



Guidelines for abstract review and selection

General information

ESCAIDE 2026 will take place on 18–20 November 2026 as a hybrid event in Stockholm and online. The standard abstract call is open from 14 April to 18 May, with the review period running from 21 May to 5 June. A late breaker call will run from 9 to 23 September.

The ESCAIDE programme is designed to showcase high-quality, relevant scientific work in infectious disease epidemiology, public health microbiology, and related fields. To achieve this, all submitted abstracts undergo a rigorous, independent peer-review process, in which three experts evaluate its scientific quality and public health relevance.

Reviewers play a key role in recommending abstracts for inclusion in the programme, with final decisions made by the ESCAIDE Scientific Committee. When evaluating submissions, please consider how well each abstract aligns with the [conference's objectives](#): sharing scientific knowledge and advancing the field of infectious disease public health.

By providing clear, constructive, and actionable feedback, you help authors refine their current work and better understand how to improve their presentation (if accepted) or strengthen future submissions according to the review criteria. This approach promotes fairness and consistency across all abstracts, regardless of their focus or methods, and ultimately elevates the quality of the ESCAIDE programme.

Review process

Sign up to become a reviewer:

To review abstracts, reviewers must have been invited by the organisers and accept the invitation by registering in the ESCAIDE abstract management platform (hosted by Ex Ordo). This invitation, and all notifications regarding the review process, will be sent from notifications@exordo.com. Please add this address to your list of safe senders, or check your spam and quarantined emails. Once logged in the platform, you are required to choose the topics (Disease Groups and Public Health Functions) that best fit your expertise, which will help in allocating abstracts to you. **Please select as many topics as apply to you.** Abstracts can be allocated to you only once you have chosen your topics.

NOTE: Users with dual roles (author and reviewer) will be shown both in the same profile on the abstract management platform. More information is available once you log in to the platform, as well as here: [Knowledge Base - Support Documentation for Ex Ordo](#).

Review abstracts:

Each abstract is reviewed by three reviewers with scientific expertise aligned to the abstract submission tracks. The evaluation criteria and guiding questions are outlined in **Table 1** and are intended to support a consistent, fair and constructive assessment process.

Please assess whether each criterion applies to the abstract and assign a score from 0 to 3, based on how well the abstract addresses the guiding questions. All criteria are equally weighted. **If you assign a score of 0 to any of the criteria, you should recommend to reject that abstract, by selecting "Reject" in the Acceptance field.**

Reviewer expertise and judgement are crucial for recognising research that is both significant and impactful. Abstracts submitted to ESCAIDE cover a wide range of topics, methodologies and potential public health impacts. For this reason, the evaluation framework in **Table 1** should be applied with flexibility. This ensures that each submission is reviewed fairly and constructively, with careful consideration of its specific context and purpose.

Decline a review:

If you consider that you don't have the right expertise to review a specific abstract, you can decline to review that abstract. If you choose to decline, you can indicate the reason for which you declined (and optionally can suggest a better suited reviewer).

Table 1. Evaluation criteria for reviewing an abstract

<p>Evaluation criteria for reviewing an abstract</p> <p><i>0=Poor, 1=Fair, 2=Good, 3=Excellent</i></p>
<p>Background: Rationale of the study (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • <i>Does the study rationale cover the underlying public health issue(s)?</i> • <i>Is key existing knowledge presented to set the stage for the study?</i> • <i>Are the objective(s) of the study stated clearly?</i>
<p>Methods: Appropriateness of methods (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • <i>Are critical terms and definitions clearly explained?</i> • <i>Are the methods appropriate for the study?</i> • <i>Are the methods described sufficiently?</i>
<p>Results: Presentation and analysis of the results (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • <i>Are the results summarised adequately?</i> • <i>Is the data analysis (descriptive as well as statistical) or the applied model appropriate?</i> • <i>Are the data or the outcomes of the applied mathematical model sufficient and presented in a way that allows the reader to reach a conclusion?</i>
<p>Conclusion: Interpretations of results and conclusions (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • <i>Are the conclusions justified, based on the results presented?</i> • <i>Do the conclusions answer the issue and objectives stated in the rationale and background?</i> • <i>Are the results and their interpretation discussed in the context of existing scientific knowledge?</i>
<p>Action: Recommended intervention and estimation of public health impact (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • <i>Are specific public health actions recommended or reported as undertaken?</i> • <i>Are the actions/recommendations/control measures practical and derived directly from the results presented?</i> • <i>Does the study provide clear evidence of its potential or actual public health impact?</i>
<p>Overall clarity of the abstract (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • <i>Are appropriate and simple terms used to describe the methods and discuss the results?</i> • <i>Is the writing clear and concise?</i> • <i>Is there a logical sequence and cohesiveness among all abstract sections?</i>
<p>Public health significance (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • <i>Does the study, in both its topic and its results, have a clear application to improving public health, and is this application obvious to the reader, without the need for complex explanation or extrapolation?</i> • <i>Is the study sufficiently sound (including clarity and strength of results) to serve as a basis for taking public health action?</i> • <i>Do the data solve an immediate problem, or build on existing knowledge (rather than simply repeat what is already known)?</i>

Comments to authors:

Please provide comments for each abstract, regardless of the score you assign. Feedback is a crucial part of the review process and greatly benefits authors by helping them understand how to improve their work. Comments should be clear, specific, and constructive. Where possible, highlight strengths, identify weaknesses, and suggest concrete areas for improvement or further development. Your comments are

strongly recommended, especially for abstracts that you have chosen to reject, and are essential to support authors and uphold the scientific quality of the ESCAIDE programme.

Additionally, you can leave comments for the attention of the Scientific Committee.

Final decisions:

Reviewers are asked to recommend the most suitable presentation format for each accepted abstract, either oral or poster. However, due to the limited number of oral presentation slots, some abstracts may be accepted as posters even if most reviewers recommended an oral format. This may occur when an abstract does not meet the scoring threshold required for oral presentation.

In the abstract management platform, you may find the final decisions of acceptance (as an oral presentation in a Fireside session, or as poster presentation in a Poster Tour) or rejection referred to as: 1 = Accept as Oral, 2 = Accept as Poster and 3 = Reject. Please note that these numbers are not the same as the scores given by reviewers on each criterion.

Edits to reviews:

If you would like to save your progress and return to your review later, click “Save & Close”. You can continue to make edits to reviews until the end of the review period (5 June). More information is available here:

[Saving a draft version of my review](#)

Once you have completed your review, click on “Complete Review” followed by “Close Review” to submit it. After this, you will not be able to edit your review further.

Authors’ declaration of originality:

ESCAIDE abstracts should present original work that is recent and not yet in the public domain or presented at other conferences. Although abstracts based on previously published or multiple-conference submissions are discouraged, exceptions may be made if the work carries significant public health relevance. The decision to accept such abstracts is left at the discretion of the reviewers and the Scientific Committee, with priority given to original content of high public health importance. If an abstract includes material that has already been published or presented, this must be clearly disclosed by the authors, and this information will be visible to you as a reviewer. Please take it into account when assessing the abstract’s relevance and contribution.

Considerations on diversity, equity, and inclusion:

Reviewers are encouraged to consider whether the abstract appropriately addresses sex and/or gender, in line with the [Sex and Gender Equity in Research - SAGER – guidelines](#). Where relevant, assess whether sex (a biological attribute) and gender (influenced by social and cultural factors) have been correctly distinguished and integrated into the study design, data collection, analysis and interpretation. If applicable, data should be disaggregated by sex and/or gender, and any differences should be analysed and discussed.

You are also encouraged to consider whether the research approach demonstrates inclusiveness across disciplines, geographical settings, cultures, and ethnicities, where relevant. These aspects may not apply to every abstract, and there is no specific criterion to assess them, but they should be recognised and valued in your overall assessment when present.

Selection process

The ESCAIDE Scientific Committee oversees the abstract review process to ensure that the selected abstracts meet high scientific standards. As there is a limit to the number of abstracts that can be included in the conference programme, a threshold is set for acceptance. This threshold is primarily determined by the programme’s capacity (meaning how many abstracts can be accommodated), while also taking into account the overall quality and range of submissions.

To make the selection process fair and transparent, the Scientific Committee follows a clear decision-making process, shown in **Table 2**.

Table 2. Abstract review and selection process

Steps	Rationale for decision
1. Reviewer triplet	Three reviewers evaluate and score each abstract, and assign a decision of either oral presentation, poster presentation, or rejection. The majority decision is the final decision (e.g. 2 reviewers accept as oral = oral, 2 rejections = rejection).
2. Author's preference	If the author has requested a poster presentation, this request will be respected, and the abstract cannot be considered for oral presentation.
3. Threshold for inclusion	The conference programme capacity can only accept a certain number of abstracts. The average of the reviewer scores will be used to rank all accepted abstracts, and the highest scoring abstracts with a consensus decision of 'oral' will be accepted as oral presentations. The remaining abstracts above the capacity threshold will be awarded poster presentations. All other abstracts will be excluded from the conference.
4. Scoring	If the reviewers have divergent opinions (e.g. 1 reviewer accepts as an oral, 1 as a poster, and 1 rejects), scoring will be used to guide selection based on the threshold for inclusion. The Scientific Committee will provide further review and final selection, as shown in Step 5.
5. Scientific Committee final decision	The Scientific Committee oversees the process to verify fairness and will provide further review in cases where the selection algorithm could not be applied, or where further judgement and a final decision is needed. For example, where there is divergence of reviewers' decisions and scores on a specific abstract (within-reviewer variance); divergence of scores between different reviewers that could result in a biased selection of certain topics/abstracts (between-reviewer variance); incomplete triplet reviews resulting in uncertain scoring and acceptance decision; and where an additional and definitive review is needed.
6. Communication of results	Once the process is completed, the final decisions are communicated by e-mail to the corresponding author and presenting author (if different). The decisions are also visible in the abstract management platform.

Table 3 shows the algorithm used to determine the outcome of each abstract based on the programme capacity. The example uses the following thresholds: abstracts scoring 16 or above are considered for oral presentation, those scoring 13 to 15 are accepted as poster presentations, and abstracts scoring below 13 are rejected.

Table 3. Abstract selection algorithm based on programme capacity

Abstract	Author preference	Reviewer Preference and Scores (O=Oral, P=Poster, R=Reject)					Final Decision	Comment
		1	2	3	Average score	Majority Consensus		
A	Oral	(O)20	(P)15	(O)16	17.0	Oral	Oral	Review consensus = Oral (Step 1)
B	Oral	(P)14	(O)16	(O)15	15.0	Oral	Poster	Review consensus = Oral. However, the score is below inclusion threshold for orals = Poster (Steps 1 & 3)
C	Poster	(O)19	(O)19	(O)16	18.0	Oral	Poster	Review consensus = Oral, and score is above inclusion threshold. However, author preference is for a poster = Poster. (Step 2)
D	Oral	(O)19	(P)19	(R)13	17.0	None	Pending	No consensus, but 2/3 reviewers (majority) suggest acceptance. Preliminary decision based on scores = Oral. However, a final review by the Scientific Committee is needed. (Steps 3 & 4)

Abstract	Author preference	Reviewer Preference and Scores (O=Oral, P=Poster, R=Reject)					Final Decision	Comment
		1	2	3	Average score	Majority Consensus		
E	Oral	(O)16	(P)16	(O)15	15.7	Oral	Poster	Review consensus = Oral but the score is below the oral capacity threshold, so the abstract is allocated to posters. (Step 4)
F	Oral	(O)18	(R)4	(P)16	12.7	None	Pending	See Example D: Divergent score pending review and final decision by the Scientific Committee. (Steps 3 & 4)
G	Oral	(R)16	(P)14	(R)12	14.0	Reject	Reject	Review consensus to reject = Reject (Step 1)

Contact details

You can find all information about the conference on our website: www.escaide.eu. For any questions you might have, please contact the ESCAIDE organisers at escaide.conference@ecdc.europa.eu.