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DESCRIPTION

The *Journal of Hospital Infection* is the editorially independent scientific publication of the Healthcare Infection Society. The aim of the Journal is to publish high quality research and information relating to infection prevention and control that is relevant to an international audience.

The Journal welcomes submissions that relate to all aspects of infection prevention and control in healthcare settings. This includes submissions that:
- provide new insight into the epidemiology, surveillance, or prevention and control of healthcare-associated infections and antimicrobial resistance in healthcare settings;
- provide new insight into cleaning, disinfection and decontamination;
- provide new insight into the design of healthcare premises;
- describe novel aspects of outbreaks of infection;
- throw light on techniques for effective antimicrobial stewardship;
- describe novel techniques (laboratory-based or point of care) for the detection of infection or antimicrobial resistance in the healthcare setting, particularly if these can be used to facilitate infection prevention and control;
- improve understanding of the motivations of safe healthcare behaviour, or describe techniques for achieving behavioural and cultural change;
- improve understanding of the use of IT systems in infection surveillance and prevention and control.

We also welcome submissions that relate to national policies or guidelines, especially where the subject matter is of international relevance.

Although our readership is predominantly clinical, we are also pleased to receive basic science submissions that have clinical relevance.

The Journal’s open access companion title, *Infection Prevention in Practice*, welcomes a range of submissions providing practical information to healthcare professionals working in infection prevention and control.

IMPACT FACTOR

2021: 8.944 © Clarivate Analytics Journal Citation Reports 2022

ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

INTRODUCTION

About the journal
The Journal of Hospital Infection (JHI) is the editorially independent scientific publication of the Healthcare Infection Society (HIS). The aim of the Journal is to publish high quality research and information relating to infection prevention and control that is relevant to an international audience.

Scope of the journal
JHI welcomes submissions that relate to all aspects of infection prevention and control in healthcare settings. This includes submissions that:
- provide new insight into the epidemiology, surveillance, or prevention and control of healthcare-associated infections and antimicrobial resistance in healthcare settings;
- provide new insight into cleaning, disinfection and decontamination;
- provide new insight into the design of healthcare premises;
- describe novel aspects of outbreaks of infection;
- throw light on techniques for effective antimicrobial stewardship;
- describe novel techniques (laboratory-based or point of care) for the detection of infection or antimicrobial resistance in the healthcare setting, particularly if these can be used to facilitate infection prevention and control;
- improve understanding of the motivations of safe healthcare behaviour, or describe techniques for achieving behavioural and cultural change;
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We also welcome submissions that relate to national policies or guidelines, especially where the subject matter is of international relevance.

Although our readership is predominantly clinical, we are also pleased to receive basic science submissions that have clinical relevance.

Contact information and Queries
Authors may send queries to the Editorial Office.

Email: journals@his.org.uk
Tel.: +44 (0)207 125 0822

Article types
For further information regarding formatting articles for submission to the JHI, please refer to the 'Preparation' section below.

The JHI invites articles of the following types:

Reviews
We welcome both general reviews, that summarize the current understanding and research on a topic, and systematic reviews, that provide a thorough critical assessment of current evidence.

Although we encourage the submission of review articles, before you start work on a review, we do advise that you check with the editorial office that the topic of your review is suitable, and that a similar review has not already been commissioned by the Editorial Team.

Reviews are generally divided into the following sections:
- Summary
- Introduction
- Methods
- Results
- Discussion
- Conclusion
- Acknowledgements
- Conflict of interest statement
- Funding statement
- References

A combined Results and Discussion section may be appropriate, especially for general reviews.
General reviews. An unstructured Summary of up to 250 words is required. The word limit for the main text of the article (excluding the Summary and References) is 4000 words. Each figure and/or table counts as 200 words towards the total. The JHI also accepts electronic supplementary material to support and enhance your review.

Systematic reviews. Authors of systematic reviews and meta-analyses are encouraged to present these according to the PRISMA guidelines for systematic reviews and meta-analyses (http://www.prisma-statement.org). A structured summary of up to 250 words is required. There is no word limit for this article format. However, authors are encouraged to provide material that enhances, but is not essential in the main manuscript, as electronic supplementary material.

Original research articles
This is the usual format for publishing original research. Full length articles are divided into the following sections:
- Structured summary (250 words maximum)
- Introduction
- Methods
- Results
- Discussion
- Conclusions
- Acknowledgements
- Conflict of interest statement
- Funding statement
- References

The upper word limit for the main text of the article (excluding the Summary and References) is 4000 words. Each figure and/or table counts as 200 words towards the total. The JHI also accepts electronic supplementary material to support and enhance your scientific research.

If your original research article is under 2000 words, you may wish to consider a shorter, unstructured summary, and a separate conclusion section may not be required. A combined results and discussion section may also be more appropriate. Articles of this length should contain no more than two figures or tables (each counting as 200 words), and have a maximum of ten references.

National or society guidelines
We encourage authors to contact the office as soon as possible during guideline development to discuss a publishing strategy for their guidelines.

Letters to the editor
We welcome letters relating to, or responding to, recently published items in the journal. Where appropriate, these will be shown to the authors of the original article prior to publication, who will be invited to respond.

We also welcome correspondence relating to general observations about infection prevention and control practice. We will also consider publishing reports of good quality small research projects in the form of a letter, where the findings are of general interest.

Letters should contain up to 800 words of text and no more than eight references. One table or figure is permitted. Letters should not contain structural headings or a summary.

Practice points
These are short peer-reviewed articles that are intended for communication of research, audit or clinical experience (whether positive or negative) that would be of general interest but are not substantial enough for publication as either a short report or full paper. Previously reserved only for Gram-negative bloodstream infections and SARS-CoV-2 infections, the JHI is now opening the article type up to cover initial observations in all fields relating to infection prevention and control in healthcare settings.
Practice points are up to 800 words in length with no more than eight references. One table or figure is allowed. There should be no structured headings within the article. A separate summary, and keywords, are not required. An example of this article type is available here: http://www.sciencedirect.com/science/article/pii/S0195670117305911.

**Case report and outbreak reports**

We recommend that case reports and outbreak reports be submitted to the JHI's sister journal *Infection Prevention in Practice* (IPIP), which is an open access title. IPIP is fully indexed in PubMed and the Directory of Open Access Journals. The journal is competitively priced, and offers fee waivers or discounts for Healthcare Infection Society Members and authors from countries eligible for the Research4Life scheme.

**Editorial policy for authors**

**Ethics in publishing**

Please see our information on Ethics in publishing.

**Studies in humans and animals**

If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms *sex* and *gender* should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Research Council's Guide for the Care and Use of Laboratory Animals and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

**Informed consent and patient details**

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

**Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

**Submission declaration and verification**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where
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The JHI encourages you to share data that supports your research publication in an appropriate data repository, and enables you to interlink the data with your published articles. If you are sharing data, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project.

For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Reporting software
It is important that readers can replicate methodologies described by JHI and IPIP authors. We therefore ask that when authors have used open access software platforms, these are described appropriately within the Methods section of their work. This includes the website, software version and date accessed. These can be provided within brackets within the body of the text. If use of the software has been validated in a previous study, this should be referenced.

Preprint policy
This journal will consider for review articles which have been made available previously as preprints. Please note that preprints can be shared anywhere at any time, in line with Elsevier's sharing policy. Sharing your preprints e.g. on a preprint server will not count as prior publication (see 'Multiple, redundant or concurrent publication' for more information). Additionally, authors may post the submitted version of a manuscript to a preprint server at any time. Please update any pre-publication preprint versions with a link to the final published article.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

Contributors
Each author is required to declare their individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

The JHI requires a hand signed signature from every individual author listed confirming that they have read and agree to the final draft before submission. Signatures created on a computer cannot be accepted.
Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Changes to authorship
This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts:
Before the accepted manuscript is published in an online issue: Requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager. (The details of the Journal Manager will be supplied to the corresponding author once a paper has been accepted.) from the corresponding author of the accepted manuscript and must include: (a) the reason the name should be added or removed, or the author names rearranged and (b) written confirmation (e-mail, fax, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedure as described above. Note that: (1) Journal Managers will inform the Journal Editors of any such requests and (2) publication of the accepted manuscript in an online issue is suspended until authorship has been agreed.
After the accepted manuscript is published in an online issue: Any requests to add, delete, or rearrange author names in an article published in an online issue will follow the same policies as noted above and result in a corrigendum.

Reporting clinical trials
Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.

Registration of clinical trials
Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Open access
Please visit our Open Access page for more information.

Language (usage and editing services)
The language of the JHI is British English. Please adjust your spell checker if necessary. British spellings include diarrhoea, Haemophilus, haematology, paediatrics, leucocyte, leukaemia, bacteraemia, sulphonamides, aetiology. Please note the journal uses UK 'z' spelling (e.g., colonizes) and meticillin not methicillin.

Always write in plain English - many of our readers will not be native English speakers. Please be careful to use terminologies that will be understandable internationally, for example when describing the organisation of your hospital or healthcare system. Please be careful not to use jargon which will not be internationally understood.

Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop (https://webshop.elsevier.com/language-editing-services/language-editing/) or visit our customer support site (https://service.elsevier.com) for more information.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Please submit your article via http://jhi.edmgr.com

A mobile telephone number and e-mail address must be provided to aid processing of manuscripts.

PREPARATION
Peer review and editorial process
Your submission will be received by the Editorial office.

Papers that are submitted without all Author's hand signed signatures or with references or other features that do not comply with the instructions to authors will be returned to their authors and will not be considered for publication until they have been corrected and resubmitted.

You will receive an acknowledgement by email containing your unique reference number; which should be used in all further communications, once it is being considered for publication.

All newly submitted papers are first considered by the Editorial team.

Around half of all submissions are rejected at this stage. The main reasons for papers being rejected at this stage are that the subject material does not fall within the scope of the JHI, or the findings are not sufficiently novel to merit publication in an international journal. We aim to return a decision to the authors on these papers within 7 days, and will always provide a reason why we have rejected the paper.
The remaining papers are sent out for single blind peer review.

Accepted articles will be published online before appearing in the printed journal. These Pre-print online versions are citable by the digital object identifier (DOI).

*Use of word processing software*

It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](https://www.elsevier.com/locate/jhin)). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

*Article structure*

It is the author's responsibility to put the manuscript into the required format before submission. Papers submitted that do not comply with these instructions will be returned to the author and not considered for publication until they have been resubmitted.

*Text*

Depending on the article type the following headings must be used. You may also use subheadings to break up the text, but footnotes should be avoided. All pages of your manuscript should be numbered consecutively in the following order: title page, text, references, tables, figures, legends.

**Introduction**

Include a brief statement outlining the purpose and context of your paper but leave discussion for the Discussion section.

**Methods**

You can include preliminary results in the Methods section if necessary.

**Results**

This should be a statement of Results, without discussion of their significance or relationship to those of others. You can present this information in text or in figures or tables, but not both.

**Discussion**

Include any weaknesses or limitations of your study here but do not introduce any new results.

**Conclusions**

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

**Appendices**

If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

**Essential title page information**
You should show the article title, names of all authors (but not their degrees) and the name of the institution or department where the work was done, as well as the name, address, telephone and email address of the author to whom the proofs and correspondence should be sent if accepted. A running title not exceeding 40 characters and spaces should also be provided on the title page.

Structured summary

The summary should explain briefly what was done, what was observed and what was concluded. Please note that this is arguably the most important part of the entire paper and will be the first, and perhaps the only, part of your paper that is read. Summaries should be structured, with the following sub-headings: Background, Aim, Methods, Findings and Conclusion. Summaries must not exceed 250 words. MEDLINE/PubMed has a maximum limit of 250 words for published summaries; anything past 250 words is truncated resulting in the loss of the concluding portion of your summary.

Keywords

Please provide up to 6 keywords from your summary and list them immediately after the summary. You should use British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, ‘and’, ‘of’). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Abbreviations

Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.

Acknowledgements

You should acknowledge any help received in carrying out the work, including supply of bacterial strains, permission to study patients, phage or biotyping of strains, language or writing help. Acknowledgements should appear in a separate section before the references.

Numbers and measurements

Write out numbers one to nine unless they are measurements (e.g. 5 mL). Spell out numbers greater than 9 if they begin a sentence, or when clarity requires it. Numbers above and including 10,000 have a comma. A decimal point is preceded by a number or cypher, e.g. ‘0.5’. Decimal points in columns should be aligned vertically. Measurements may be expressed in SI or non-metric units. Use 10 mL/h rather than -1 or per. When referring to microbial concentrations use expressions such as ‘10x’, not ‘x log10’. When referring to changes in microbial concentration, use expressions such as ‘reduced by a factor of 10x’, not ‘reduced by x log10’; ‘a log10 reduction factor of x’ may also be used.

Bacterial nomenclature

Organisms should be referred to by their scientific names according to the binomial system. When first mentioned the name should be spelt in full and written in italics. Afterwards the genus should be abbreviated to its initial letter, e.g. ‘S. aureus’ not ‘Staph. aureus’. If abbreviation is likely to cause confusion or render the intended meaning unclear spell out the names of microbes in full. When the genus alone is used as a noun or adjective, use lower case roman not underlined, e.g.'organisms were staphylococci' and 'acinetobacter infection'. If the genus is specifically referred to, use italics, e.g. 'organisms of the genus Staphylococcus'. For genus in plural, use lower case roman e.g. 'salmonellae'; plurals may be anglicized e.g.'salmonellas'. For trivial names, use lower case roman e.g. 'meningococcus'.

Statistics
Include \( P \) values and confidence intervals where appropriate. The name and version of any statistical computer package should be written out in full.

**Drugs**

These should be referred to by their approved generic names. Do not use the proprietary name, as this may vary between countries.

**Date format**

Dates should be written in full with superscript "th", e.g. 20th September 2001. Otherwise, use European Date Format, i.e. 20/9/2001, not 9/20/2001.

**Footnotes**

Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

**Additional points to note**

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