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Comment

Ten recent articles from the *Journal of Hospital Infection* that would not have been seen in Issue 1

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Controlling a possible outbreak of *Candida auris* infection: lessons learnt from multiple interventions [1]

C. auris was first isolated from the ear of a Japanese patient in 2009. Since then this multidrug-resistant *Candida* species has become a global threat, causing infections that are associated with a high mortality. Outbreaks of infection occur mainly in ICU settings, and are difficult to control. There is still much to learn about the epidemiology and control of this pathogen.

An android app for recording hand hygiene observation data [2]

The first mobile phones became commercially available in 1983, and in 1999 the first smartphone to achieve mass adoption within a country was released in Japan. Globally smartphone use has grown rapidly, so that by 2012 there were over one billion in use worldwide. Smartphones and other portable electronic devices present both opportunities to improve infection prevention and control (IPC), as exemplified in this

article, as well as challenges around their cleaning and decontamination in healthcare environments.

Virus persistence and recrudescence after Ebola virus disease: what are the risks to healthcare workers? [3]

The 2013-6 West African Ebola epidemic was by far the largest epidemic of this devastating infection. The epidemic impacted medical services across the world on a scale that dwarfed the few tens of infected individuals who were treated in developed countries. However, realisation that Ebola survivors can still be infectious is an important new observation that has wide implications for infection prevention.

Novel concept of cleanliness of instruments for robotic surgery [4]

The first documented use of a robot-assisted surgical procedure was as early as in 1985, but it is really only in the current century that technological advances have allowed robotic surgery to become mainstream. However, these are complex and delicate pieces of equipment that are difficult to clean, and guidance from manufacturers is often minimal.

Early impact of rotavirus vaccination in a large paediatric hospital in the UK [5]

Hospital-acquired rotavirus infections are an important cause of morbidity in children. Rotavirus immunisation was introduced into UK schedules in 2013, and this study showed that introduction of the vaccine reduced the burden of both community- and hospital acquired rotavirus in hospitalised children by 83%. Here was a vaccine that was introduced to prevent infections in the community that turned out to have an important secondary benefit in preventing healthcare-associated infections.

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Faecal microbiota transplantation for recurrent *Clostridium difficile* infection and beyond: risks and regulation [6]

Ingestion of a broth containing dried or fermented stool from a healthy person (yellow soup) was administered orally as a treatment for diarrhoea in ancient China. 17 centuries later is once again being used to treat diarrhoea, caused by *C. difficile*, albeit this time with far greater heed paid to issues of aesthetics and safety.

Combined infection training – should we be concerned about its impact on infection prevention and control training of microbiologists in the UK? [7]

The face of infection training in the UK has changed radically at a time when the need for IPC expertise has never been higher. This article speculated on the future structure of IPC teams in the UK, and highlighted the importance of ensuring adequate training of the next generation of IPC practitioners.

Ease-of-use protocol for the rapid detection of third-generation cephalosporin resistance in Enterobacteriaceae isolated from blood cultures using matrix-assisted laser desorption ionization-time-of-flight mass spectrometry [8]

The last decade has seen a technological explosion in diagnostic microbiology laboratories. Slowly the potential benefits of these technologies to IPC are being reported. This is an area of research that we hope to see expand in the future.

Screening for carbapenem-resistant organisms [9]

No list of hot infection prevention topics would be complete without consideration of the risks posed by multidrug-resistant Gram-negative bacteria. The rapid rise in these bacteria, and specifically carbapenemase-producing Enterobacteriaceae, has serious consequences for modern medicine if we fail to curtail their spread.

Resource impact of managing suspected Middle East respiratory syndrome patients in a UK teaching hospital [10]

MERS-CoV first emerged in Saudi Arabia in 2012, and has become endemic in the Arabian Peninsula. Whilst the number of cases imported into most other countries has been small, large hospital outbreaks have been reported in South Korea [11]. A significant burden on hospitals arises from managing patients at risk of having MERS-CoV.

References

- [1] Biswal M, Rudramurthy SM, Jain N, Shamanth AS, Sharma D, Jain K, et al. Controlling a possible outbreak of *Candida auris* infection: lessons learnt from multiple interventions. *J Hosp Infect* 2017;97:363–70.
- [2] Viswanath SK, Jie L, Meng QS, Yuen C, Tan TY. An android app for recording hand hygiene observation data. *J Hosp Infect* 2016;92:344–5.
- [3] MacDermott NE, Bausch DG. Virus persistence and recrudescence after Ebola virus disease: what are the risks to healthcare workers? *J Hosp Infect* 2016;94:113–5.
- [4] Saito Y, Yasuhara H, Murakoshi S, Komatsu T, Fukatsu K, Uetera Y. Novel concept of cleanliness of instruments for robotic surgery. *J Hosp Infect* 2016;93:360–1.
- [5] Hungerford D, Read JM, Cooke RPD, Vivancos R, Iturriza-Gómara M, Allen DJ, et al. Early impact of rotavirus vaccination in a large paediatric hospital in the UK. *J Hosp Infect* 2016;93:117–20.
- [6] Goldenberg SD. Faecal microbiota transplantation for recurrent *Clostridium difficile* infection and beyond: risks and regulation. *J Hosp Infect* 2016;93:115–6.
- [7] Winzor G, Patel M. Combined infection training – should we be concerned about its impact on infection prevention and control training of microbiologists in the UK? *J Hosp Infect* 2015;91:302–5.
- [8] Foschi C, Compri M, Smirnova V, Denicolò A, Nardini P, Tamburini MV, et al. Ease-of-use protocol for the rapid detection of third-generation cephalosporin resistance in Enterobacteriaceae isolated from blood cultures using matrix-assisted laser desorption ionization-time-of-flight mass spectrometry. *J Hosp Infect* 2016;93:206–10.
- [9] Wilson APR. Screening for carbapenem-resistant organisms. *J Hosp Infect* 2016;94:116–7.
- [10] Veater J, Wong N, Stephenson I, Kirk-Granger H, Baxter LF, Cannon R, et al. Resource impact of managing suspected Middle East respiratory syndrome patients in a UK teaching hospital. *J Hosp Infect* 2017;95:280–5.
- [11] Choi S, Jung E, Choi BY, Hur YJ, Ki M. High reproduction number of Middle East respiratory syndrome coronavirus in nosocomial outbreaks: mathematical modelling in Saudi Arabia and South Korea. *J Hosp Infect* 2018;99:162–8.