

The IJTLD – the story continues

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The latest journal impact factor (IF) has given the *Journal* a positive boost and we wanted to provide some historic context, while also updating readers on recent changes and our future plans. The *International Journal of Tuberculosis and Lung Disease (IJTLD)* is the flagship journal of the Union, and has played an important role in the fight against TB. Evolving from the former *Bulletin of the International Union Against Tuberculosis and Lung Disease (IUTLD)*, via *Tubercle and Lung Disease*, it became the *IJTLD* in 1997. The *Journal* has long been the leading global journal on TB for national TB programmes, and now covers all aspects of lung disease and lung health for international organisations and research groups. Our primary focus is on research with a clinical, programmatic and public health focus.

IMPROVING THE IMPACT FACTOR AND REDUCING THE RESPONSE TIME

The IF remains a key performance indicator for scientific journals. Simply put, it is a measure of the number of times authors cite recently published papers. Although the limitations of the IF are well recognised, it is used by many authors to guide where to submit their papers. We are therefore delighted that the recently released IF for the IJTLD has risen from 2.4 in 2021, to 3.4 in 2022. For context, the accompanying Figure highlights the IF for the IJTLD from 1998 to 2022. We believe that this is the first of many such increases and, although it is too early to make precise predictions, we can now forecast an IF significantly above 4.0 for next year. These increases are in line with our Editorial plans,^{1,2} which described a series of actions to improve the IF by focusing on the quality of articles published, while continuing to cover a broad range of topics. The content of the *Journal* has expanded accordingly, with a greater range of Editorials, Original Articles, Letters and Correspondence across the full spectrum of respiratory health. We welcome submissions on basic,

translational, clinical, epidemiological, and programmatic research relevant to The Union's mission to find healthcare solutions, including the development of vaccines, diagnostics, and medicines for prevention, care, and management of lung disease.

All of the milestones of the original Editorial plans^{1,2} have now been reached (i.e., more careful, selective evaluation of manuscripts, reduced time to first decision and improved overall management of the peer-review process), including a 40% reduction in the time to first response in 2021 compared to 2020. These achievements would not have been possible without the remarkable work done by the Associate Editors and Deputy Editors, combined with the strong support of our authors, readers and subscribers.

NEW ARTICLE FORMATS

The COVID-19 pandemic inspired us to adopt a rapid publication model for quick dissemination of new knowledge. This allows for rapid peer review and the publication of an online preprint within days of acceptance. We have also changed our approach to publishing Editorials, and now include articles that provide new insights into scientific issues, alongside those that highlight important articles within the issue.³⁻⁵ We also provide authors with the opportunity to publish Letters and Correspondence to improve the level of scientific debate across the spectrum of respiratory diseases.^{6,7} Similarly, we have continued to publish special supplements and articles series as open access collections, on varied topics such as the roll-out of bedaquiline,⁸ ethical dimensions to TB treatment⁹ and the economic costs of TB care.¹⁰ To allow us to quickly capture new scientific developments in an accessible way, we have also introduced a new 'Minireview' format. The first of these on undernutrition and TB¹¹ has been followed by an article on bronchiectasis.¹²

In conjunction with a large panel of international experts (representing the main societies, associations and community groups) we have launched the IJTLD Clinical Standards for Lung Health. Each article recommends a set of standards for diagnosis and care to guide healthcare providers and clinicians in achieving optimal management of a given disease. Launched in October 2021, the first of these described clinical standards for post-TB lung disease,¹³ with subsequent clinical standards for TB infection,¹⁴ dosing of TB drugs¹⁵ and the management of pulmonary TB.¹⁶ In 2021, a special session of the World Conference on Lung Health was devoted to the IJTLD Clinical Standards for Lung Health, and we are currently planning the next phase of commissioned articles. Over time, the IJTLD Clinical Standards for Lung Health will build as a collection coverage the spectrum of respiratory diseases.

RECENT CHANGES

At the end of 2021, we published an updated Editorial plan¹⁷ and revised our Editorial Board to ensure all relevant scientific areas and geographic regions are well represented. We continue to improve our response times and peer review processes, and have implemented a new monitoring system to provide real-time information on our progress.

We also wanted to briefly touch on *Public Health Action* (PHA). PHA launched in 2011, with Donald Enarson as Editor-in-Chief, who was passionate about the need for operational research.¹⁸ Sadly, Don is no longer with us,¹⁹ but his enthusiasm and influence remains central to our ethos. It is therefore timely and appropriate that we have recently improved the level of collaboration between the IJTLD and PHA, to ensure that all relevant operational research is published in an open access form for the wider community. The scope of PHA has also expanded to provide broad coverage of all relevant areas of the United Nations sustainable development goals (SDGs). Suitable topics include infection-related topics such as vaccines, infection prevention control,²⁰ disease outbreaks²¹ and antimicrobial resistance. Non-communicable diseases of public health importance include nutrition, the impact of climate change and planetary health.²² We believe Don would have been very supportive of these changes.

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Figure The impact factor for the IJTLD in recent years.

