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 received basic science submissions that have clinical relevance.

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INTRODUCTION

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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;
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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
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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:

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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. 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.

Authors of suitable review articles may be asked to provide a few questions and answers for Continuing Professional Development (CPD).

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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.

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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.

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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.
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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.

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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.

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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 will consider publishing reports of individual cases of healthcare associated infection that are novel in some way. Case reports should normally be reported and submitted as either a short report or letter format.

**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](http://www.sciencedirect.com/science/article/pii/S0195670117305911)

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The language of the JHI is **British** English.
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*Peer review and editorial process*

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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.

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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 space, not 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.

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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'.

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

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