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 received basic science submissions that have clinical relevance.

All contributions should be submitted online at Instructions to authors can be found at or by visiting the journals home page

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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;
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Article types
The Journal invites articles of the following types:

Full length, original research articles
This is the usual format for publishing original research. The word limit is 4000 words of text, which includes the structured summary of up to 250 words, text, acknowledgements and references. Each figure and/or table counts as 200 words towards the total. JHI 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. The word limit is 2000 words of text, with no more than two figures or tables and a maximum of ten references.

Reviews
We welcome general reviews that summarize the current understanding and research on a topic, and systematic reviews that provide a thorough critical assessment of current evidence. 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). Before you start work on a review we do advise that you check with our office that the topic of your review is suitable and that there are no similar reviews in progress.

For general reviews, an unstructured summary of up to 250 words is required; for systematic reviews, please provide a structured summary of up to 250 words. The word limit is 5000 words of text, and up to 150 references. Authors of suitable review articles may be required to provide a few questions and answers for Continuing Professional Development (CPD).

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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 editor or referee. The word limit is 700 words, and a maximum of 10 references. No summary, tables or figures are allowed.

Editorials
Editorials are 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. Readers are welcome to submit suggestions for editorial subject matter to our office.

Opinions
Opinions are by invitation only. These provide the authors viewpoint on widespread concepts and methods. Authors can comment on the strengths and weaknesses of an approach in a constructive and evidence based form. The word limit is 700 words and a maximum of 10 references. No summary, tables or figures are allowed. Readers are welcome to suggest subject matter for opinions to our office.

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
Letters should contain up to 800 words of text and no more than eight references. Letters should not contain structural headings or a summary.
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, who will be invited to respond. We also welcome correspondence relating to general observations about infection prevention and control practice. We will only publish reports of research as a letter where the findings are important or radical enough to merit the earliest possible publication.

Outbreak reports
We welcome these, but there should be something new about them, e.g. caused by a novel organism, associated with a new source or identified or controlled using novel methods.

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

These maybe forwarded to an appropriate person.

If you have completed your manuscript please submit it for consideration rather than contacting the office to enquire whether it is likely to be acceptable.

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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.
Declaration of interest
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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
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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.

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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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This journal has an embargo period of 12 months.

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.

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**PREPARATION**

*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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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.

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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.

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**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 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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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].
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*Electronic artwork*

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