5;

TABLE 1. Evolution of topics covered by CMI between 2010 and 2011 (publication ratios)

	Ratio 2010 (%)	Ratio 2011 (%)
Bacteriology	42.4	34.4
Epidemiology	14.4	10.1
Infectious Diseases	17.7	21.2
Mycology	10.3	7.7
Virology	15.2	19.3
Tropical and Parasitic Diseases	0.0	7.4

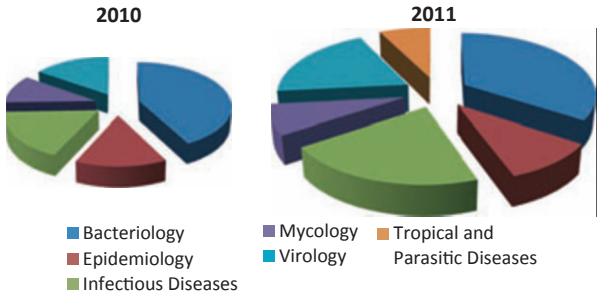

FIG. 1. The evolution of CMI's thematic coverage between 2010 and 2011.

TABLE 2. Theme sections published in CMI in 2011

CMI 2011 themed sections		
Issue	**Guest editor**	**Topic**
January	N. Petrosillo	Pulmonary vascular disease and infection
February	J. M. Pawlotsky	Hepatitis C virus: from discovery to eradication in 40 years?
March	G. Pappas	Of mice and men: defining, categorizing and understanding the significance of zoonotic infections
April	S. Cutler	Spirochaetes: past lessons to future directions
May	G. Lina	Present and future automation in bacteriology
June	M. Drancourt	Tuberculosis: an unpredictable long-standing human companion still in need of rapid diagnostic tests
July	P. Parola	Neglected and emerging diseases in sub-Saharan Africa
August	P. Tassios	Correlation between genetic resistance and clinical effect of antibiotics
September	G. Greub	Infection and pregnancy
October	P. Bastien	Recent trends in leishmaniases
November	M. Paul	Control of malaria
December	G. Antonelli	Viral infections following monoclonal antibodies

Fig. 2), the adopted solution was to publish in print the reviews and the original articles only, and to systematically publish only online the research notes and the original articles having a justified oversize (exceeding 2500 words). The online publications have the same citation rates and the same accessibility; therefore, the authors are not penalized. This new policy was implemented from August 2011.

Infection Hot Topics

We thought that it was important to appeal for feedback and reactions, from the editorial staff or from guests, on urgent topics that seem particularly interesting, and to publish these quickly. This selection was immediately very successful, as the second most downloaded paper was a very early Infection Hot Topic [1] (Table 6).

TABLE 3. Submissions and acceptance rates by country in 2011

	Number of submissions	Number of accepted manuscripts	Acceptance ratio (%)
Spain	130	25	19.23
France	98	27	27.55
China	82	8	9.76
Italy	77	20	25.97
Taiwan	61	5	8.20
The Netherlands	58	18	31.03
USA	52	8	15.38
India	41	8	19.51
Germany	39	9	23.08
Greece	33	11	33.33
UK	33	7	21.21
Brazil	30	1	3.33
Turkey	29	1	3.45
Switzerland	27	8	29.63
Portugal	22	3	13.64
Japan	21	4	19.05
Iran, Islamic Republic of	20	0	0.00
Sweden	20	3	15.00
Korea, Republic of	18	0	0.00
Denmark	17	6	35.29
Austria	16	2	12.50
Belgium	16	2	12.50
Australia	13	5	38.46
Poland	11	2	18.18
Finland	10	4	40.00
Hong Kong	10	2	20.00
Israel	10	2	20.00
Argentina	9	2	22.22
Canada	9	1	11.11
Norway	8	2	25.00
Thailand	8	4	50.00
Egypt	7	0	0.00
Singapore	7	1	14.29
Romania	**6**	**2**	**33.33**
Slovenia	6	1	16.67
Croatia	5	0	0.00
Kuwait	**5**	**1**	**20.00**
Hungary	4	1	25.00
Mexico	4	0	0.00
Saudi Arabia	4	0	0.00
Tunisia	4	0	0.00
Belarus	3	0	0.00
Ireland	3	0	0.00
Malaysia	3	0	0.00
Pakistan	3	0	0.00
Russian Federation	3	0	0.00
Czech Republic	2	0	0.00
Ethiopia	2	0	0.00
French Guiana	2	1	50.00
Iceland	2	2	100.00
Latvia	2	0	0.00
Lebanon	2	0	0.00
South Africa	2	1	50.00
Ukraine	2	0	0.00
United Arab Emirates	2	1	50.00
Bulgaria	1	0	0.00
Burkina Faso	**1**	**1**	**100.00**
Chile	1	0	0.00
Colombia	1	0	0.00
Cuba	1	0	0.00
Kenya	1	0	0.00
Luxembourg	1	1	100.00
Morocco	1	0	0.00
New Zealand	1	0	0.00
Peru	1	0	0.00
Senegal	1	1	100.00
Serbia	1	0	0.00
Sri Lanka	1	0	0.00
Total	**1126**	**214**	

TABLE 4. Year-by-year production summary

Year	Volume(s)	No. of issues	No. of pages	No. of articles	Average number of days from receipt at Wiley-Blackwell to: Online publication	Print publication
2012	1	12	1200	228	91[a]	112[a]
2011	1	12	1912[b]	349[b]	159[c]	170[c]
2010	1	12	1798[b]	319[b]	101	217
2009	1	12	1194	200	82	90
2008	1	12	1200	206	58	66
2007	1	12	1244	232	80	88
2006	1	12	1266	242	83	91

[a]Prediction based on current workflow.
[b]Increase due to clearance of backlog.
[c]Detailed in Fig. 4—CMI production workflow 2011.

TABLE 5. Acceptance and rejection rates for original articles and research notes: evolution since 2008

	Decisioned	Accepted	Acceptance rate (%)	Rejected	Rejection rate (%)
2008	826	240	29.0	586	71.0
2009	779	208	26.7	571	73.3
2010	995	239	24.0	756	76.0
2011	1138	214	18.8	924	81.2

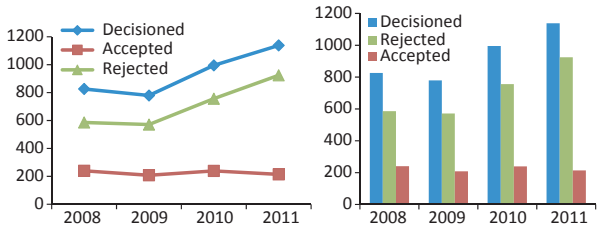

FIG. 2. Acceptance and rejection rates for original articles and research notes: evolution since 2008.

The Position of the Journal within International Competition

CMI's position within the international competition is improving. Its impact factor and its Eigenfactor are progressing in the fields of both infectious diseases and clinical microbiology (Fig. 3). According to these two criteria, CMI appears to be within the best journals of infectious diseases and of microbiology. Although these parameters must be interpreted with prudence, these are signs of good health for the journal.

Future Evolution and Perspectives

For the next 2 years, we want to keep the journal at its current size, in order to assess its real impact in the scientific community. The journal will continue to have a themed section per issue, as well as around ten original articles, on top of which research notes and longer articles will be available online. Also, the journal publishes supplementary issues (Table 7) that reflect congresses organized by the ESCMID (ECCMID), or conferences sponsored by partners; these supplements also enjoy a relatively large number of citations. The supplementary issues have been managed by the Editorial Board since 2010. Table 5 lists the supplementary issues that were published in 2011.

TABLE 6. Most downloaded articles in 2011

Author(s)	Article title	Article Type	Volume	Full text access	Ref.
Falagas and Kasiskou	Mesh-related infections after hernia repair surgery	Review	11	4912	[2]
Rolain *et al.*	New Delhi metallo-β-lactamase (NDM-1): towards a new pandemia?	Infection Hot Topic	16	4047	[1]
Magiorakos *et al.*	Multidrug-resistant, extensively drug-resistant and pandrug-resistant bacteria: an international expert proposal for interim standard definitions for acquired resistance	Original Article	18	3954	[3]
Hill *et al.*	*Toxoplasma gondii*: transmission, diagnosis and prevention	Update	8	3063	[4]
Woo *et al.*	Then and now: use of 16S rDNA gene sequencing for bacterial identification and discovery of novel bacteria in clinical microbiology laboratories	Review	14	3008	[5]
Leclercq *et al.*	EUCAST expert rules in antimicrobial susceptibility testing	Review	EV	2803	[6]
Cunha	The diagnostic significance of relative bradycardia in infectious disease	Review	6	2783	[7]
Mackay	Real-time PCR in the microbiology laboratory	Review	10	2283	[8]
Deurenberg *et al.*	The molecular evolution of methicillin-resistant *Staphylococcus aureus*	Review	13	2189	[9]
Poirel and Nordmann	Carbapenem resistance in *Acinetobacter baumannii*: mechanisms and epidemiology	Review	12	1508	[10]

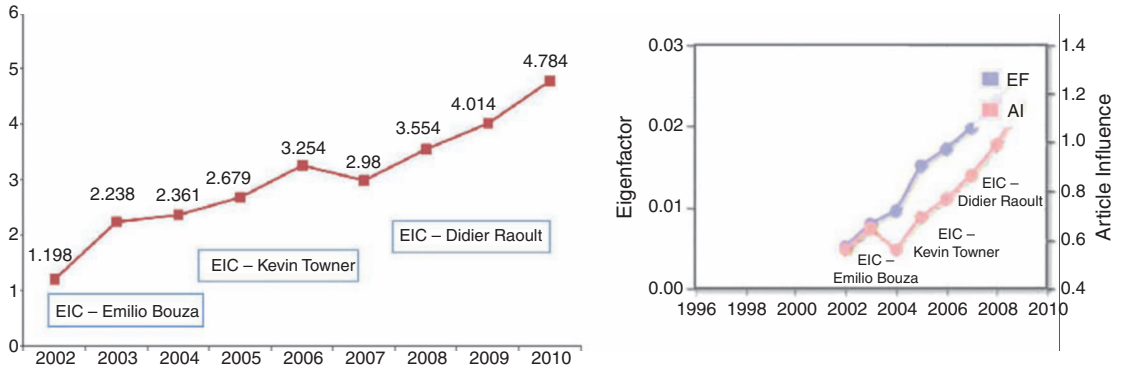

FIG. 3. Kinetics of the evolution of CMI impact factor and Eigenfactor over 9 years, indicating the term of office of the past and present CMI Editors-in-Chief.

TABLE 7. CMI supplementary issues published in 2011

Author	Topic	Issue	Online date	Print	Sponsor	Ref.
Mayr *et al.*	Anidulafungin for the treatment of invasive candidiasis	17s1 pp. 1–12	20 January 2011	March 2011	Pfizer	[11]
Ruiz-Camps *et al.*	Guidelines for the Prevention of Invasive Mould Disease by Filamentous Fungi by the Spanish Society of Infectious Diseases and Clinical Microbiology	17s2 pp. 1–24	8 March 2011	April 2011	ESCMID	[12]
Vernet *et al.*	Laboratory-based diagnosis of pneumococcal pneumonia: state of the art and unmet needs	17s3 pp. 1–13	4 April 2011	May 2011	Fondation Mérieux	[13]
	Abstracts of the 21st ECCMID/27th ICC, Milan, Italy, 7–10 May 2011	17s4 pp. S1–S895	4 May 2011	May 2011	ESCMID	[14]
Kullberg *et al.*	European expert opinion on the management of invasive candidiasis in adults	17s5 pp. 1–12	28 August 2011	September 2011	Pfizer International Operations	[15]
Woodhead *et al.*	Guidelines for the management of adult lower respiratory tract infections	17s6 pp. E1–E59 (short version) Full and short versions available online	26 September 2011	November 2011	ESCMID	[16]
Huovinen *et al.*	Guidelines for management of acute sore throat	In press			ESCMID	[17]

TABLE 8. Most cited papers published in 2010

Rank	Author	Title	Type	Month	Vol (Issue)	Times cited	Ref.
1	Miriagou *et al.*	Acquired carbapenemases in Gram-negative bacterial pathogens: detection and surveillance issues	Review	February	16(2)	52	[18]
2	Carmeli *et al.*	Controlling the spread of carbapenemase-producing Gram-negatives: therapeutic approach and infection control	Review	February	16(2)	35	[19]
3	Allerberger *et al.*	Listeriosis: a resurgent foodborne infection	Review	January	16(1)	20	[20]
4	Yang *et al.*	Body site colonization in patients with community-associated methicillin-resistant *Staphylococcus aureus* and other types of *S. aureus* skin infections	Original Article	May	16(5)	17	[21]
5	Wallet *et al.*	Preliminary clinical study using a multiplex real-time PCR test for the detection of bacterial and fungal DNA directly in blood	Original Article	June	16(6)	16	[22]
6	Casalegno *et al.*	Rhinoviruses delayed the circulation of the pandemic influenza A (H1N1) 2009 virus in France	Original Article	April	16(4)	13	[23]
7	Duchamp *et al.*	Pandemic A(H1N1)2009 influenza virus detection by real time RT-PCR: is viral quantification useful?	Original Article	April	16(4)	13	[24]
8	Weese	*Clostridium difficile* in food—innocent bystander or serious threat?	Review	January	16(1)	12	[25]
9	Linares *et al.*	Changes in antimicrobial resistance, serotypes and genotypes in *Streptococcus pneumoniae* over a 30-year period	Review	May	16(5)	12	[26]
10	Doi *et al.*	Extended-spectrum and CMY-type β-lactamase-producing *Escherichia coli* in clinical samples and retail meat from Pittsburgh, USA and Seville, Spain	Original Article	January	16(1)	11	[27]

TABLE 9. Most cited papers published in 2009

Rank	Author	Title	Type	Month	Vol (Issue)	Times cited	Ref.
1	Brown *et al.*	The Panton–Valentine leukocidin vaccine protects mice against lung and skin infections caused by *Staphylococcus aureus* USA300	Original Article	February	15(2)	47	[28]
2	Westh *et al.*	Multiplex real-time PCR and blood culture for identification of bloodstream pathogens in patients with suspected sepsis	Original Article	June	15(6)	41	[29]
3	Crobach *et al.*	European Society of Clinical Microbiology and Infectious Diseases (ESCMID): data review and recommendations for diagnosing *Clostridium difficile* infection	Review	December	15(12)	38	[30]
4	Kopterides *et al.*	Statins for sepsis: a critical and updated review	Review	April	15(4)	30	[31]
5	Nagy *et al.*	Species identification of clinical isolates of *Bacteroides* by matrix-assisted laser desorption ionization time-of-flight mass spectrometry	Original Article	August	15(8)	30	[32]
6	Greub	*Parachlamydia acanthamoebae*, an emerging agent of pneumonia	Review	January	15(1)	29	[33]
7	Leclercq	Epidemiological and resistance issues in multidrug-resistant staphylococci and enterococci	Review	March	15(3)	25	[34]
8	Worlitzsch *et al.*	Antibiotic-resistant obligate anaerobes during exacerbations of cystic fibrosis patients	Original Article	May	15(5)	25	[35]
9	De Valk *et al.*	Interlaboratory reproducibility of a microsatellite-based typing assay for *Aspergillus fumigatus* through the use of allelic ladders: proof of concept	Original Article	February	15(2)	21	[36]
10	Lee *et al.*	Enzyme-linked immunospot assay for interferon-gamma in the diagnosis of tuberculous pleurisy	Original Article	February	15(2)	21	[37]

TABLE 10. Most cited papers published in 2008

Rank	Author	Title	Type	Month	Vol (Issue)	Times cited	Ref.
1	Canton *et al.*	Prevalence and spread of extended-spectrum β-lactamase-producing *Enterobacteriaceae* in Europe	Original Article	January	14(s1)	104	[38]
2	Rossolini *et al.*	The spread of CTX-M-type extended-spectrum β-lactamases	Original Article	January	14(s1)	73	[39]
3	Wulf *et al.*	Prevalence of methicillin-resistant *Staphylococcus aureus* among veterinarians: an international study	Original Article	January	14(1)	63	[40]
4	Rodriguez-Tudela *et al.*	EUCAST Definitive Document EDef 7.1: method for the determination of broth dilution MICs of antifungal agents for fermentative yeasts	Original Article	April	14(4)	61	[41]
5	Richardson and Lass-Florl	Changing epidemiology of systemic fungal infections	Review	May	14(s4)	59	[42]
6	Hawkey *et al.*	Prevalence and clonality of extended-spectrum β-lactamases in Asia	Original Article	January	14(s1)	58	[43]
7	Vonberg *et al.*	Infection control measures to limit the spread of *Clostridium difficile*	Review	May	14(s5)	53	[44]
8	Wulf and Voss	Methicillin-resistant *Staphylococcus aureus* in livestock animals—an epidemic waiting to happen?	Editorial	June	14(6)	52	[45]
9	Woo *et al.*	Then and now: use of 16S rDNA gene sequencing for bacterial identification and discovery of novel bacteria in clinical microbiology laboratories	Review	October	14(10)	46	[5]
10	Bush	Prevalence of *Staphylococcus aureus* carrying Panton–Valentine leukocidin genes among isolates from hospitalized patients in China	Original Article	April	14(4)	42	[46]

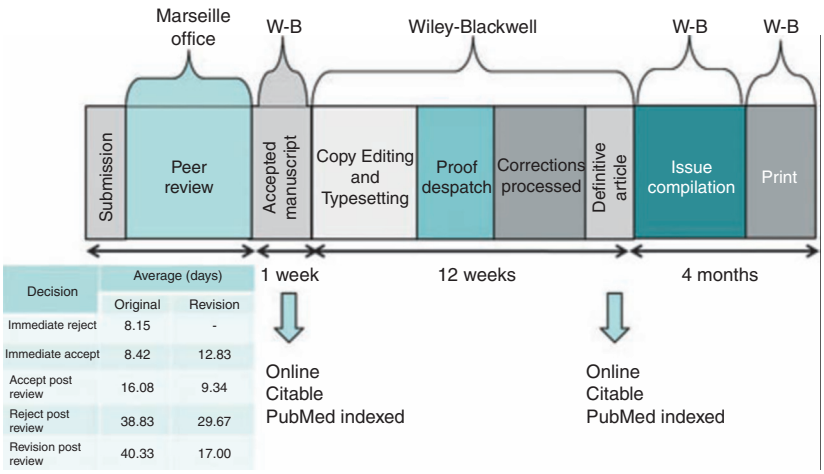

FIG. 4. CMI production workflow 2011.

TABLE 11. Evolution of the processing time for the treatment of manuscripts since 2009

Average number of days between submission and decision	2009	2010	2011
Immediate rejection	17	11	9
Decision after peer review (acceptance, revision, rejection)	63	44	31
Average processing time	40	27	20

The Journal's Top Cited Articles

The top cited papers (Tables 8–10) show that resistance to antibiotics continues to play a key role in the number of citations of the journal. However, other elements are beginning to emerge, and show the expanding audience of CMI. Concurrently, we have observed a significant increase in online usage of the journal. Indeed, the number of full text downloads has reached 615 822 in 2011, compared to 384 900 in 2010 and 260 685 in 2009.

Workflow—Evolution Since 2009

The current processing time for the treatment of manuscripts has continued to improve since 2009 (Table 11). In 2011, this averaged 20 days; on average 9 days for the immediate rejection, and 31 days for a decision of acceptance, revision or rejection after peer-review, which at present appears reasonable. The average time between final acceptance and the first online publication is 1 week for the version edited by the author, and 12 weeks for the version proofread by the publisher. The article is then published within 4 months in print, for articles for which print publication applies (Fig. 4). The aim remains for the print version to be available within 3–4 months after final acceptance. After an average processing time of 4.6 months between acceptance and final publication over the last 4 years, this objective is currently being achieved.

Conclusion

The ambition of CMI is to reflect the academic activities of the ESCMID, and more generally of the world of infectious diseases and clinical microbiology, as well as to attract the best publications and reviews within the field. The number of submissions is increasing significantly, as is their quality, and one notable fact is the emergence of several countries contributing papers of high scientific quality. The aim is to provide a both fast and fair peer-review process in order to quickly spread the research results of the scientific community.

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