

Impact

Lippincott Williams & Wilkins (LWW) publishes the journal Sexually Transmitted Diseases owned by the American Sexually Transmitted Diseases Association. As the current president of the Association I was invited to the annual LWW Journals Symposium held last month in Philadelphia. This was a great opportunity to learn more about the journal from a publisher's perspective and also meet with colleagues representing over 100 medical journals that are (a small) part of the LWW portfolio.

As in so many other conferences and meetings these days, there was a lot of talk about impact. For a journal, impact can be defined and measured at different levels, including the contribution it makes to the publisher's bottom line. On a more scientific level, the impact of a journal has traditionally been determined by its citation index, i.e. the ratio of the total number of citations a journal receives and the number of citable items published by the journal during a given time frame; usually 2 years.

For STD the impact factor was 2.7 in 2013 (up from 2.5 in 2012). In the category of infectious disease journals, this earns us a 32nd position after the likes of Lancet Infectious Diseases (#1 with a score of 19.4), Clinical Infectious Diseases (CID #2, 9.4), AIDS (#4, 6.5), Journal of Infectious Diseases (JID #5, 5.7), and also our European competitor Sexually Transmitted Infections (STI #27, 3.0). Not an Olympic qualifying score, to be sure.

The problem with the impact factor is that it is limited to giving an indication about the standing of the journal in academic circles. However, the impact on the real world of STD prevention is less clear. For example, an article may have great impact on people who influence policy and practice, but they are not typically the ones who write papers in the peer-reviewed literature where they would cite the manuscript that led them to develop a policy or change a guideline. Thus, we should be looking for other metrics to give us a more rounded view of a journal's impact. One way of doing this is to look at online page views and downloads and these types of metrics are entering the main stream.

In the STD field we have yet another way of looking at this. Maybe there is no hard evidence for this, but I don't think that anyone would argue with me that one of the most impactful publications in our field is the CDC STD Treatment Guidelines document. Based on extensive literature review and consensus meetings by a large panel of STD experts, the CDC publishes these guidelines every 4 years. The 2014 guidelines are likely to be published by year's end and an electronic copy has been released for public input recently ([available at this link](#)). The PDF weighs in at a hefty 270 pages, including 55 pages of references. Everyone in our field should read the guidelines cover to cover at least once. But let me focus here on the references. Why? Well, the guidelines are evidence-based and all the evidence that is used to compile the Guidelines is found in the references. Thus one could argue that the impact of the Guidelines is primarily determined by the work that is done by the

authors of those articles. Second, I had a preconceived idea where this little analysis would lead me.

The first thing that you find is the incredible scope of the reference material; I counted 194 different sources; the majority of them journal articles, but also conference abstracts, CDC and WHO reports, the Cochrane database, expert panel proceedings, etc. The reference list really is a testimony to the diligence, inquisitiveness, and thoroughness of the panel members. Few, if any stones were left unturned in providing the scientific base for the guidelines.

So, you might ask, what journal has the most citations? Answer: our venerable STD journal. And it is not even close. Of the 867 citations, 118 (13.6%) were from STD, followed by CID (65, 7.5%), STI (49, 5.6%), JID (39, 4.5%), and MMWR (36, 4.1%).

Don't know about you, but I like this list a lot better than the one based on impact factor.

Now you might argue that STD only publishes STD-related articles and thus has a numerical advantage. True. You might also say that articles published in high-impact journals (like JAMA or the New England Journal of Medicine) might have greater impact on the STD field. Also true. Nonetheless, without reading too much into this analysis, I would venture to say that the impact of the STD journal on establishing the STD Treatment Guidelines and thus on STD clinical and prevention practice is substantial and much greater than one might suspect from the official impact factor.

This is the incredibly rich legacy that the outgoing STD Editor-in-Chief, Dr. Julius Schachter leaves us and it represents a wonderful starting point for Dr. Bill Miller who will be taking over Dr. Schachter's role this coming January. I am very much looking forward to working with Bill in shaping the future of the journal. I am confident that he will assemble a stellar crew of editorial board members that will continue the high level of quality the journal has achieved. In addition, I hope that we all will continue to submit our best work to the journal. This will cement the journal's role in providing the science base for our clinical and prevention work in the future. And, who knows, it might also increase its *impact factor*.

Kees Rietmeijer

President,

American Sexually Transmitted Diseases Association