Editorials

Note from the editors: A busy and eventful year has passed

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Last year was a busy time for us: a new influenza virus emerged and the Middle East Respiratory Syndrome coronavirus (MERS-CoV) spread further, poliovirus was identified in sewage in Israel and human cases of polio occurred in Syria. While we followed these events, the number of submissions to Eurosurveillance increased further, we implemented an electronic submission system and watched closely new developments in scientific publishing and the debate about the quality of open access journals.

In terms of infectious diseases, much international focus in 2013 was on viral diseases. One example is the avian influenza A(H7N9) virus that crossed the species barrier and since its detection in early 2013, had infected a total of 137 patients including 45 fatalities as of October 2013 [1]. Another example is the MERS-CoV. Cases had already emerged in 2012 but numbers rose considerably in 2013, reaching 176 cases including 74 fatalities as of 31 December 2013 [2]. While sustained human-to-human transmission has not been documented for these two viruses to date, both have created much interest among experts because of the severity of the disease, high case fatality rates, and the possible pandemic potential of the H7N9 influenza virus [3]. This interest is reflected in several hundreds of peer-reviewed publications indexed in Medline and Scopus already by the end of 2013; however, many questions remain unanswered.

Eurosurveillance has contributed to the wealth of growing evidence about influenza A(H7N9) and MERS-CoV with 13 and eight timely articles, respectively. The first article presenting the genetic analysis of the novel avian A(H7N9) influenza viruses and discussing its pandemic potential [3] was published on 11 April together with an editorial [4], shortly after the Chinese authorities had notified the occurrence of the new virus to the World Health Organization [5,6]. Two timely papers on MERS-CoV provided evidence about the infection of camels in the affected region with a MERS-like CoV [7,8] and indications that camels could play a role in the transmission of the disease. Conclusive evidence for this is, however, still missing.

From a European perspective, is also worth highlighting the occurrence in several European countries and in a similar time period, of hepatitis A cases that belonged to different multinational outbreaks caused by different strains of the virus. Investigations using traditional and molecular epidemiological methods including trace-back did not only identify berries as a new vehicle for hepatitis A virus infections but also led to highly relevant practical prevention messages and measures. These investigations were facilitated by the European Centre for Disease Prevention and Control (ECDC) and the European Food Safety Authority, and Eurosurveillance covered the outbreaks in several rapid communications from some of the affected countries [9-12].

Two special issues in 2013 highlighted the leishmaniasis situation in Europe and the molecular epidemiology of human pathogens – current use and future prospects.

The number of submissions to Eurosurveillance has increased further compared with previous years: overall in 2013, we received 872 papers, of which 257 were rapid communications, 589 regular articles, and 26 included editorials, letters and meeting reports. We accepted and published on average one of two submitted rapid communications that were within the scope of the journal and one of eight submitted regular articles. The total number of items published amounted to 249, of which 85 were rapid communications, 117 regular articles and 47 others (editorials, letters and news items). We received submissions from some 60 different countries including many non-European countries; among those, submissions from China (n=65) dominated by far. We had to reject many papers from countries outside Europe even if they were of good quality, because they did not fall into our main geographical focus on infectious disease surveillance, prevention and control with public health relevance in Europe.

Selecting papers carefully to avoid double publication and pick out the most interesting ones among the many submissions on both topics has been a challenge. We are grateful for the continued guidance and support,
often on short notice, we receive from our associate editors, editorial advisors as well as many of our colleagues at ECDC and expert friends who we are unable to name individually here. We were also greatly aided by some 500 often enthusiastic reviewers who dedicate their time and energy to providing us with helpful comments. To acknowledge their work, a list with their names is published in this issue [13]. We would also like to express our thanks to our readers and contributors for their interest in the journal and confidence in us. Last but not least, the editorial team would like to thank our publisher, ECDC, and its Director for granting us editorial freedom, trusting us, and providing sustained financial and logistic support to the journal.

The electronic submission system, set up to improve our workflows and transparency, seems to work well for authors and reviewers and we feel it has proved helpful. Although the automated workflows put us at a slightly greater distance from authors and reviewers, we continue to enjoy a close personal interaction with all those involved throughout the process. In addition, we have since mid-2013 been submitting document identifiers (DOIs) for our articles to CrossRef to provide better services for our audiences. The planned development of our website is still in progress, and the work on technical improvements of the site will continue in 2014.

The widely accepted metrics for scientific journals that were released in mid-2013 have confirmed the placement of Eurosurveillance among the top 10 journals in its category [14]. We strive to remain attractive for our audience also in 2014, through publication of timely relevant papers on infectious disease events that require public health action in Europe and beyond. The rapid communications and timely provision of information will remain a particular feature of the journal in 2014. At the same time, we will attempt to shorten the turnaround time for regular papers. To tie in with recent events, a special issue focussing on poliomyelitis is in preparation. As in the past, we look forward to the collaboration of our supporters to help us reach our goals and jointly contribute our part towards prevention and control of infectious diseases.

References