

ESCMID invitation to submit proposals for clinical practice guidelines projects

Background

The European Society of Clinical Microbiology and Infectious Diseases (ESCMID) is committed to developing new, timely clinical practice guidelines in the field of infectious diseases, clinical microbiology and infection control.

Setting priorities is an essential component of developing clinical practice guidelines in the field of healthcare. This process ensures that resources and attention are devoted to those areas in which clinical recommendations will provide the greatest benefit to patients, clinicians, and policy makers. Aiming at a global perspective, major ESCMID stakeholders have been invited in 2024 to identify the fields where clinical practice guidelines are more directly needed. ESCMID bodies (subcommittees, study groups) as well as external societies (Affiliated Societies, Institutions, Governmental Agencies), have proposed their top priorities in terms of topics for future guidelines. These results have been pooled by the ESCMID Guidelines Subcommittee, and the most relevant topics have been prioritized by the ESCMID Executive Committee. As a result, a 5-year pipeline for clinical practice guidelines to be developed by ESCMID has been published as white paper on [CMI](#).

Aim

The objective of this 2026 call is to invite interested parties to propose to undertake the development of full clinical practice guidelines in one of the priority topics, as listed below, on behalf of ESCMID. They will engage in following the best recognized standards to produce clinical practice guidelines, from the identification of objectives and health questions, search and selection of relevant evidence, to the formulation of recommendations.

Topics

Topics for guidelines are here intended as broad areas, where the applicant is expected to propose scope and focus, balancing feasibility and comprehensiveness. As an example within the broad topic “Fever in the returning traveller”, an appropriate scope and focus could be “Guidelines on antibiotic treatment in febrile diarrhoea among short-term international travelers. Another example within the broad topic “Vaccination in the immunocompromised host”, an appropriate scope and focus would be “Recommendations on vaccinations in solid organ transplant patients (both candidates to, and after transplantation)” or “Recommendations on vaccinations on haematological patients” or “Recommendations on anti-pneumococcal vaccinations among several immunocompromised patient groups”.

In this call, ESCMID will consider proposals in the following areas¹:

1. *Management of intravascular catheter infections*

Intravascular catheter-related infections still represent a significant source of morbidity, mortality, and healthcare expenditure. Despite advances in catheter materials, insertion techniques, and antimicrobial strategies, infection rates remain high, albeit at a variable rate across institutions, reflecting variable practices in prevention, diagnosis, and management. Management of intravascular catheter infections remains therefore an essential topic for patient safety in several patient populations, to reduce the risk of delayed diagnosis, suboptimal antimicrobial use, inappropriate catheter removal, and inconsistent application of preventive measures. We expect a comprehensive document addressing most of these issues, to propose valid European and global standards.

2. *MALDI-TOF and machine learning for AMR detection and bacterial typing*

The increasing prevalence of antimicrobial resistance (AMR) poses a significant global health challenge. Accurate and timely detection of AMR mechanisms and bacterial typing is critical for effective clinical management, infection control, and public health surveillance. Matrix-Assisted Laser Desorption/Ionization Time-of-Flight Mass Spectrometry (MALDI-TOF MS) and machine learning (ML) algorithms have emerged as transformative technologies in microbiology, offering rapid, cost-effective, and scalable solutions. However, their widespread adoption has been hindered by variability in methodologies, interpretation standards, and technological integration. Developing international guidelines is essential to address these challenges and harness the full potential of these technologies. Recommendations on the usage of these technologies in clinical settings are expected.

3. *Viral infections in immunocompromised patients*

Viral infections in immunocompromised patients are a cause of morbidity and mortality. The expanding population of immunocompromised patients, with a large variety of immunosuppressive drugs is now a challenge for decisions on diagnosis (including whom to test for which virus and in which situation, which body sites to test, and how to interpret the results), prevention (prophylaxis vs preemptive, for which immunocompromised population, with which drug, dosage, duration) and management (type of therapy, dosage, duration, considerations for refractory/resistant viral infections). Of note, vaccinations and vaccination strategies are not to be addressed, as ESCMID already has a pipeline of guidelines on vaccinations in immunocompromised patients.

4. *Infection prevention in *Candida auris* (acute and long-term care)*

¹ Scudeller L, Kostyanov T, Langendam M, Molina J, Nagavci B, Paul M, et al. The ESCMID 2025-2029 Pipeline of Clinical Practice Guidelines: planning ahead for a greater impact. *Clinical Microbiology and Infection* 2025.

Candida auris is a relatively new pathogen posing a critical threat in both acute and long-term care due to its high transmissibility, environmental persistence, and multidrug resistance, with important implications for patient safety. In fact, outbreaks are difficult to detect and contain, often leading to prolonged colonization, invasive infections, and increased mortality. Variability in screening, isolation, cleaning practices, and inter-facility information exchange further risk to increase transmission risks. We expect a comprehensive set of infection control recommendations addressing prevention, surveillance, and control strategies, rapid outbreak identification and response, and coordinated management across care settings. Recommendations on the clinical management of these infections is not expected.

5. *Guideline for the vaccination of healthcare workers against respiratory pathogens*

The vaccination of healthcare workers (HCWs) is a critical public health strategy for controlling the spread of infectious diseases within healthcare settings and beyond. Despite the availability of vaccines, there is substantial variation across Europe in vaccination policies especially against respiratory vaccine preventable infections (Influenza, COVID-19, RSV, Pertussis), coverage rates, and implementation strategies for HCWs. This disparity may lead to preventable outbreaks, workforce shortages, and increased risks to vulnerable patients. Healthcare workers are a high-risk group due to their close and frequent contact with infected individuals. Moreover, they can act as vectors for transmission of diseases like influenza, COVID-19, measles, and hepatitis B, posing a significant threat to public health and patient safety. In addition, HCW are endangered by infections gained in the hospital and vaccinations have the potential to reduce this threat as well as to reduce absenteeism from work due to these infections. The current vaccination recommendations for HCWs in the individual countries are not currently harmonized, and each has its own strengths and weaknesses. We aim at issuing an overarching guideline leveraging ESCMID expertise, which might then serve as a uniform foundation for subsequent country-specific recommendations.

Eligibility

This call is open to ESCMID study groups and individual ESCMID members. Individual ESCMID members should, whenever applicable, liaise with relevant ESCMID study groups to present joint proposals.

Proposals with other scientific societies are encouraged, and this information should be included in the application. In case the project is selected for funding, this will be granted conditional on a Memorandum of Understanding between the cooperating societies. A single member/study group will be allowed to submit only one proposal. **Proposals from non-ESCMID members will not be considered.**

Procedure

The procedure to select the proposals for the development of clinical practice guidelines will proceed as follow:

- 1) Applicants will complete the submission template, available [here](#), and submit it to the ESCMID Secretariat by email at guidancedocuments@escmid.org as a PDF file.
- 2) Proposals will be checked by the Secretariat to assess if the submission requirements are met.
- 3) Suitable proposals will subsequently be evaluated and scored by the ESCMID Guideline Director and the Guidelines Subcommittee, who will select the most suitable proposals (see below for quality criteria).
- 4) The ESCMID Executive Committee will give final approval to the selected proposals. Comments and proposed modifications will be sent back to the ESCMID Guidelines Director, who will liaise with the applicants.
- 5) The applicants of the selected proposals will be contacted for confirmation and for further steps. Selection of the remaining panel members will be carried out as described below. The applicants will be asked to sign an agreement with ESCMID, outlining the main responsibilities towards the Society, before being confirmed as Chairs.

The overall procedure, and any issues not covered in the present call, are detailed in the [ESCMID Manual for clinical practice guidelines and other guidance documents](#). By applying to the call, the applicant acknowledges having read such Manual and agrees to follow ESCMID procedures in case the project is selected for funding.

Key dates

Date	Steps
01/04/2026	Call for projects
29/05/2026	Deadline for project submission
Mid July 2026	Selection of accepted projects
01/09/2026	Call for additional panel members
10/10/2026	Deadline for application to be panel member
End November 2026	Final selection of panel members
By February 2027	Kick off meeting of the new projects (online)
ESCMID Global 2027	First F2F meeting

Guideline panel

The applicant for the proposal will serve as **panel chair**. The ideal size of the panel is 9-15 members from different (predominantly European) countries. The applicant will propose a third of the panel members (i.e. 3 to max 5), a third will be proposed by the guideline subcommittee and the EC, and a third will be selected by an open call in the following months.

The panel should include both specialists in the narrow field under discussion, and people with a wider perspective. The chair and the members of the panel should be drawn from membership of the Society whenever possible. It is strongly advised to include a representative of the patient population or of the lay public in the guideline panel.

Gender, country and, whenever applicable, clinical speciality balance should be ensured.

Experts will not be eligible to be part of the guideline panel if they are already members of the panel of more than another ESCMID guideline project.

ESCMID has a clear policy on Conflict of Interest (CoI) of guideline panel members. Please refer to the Guidelines manual for details. The panel chair shall have no current or recent (i.e. past 5 years) direct or indirect financial CoI. The panel as a whole shall include no more than 50% of members with direct or indirect financial CoI.

Please be aware that the panel members proposed by the chairs are not automatically included in the panel, should the proposal be accepted, but will need to be approved by ESCMID and changes may be requested, in case the above-mentioned principles and requirements are not respected.

It is highly recommended for panel members to complete the [ESCMID video-training](#) on principles of GRADE methodology, or the [INGUIDE course level 1](#) (costs for panel members can be reimbursed upon successful completion).

Conflict of Interest declarations

The ESCMID Conflict of Interest statement will be required from the applicant and the proposed panel members at the time of the submission of the proposal: <https://my.escmid.org/login>. The form should be sent as a pdf-file along with the application.

Interest is defined as any direct or indirect financial or nonfinancial interest besides the development of the guideline itself, i.e. to the purposes of the guidance document development represents a “secondary interest”. A Conflict of Interest arises when there is a risk that the

professional judgement of an author regarding the specific guidance document will be influenced by a secondary interest.

Conflicts of interest do not necessarily imply improper motivation or require immediate exclusion of a person from involvement in guidance document development, but since they can influence decision-making, all Conflicts of Interest should be declared, transparently reported, identified and properly managed in order to limit bias.

Conflicts of Interest will be assessed considering both the nature of the interest, the relevancy to the task at hand and the potential impact. Conflict of Interests considered to be at high risk may lead to the refusal of the proposal.

Submission template

Only proposals including a fully completed version of the **submission template** available [here](#), will be evaluated. Applicants are invited to check the list of ongoing ESCMID guidelines projects before submitting their proposal, in order to avoid overlapping.

The template includes all critical components of a clinical practice guideline, covering the items composing the Appraisal of Guidelines for REsearch & Evaluation (AGREE II)² instrument:

- Scope and Purpose
- Stakeholder Involvement
- Rigour of Development
- Clarity of Presentation
- Applicability
- Editorial Independence

In addition, the proposal should describe the following:

- Composition of the guidelines panel
- Availability to regularly re-assess the need for updates to the original guidelines
- Conflict of Interest declaration of the submitter
- Timeline for the guideline development process
- Required budget (see below for more details)

² Brouwers MC, et al; for the AGREE Next Steps Consortium. AGREE II: Advancing guideline development, reporting and evaluation in healthcare. CMAJ 2010;182:E839-842.
AGREE Next Steps Consortium (2017). The AGREE II Instrument [Electronic version]. Retrieved July 20th, 2019, from <http://www.agreetrust.org>.

ESCMID has adopted the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to guidelines development. Any deviation should be properly justified in the proposal.

The systematic review of the literature, data extraction and the drafting of the summary of findings tables will be made in cooperation with the ESCMID Evidence Review Group.

ESCMID support

Specific support will be provided by ESCMID in the guideline development process:

ESCMID support	Details
Methodological Guidance	Provided by ESCMID guideline methodologists experts in guideline development
Training	The INGUIDE basic module for guideline panellists is offered to ESCMID panel members; ongoing training by ESCMID methodologists throughout the project
Literature reviews	Systematic reviews of the literature and Evidence Profiles are performed by members of the Evidence Review Group, specifically trained
Literature searches	A network of expert medical librarians and Health Information Specialists collaborates with ESCMID
Software	GRADEpro Subscription costs are covered by ESCMID
Coordination	Coordination and administrative support is provided by the ESCMID Office and ESCMID Guidelines Subcommittee. Detailed procedures manual available on the ESCMID website
Publication	Open Access publication in Clinical Microbiology and Infection (CMI) is free of charge

If the submitted project foresees expenses not included in the above-mentioned support (e.g. purchases/subscriptions of software other than GRADEpro, compensation of a medical writer, etc.), please submit with your application a tentative budget for these extra expenses. The ESCMID Executive Committee will consider whether approving them, if the project is selected.

Criteria for proposal selection

Proposals will be assessed according to multiple criteria, including:

- Scope and purpose (clarity, precision, and accordance with the current call topics.
- Compliance to ESCMID requirements on the number of proposed panel members and of panel composition in terms of gender and country balance.
- Stakeholder involvement. This includes the list of proposed panel member with emphasis on expertise on the topic and previous experience in guideline development, proposed

scientific societies to invite and at which stage of the project, and consideration of patients' perspective.

- Rigor of the proposed development methods
- Clarity of presentation of the proposal
- Expected applicability
- Editorial independence (CoI declarations)
- Feasibility within timelines required by ESCMID