## Smart working and tele-conferences during the lockdown caused by COVID-19 bring new editorial guidelines

At the time of writing, the COVID-19 pandemic is assuming a distinct shape in different countries as do healthcare systems around the world. Some countries resisted to the tsunami and are now re-opening their industrial and commercial activities while re-organizing to face a possible new wave. Others are still struggling not to be overwhelmed by the most significant public health challenge of the last century. In Italy, after a strict lockdown, almost all activities are re-opening, trying to navigate between Scylla (epidemics and its economic consequences) and Cariddi (economic recession and its adverse health effects) bearing in mind that there is collinearity between the circulation of money and spreading of the virus and that there is a serious risk of a vicious spiral which could affect the society. The prolonged lockdown deemed to prevent the spreading of the virus also reduced the circulation of money, and hence tax revenues, thus it will ultimately result in fewer finances available for social security and Public Health (3). The main political issue will then be the definition of a right point of equilibrium between risks and benefits, between action and precaution. As scientists, we are called to distinguish between what we know and what is unknown, between data and opinions, between facts and beliefs.

The COVID-19 pandemic could restore faith in science, and we already see an increased demand for articles dealing with biological, clinical, and epidemiological aspects of a new disease caused by a novel and sometimes deadly virus. Such a demand involves all sectors of society and is proportional to the gap of knowledge. In ours as in other scientific journals, there has been a wave of papers dealing with the novel disease. The pressure to publish additional information is strong and handling of all papers has to continue at an accelerated pace. The lockdown brought essential changes in our editorial process, almost completely managed from our homes or offices, relying on smart working and virtual meetings during lively teleconferences. Assisted by our reviewers, we felt the responsibility of ensuring a rigorous and fair review process in the shortest time. Although some editors and reviewers have been directly or indirectly touched by the pandemics, with less or no time available for scientific work, we tried to maintain an acceptable editorial flow, resisting the temptation to reject papers which could achieve an adequate standard only after extensive work equally distributed among authors, reviewers, and editors.

A timely decision has been essential to disseminate recent information and documents of the Italian Society of Occupational Medicine, such as the position on laboratory tests for COVID-19 (6) to the many colleagues lacking time to keep up with all the new data. Open access and open science are critical, especially in times of crisis. Therefore, we are grateful to our publisher, who granted us the permission to make accepted papers available online: this will speed up the scientific communication while leaving the possibility of fixing minor errors during galley correction before formal publication. This is a further step towards full open access, which will take place from the vol. 112 (2021).

In the first half of 2020, we observed the unprecedented growth of reports in scientific data-bases. In a few months, the number of articles dealing with 'COVID-19' recorded by PubMed were 31,765 on 15th July 2020, such an impressive figure growing to 45,565 one month later. The need for accelerated dissemination of discoveries also led to developing preprint servers, the most known for medical sciences being 'bioRxiv' and 'medRxiv'. Publishing preprint is becoming a popular way to speed up scientific communication, though some preprint repositories are already struggling to raise money, enabling them to stay afloat (4). Preprint repositories accept papers as submitted by authors, then relying on public or 'crowd-sourced' peer review. Such a "public" peer-review seems to be more democratic but sometimes is confusing, because opinions are not weighted by competence. We still rely on competent reviewers and maintain a double-blind review process.

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We welcome the submission of manuscripts which have previously appeared on a preprint server. We do, however, ask all submitting authors to make this clear in the covering letter at the time of submission. They must also know in this case, we should make an exception to the double-blind peer-review process. Another exception is represented by commissioned articles, which are reviewed in-house with a rapid and fair, but open peer review by editors, who aim at ensuring a standard quality of published work.

With the 4th issue of volume 111, the journal starts a period of transition towards the new features foreseen from the 1st issue of vol. 112 (Jan-Feb 2021) onwards:

- all citable articles (Editorials, Commentaries, Reviews, Original Articles, Communications, and Case reports) will be published in English, whereas the Italian language will still be acceptable for Letters, Educational articles, News, Obituaries, SIML Documents and Statements;
- references will no longer be numbered, and all authors will be listed according to the NLM format available from PubMed (https://pubmed.ncbi.nlm.nih.gov);
- we decided not to maintain the authorship declaration, but we encourage our authors to follow the COPE guidelines;
- the authors must also be aware that their papers undergo screening and legal checks, such as for plagiarism;
- results from observational studies (cohort, case-control, or cross-sectional designs) should be reported following the guidelines in the STROBE statement (2), whereas systematic reviews and meta-analyses should follow the PRISMA (5) or MOOSE (7) guidelines, and diagnostic tests should be reported according to STARD (1).

Finally, I am pleased to announce that we obtained a new JCR (Clarivate Analytics) Impact Factor (0.978) and a new Scopus Cite Score (1.111). These results are due to the joint endeavors of the past editor-in-chief and his editorial staff. Most of them are still involved with continuing commitment to improve the quality of our journal. We are grateful to our Authors for the increasing validity of their contribution, making it worth citing. Above all, we thank our reviewers for the time and effort spent to ensure the publication of reliable scientific information.

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## REFERENCES

- 1. Cohen JF, Korevaar DA, Altman DG, et al: STARD 2015 guidelines for reporting diagnostic accuracy studies: explanation and elaboration. BMJ Open 2016; 6: e012799. doi: 10.1136/bmjopen-2016-012799
- 2. Cuschieri S: The STROBE guidelines. Saudi J Anaesth. 2019; 13 (Suppl 1): S31-S34. doi:10.4103/sja.SJA\_543\_18
- 3. McKee M, Stuckler D: If the world fails to protect the economy, COVID-19 will damage health not just now but also in the future. Nat Med 2020; 26:640–642. https://doi.org/10.1038/s41591-020-0863-y
- 4. Mallapaty S: Popular preprint servers face closure because of money troubles. Nature 2020; 578: 349. doi:10.1038/d41586-020-00363-3
- 5. Shamseer L, Moher D, Clarke M, et al: Preferred reporting items for systematic review and meta-analysis protocols (PRI-SMA-P) 2015: elaboration and explanation. BMJ 2015; 350: g7647. doi: 10.1136/bmj.g7647. Erratum in: BMJ. 2016; 354: i4086
- 6. Società Italiana di Medicina del Lavoro. Esami di laboratorio per SARS-CoV-2 nella gestione in ambito occupazionale della pandemia COVID 19. Posizione della Società Italiana di Medicina del Lavoro. Med. Lav 2020; 111: 151-154. doi. org/10.23749/mdl.v111i2.9667
- 7. Stroup DF, Berlin JA, Morton SC, et al: Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group. JAMA. 2000; 283: 2008-12. doi: 10.1001/jama.283.15.2008