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:

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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.

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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:

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.

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**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.

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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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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.

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The remaining papers are sent out for single blind peer review.

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**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.

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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.

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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.

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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.

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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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