## **Accepted Manuscript**

Reply to: Guidelines on Prevention of Healthcare-Associated Infection in Neonates and Children

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## **ACCEPTED MANUSCRIPT**

## REPLY TO: GUIDELINES ON PREVENTION OF HEALTHCARE-ASSOCIATED INFECTION IN NEONATES AND CHILDREN

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Sir,

In response to the comment from Simon et al, we really appreciate initiative of German Commission for Hospital Hygiene and Infection Prevention (KRINKO) in integrate pediatric aspects to the infection control recommendations. Research on rates and prevalent types of healthcare-associated infections (HAI) are increasing around the world, and implementation of surveillance systems targeting paediatrics are needed to understand which actions should be priority in order to reduce impact of HAI in children and newborns. <sup>2-4</sup>

Some recommendations in the most important guidelines to prevent HAI can reasonably be applied to children and newborns, despite gaps and necessity of studies with specific intervention in this population. For example, this may apply to surgical site infections and catheter-associated urinary tract infections, as we described in our article. We agree that recommendations should be reported as practical and simple measures to prevent HAI avoiding extensive and impractical guidelines in the daily clinical practice. However, we also consider that not only are there circumstances where there is insufficient evidence base to make specific recommendations around prevention of HAI in paediatrics, but there may not be systems to either determine infection rates in children or to define whether infection rates are 'acceptable' or not.

Moreover, there are also challenges in how to implement and follow recommendations described in international guidelines, considering the reality that available resources and behaviours are not equal across different countries. In this context a good approach to implementation of infection control programmes (ICP) was proposed by Zingg et al.<sup>5</sup> It should also be a priority to have more studies reporting the experience of ICP in countries with limited resources and solutions founded to prevent HAI. <sup>5</sup>

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