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Editorial

Preventing healthcare-associated infection by sharing research, evidence and best practice

In 100 volumes over 38 years, the *Journal of Hospital Infection* (*JHI*), as the official journal of the Healthcare Infection Society (HIS), has charted developments in infection prevention and control globally [1]. A look at the contents of *JHI* in 2018 shows that the scope of infection prevention has become wider, and the pace of change faster, than perhaps at any other time in the life of the journal.

Of course, *JHI* continues to publish papers on traditionally important subjects such as hand hygiene [2,3], meticillin-resistant *Staphylococcus aureus* [4], vancomycin-resistant enterococci [5,6] and *Clostridium difficile* [7]. However, what is striking is how, in recent years, there has been rapid growth in the number of submissions received on a far wider range of subjects. These include antibiotic stewardship [8], infections with Gram-negative bacteria [and multi-drug-resistant Gram-negative bacteria (MDR-GNB) in particular] [9–16], new laboratory technologies such as next-generation sequencing [17,18], faecal microbiota transplantation [19,20], surgical site infections [21,22] and the healthcare environment [23]. These submissions are being received from all parts of the world.

MDR-GNB have been a priority for *JHI*, particularly since publication of the prevention and control of multi-drug-resistant Gram-negative bacteria guidelines in 2016 [24]. We continue to receive a substantial number of submissions on the prevention and control of these bacteria that are truly novel or topical. For example, in 2018, *JHI* has seen a debate on screening strategies for MDR-GNB in hospitalized patients [11,15,16,25]. However, inevitably, we are also receiving increasing numbers of submissions that are less novel. Although these are often still of strong local or regional interest, *JHI* is sometimes having to make difficult decisions to reject such papers, simply because of lack of space.

JHI is not just concerned with MDR-GNB. The journal also aims to publish papers on the rising rates of bloodstream infections with antibiotic-sensitive, as well as antibiotic-resistant, GNB [26]. During 2018, we launched 'Practice Points', a new article type, to support early promulgation of experience in preventing bloodstream infections with GNB. We published several of these in 2018, and hope that readers will be inspired to continue publishing their interesting experiences during 2019 [27–31].

Controlling MDR-GNB is also strongly linked to other aspects of infection prevention, including the healthcare environment and antibiotic stewardship. During 2018, *JHI* published some interesting studies that are relevant to water systems as a source of MDR-GNB. In the March 2018 issue, Shaw *et al.* described their experience of removing handwash basins from patient rooms to improve the control of MDR-GNB [32]. A later paper by Grabowski *et al.* provided objective evidence to support the use of radical interventions to manage the infection prevention risks arising from handwash basins [33]. They observed that handwashing accounted for only 4% of total behaviours around handwash basins, whilst they identified several other activities that might provide a mechanism for nosocomial transmission and promotion of bacterial growth in the drain.

During 2018, *JHI* published far more antibiotic-stewardship-related papers than in previous years. In the November 2018 issue, coinciding with the World Health Organization's antibiotic awareness week, we were pleased to publish national antimicrobial stewardship competencies for UK undergraduate healthcare professional education [8]. Already, these have generated considerable attention in both social and print media.

The above portrays how *JHI* is responding to the rapidly broadening scope of infection prevention in health care. Our success is reflected by the journal receiving more submissions in 2018 than ever before. However, *JHI* simply cannot expand further to allow us to publish more material, however worthy that material may be. To accommodate some additional papers, we published two online supplements in 2018 [23,34]. However, the important news for 2019 is that HIS is launching a sister journal to *JHI* that will also be published by Elsevier.

Infection Prevention in Practice (*IPIP*) will be a low-cost, fully open access online journal that will welcome quality articles in the field of infection prevention and control, clinical microbiology and the global burden of infection in health care. *IPIP* will provide a comprehensive educational resource for all those working in the field of infectious disease prevention and treatment through the sharing of local research studies, experiences, case reports, novel techniques, best practice and outbreak reports from clinical professionals globally, with a focus on developing countries.

It is important to emphasize that *IPIP* is not intended as the poor relation of *JHI*. Rather, we intend that it will be a high-quality journal in its own right. We want *IPIP* to become a valuable resource for infection prevention practitioners globally that will provide easily accessible important

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information on common, rare and novel aspects of infection prevention. In pursuit of this aim, there will be some division of article types between *JHI* and *IPIP*. *JHI* has only rarely published case reports. However, we recognize that these reports, and the literature review that accompanies them, can often be extremely useful; *IPIP* will provide a new option for those seeking to publish case reports of healthcare-associated infections. In contrast, *JHI* has published many reports of outbreaks of infection. Some of these reports are especially novel, for example because they describe a new source of healthcare-associated infection, or new technologies have been used in the investigation or control of the infections. Other outbreak reports are less novel, but still contain information that is useful for readers seeking to avoid or manage similar infections in their hospitals. We believe that, like case reports, the educational value of the latter type of outbreak report is such that they should be available on open access in a journal such as *IPIP*. As such, in future, *JHI* will only publish outbreak reports that bring something entirely new to the table.

With the well-established *JHI*, complemented by the new *IPIP* that will offer a different approach to publishing on infection prevention, HIS is even more strongly placed than before to fulfil its strategic objective of preventing healthcare-associated infection by sharing research, evidence and best practice.

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None declared.

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