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## Editorial

## Gruppo Italiano di Studio sulle Infezioni Gravi – GISIG 3: controversial issues of severe bacterial infections due to multidrug-resistant Gram-positive bacteria: introduction by the National Coordinators

Until the late 1970s, seeing an end to infectious diseases was still a common goal among healthcare workers, and the relative concepts of infectious disease prevention, treatment, and care could be found in the specialized literature and in medicine textbooks.<sup>1</sup> The Italian Severe Infections Study Group (Gruppo Italiano di Studio sulle Infezioni Gravi – GISIG) project, involving a national group of Italian experts in the field of healthcare-associated infectious diseases, was set up in the early 1990s and was rather innovative at this time, as was their multidisciplinary approach. Specialists in clinical microbiology, epidemiology, critical care medicine, infectious diseases, and surgery were involved in all phases of the project. In the first two GISIG editions, the objectives were to describe the epidemiology of the severe healthcare-associated infectious diseases, the relevant diagnostic procedures, and the most suitable antibiotic and non-antibiotic therapeutic strategies for selected cases in medical and critical care settings in Italy.<sup>2,3</sup> All of the recommendations were published in the Italian scientific literature and are available and have been disseminated as pocket-sized handouts to interested healthcare workers.

Ten years after the last consensus workshop and with an expected generational change, in 2008 the GISIG project planned a third phase, dedicated to the memory of two of its co-founders, Pietro Martino and Francesco Di Raimondo. The aim of this ambitious project was to identify the main controversial diagnostic and therapeutic issues in each of the following severe healthcare-associated infectious diseases: blood stream infections, healthcare-associated pneumonia, surgical site infections, orthopedic infections, and central nervous system infections. The GISIG 3 project was characterized by an evidence-based rigorous methodology centered on systematic research and quality evaluation of the literature (based on the Newcastle–Ottawa scale and the consolidated standards for reporting trials (CONSORT) method), and on the definition of strength and level recommendations (based on a modified Grade methodology). Five coordinators (one from each working group) and two scientific secretaries took part in two methodology seminars on the theoretical and practical approaches to the research and literature quality evaluation, conducted by an expert physician from the Cochrane collaboration. An impressively large volume of studies, including randomized clinical trials, longitudinal cohorts, comparative trials, case-control studies, cases series, and single cases was assessed by each working group; grateful thanks to each group member are warranted. Recommendations based on expert opinion only were strongly restricted. The consensus document of each working group is presented and discussed in this supplement.

Particular thanks to Richard P. Wenzel for his enthusiastic involvement in the final Consensus Workshop held in June 2009 in Rome and for being co-editor of this supplement.

Finally, we hope that this ambitious evidence-based project can be shared with the entire Italian healthcare worker community and that the relative recommendations can be implemented in everyday clinical practice, in order to continue to provide better access to excellent healthcare for patients affected by severe healthcare-associated infections.

### Conflict of interest

G. Ippolito has received expert opinion fees from Pfizer. G. Carosi and M. Moroni have no conflict of interest to report.

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