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

2019: 3.271 © Clarivate Analytics Journal Citation Reports 2020

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;
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- 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: admin@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 and 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 review articles
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.

Full-length, 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 source and References.

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 scientific research.

Short reports
This format is ideal for reporting smaller original research studies. The format is the same as for a full length original research article, except that the Summary of up to 100 words should be unstructured, and a separate Conclusion section is not required. A combined Results and Discussion section may be appropriate.

The word limit for the main text of the article is 2000 words, with no more than two figures or tables (each counting as 200 words), and a maximum of ten references.

Commentaries
Commentaries are by invitation only. These are intended to provide background and context for published articles, and are usually written by an Editorial Board member or referee. The usual word limit is 700 words, and a maximum of 10 references. No tables or figures are allowed, and no summary or structural headings are required.

Editorials
Editorials are also by invitation only. These provide a broad overview of topics that are relevant to infection prevention and control, but are less detailed than a review article. Word and reference limits will be agreed with the Editor at the time of invitation. No tables or figures are allowed, and no summary or structural headings are required. Readers are welcome to submit suggestions for editorial subject matter to our office.

Opinions
Opinions are articles expressing an opinion on topical or contentious issues relating to infection prevention and control. The word limit is 700 words and a maximum of 10 references. No tables or figures are allowed, and no summary or structural headings are required. Opinion articles are sometimes invited, but readers are also welcome to submit unsolicited Opinions. We do however recommend that, before starting work, authors check with the editorial office that the subject of the Opinion is suitable.

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.

Letter 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.

Outbreak reports
We welcome these, but there should be something new about them to justify publication, e.g. caused by a novel organism, associated with a new source or identified or controlled using novel methods. Outbreaks may be reported as full length articles, short reports or letters; please note that the manuscript must be structured according to the requirements for the chosen article type.

Case reports
We recommend that case reports be submitted to JHI’s sister journal Infection Prevention in Practice, which is an open access title. JHI will continue to publish Practice Points articles (see below).

Gram-negative bloodstream infections
In many countries the incidence of these infections has increased substantially in recent years; prevention of these infections is a challenge to infection prevention and control practitioners. To facilitate the sharing of information on this important subject the JHI regularly publishes a Special Section entitled Preventing Healthcare-associated Gram-negative Bloodstream Infections. We welcome all article types for this section, but in order to open up this topic to as many contributors as possible we have created a new Practice Points article type.

Practice Points
These are short peer-reviewed articles that are intended for communication of research, audit or clinical experience (whether positive or negative) of Gram-negative bloodstream infections that would be of general interest but are not substantial enough for publication as either a short report or full paper. Practice Points are up to 800 words in length with no more than 8 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

EDITORIAL POLICY FOR AUTHORS

Ethics in publishing
Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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 Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) 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.
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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 the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

Research Data
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.

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. 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 his or her 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.
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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). 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*

Use two carriage returns to end headings and paragraphs. Type text without end of line hyphenation, except for compound words. Do not use the lower case letter 'l' (el) for '1' (one) or 'O' for '0'. (They have different typesetting values.) Be consistent with punctuation and only insert a single space between words. Please include a list of any special characters you have had to use, e.g. Greek letters used in mathematical equations.

The Editor retains the customary right to make changes in style and language without consultation to ensure accuracy, clarity and comprehension to our wide readership.

**Formatting of funding sources**

List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

**Artwork**
Electronic artwork

General points
• Make sure you use uniform lettering and sizing of your original artwork.
• Embed the used fonts if the application provides that option.
• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.
• Ensure that color images are accessible to all, including those with impaired color vision.

A detailed guide on electronic artwork is available.

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats
If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.
Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
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