



Guidelines for abstract review and selection

General information

The ESCAIDE conference is committed to showcasing high-quality and relevant scientific work in infectious disease epidemiology, public health microbiology, and related fields. This is achieved through a rigorous independent peer review process, evaluating each submission for its scientific quality and public health relevance. The dedicated ESCAIDE reviewers are instrumental in the selection of abstracts, under the oversight of the ESCAIDE Scientific Committee.

Reviewers assess submissions for their alignment with the conference's goals to share scientific knowledge and contribute to the advancement of the field. Given the wide range of topics, methodologies, and potential impacts of submissions, reviewers are advised to use *Table 1*'s evaluation framework in a flexible manner. This approach allows for the diverse nature of abstracts to be fairly and constructively assessed, taking into account each submission's unique context and aims.

The expertise and judgment of our reviewers are key in identifying the most significant and relevant research. Constructive, actionable feedback is crucial, enabling thoughtful application of the evaluation criteria. This process guarantees that every abstract is evaluated equitably, regardless of its particular focus.

[About the Conference \(escaide.eu\)](https://escaide.eu) | [ESCAIDE Scientific Committee](#)

Review process

Login to the ESCAIDE abstract management system as a reviewer

To review an abstract, you must have been invited by the organisers and be registered in the ESCAIDE abstract management system as a reviewer. Once you log in, you will see the abstracts allocated to you.

Review abstracts

Each abstract is reviewed by three independent scientific experts, with expertise matched to the submission track (disease group and health function). Reviewers assess whether each criterion applies to the abstract. Each criterion can be scored with a minimum total of 0 and a maximum total of 3 points, depending on how well the guiding questions apply to the abstract. All criteria are evenly weighted, and a 0 score on any criterion leads to an automatic decision of 'reject'. *Table 1* shows the evaluation criteria that reviewers use to score each abstract, along with some guiding questions that should be considered for each criterion.

Comments to authors

Regardless of the score given to the abstract, providing feedback on the abstracts you are assigned is crucial to help the authors improve their work. Comments can point out strengths and weaknesses in the study, highlight areas for improvement, and suggest potential avenues for further research. This feedback is essential for the authors to enhance their study's quality and to make it more impactful for the ESCAIDE audience.

Final decisions

Reviewers should recommend whether a study should be presented as an 'Oral' or 'Poster' presentation based on the most suitable format. However, due to limited 'Oral' presentation spots, some abstracts may be accepted as 'Posters' even if most reviewers suggested an 'oral' presentation. This applies to abstracts that score below the threshold for an 'Oral' presentation.

Table 1 Evaluation criteria for reviewing an abstract

Evaluation criteria for reviewing an abstract
<p>1. Background: Rationale of the study (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • Does the study rationale cover the underlying public health issue(s)? • Is key existing knowledge presented to set the stage for the study? • Are the objective(s) of the study stated clearly?
<p>2. Methods: Appropriateness of methods (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • Are critical terms and definitions clearly explained? • Are the methods appropriate for the study? • Are the methods described sufficiently?
<p>3. Results: Presentation and analysis of the results (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • Are the results summarised adequately? • Is the data analysis (descriptive as well as statistical) or the applied model appropriate? • 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?
<p>4. Conclusion: Conclusions and interpretations of results (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • Are the conclusions justified, based on the results presented? • Do the conclusions answer the issue and objectives stated in the rationale and background? • Are the results and their interpretation discussed in the context of existing scientific knowledge?
<p>5. Action: Recommended intervention and estimation of public health impact (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • Are specific public health actions recommended or reported as undertaken? • Are the actions/recommendations/control measures practical and derived directly from the results presented? • Does the study provide clear evidence of its potential or actual public health impact?
<p>6. Overall clarity of the abstract (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • Are appropriate and simple terms used to describe the methods and discuss the results? • Is the writing clear and concise? • Is there a logical sequence and cohesiveness among all abstract sections?
<p>7. Public health significance (0, 1, 2 or 3)</p> <ul style="list-style-type: none"> • 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? • Is the study sufficiently sound (including clarity and strength of results) to serve as a basis for taking public health action? • Do the data solve an immediate problem, or build on existing knowledge (rather than simply repeat what is already known)?

Authors' declaration of originality

As a principle, ESCAIDE abstracts should contain original material from recent work that is not yet in the public domain or has not been presented at other conferences. Abstracts of published work are discouraged, as is the submission of the same abstract to multiple conferences. However, there may be cases where an abstract with previously published or presented work can still provide value to the ESCAIDE audience due to its public health significance. Whether to accept such an abstract is left at the discretion of the reviewers and Scientific Committee, and priority will be given to original content of high public health significance. If the abstract contains previously published or presented material, the author must disclose this information in the 'Declaration of originality' field and include a link to the publication if applicable.

Authors' disclosure of the use of Generative AI tools

Given the rise of the use of Generative AI tools in scientific research and writing, and in order to ensure transparency and maintain the integrity of submissions, we are asking abstract authors to disclose any use of such tools in the production of their abstract, and to take full responsibility for the content of their abstract. This information will not be disclosed to the reviewers, but will be available to the Scientific Committee, who reserves the right to exclude any abstract that is based on research conducted or generated *solely* by AI tools.

Selection process

The review process is overseen by the ESCAIDE Scientific Committee. The Committee ensures that the criteria applied to select abstracts enhance the overall scientific quality of the conference by setting a limit of abstracts (*or threshold for inclusion*) that can be accepted into the conference programme. This threshold is decided by the Scientific Committee based on the overall quality and range of topics, but is ultimately determined by the Conference programme capacity. To ensure a fair and transparent abstract review and selection, a well-defined decision process is applied, as shown in *Table 2*.

Table 2. Abstract review and selection processes

Steps	Rationale for decision
1. Reviewer triplet	Three reviewers will 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 mean 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 cannot 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 allocation decisions for the abstracts are collated and the submitting author of each abstract (and presenter, where applicable) is informed of the final decision via e-mail.

Table 3 illustrates the algorithm applied to each abstract to determine its selection based on the programme capacity, using an example based on a threshold for oral presentations of 16 and above, for posters the threshold is 13-15, and for rejected below 13.

Table 3 2. Abstract selection algorithm based on programme capacity

Abstract	Author preference	Reviewer Preference and Scores (O=Oral, P=Poster, R=Reject)					Majority Consensus	Final Decision	Comment
		1	2	3	Mean				
A	Oral	(O)20	(P)15	(O)16	17	Oral	Oral	Review consensus = Oral (Step 1)	
B	Oral	(P)14	(O)16	(O)15	15	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	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	None	Pending	No consensus, but 2/3 reviewers (majority) indicate acceptance. Preliminary decision based on scores = Oral. However, a final review by the Scientific Committee is needed. (Steps 3 & 4)	
E	Oral	(O)16	(P)16	(O)15	15,7	Oral	Poster	Review consensus = Oral but the score is below the 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	Reject	Reject	Review consensus to reject = Reject (Step 1)	