

ESPID Clinical Practice Guidelines - Instructions for Authors

The ESPID Committee for Guidelines (CfG) will consider both:

- *New proposals* for guideline development
- *Completed* (but unpublished) guidelines.

Peer review and final acceptance for endorsement by the Society and publication in the *Pediatric Infectious Disease Journal (PIDJ)* will be overseen by the CfG.

Guidelines should be led by ESPID members, and it is preferable, though not essential, for the author team to include members from different institutions and countries.

Manuscripts that meet the criteria below should be submitted to the CfG via email at admin@espid.org with the subject line: "Guideline for CfG consideration".

Following initial approval by the CfG, the manuscript should then be submitted via the [PIDJ submission platform](#) for peer review. A CfG member will serve as the subeditor during the review process and will select appropriate ESPID reviewers.

ESPID Clinical Practice Guidelines should include:

- **Defined target population:** Specification of the patient population and setting to which the guideline applies.
- **Transparent methodology** for guideline development, including details of literature searches and evidence selection.
- **Research questions:** Formulation of 10-20 research questions using the PICO format, divided into sections, such as Diagnostics, Management, Infection control.
- **Evaluation of evidence:** Description of how the evidence was assessed for risk of bias, including tools used, and the method for evaluating the quality of evidence (e.g. GRADE).

Guideline Structure

ESPID Clinical Practice Guidelines should consist of two components:

A. Full Guideline

- Background narrative review
- Structured abstract
- Maximum 3,000 words; up to 5 tables or figures
- Main body should follow a Q&A format based on 10-20 research questions divided into sections, such as diagnostics, management and infection control
- A GRADE (or similar) system for reporting level of evidence in management section.

B. Summary Guideline with Flowchart

- A concise, reader-friendly summary presented as a standalone flowchart
- Maximum 1,500 words; brevity and use of bullet points encouraged
- This summary will be made available online on the ESPID website
- May be included in the Full Guideline as an Appendix.

Guidelines will be updated every 3 years. If new authors are assigned to update the guideline, the original authors should be acknowledged.