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Towards an improved diagnosis of bloodstream infection: promises and hurdles

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In May 2017, the World Health Assembly, the decision-making body of the World Health Organization (WHO), adopted a resolution on improving the prevention, diagnosis and treatment of sepsis, the most severe manifestation of acute infection, and an important but often unmarked healthcare issue [1,2]. Encouraging, a reduction in sepsis caused mortality has been reported in high-income countries following the adoption of comprehensive guidelines such as the "Surviving Sepsis Campaign" [3]. However, these improvements are challenged by a 5-8% annual increase in the incidence of sepsis, a continuous increase of antibiotic resistance and the long time to receive diagnostic results. In addition, still many survivors of sepsis will experience severe disabilities [4,5].

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