Martin Wolkewitz

List of Publications by Year
in descending order

113 papers	2,930 citations	172457 29 h-index	189892 50 g-index
117 all docs	117 docs citations	117 times ranked	4498 citing authors

#	Article	IF	Citations
1	Clinical outcomes of health-care-associated infections and antimicrobial resistance in patients admitted to European intensive-care units: a cohort study. Lancet Infectious Diseases, The, 2011, 11, 30-38.	9.1	344
2	Burden of antimicrobial resistance in European hospitals: excess mortality and length of hospital stay associated with bloodstream infections due to Escherichia coli resistant to third-generation cephalosporins. Journal of Antimicrobial Chemotherapy, 2011, 66, 398-407.	3.0	198
3	Interpreting and comparing risks in the presence of competing events. BMJ, The, 2014, 349, g5060-g5060.	6.0	149
4	An easy mathematical proof showed that time-dependent bias inevitably leads to biased effect estimation. Journal of Clinical Epidemiology, 2008, 61, 1216-1221.	5.0	145
5	Risk factors for the development of nosocomial pneumonia and mortality on intensive care units: application of competing risks models. Critical Care, 2008, 12, R44.	5.8	114
6	The Time-Dependent Bias and its Effect on Extra Length of Stay due to Nosocomial Infection. Value in Health, 2011, 14, 381-386.	0.3	89
7	Hospital-acquired infections--appropriate statistical treatment is urgently needed!. International Journal of Epidemiology, 2013, 42, 1502-1508.	1.9	85
8	Joint analysis of duration of ventilation, length of intensive care, and mortality of COVID-19 patients: a multistate approach. BMC Medical Research Methodology, 2020, 20, 206.	3.1	83
9	The impact of timeâ€dependent bias in proportional hazards modelling. Statistics in Medicine, 2008, 27, 6439-6454.	1.6	76
10	Time-dependent study entries and exposures in cohort studies can easily be sources of different and avoidable types of bias. Journal of Clinical Epidemiology, 2012, 65, 1171-1180.	5.0	72
11	Methodological challenges of analysing COVID-19 data during the pandemic. BMC Medical Research Methodology, 2020, 20, 81.	3.1	64
12	Mortality associated with in-hospital bacteraemia caused by Staphylococcus aureus: a multistate analysis with follow-up beyond hospital discharge. Journal of Antimicrobial Chemotherapy, 2011, 66, 381-386.	3.0	58
13	Robust and durable serological response following pediatric SARS-CoV-2 infection. Nature Communications, 2022, 13, 128.	12.8	54
14	Optimizing design of research to evaluate antibiotic stewardship interventions: consensus recommendations of a multinational working group. Clinical Microbiology and Infection, 2020, 26, 41-50.	6.0	49
15	Multistate modelling to estimate the excess length of stay associated with meticillin-resistant Staphylococcus aureus colonisation and infection in surgical patients. Journal of Hospital Infection, 2011, 78, 86-91.	2.9	48
16	Prevention of hospital infections by intervention and training (PROHIBIT): results of a pan-European cluster-randomized multicentre study to reduce central venous catheter-related bloodstream infections. Intensive Care Medicine, 2018, 44, 48-60.	8.2	48
17	Modeling the effect of time-dependent exposure on intensive care unit mortality. Intensive Care Medicine, 2009, 35, 826-832.	8.2	47
18	Application of multistate models in hospital epidemiology: Advances and challenges. Biometrical Journal, 2011, 53, 332-350.	1.0	47

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19	Staphylococcus aureus colonization at ICU admission as a risk factor for developing S.Âaureus ICU pneumonia. Clinical Microbiology and Infection, 2017, 23, 49.e9-49.e14.	6.0	47
20	COVID-19 in-hospital mortality and mode of death in a dynamic and non-restricted tertiary care model in Germany. PLoS ONE, 2020, 15, e0242127.	2.5	47
21	Appropriate endpoints for evaluation of new antibiotic therapies for severe infections: a perspective from COMBACTEâ€™s STAT-Net. Intensive Care Medicine, 2017, 43, 1002-1012.	8.2	44
22	Two Pitfalls in Survival Analyses of Time-Dependent Exposure: A Case Study in a Cohort of Oscar Nominees. American Statistician, 2010, 64, 205-211.	1.6	36
23	Efficient Risk Set Sampling when a Time-dependent Exposure Is Present. Methods of Information in Medicine, 2009, 48, 438-443.	1.2	35
24	Multistate Modeling to Analyze Nosocomial Infection Data: An Introduction and Demonstration. Infection Control and Hospital Epidemiology, 2017, 38, 953-959.	1.8	34
25	Statistical Analysis of Clinical COVID-19 Data: A Concise Overview of Lessons Learned, Common Errors and How to Avoid Them . Clinical Epidemiology, 2020, Volume 12, 925-928.	3.0	34
26	Simulation shows undesirable results for competing risks analysis with time-dependent covariates for clinical outcomes. BMC Medical Research Methodology, 2018, 18, 79.	3.1	32
27	Clinical outcomes of hospitalised patients with catheter-associated urinary tract infection in countries with a high rate of multidrug-resistance: the COMBACTE-MAGNET RESCUING study. Antimicrobial Resistance and Infection Control, 2019, 8, 198.	4.1	32
28	A retrospective evaluation of teeth restored with zirconia ceramic posts: 10-year results. Clinical Oral Investigations, 2014, 18, 1181-1187.	3.0	31
29	Pre- and post-diagnostic Î²-blocker use and lung cancer survival: A population-based cohort study. Scientific Reports, 2017, 7, 2911.	3.3	30
30	Impact of mechanical ventilation on the daily costs of ICU care: a systematic review and meta regression. Epidemiology and Infection, 2019, 147, e314.	2.1	29
31	Mechanical ventilation and the daily cost of ICU care. BMC Health Services Research, 2020, 20, 267.	2.2	28
32	Reliability of shade selection using an intraoral spectrophotometer. Clinical Oral Investigations, 2012, 16, 945-949.	3.0	27
33	Multilevel competing risk models to evaluate the risk of nosocomial infection. Critical Care, 2014, 18, R64.	5.8	27
34	Survival biases lead to flawed conclusions in observational treatment studies of influenza patients. Journal of Clinical Epidemiology, 2017, 84, 121-129.	5.0	27
35	Competing risks need to be considered in survival analysis models for cardiovascular outcomes. Journal of Thoracic and Cardiovascular Surgery, 2017, 153, 1427-1431.	0.8	26
36	Preâ€•and postâ€•diagnostic betaâ€•blocker use and prognosis after colorectal cancer: Results from a populationâ€•based study. International Journal of Cancer, 2017, 141, 62-71.	5.1	24

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37	Optimizing the Design and Analysis of Clinical Trials for Antibacterials Against Multidrug-resistant Organisms: A White Paper From COMBACTEâ€™s STAT-Net. Clinical Infectious Diseases, 2018, 67, 1922-1931.	5.8	23
38	Basic parametric analysis for a multi-state model in hospital epidemiology. BMC Medical Research Methodology, 2017, 17, 111.	3.1	22
39	Measuring the in-hospital costs of Pseudomonas aeruginosa pneumonia: methodology and results from a German teaching hospital. BMC Infectious Diseases, 2019, 19, 1028.	2.9	19
40	Estimands to quantify prolonged hospital stay associated with nosocomial infections. BMC Medical Research Methodology, 2019, 19, 111.	3.1	18
41	Carotid geometry is an independent predictor of wall thickness â€" a 3D cardiovascular magnetic resonance study in patients with high cardiovascular risk. Journal of Cardiovascular Magnetic Resonance, 2020, 22, 67.	3.3	18
42	Harmonizing Heterogeneous Endpoints in Coronavirus Disease 2019 Trials Without Loss of Information. Critical Care Medicine, 2021, 49, e11-e19.	0.9	18
43	Statistical epidemic modeling with hospital outbreak data. Statistics in Medicine, 2008, 27, 6522-6531.	1.6	17
44	Landmark prediction of nosocomial infection risk to disentangle short- and long-stay patients. Journal of Hospital Infection, 2017, 96, 81-84.	2.9	17
45	Abdominal aortic aneurysm neck remodeling after Anaconda stent graft implantation. Journal of Vascular Surgery, 2018, 68, 1354-1359.e2.	1.1	17
46	Risk prediction for Staphylococcus aureus surgical site infection following cardiothoracic surgery; A secondary analysis of the V710-P003 trial. PLoS ONE, 2018, 13, e0193445.	2.5	17
47	P. aeruginosa colonization at ICU admission as a risk factor for developing P. aeruginosa ICU pneumonia. Antimicrobial Resistance and Infection Control, 2017, 6, 38.	4.1	16
48	Effectiveness of a hospital-wide infection control programme on the incidence of healthcare-associated infections and associated severe sepsis and septic shock: a prospective interventional study. Clinical Microbiology and Infection, 2019, 25, 462-468.	6.0	15
49	Analysis of Clinical Cohort Data Using Nested Case-control and Case-cohort Sampling Designs. Methods of Information in Medicine, 2015, 54, 505-514.	1.2	14
50	Neuraminidase Inhibitors and Hospital Mortality in British Patients with H1N1 Influenza A: A Re-Analysis of Observational Data. PLoS ONE, 2016, 11, e0160430.	2.5	14
51	A full competing risk analysis of hospital-acquired infections can easily be performed by a case-cohort approach. Journal of Clinical Epidemiology, 2016, 74, 187-193.	5.0	14
52	Methodological evaluation of bias in observational coronavirus disease 2019 studies on drug effectiveness. Clinical Microbiology and Infection, 2021, 27, 949-957.	6.0	14
53	Interventions to control nosocomial infections: study designs and statistical issues. Journal of Hospital Infection, 2014, 86, 77-82.	2.9	13
54	Estimating the burden of nosocomial infections: Time dependency and cost clustering should be taken into account. American Journal of Infection Control, 2017, 45, 94-95.	2.3	13

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55	Rationale and design of ASPIRE-ICU: a prospective cohort study on the incidence and predictors of Staphylococcus aureus and Pseudomonas aeruginosa pneumonia in the ICU. BMC Infectious Diseases, 2017, 17, 643.	2.9	13
56	Analyzing the impact of duration of ventilation, hospitalization, and ventilation episodes on the risk of pneumonia. Infection Control and Hospital Epidemiology, 2019, 40, 301-306.	1.8	12
57	Navigating hospitals safely through the COVID-19 epidemic tide: Predicting case load for adjusting bed capacity. Infection Control and Hospital Epidemiology, 2021, 42, 653-658.	1.8	12
58	Relative risk and population-attributable fraction of ICU death caused by susceptible and resistant Pseudomonas aeruginosa ventilator-associated pneumonia: a competing risks approach to investigate the OUTCOMEREA database. Intensive Care Medicine, 2018, 44, 1177-1179.	8.2	11
59	Multiple time scales in modeling the incidence of infections acquired in intensive care units. BMC Medical Research Methodology, 2016, 16, 116.	3.1	10
60	Time series models of environmental exposures: Good predictions or good understanding. Environmental Research, 2017, 154, 222-225.	7.5	10
61	Accurate Variance Estimation for Prevalence Ratios. Methods of Information in Medicine, 2007, 46, 567-571.	1.2	9
62	Nested Case-Control Studies in Cohorts with Competing Events. Epidemiology, 2014, 25, 122-125.	2.7	9
63	Evaluation of Guided Bone Regeneration around Oral Implants over Different Healing Times Using Two Different Bovine Bone Materials: A Randomized, Controlled Clinical and Histological Investigation. Clinical Implant Dentistry and Related Research, 2015, 17, 957-971.	3.7	9
64	The populationâ€attributable fraction for timeâ€dependent exposures and competing risksâ€"A discussion on estimands. Statistics in Medicine, 2019, 38, 3880-3895.	1.6	9
65	Statistical and methodological concerns about the beneficial effect of neuraminidase inhibitors on mortality. Lancet Respiratory Medicine,the, 2014, 2, e8-e9.	10.7	8
66	Costs of hospital-acquired Clostridium difficile infections: an analysis on the effect of time-dependent exposures using routine and surveillance data. Cost Effectiveness and Resource Allocation, 2019, 17, 16.	1.5	8
67	Environmental Contamination as an Important Route for the Transmission of the Hospital Pathogen VRE: Modeling and Prediction of Classical Interventions. Infectious Diseases: Research and Treatment, 2008, 1, IDRT.S809.	1.7	7
68	Use of prevalence data to study sepsis incidence and mortality in intensive care units. Lancet Infectious Diseases, The, 2018, 18, 252.	9.1	7
69	Estimating the additional costs of surgical site infections: length bias, time-dependent bias, and conditioning on the future. Journal of Hospital Infection, 2018, 99, 103-104.	2.9	7
70	The impact of hospital-acquired infections on the patient-level reimbursement-cost relationship in a DRG-based hospital payment system. International Journal of Health Economics and Management, 2020, 20, 1-11.	1.1	7
71	Data-driven prediction of COVID-19 cases in Germany for decision making. BMC Medical Research Methodology, 2022, 22, 116.	3.1	7
72	Investigating the Impact of Early Valve Surgery on Survival in Staphylococcus aureus Infective Endocarditis Using a Marginal Structural Model Approach: Results of a Large, Prospectively Evaluated Cohort. Clinical Infectious Diseases, 2019, 69, 487-494.	5.8	6

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73	Necessity of a Competing Risk Approach in Risk Factor Analysis of Central Lineâ€“Associated Bloodstream Infection. Infection Control and Hospital Epidemiology, 2016, 37, 1255-1257.	1.8	5
74	Key priorities in the prevention and control of healthcare-associated infection: a survey of European and other international infection prevention experts. Infection, 2016, 44, 719-724.	4.7	5
75	Estimation of adjusted expected excess lengthâ€ofâ€stay associated with ventilationâ€acquired pneumonia in intensive care: A multistate approach accounting for timeâ€dependent mechanical ventilation. Biometrical Journal, 2018, 60, 1135-1150.	1.0	5
76	Predicting Potential Prevention Effects on Hospital Burden of Nosocomial Infections: A Multistate Modeling Approach. Value in Health, 2021, 24, 830-838.	0.3	5
77	Incidence and mortality of hospital-acquired bacteraemia: a population-based cohort study applying a multi-state model approach. Clinical Microbiology and Infection, 2022, 28, 879.e9-879.e15.	6.0	5
78	Paediatric hospital-acquired bacteraemia in developing countries. Lancet, The, 2012, 379, 1484.	13.7	4
79	Accounting for Competing Events in Multivariate Analyses of Hospital-Acquired Infection Risk Factors. Infection Control and Hospital Epidemiology, 2016, 37, 1122-1124.	1.8	4
80	The timeâ€dependent â€œcureâ€deathâ€•model investigating two equally important endpoints simultaneously in trials treating highâ€risk patients with resistant pathogens. Pharmaceutical Statistics, 2017, 16, 267-279.	1.3	4
81	A caseâ€cohort approach for multiâ€state models in hospital epidemiology. Statistics in Medicine, 2017, 36, 481-495.	1.6	4
82	Estimating the attributable costs of hospital-acquired infections requires a distinct categorization of cases based on time of infection. American Journal of Infection Control, 2018, 46, 729.	2.3	4
83	Methodological challenges in using point-prevalence versus cohort data in risk factor analyses of nosocomial infections. Annals of Epidemiology, 2018, 28, 475-480.e1.	1.9	4
84	Analyzing the impact of depth of response on survival in patients with metastatic non-small-cell lung cancer. Annals of Oncology, 2018, 29, 282-283.	1.2	4
85	Mortality attributable to third-generation cephalosporin resistance in Gram-negative bloodstream infections in African hospitals: a multi-site retrospective study. JAC-Antimicrobial Resistance, 2021, 3, dlaa130.	2.1	4
86	Absolute mortality risk assessment of COVID-19 patients: the Khorshid COVID Cohort (KCC) study. BMC Medical Research Methodology, 2021, 21, 146.	3.1	4
87	Automatic Classification Between COVID-19 and Non-COVID-19 Pneumonia Using Symptoms, Comorbidities, and Laboratory Findings: The Khorshid COVID Cohort Study. Frontiers in Medicine, 2021, 8, 768467.	2.6	4
88	Avoidable statistical pitfalls in analyzing length of stay in intensive care units or hospitals. Critical Care, 2014, 18, 408.	5.8	3
89	RE: â€œCOMPARISON OF STATISTICAL APPROACHES FOR DEALING WITH IMMORTAL TIME BIAS IN DRUG EFFECTIVENESS STUDIESâ€• American Journal of Epidemiology, 2016, 184, 856-858.	3.4	3
90	Determining the Attributable Costs of <i>Clostridium difficile</i> Infections When Exposure Time Is Lacking: Be Wary of â€œConditioning on the Futureâ€• Infection Control and Hospital Epidemiology, 2018, 39, 759-760.	1.8	3

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91	Improving nested case-control studies to conduct a full competing-risks analysis for nosocomial infections. Infection Control and Hospital Epidemiology, 2018, 39, 1196-1201.	1.8	3
92	Measuring the Financial Burden of Resistance: What Should Be Compared?. Clinical Infectious Diseases, 2019, 69, 1082-1082.	5.8	3
93	Intra-day variations of blood reelin levels in healthy individuals. Archives of Medical Science, 2020, 16, 118-123.	0.9	3
94	Estimating incidence and attributable length of stay of healthcare-associated infectionsâ€"Modeling the Swiss point-prevalence survey. Infection Control and Hospital Epidemiology, 2021, , 1-10.	1.8	3
95	Aggressive versus conservative initiation of antibiotics. Lancet Infectious Diseases, The, 2013, 13, 387-388.	9.1	2
96	Estimating the Risk of Ventilator-associated Pneumonia as a Function of Time. American Journal of Respiratory and Critical Care Medicine, 2015, 192, 640-641.	5.6	2
97	The populationâ€attributable fraction for timeâ€dependent exposures using dynamic prediction and landmarking. Biometrical Journal, 2020, 62, 583-597.	1.0	2
98	Protocol for a prospective cohort study: Prevention of Transmissions by Effective Colonisation Tracking in Neonates (PROTECT-Neo). BMJ Open, 2020, 10, e034068.	1.9	2
99	Infectious disease consultation for candidaemia. Lancet Infectious Diseases, The, 2020, 20, 164-165.	9.1	2
100	RE: â€œRISK-SET MATCHING TO ASSESS THE IMPACT OF HOSPITAL-ACQUIRED BLOODSTREAM INFECTIONSâ€. American Journal of Epidemiology, 2019, 188, 1192-1193.	3.4	1
101	Follow-on rifaximin for the prevention of recurrence following standard treatment of infection with Clostridium difficile: a competing risks analysis provides a full picture of possible treatment effects. Gut, 2020, 69, 398-400.	12.1	1
102	Effect of didecyl dimethyl ammonium chloride (DDAC)-impregnated washcloth wipe whole-body bathing on catheter-related bloodstream infections and central venous line-associated infections in adult intensive care units. Clinical Microbiology and Infection, 2021, , .	6.0	1
103	â€˜Methodological evaluation of bias in observational COVID-19 studies on drug effectivenessâ€™ â€“ Authorâ€™s reply. Clinical Microbiology and Infection, 2021, 27, 1045.	6.0	1
104	Sampling designs for rare time-dependent exposures: a comparison of the nested exposure case-control design and exposure density sampling. Epidemiology and Infection, 2021, 149, e122.	2.1	1
105	Responding to manuscript CLOI-D-10-00562: Reliability of shade selection using an intraoral spectrophotometer. Clinical Oral Investigations, 2013, 17, 1027-1028.	3.0	0
106	Accounting for length of hospital stay in regression models in clinical epidemiology. Statistica Neerlandica, 2020, 74, 24-37.	1.6	0
107	Correction of Survival Bias in a Study About Increased Mortality of Heads of Government. American Statistician, 2021, 75, 85-91.	1.6	0
108	Coronary revascularization in acute coronary syndrome: does the choice of the conduit matter?. Journal of Cardiovascular Surgery, 2022, 62, .	0.6	0

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109	Response to â€œOverlooked Shortcomings of Observational Studies of Interventions in Coronavirus Disease 2019: An Illustrated Review for the Clinicianâ€•by Tleyjeh et al.. Open Forum Infectious Diseases, 2022, 9, ofab614.	0.9	0
110	Title is missing!. , 2020, 15, e0242127.		0
111	Title is missing!. , 2020, 15, e0242127.		0
112	Title is missing!. , 2020, 15, e0242127.		0
113	Title is missing!. , 2020, 15, e0242127.		0