

8 September 2020

BRIEF19

A daily review of covid-19 research and policy.

RESEARCH BRIEFING

Publication rate and journal review time of covid-19 research papers.

The ups and downs of scientific publishing during the covid-19 pandemic has exposed the strengths and weaknesses of disseminating research. Previously on *Brief19* we covered the Surgisphere saga of implausible and likely fabricated covid-19 data that made it into some of the best medical journals, *The New England Journal of Medicine* and *The Lancet*. These papers were subsequently retracted. The question remains how peer review could fail to catch obviously problematic research even at the top journals. This observation provoked a few of us to explore one possible systematic problem with covid-19 publishing.

In our recent paper [published](#) in *Mayo Clinic Proceedings*, Michael Putman, Eric Ruderman, and I explored the growth and review time of covid-19 related manuscripts. We extracted bibliographic data from the NCBI section LitCovid. For published articles, the difference between the date of submission and the date of acceptance (“review time”) was explored.

Of the 2,427 journals in LitCovid, 53 percent listed bibliographic information. In the 1,294 journals included in the analysis, these journals published 7,798 covid-19 publications and 340,032 non-covid-19 publications. The average time to review an article was significantly fewer days for covid-19 related publications (11.3 days vs. 106.3 days, which clearly reached “statistical significance”).

Our paper reveals a few important themes. First, journal editors were able to quickly adapt early on in the pandemic and clearly prioritize and eliminate unnecessary administrative barriers to publishing covid-19 related research. Reviewers likewise provided fast (and free) peer review during uncertain and chaotic times. However, it is worrisome that the time from submission to acceptance of articles was on average only 11.3 days. (Ironically, our paper took over 60 days from submission to acceptance). While it is unknown how long is “long enough” for adequate peer-review, it is probable that 11.3 days is often not enough time to allow for adequate review-revisions-and subsequent review of content, methods, and statistics of articles that have the potential to impart profound real-time changes in patient care. While our article was limited to only half of journals in LitCovid and only provides a 30,000-foot view of the publishing landscape during the covid-19 pandemic, it might be said that quality over quantity of scientific research is needed during a pandemic.

—Joshua Niforatos, MD

POLICY BRIEFING

Draft published of proposed vaccine distribution plan.

The National Academies of Sciences, Engineering, and Medicine has just [closed](#) discussion on a draft plan for the equitable distribution of any future coronavirus vaccine. The committee that oversaw the production was assembled in July via a joint request from the National Institutes of Health (NIH) and United States Centers for Disease Control and Prevention (CDC) using lessons learned from the H1N1, Ebola, and covid-19 epidemics to create a framework for future decision-making. The four primary factors considered were risk of acquiring infection, risk of severe morbidity and mortality, risk of negative societal impact, and risk of transmitting the disease to others.

Using these principles, and during the initial period of vaccine production, when demand is certain to outpace supply, a four phase approach is recommended.

- Phase 1a: high-risk workers in healthcare facilities; first responders.
- Phase 1b: people of all ages with high-risk medical comorbidities; seniors living in congregate or overcrowded situations.
- Phase 2: critical risk (essential) workers; teachers and school staff; people of all ages with moderate-risk medical comorbidities; people in homeless shelters, group homes, or those with disabilities in recovery; incarcerated individuals and staff working in jails and prisons.
- Phase 3: young adults; children; essential workers not covered by Phase 1 or 2.
- Phase 4: anyone not previously covered.

A final draft is expected this fall with updated phase guidance, information about vaccine distribution, supply and demand, vaccine hesitancy education (i.e. addressing those among the public who are unsure about whether they wish to be vaccinated), risk communication, and global considerations. *The National Academies of Science, Engineering, and Medicine.*

—Joshua Lesko, MD

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Brief19 is a daily executive summary of covid-19-related medical research, news, and public policy. It was founded and created by frontline emergency medicine physicians with expertise in medical research critique, health policy, and public policy.