



Update on Diagnostic, Antibiotic Treatment, and Prevention of Infections in Critically Ill Patients

Guest Editor:

Dr. Erlangga Yusuf

Department of Medical
Microbiology and Infectious
Diseases, Erasmus University of
Rotterdam, Rotterdam, The
Netherlands

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Message from the Guest Editor

Dear Colleagues,

Critically ill patients are at increased risk of having infections. A European Prevalence of infection in intensive Care II (EPIC II) study showed that 51% of all patients were infected and 71% were receiving antibiotics. Research in the diagnostics and treatment of critically ill patients does not stand still. For example, a new definition of sepsis was introduced by the Society of Critical Care Medicine and the European Society of Intensive Care Medicine in 2016. Moreover, several challenges remain, such as when to start antibiotics since half of febrile events in critically ill patients do not have infectious origins. When to stop the antibiotic is also often the question, since microbiology diagnostics is not always positive.

This Special Issue calls for papers regarding the diagnostics and antibiotic treatment of infections in critically ill patients. Infection prevention studies are also welcomed.

We will also gladly review studies on innovation, such as new diagnostics in clinical decision making, the use of big data in intensive care medicine, and the new antibiotic treatment for multidrug resistant microorganisms.

Dr. Erlangga Yusuf

Guest Editor





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Office
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