

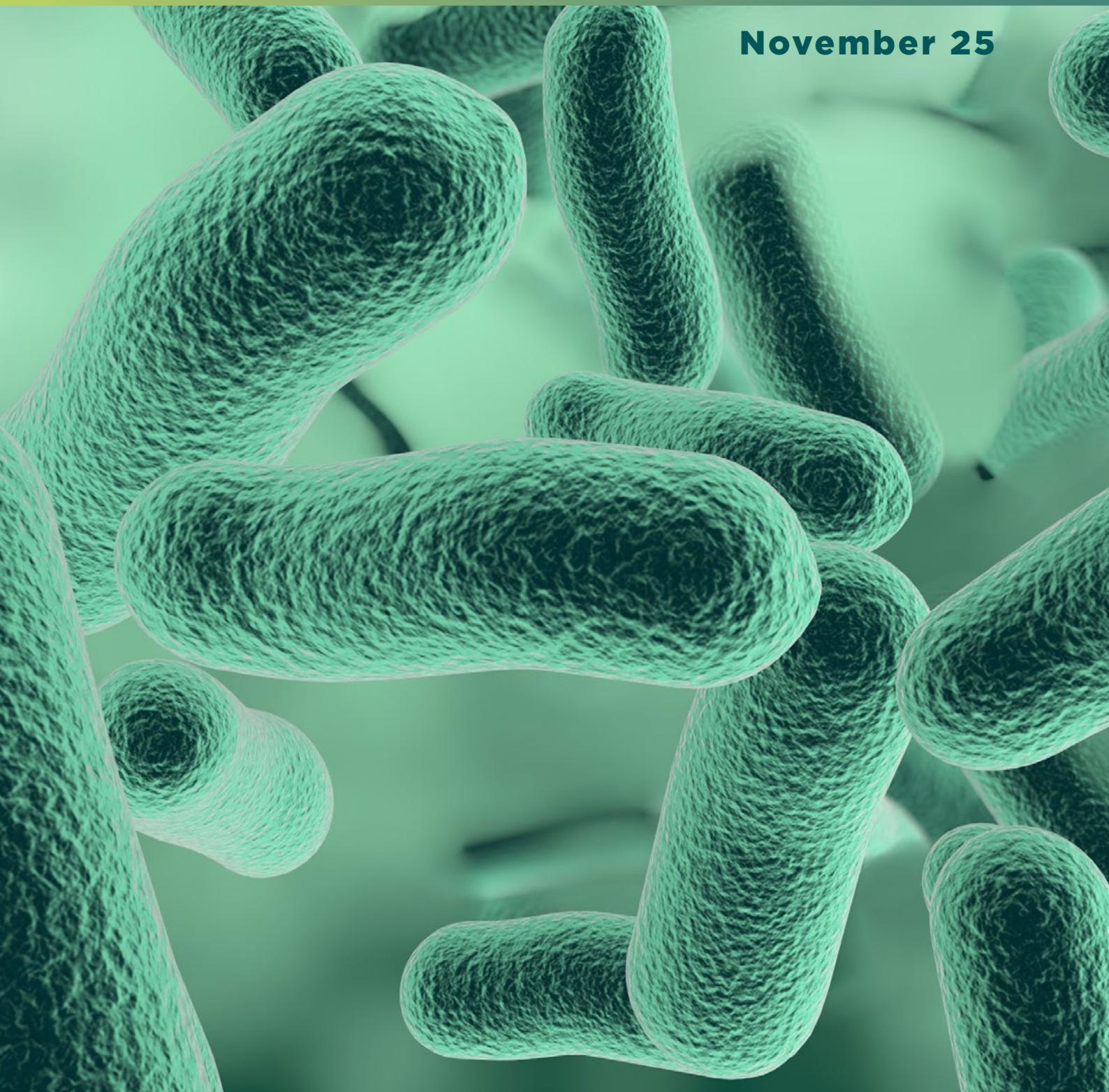


ACIPC

Australasian College
for Infection Prevention and Control

IPC News

November 25



President's report

Dr Sally Havers

Hi everyone and welcome to the November 2025 edition of IPC News, my very first as ACIPC President. And what a big month November has been!



It was such a pleasure to be in Hobart for the ACIPC Conference last week. As always, "Conference" is the highlight of our professional calendar, and this year's event was no exception. A huge congratulations to Conference Committee Chair Fiona Wilson and the entire Conference Planning Committee for an outstanding achievement. The committee had such a strong vision, and the conference theme really took on a life of its own as the days unfolded. This is a credit to the Committee members and their hard work.

As our speakers examined evidence-based practice and practice-based evidence, they captured the essence of what makes our profession so dynamic. We explored how to bridge the gap between knowing and doing, through sessions on topics like healthcare-associated waterborne outbreaks and infection prevention in high-risk immunocompromised hosts. Delegates were treated to a rich mix of workshops, poster presentations, and abstracts that showcased the innovation and passion alive within our community. And it was great to finish with a lively panel debate on whether infection prevention research should drive practice. While there was a clear winner on the afternoon, I think everyone appreciated the humour and collegiality between all the panel members!!

One of the best parts of conference week for me is catching up with so many of you in person. I am in awe of everyone's work and commitment to what we do and our consumers. The energy, enthusiasm, and generosity of the ACIPC community never fail to inspire me. I hope you all came away with not just new ideas and knowledge to take back to your workplaces, but also with lasting connections and fond memories and a reminder that you are not doing this alone! No matter where you work, we seem to be coming up against similar challenges.

Next year, we'll be convening on the Gold Coast, Queensland, and it promises to be another brilliant opportunity to share, learn, and connect. For those who may not be able to travel, I encourage you to join us online - the hybrid format ensures there's always a way to be part of the action. I also hope that we continue to see a record number of abstract submissions and grant and scholarship

applications in 2026 to keep momentum going. There is no doubt this contributed to the incredible conference content in 2025.

As I step into this new role, I feel incredibly fortunate to be doing so at such a vibrant and pivotal time for the College. Thanks to the hard work and vision of past and current leaders, we are well-positioned to continue growing our impact.

I'd particularly like to extend my heartfelt thanks to A/Prof Stéphane Bouchoucha for his outstanding leadership over the past two years. Under Stéphane's presidency, ACIPC has continued to strengthen its voice across advocacy, governance, sustainability, education, and representation. His commitment and vision have guided us through an incredibly productive period, and I'm grateful for the solid foundation he has built for the College's next chapter. I'd also like to acknowledge outgoing Director Kristie Popkiss for her leadership and years of service on the Board as President, and most recently as Past President. Kristie's wisdom, warmth, and dedication have helped shape the strong, collegial community we are today, and it has been an absolute privilege to get to work with her the last few years.

The Board and I are enthusiastic about what lies ahead — from new education initiatives and strengthened advocacy efforts, to expanding opportunities for professional development and collaboration. I look forward to sharing more with you in the coming months as these projects take shape. Together, we'll continue to build on the College's legacy of excellence and ensure that infection prevention and control remains at the heart of safe, sustainable healthcare across Australasia.

Thank you for your ongoing commitment, curiosity, and support — it's what keeps ACIPC moving forward.

Warm regards,

Sally Havers



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IPC in the Australian CDC

Join 350+ IPC voices - add yours today!

Your voice can shape the future of IPC in Australia

The Australian Government is progressing plans for a new **Australian Centre for Disease Control (CDC)**. This presents a unique opportunity to strengthen our nation's ability to prevent and respond to infectious diseases.

The Australian College of Infection Prevention and Control (ACIPC) is calling for formal representation of infection prevention and control (IPC) within the CDC.

We request your support in advocating for the integration of IPC expertise in the Australian CDC to:

- Prepare for and respond to future pandemics with expert IPC guidance
- Develop a coordinated, national IPC infrastructure across jurisdictions
- Standardise IPC practices across healthcare and community settings
- Strengthen IPC collaboration and capacity in our region, particularly in the Pacific
- Establish a national surveillance program for healthcare-associated infections
- Support long-term investment in IPC research, education, and surveillance.

We need your voice to make this happen.

We have prepared an online campaign to email your local MP, urging them to support our advocacy. It's quick and easy, just enter your address, and our tool will find your local MP, populate the letter, and send it with one click.

Numbers matter – decision-makers pay attention when constituents speak up. By sending this, you are helping to protect the health of our communities and strengthen Australia's capacity to respond to infectious disease threats.

Thank you for taking the time to support this vital advocacy effort. Please share this message with your colleagues – the more voices we have, the stronger our impact.

Together, we can ensure IPC is recognised as essential to Australia's public health future.

**ACIPC
EMAIL
CAMPAIGN**



Credentialalling

The ACIPC Board of Directors would like to congratulate the following members who have received credentialalling this month:

Primary re-credentialalling: Perri Waddell, Kim Dunning

Advanced credentialalling: Jessica Jude

Expert credentialalling: Heidi Munchenberg

For information on how you can become credentialalled, visit the [ACIPC website](#).

FOR MORE
INFORMATION
CLICK HERE

Advancing IPC Practice & Standards Committee



We've had a great response to our call for members to support the Advancing IPC Practice and Standards Committee, but there's still room for more! Why not join your fellow ACIPC members and add your expertise to the group?

The Advancing IPC Practice and Standards Committee provides leadership in the development, review and promotion of evidence-based IPC standards, guidelines and resources to support ACIPC members.

We are seeking input from members who have an interest, experience, or expertise in any of the following fields:

- Acute hospital settings
- Aged care settings
- Community settings
- Construction and renovation, including refurbishment, air quality and mould
- Endoscopy services
- First Nations communities
- Home care
- New Zealand
- Pacific Islands
- Personal Protective Equipment
- Remote, rural and regional areas
- Renal services
- Reprocessing reusable medical devices
- Veterinary practice
- Other

Working groups will be established for short-term periods to support the review and development of resources, guidelines and tools in a subject area. For example, a working group may review a document from an external organisation or assist in developing a guideline to be published by ACIPC. Once established, the working group will meet via Teams, usually monthly. Participation is as a volunteer.

Participating in a working group is a great way to contribute to the College and can lead to representation on ACIPC committees. Membership offers you an opportunity to network with colleagues, support and create resources for your peers, and learn more about ACIPC. The working groups aim to be representative of our diverse membership that reflects the various settings in which our members work.

Members should have received an email containing a form to register their interest. If you did not receive this email, please contact the office.

Janine Carrucan

Chair Advancing IPC Practice and Standards Committee
office@acipc.org.au | 03 6281 9239

ACIPC INTERNATIONAL CONFERENCE 2025

CIRCLES OF INFLUENCE: EVIDENCE-BASED PRACTICE AND PRACTICE-BASED EVIDENCE

WRAP UP

The 2025 ACIPC Annual Conference brought together more than 530 infection prevention and control (IPC) professionals, researchers, and industry partners for a dynamic three-day program held at the Hotel Grand Chancellor in Hobart, Tasmania, and online.



This year's hybrid format once again allowed attendees from across Australia, the Pacific, and around the world to participate in an inspiring program of keynote presentations, hands-on workshops, interactive sessions, and valuable networking events. The large trade exhibition and popular poster displays provided a vibrant hub for discussion, innovation, and connection throughout the conference.

Our theme for 2025, "Circles of Influence: Evidence-based practice and practice-based evidence," shaped the discussions across plenaries and concurrent sessions alike. Speakers and presenters embraced the opportunity to explore how evidence informs practice—and how practice, in turn, generates new insights that shape the future of IPC. Across clinical, community, public health, aged care, and acute settings, delegates were invited to examine how their own spheres of influence contribute to safer care and stronger health systems.



Image: Exhibition Hall

WRAP UP

The conference commenced with three well-attended pre-conference workshops, offering dedicated streams in aged care, microbiology, and reprocessing of reusable medical devices. These workshops gave delegates an opportunity to engage deeply with practical, scenario-based learning guided by experienced facilitators. Whether refining microbiology interpretation, strengthening IPC practice in aged care, or improving reprocessing compliance, participants left with new tools to support their everyday work.

A highlight of the program was the 2025 ACIPC Lecture, delivered by internationally recognised IPC expert and ACIPC Board Director Dr Peta-Anne Zimmerman. Her compelling keynote explored the profound ways in which climate change, geopolitical instability, misinformation, and system-wide burnout are reshaping healthcare delivery and IPC practice globally.



Image: Pre-conference drinks function

Beyond the formal program, the social events once again proved to be treasured components of conference life. Delegates enjoyed opportunities to reconnect with colleagues, establish new professional relationships, collaborate with exhibitors, and explore emerging technologies and solutions. These informal conversations often sparked new ideas and partnerships, underscoring the importance of community and shared experience within the IPC profession.



Image: GAMA Healthcare Australia IPC mascots

The Conference Dinner was a memorable evening that included the presentation of several prestigious ACIPC awards. We congratulate all award recipients recognised for their outstanding contributions to infection prevention and control. A full list of winners, along with a comprehensive photo gallery and additional conference highlights, will be featured in next month's edition of IPC News.

ACIPC INTERNATIONAL CONFERENCE 2025

WRAP UP

ACIPC extends sincere thanks to all delegates who joined us in Hobart or online. Your energy, expertise, and commitment to IPC continue to strengthen our community and advance our shared mission. We also acknowledge our generous sponsors and exhibitors, whose support and engagement play a vital role in delivering an exceptional annual conference experience.

We look forward to welcoming you all to the Gold Coast, Queensland, in 2026 for another inspiring year of learning, connection, and innovation in IPC.



Image: L to R: Karen Turnbull, Prof Tom Riley and ACIPC President Dr Sally Havers



Image: L to R: Karen Turnbull, Patricia Ching, Prof Tom Riley, Dr David Weber, Kathy Dempsey and Dr Tania Bubb



AGM WRAP UP AND NEW BOARD MEMBERS

The Annual General Meeting of the Australasian College for Infection Prevention and Control Ltd was held on Tuesday 18 November commencing at 5:15 pm (AEDT) at the Hotel Grand Chancellor, Hobart, Tasmania.

Outgoing President A/Prof Stéphane Bouchoucha presented the ACIPC 2025 Annual Report and Financial Statements, showing that the College is in a strong position financially, enabling it to continue planning confidently for the future.

At the AGM members had the opportunity to:

- Find out about the College's operations and finances
- Ask questions about the College's operations and finances
- Speak about any items on the agenda

At the meeting members were asked to vote on resolutions to:

- Accept the minutes of the last Annual General Meeting
- Accept the annual report
- Accept the auditor's report and annual financial statements
- Appoint an auditor
- Appoint Directors
- Appoint President Elect

Two new Board Directors were appointed, and we congratulate:

- Nicole Vause
- Kathy Dempsey

Nicola Isles was appointed as President-Elect, and Kristie Popkiss stepped down after 8 years of service. Congratulations Nicola and our heartfelt thanks to Kristie.

CALLING ALL INFECTION PREVENTION PROFESSIONALS

Australia's FIRST comprehensive ICP workforce survey

-  30-45 minutes
-  Anonymous & confidential
-  Chance to win \$100 voucher
-  Direct policy impact
-  Strengthen our collective voice

Take the Survey



For inquiries:
l.hall3@uq.edu.au



ACIPC Workforce Survey

ACIPC Responds to CDC Vaccine Misinformation

The Australasian College for Infection Prevention and Control (ACIPC) is deeply concerned by the recent publication and dissemination of anti-vaccine material from the United States Centers for Disease Control and Prevention (CDC). The potential for harm when reputable health agencies broadcast misinformation about vaccines is significant, and the CDC message serves to undermine public confidence in vaccines.

For more than two decades, high quality, evidence-based research has consistently demonstrated that there is no link between vaccines and autism spectrum disorder (ASD). During this time, extensive research has demonstrated that vaccines are safe and highly effective in preventing serious illness and protecting community health.

ACIPC calls for a renewed focus on factual, peer-reviewed evidence that reinforces the safety of vaccinations. We urge healthcare leaders and public health organisations, within Australia and internationally, to safeguard the public's trust in vaccination, maintain high rates of vaccination coverage, and deliver clear and credible information about vaccine safety.

ACIPC is committed to promoting evidence-based vaccination research and policy recommendations. We are dedicated to strengthening the public's understanding of safe and effective immunisation practices, and continuing collaboration with public health organisations to reduce vaccine hesitancy through education and communication.

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INFECTION PREVENTION AND CONTROL IN AGED CARE SETTINGS

WHAT IS THE COURSE FOR?

This course is designed to provide staff with the fundamental principles and concepts of infection prevention and control practice as they apply to various Aged Care settings in particular Residential and Community Aged Care settings. This is a course for RNs and EN/EENs supporting Aged Care IPC Clinical Leads. This course is also suitable for Facility Managers needing up-to-date best-practice IPC knowledge and skills.

The modules can be undertaken over a six-to-eight-week period and a certificate of completion will be issued to students who complete the course.

MODULES INCLUDE:

- ✓ Principles of Infection Prevention and Control
- ✓ Management of the environment, resident and staff health
- ✓ Management of invasive devices, hygiene and aseptic techniques
- ✓ Management of outbreaks
- ✓ Organisms of significant AMS
- ✓ Governance and leadership

COST: \$500

If you have any questions,
please email learning@acipc.org.au
or go to our website for more
information acipc.org.au



**MORE
INFORMATION**

WORLD AMR AWARENESS WEEK

World Antimicrobial Awareness Week was held from 18 – 24 November and we focussed on five facts about AMR.

Multi-resistant organisms are getting smarter.

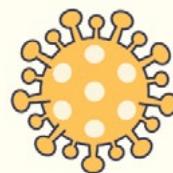
Antimicrobial resistance is rising, making once-treatable infections harder—or even impossible—to manage. This can mean longer hospital stays, more interventions, and higher risks for individuals. Australia's AURA surveillance system provides up-to-date resistance data across hospitals, aged care, and the community. AURA's 2024 reports help us target where AMS is needed most. And it's not optional: AMS programs are now mandated across all Australian healthcare settings under the Preventing and Controlling Infections Standard—with strict requirements for policy, formularies, audits, and surveillance.

In New Zealand AMS is guided by the New Zealand Antimicrobial Resistance action plan, national quality and safety standards, professional guidelines and accreditation frameworks. Work is ongoing to develop consistent national standards.

Learn more:

>> [Antimicrobial use in the community: 2024](#)

>> [New Zealand Antimicrobial Resistance Action Plan](#)



Clean hands, clean future

The best way to beat AMR? Stop infections before they start. Simple, evidence-based IPC actions like hand hygiene, environmental cleaning, and PPE use reduce the need for antimicrobials. The future of AMS lies in prevention—and prevention starts with every healthcare worker, every day.

Less is more: prescribe with purpose

Every antimicrobial prescription matters. Smart prescribing ensures the right antimicrobial, at the right dose, for the right duration. It's everyone's responsibility, from the prescriber to the pharmacists dispensing it to the nurse administering it. The latest AMS strategies expand stewardship beyond hospitals into primary care, aged care, dental practice, Māori and Aboriginal health, and remote settings. Digital tools, telehealth prescribing support, and updated eLearning modules are strengthening AMS at every level of care.

One Health, one approach

Antimicrobial resistance is not just a healthcare issue—it's a One Health challenge. Infections in people, animals, and the environment are interconnected.

Australia's National AMR Strategy (2020–2025), and bodies like NCAS and PHAA, New Zealand Antimicrobial Resistance Action Plan (2017), and Pacific projects COMBAT-AMR (2020–2027) and National AMR Action Plans in Pacific countries all support a unified approach.

Globally, the WHO's TrACSS program tracks countries' AMR action plans, and new updates to the Global Action Plan are in development.



ONE HEALTH
TRUST
RESISTANCE
MAP

Innovation on the frontlines

With resistance on the rise, innovation is essential. Australia is leading trials in phage therapy - using viruses to target resistant bacteria. The CSIRO AMR Lens Report (May 2025) highlights emerging breakthroughs in diagnostics and new antimicrobial agents. Globally, the WHO's AWaRe framework calls for safer prescribing patterns, aiming for 70% of antibiotic use to be in the "Access" category by 2030.

CSIRO AMR Lens Report:

>> [Antimicrobial-resistance-research-innovation](#)

WHO AWaRe system for antimicrobial stewardship:

>> [surveillance-prevention-control-AMR/control-and-response-strategies](#)



MEMBER PROFILE: Mark Rigby

This month, we spoke with Mark Rigby, B.Pharm, CICP-A, Infection prevention Consultant, Victorian Infection Prevention Services (VICIPS)

Can you tell us about your career background and what led you to IPC?

I spent many years as an oncology pharmacist before moving into infection prevention and control (IPC). The opportunity came when the regional IPC for Barwon South West in Victoria was looking to retire and wanted someone to take over her business.

At the time, I didn't know the first thing about infection control, so I studied for two years, planning to start part-time after my son was born. On my very first Monday in the role, Victoria went into its first COVID lockdown. I was still working in hospital pharmacy at Barwon Health when the Director of Infection Control recruited me to split my time between pharmacy and IPC. For the next two years, COVID became my whole world - an intense and quite scary learning curve.

Barwon South West covers about a fifth of Victoria. I don't look after every hospital in the region, but I support most of them, along with a range of private clients. One of the most valued things I do is coordinate a regional IPC group for public hospitals. It's informal but organised, and gives us a platform to share updates, discuss new developments, and compare accreditation experiences so everyone is better prepared.

What are the biggest challenges healthcare facilities face today in infection prevention?

Training and retaining skilled IPC staff is the biggest challenge I see. My role provides continuity and mentoring, ensuring knowledge is retained within organisations even when staff move on.

I tailor my support to each client. Larger hospitals with experienced teams might need me for specialist advice, while smaller facilities need more hands-on help. I offer IPC training as a matter of course, but I've found it works best when people request it themselves. Sessions can be as short as 30 minutes on a tricky topic like clinical



waste, or as long as a full-day interactive program for cleaning teams.

I always focus on the "why" behind what we do. Understanding why we clean a certain way during an outbreak, or why terminal cleans follow a particular order, helps staff make better decisions in situations that aren't in the manual. Infection prevention isn't just science and algorithms - it's about changing human habits, often in uncomfortable ways, and helping people see the benefit.

What impact did COVID have on AMR/AMS in healthcare settings, and how has the pandemic reshaped infection control protocols in the long term?

In the years leading up to COVID, AMS was gaining real momentum. Then the pandemic hit, and resources were pulled away. Staffing was stretched, and many of the extra clinical activities we'd been doing had to be deprioritised.

There was also a steep learning curve with new treatments - antivirals, vaccines, and, in hindsight, some missteps, like stockpiling hydroxychloroquine. At the time it seemed reasonable, but it created shortages for people who genuinely needed it.

One positive change has been public awareness. These days, I rarely have to explain the difference between bacterial and viral infections. Younger generations, in particular, have a much better understanding of what infections need antibiotics and which don't.

Inappropriate prescribing often starts with patient or family expectations. In aged care, for example, families might push for

antibiotics "just in case," and doctors can feel pressured to act. Nurses have a huge role here - how they present a case to a doctor can shape the outcome. Tools like the Aged Care Commission's "to dip or not to dip" algorithm for UTIs give nurses a structured way to present evidence, which can help avoid unnecessary prescribing.

As someone working in the forefront of AMS with a pharmacy background, tell me about the role pharmacists play in AMS.

Pharmacists can make a huge difference in AMS. In hospitals, joining ward rounds and working alongside doctors allows us to optimise prescribing in real time. Doctors often see pharmacists as a resource, and that openness can lead to immediate improvements.

In aged care, I run the National Antimicrobial Prescribing Survey (NAPS) for all my facilities and also audit prescribing. I give feedback at a facility level rather than singling out individuals - benchmarking against other facilities is much more effective at motivating change without making people defensive.

Every six months, I produce reports that go to Medical Advisory or Quality and Risk committees. Over the past two years, this approach has led to gradual, measurable improvements across the region. When medical staff invite me to talk through the data directly, those conversations are always constructive - but I'm careful not to be "weaponised" to ambush doctors, because that never works.

Do you think that AMS is covered sufficiently in the curriculum for nursing and medical training?

No - and I understand why. There's already so much to cover just to get graduates through with the core skills in nursing, medicine, or pharmacy. Deeper AMS knowledge tends to develop later, depending on your specialty, but I think there's room for stronger general knowledge across all professions.

Are there any emerging technologies or practices in infection prevention that you're particularly excited about?

I'd like to see systems like Guidance rolled out more widely. Larger hospitals already use it, but it would be valuable everywhere. When a broad-spectrum antibiotic is prescribed, the system flags it for immediate review by an AMS pharmacist before dispensing.

This process may only take a few minutes and creates an opportunity for real-time

collaboration between pharmacist and prescriber. Guidelines are important, but they're not the whole story - the clinical picture matters too. It's not about policing; it's about supporting better decisions.

Looking ahead, I think pharmacist prescribing will become more common in Australia, particularly in specialist areas. It's already established in the UK, and there are trials here now. Hospital pharmacists are becoming more specialised all the time, so I think it's only a matter of time.

What has been your career highlight so far?

My current role is the highlight of my career. I love taking complex information and turning it into practical advice people can apply straight away. Sometimes it's a question I've answered many times before, but it's still new to the person asking. Other times, I need to do the research myself before I can respond. Either way, it's incredibly rewarding to provide guidance that makes a difference.

What do you think makes a good IPC professional?

My pharmacy background has helped me interpret guidelines that can sometimes seem unintelligible at first. I enjoy translating that information into something people in a clinical setting can actually use.

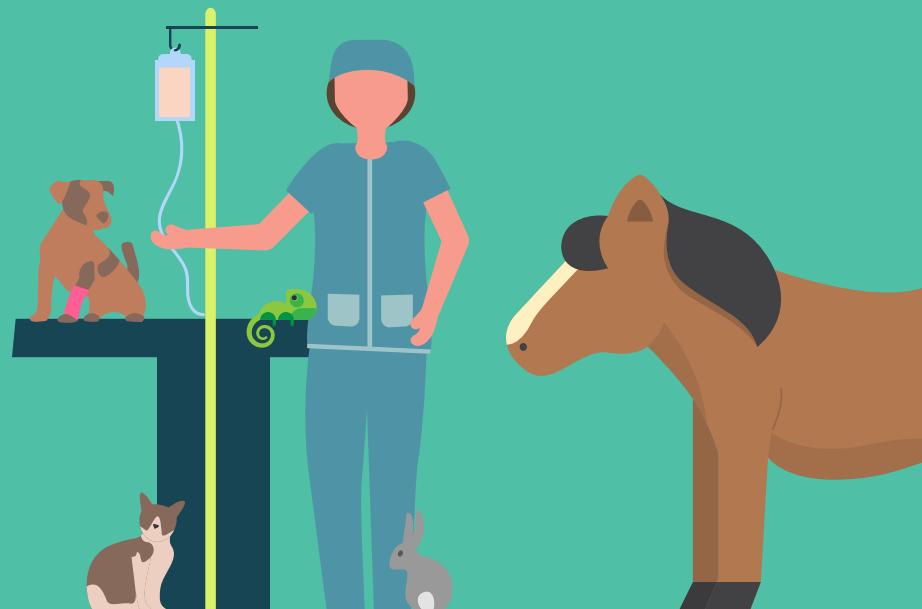
Good communication is essential. You need to tailor your message to your audience. A room of hospital cleaners requires a different approach to a room of consultant doctors, but you can't just assume knowledge based on job title. I've learned from people in unexpected roles and shared knowledge with experienced prescribers. Curiosity is key: ask questions, find out what people know, and pitch your advice so it's clear, relevant, and useful.

How do you like to relax and unwind? Any hobbies or interests you'd like to share with us?

Working in healthcare has made me conscious of how chronic conditions affect people later in life. I started my family in my 40s and I want to be able to keep up with my kids as they grow - even in competitive sport.

I train regularly, focusing on combat sports rather than ball sports, and I'm committed to staying fit and self-reliant for as long as possible. I believe no pill can replace a healthy diet and regular exercise. My wife and kids are active too, and keeping up with them is both my motivation and my favourite way to spend time.

Veterinary Foundations of Infection Prevention and Control



Next course commences 6 March 2026

We are pleased to announce that in 2026 we will once again be offering – **Veterinary Foundations of Infection Prevention and Control (VFIPC)**.

This groundbreaking course is designed for all veterinary staff worldwide and aims to provide students with a broad understanding and introductory skills to enable them to assess, plan, implement and evaluate infection prevention and control activities within their veterinary workplace.

With 11 self-paced modules running over approximately six months, VFIPC allows participants to apply knowledge to their own practice, and is a key component to achieving the ACIPC Primary Credential (CICP-P).

The program has been designed to accommodate busy work schedules, with a series of self-directed learning units supported by a structured online curriculum.

Topics include:

- environmental hygiene
- outbreak management
- employee health
- surveillance
- epidemiology and microbiology

This course reflects recent evidence, guidelines and standards.

Cost

- \$1520 for ACIPC members
- \$1820 for non-members

**BOOK NOW
FOR COURSE
COMMENCING
6 MARCH
2026**

If you have any questions,
please email learning@acipc.org.au
or go to our website for more
information acipc.org.au




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Aged Care Community of Practice Webinar

Reprocessing of reusable medical devices & equipment in aged care

17 DECEMBER 2025
2PM AEDT



ACIPC
Australian College for Infection Prevention and Control

with Carrie Spinks & guest speaker Terry McAuley



Topic: Reprocessing of reusable medical devices and equipment in the aged care setting

Presenter: Carrie Spinks

Guest speaker: Terry McAuley

**CLICK
HERE TO
REGISTER**

Reusable medical devices are used on a day-to-day basis in the delivery of healthcare across a range of practice settings. Medical devices can be categorised as critical, semi-critical or non-critical and it is essential for health professionals to be able to confidently assess which category a medical device belongs to in order to ensure that these devices are cleaned, and where necessary disinfected correctly between patient uses. This presentation will:

Our guest speaker will be Terry McAuley. Terry is a passionate advocate for the achievement of best practice in reprocessing reusable medical devices and is committed to sharing her knowledge with her colleagues and peers. She represented ACIPC on the Standards Australia Committee HE-023 responsible for AS/NZS4187 and AS/NZS4815 (now AS5369) for over 20 years.

Terry contributed Chapter 16 Disinfection and Sterilisation in the textbook Healthcare-Associated Infections In Australia – Principles and Practices of Infection Prevention and Control. Terry has extensive expertise in reprocessing reusable medical devices; and infection prevention and control across a range of practice settings and has authored the ApodA Infection Prevention and Control Guidelines for Podiatrists and a number of other IPC and reprocessing resources during her career.

Missed an ACIPC Aged Care webinar? You can watch recordings of the entire series [here](#)

December Lunch & Learn Webinar



**CLICK
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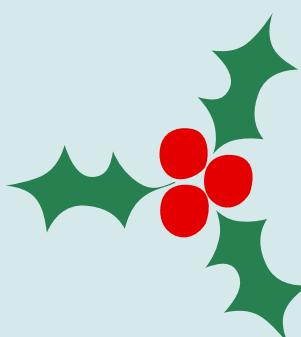


Abstract:

This webinar will provide an overview of the syphilis outbreak in the Northern Territory and across Australia, examining epidemiology, affected populations and contributing factors. It will outline NT Health's coordinated response through the Syphilis Incident Management Team (IMT), including strategies for prevention, testing, treatment and community engagement. A key focus will be preventing congenital syphilis through timely antenatal screening, early treatment and strengthened care pathways to protect mothers and babies. The session will also highlight collaboration with Aboriginal health services, public health campaigns and clinical interventions aimed at reducing transmission and improving health outcomes.

About the presenter:

Dr Kelly Hosking is the Director of Sexual Health and Blood Borne Viruses Strategy and Policy at NT Health, Co-Deputy Director of Viral Hepatitis Programs at the Menzies School of Health Research, and the Chief Health Officer-appointed Incident Commander for the Syphilis Outbreak Incident Management Team (IMT). Kelly is a registered nurse with extensive experience in Public Health practice, education, research and policy. She was previously an Infection Prevention and Control Clinical Nurse Consultant for several years.





New Vascular Access Special Interest Group

ACIPC is proud to announce a strategic collaboration with The Australian Vascular Access Society (AVAS) to establish a new Vascular Access Special Interest Group (VASIG) within the College.

This initiative brings together two leading organisations committed to advancing best practices in vascular access and infection prevention. The VASIG will serve as a dedicated platform for ACIPC members with an interest in vascular access to share knowledge, collaborate on research, and contribute to the development of evidence-based guidelines that promote safe and effective vascular access care. The formation and evolution of the VASIG is supported by vascular access experts and researchers from AVAS.

Importantly, this collaboration aligns with NSQHS Standard 3: Preventing and Controlling Healthcare-Associated Infection, which explicitly connects vascular access to infection control. Vascular access devices are a common source of healthcare-associated infections, and as such, ACIPC members have a wealth of expertise to contribute to this space. The VASIG provides a timely and relevant opportunity to strengthen infection prevention strategies through interdisciplinary collaboration.



Through this partnership, AVAS and ACIPC aim to:

- Foster interdisciplinary collaboration between vascular access professionals and infection prevention specialists.
- Support education and professional development opportunities in vascular access.
- Promote innovation and research that enhances patient outcomes and reduces complications.
- Advocate for standards and policies that reflect the latest evidence in vascular access and infection control.

We invite ACIPC members and stakeholders across healthcare to engage with the VASIG and contribute to shaping the future of vascular access in Australasia.

For more information on how to get involved, please email: office@acipc.org.au

SOUTH AUSTRALIAN SIG

DECEMBER MEETING

You are invited to attend the South Australia Special Interest Group (SIG) in-person event. This a free event open to South Australian members and non-members.

Date: Friday, 12 December 2025

Time: 1:00 – 5:00PM (ACST)

Venue: Royal Adelaide Hospital, Level 8D
Lecture Theatre, 1 Port Road Adelaide

Paid parking in the hospital car park or alternative parking outside on surrounding streets. The tram stops outside the hospital.

South
Australia
SIG
Special
Interest
Group



**CLICK HERE
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FOR THE
DECEMBER
MEETING**

Timetable for the day

13.05 - 13.30 Candida Auris and recent Outbreak at RAH

Kristy Ekers Nurse Consultant, Infection Prevention & Control Unit, Central Adelaide Local Health Network

13.30 - 13.45 Hand Hygiene Program Update - State Perspective

Infection Control Service, Department of Health and Wellbeing

13.45 - 14.00 LHN Perspective

Sandra Sheen Clinical Nurse, Infection Prevention & Control Unit, Central Adelaide Local Health Network

14.00 - 14.30 AI Technology and its future uses

Bronwyn King Project Manager of AI, Digital Innovation & Change, Central Adelaide Local Health Network

14.30 - 15.00 Reflections on the last ACIPC Conference Hobart 2025

Alana Marshall Associate Nurse Unit Manager, Infection Prevention & Control Unit, Central Adelaide Local Health Network

15:00 - 15:30 Afternoon Tea Break

15.30 - 16:00 Congenital Syphilis cases in SA/Australia and update re the SA HIV strategy

Tom Rees Manager, STI and BBV Section, Communicable Disease Control Branch

16.00 - 16.30 Hand Hygiene Program Update - State Perspective

Infection Control Service, Department of Health and Wellbeing

16.30 - 17.00 Reflections and insights as a new ICP in Aged Care

TBC

Drinks, nibbles & networking - a celebration of 2025 ACIPC SIG

Contact SIG Convenor

Marija Juraja, Nurse Unit Manager - CALHN Infection Prevention & Control Unit
marija.juraja@sa.gov.au

Blood Borne Virus TESTING COURSE



The course has been designed for healthcare practitioners involved in undertaking testing in all healthcare settings including midwifery, acute care, community health, women's health, correctional health, rural and remote health, refugee health, sexual health, and infection prevention and control practitioners.

DURING THE COURSE YOU WILL LEARN ABOUT:

- ✓ Epidemiology, transmission, management options and prevention of HIV, hepatitis B and hepatitis C
- ✓ Different tests available to correctly diagnose, testing intervals post exposure and window periods for testing
- ✓ Post incident pre- and post-test discussion for both the recipient and the source following the incident
- ✓ The personal impact and medical consequences of HIV, hepatitis B and hepatitis C
- ✓ Conducting a risk assessment for HIV, hepatitis B and hepatitis C
- ✓ Strategies and resources for effective health promotion and prevention education
- ✓ Basic counselling skills including listening, questioning, reflecting and summarising

COST: \$350

Course updated in response to new guidelines, epidemiology data, and emerging evidence.

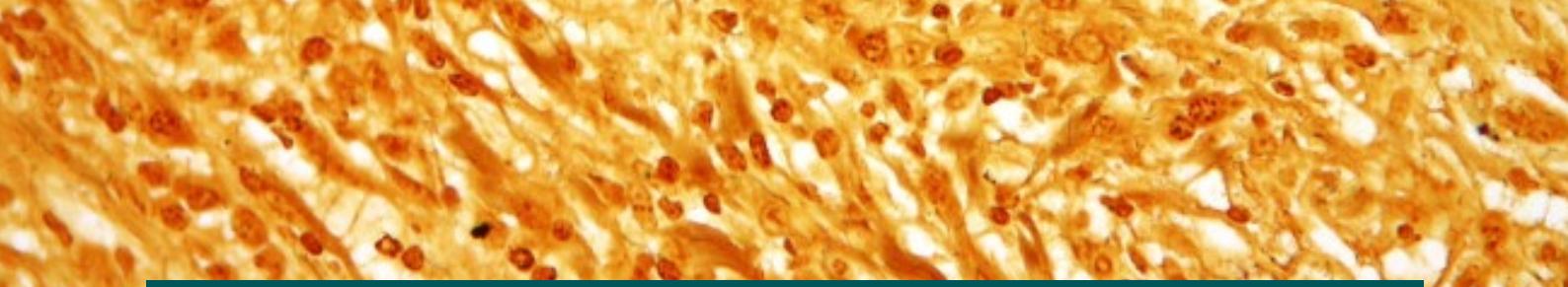
BOOK NOW
FOR COURSE
COMMENCING
30 JAN 2026

LIMITED SPACES LEFT

If you have any questions,
please email learning@acipc.org.au
or go to our website for more
information acipc.org.au



**MORE
INFORMATION**



SYPHILIS DECLARED A COMMUNICABLE DISEASES INCIDENT OF NATIONAL SIGNIFICANCE

On 7 August 2025, Australia's Chief Medical Officer, Professor Michael Kidd AO, declared syphilis a *Communicable Disease Incident of National Significance (CDINS)*.

This decision reflects a sustained and concerning increase in infectious syphilis cases across the country over the past decade, now affecting communities in nearly all regions of Australia.

Once thought largely under control, syphilis has re-emerged, exposing critical gaps in awareness, testing, and treatment. Rates have risen particularly among younger people, Aboriginal and Torres Strait Islander communities, and those living in regional and remote areas.

Preventable Tragedies: Congenital Syphilis

Of greatest concern are preventable cases of congenital syphilis — when infection is passed from a pregnant person to their baby. Congenital syphilis can cause miscarriage, stillbirth, premature birth, severe neonatal illness, and infant death. Babies who survive may experience lifelong complications such as blindness, deafness, or developmental delay.

These outcomes are entirely preventable. With timely antenatal testing and treatment, congenital syphilis can almost always be avoided. The rise in these cases highlights gaps in access to healthcare, antenatal screening, and community awareness.

Why Syphilis is a Public Health Threat

Syphilis remains a major public health concern because it spreads easily, can remain undetected for long periods, and causes serious long-term complications if untreated. The infection, caused by the bacterium *Treponema pallidum*, progresses through stages — primary, secondary, latent, and tertiary — with symptoms that may appear mild, intermittent, or disappear completely, allowing infections to go unnoticed.

If untreated, syphilis can damage the brain, heart, and other organs years after infection. Neurosyphilis can lead to paralysis, vision loss, or cognitive decline, while cardiovascular syphilis can cause aneurysms and heart disease.

Syphilis also plays a critical role in the transmission of HIV. Open sores increase the risk of HIV infection, and co-infection can worsen both conditions. This makes controlling syphilis essential to broader infectious disease and sexual health strategies.

Because it is highly contagious and often asymptomatic, a single undiagnosed case can quickly trigger wider outbreaks. Without ongoing prevention and surveillance, syphilis can rapidly spread through sexual networks and undermine public health progress.

A Nationally Coordinated Response

The CDINS declaration signals that the scale and complexity of the current outbreak require a nationally coordinated approach.

The Australian Government, together with states, territories, Aboriginal Community Controlled Health Organisations (ACCHOs), and other key partners, continues to lead the response through the National Syphilis Response Plan. The plan focuses on early detection, treatment, and prevention through:

- Expanded testing and screening – Increasing testing across primary, sexual health, and antenatal services, including point-of-care testing in remote areas for same-day results.
- Prompt treatment and contact tracing – Ensuring timely access to benzathine penicillin and robust follow-up to stop transmission.
- Public awareness and education – Promoting regular sexual health checks and open conversations about STI prevention.
- Support for priority populations – Partnering with Aboriginal and Torres Strait Islander communities to deliver culturally appropriate healthcare and education.

Moving Forward Together

Syphilis is both preventable and curable, yet it continues to cause serious harm in communities across Australia. The CDINS declaration is a reminder that even well-known infections can re-emerge when access, equity, and vigilance lapse.

Reducing transmission will require a sustained and coordinated effort — from governments, health professionals, and communities alike. Increased testing, education, and equitable access to treatment will be key to reversing current trends and protecting vulnerable populations.

As infection prevention and control (IPC) professionals, ACIPC members play a vital role in this response. Through clinical care, education, policy, and advocacy, our community's expertise is critical to preventing transmission and strengthening Australia's public health resilience.

To support your role in this response, ACIPC has compiled key resources to assist with clinical awareness, risk assessment, and evidence-based management of syphilis.

National Syphilis Response Plan 2023-2030
<https://www.cdc.gov.au/resources/publications/national-syphilis-response-plan-2023-2030>

Recently updated advice in chapter 8.5 on syphilis of the Australian Pregnancy Guidelines
<https://app.magicapp.org/?language=en#/guideline/jm83RE>

Syphilis Communicable Diseases Network Australia (CDNA) National Guidelines for Public Health Units, (updated in November 2024)
<https://www.health.gov.au/sites/default/files/2024-11/syphilis-cdna-national-guidelines-for-public-health-units.pdf>

The Australian Sexually Transmissible Infections (STI) Management Guidelines for Use in Primary Care, including specific guidance on syphilis
<https://sti.guidelines.org.au/sexually-transmissible-infections/syphilis/>

Beforeplay - National STI Campaign
<https://www.health.gov.au/sti>

Australian Pregnancy Care Guidelines

- <https://livingevidence.org.au/living-guidelines/leapp/>
- <https://app.magicapp.org/#/guideline/jm83RE/section/EdrZ5m>

Australian Institute of Health and Welfare (AIHW) - Data on Antenatal Care

<https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies/contents/antenatal-period/antenatal-visits>

Interim Australian Centre for Disease Control disease directory:

- <https://www.cdc.gov.au/topics/syphilis-health-professionals>
- <https://www.cdc.gov.au/newsroom/news-and-articles/australias-syphilis-epidemic-everyones-business>

ASHM Resources:

- Syphilis clinical indicator tool - <https://ashm.org.au/resources/could-it-be-syphilis-clinical-indicator-tool/>
- Decision making in syphilis resource - <https://ashm.org.au/resources/syphilis-decision-making-tool/>
- Sexual history taking - <https://sexualhistorytaking.com.au/>
- Australasian contact tracing guidelines - <https://contacttracing.ashm.org.au/>
- Sexual Health Fundamentals eLearning Course - <https://ashm.org.au/education/sexual-health-fundamentals/>
- Decision Making in Doxy-PEP - <https://ashm.org.au/resources/doxy-pep-decision-making-tool/>
- Doxy-PEP: Everything you need to know! Information Sheet - <https://ashm.org.au/resources/doxy-pep-everything-you-need-to-know-information-sheet/>
- Syphilis Training and Resources <https://ashm.org.au/learning-hubs/syphilis/>
- ASHM Resource Library https://ashm.org.au/resources/?jsf=epro-loop-builder&tax=health_topic:294

Shared Articles:

ABC News (June 2025) 'Home abortions and hiding pregnancy, research reveals hard realities for migrant workers' – ABC News, 2 June 2025

Fairley et. al. (2025) 'Do Australian sexual health clinics have the capacity to meet demand? A mixed methods survey of directors of sexual health clinics in Australia' <https://pubmed.ncbi.nlm.nih.gov/40327775/>

McCormack et. al. (2023) 'Exploring Whether the Electronic Optimization of Routine Health Assessments Can Increase Testing for Sexually Transmitted Infections and Provider Acceptability at an Aboriginal Community Controlled Health Service: Mixed Methods Evaluation' <https://pmc.ncbi.nlm.nih.gov/articles/PMC10722379/>

BUG OF THE MONTH

Syphilis

Carrie Spinks
ACIPC IPC Consultant

FROM
SEPTEMBER
2025 EDITION
OF IPC NEWS



What is it?

Syphilis is a sexually transmissible infection (STI) caused by the bacterium *Treponema pallidum*. It progresses through primary, secondary, latent, and tertiary stages and can cause severe complications if untreated. Syphilis may also be transmitted during pregnancy, resulting in congenital infection.

Signs and Symptoms

Primary

Painless ulcer (chancre) at the infection site.

Secondary

Rash (often on palms/soles), fever, lymphadenopathy, mucosal lesions.

Latent

No symptoms; infection detectable only by blood tests.

Tertiary

Neurological, cardiovascular, or gummatous complications.

Congenital

Stillbirth, neonatal death, or long-term disability (e.g., bone, neurological, sensory impairment).

Transmission

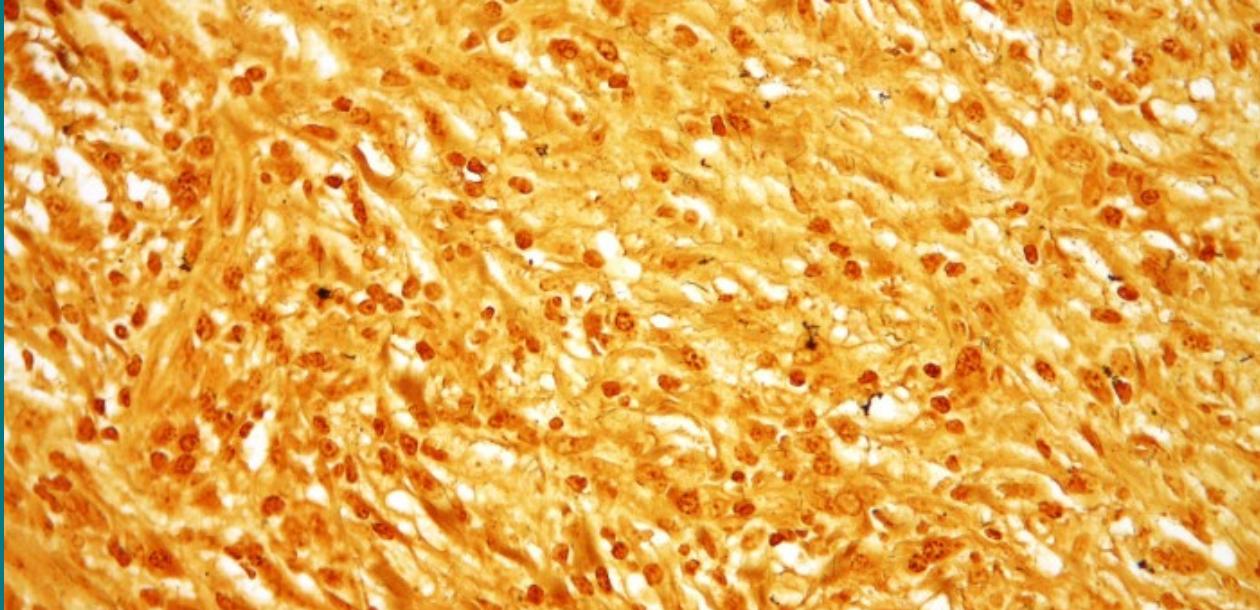
Spread occurs through vaginal, anal, or oral sex via direct contact with infectious lesions, or from mother to child during pregnancy or birth. Rarely, transmission may occur through blood exposure, though screening practices minimise this risk.

Those at Risk

Anyone who is sexually active can acquire syphilis. Higher prevalence occurs among men who have sex with men, people with multiple partners, and Aboriginal and Torres Strait Islander communities in remote Australia. In New Zealand, cases are increasing among women of reproductive age, raising congenital syphilis risk. Populations in Pacific Island nations also face elevated risk due to limited healthcare access.

Prevention

Condoms and dental dams reduce, but do not eliminate, risk. Regular testing in high-risk groups, early antenatal screening, and prompt treatment are essential. Partner notification and treatment, alongside public health and community education initiatives, are critical for reducing transmission.



Diagnosis

Confirmed by serology using both non-treponemal (e.g., RPR, VDRL) and treponemal tests (e.g., TPPA, EIA). Lesion swabs or dark-field microscopy may be used. Cerebrospinal fluid testing is indicated for suspected neurosyphilis.

Treatment

Benzathine penicillin G is the first-line treatment for all stages, including congenital syphilis. Alternatives such as doxycycline or ceftriaxone may be used where penicillin is unsuitable, though desensitisation is recommended during pregnancy. Follow-up serology is required to confirm cure and detect reinfection.

Current Situation in Australia & New Zealand

Australia is experiencing record-high rates, with outbreaks particularly affecting remote Indigenous communities. In 2024, over 5,500 cases were reported, and congenital syphilis deaths have already occurred in 2025. The condition has been declared a communicable disease incident of national significance. In New Zealand, cases are also rising across genders, with increasing congenital notifications prompting strengthened public health responses.

References

1. Australian Centre for Disease Control. (2024, September 18). Australia's syphilis epidemic is everyone's business. Australian Government Department of Health. Retrieved August 30, 2025, from <https://www.cdc.gov.au/newsroom/news-and-articles/australias-syphilis-epidemic-everyones-business>
2. Australian Government Department of Health and Aged Care. (2024). Syphilis. Retrieved August 30, 2025, from <https://www.health.gov.au/diseases/syphilis>
3. Australian Government Department of Health and Aged Care. (2025). National syphilis surveillance quarterly report: October to December 2024. Canberra: Department of Health. Retrieved August 30, 2025, from <https://www.health.gov.au/resources/publications/national-syphilis-surveillance-quarterly-report-october-to-december-2024>
4. Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). (n.d.). Syphilis. STI Guidelines Australia. Retrieved August 30, 2025, from <https://sti.guidelines.org.au/sexually-transmissible-infections/syphilis/>
5. New Zealand Sexual Health Society. (2023). Syphilis management guidelines. Retrieved August 30, 2025, from <https://sti.guidelines.org.nz/infections/syphilis>
6. SA Health. (2024). Syphilis – including symptoms, treatment and prevention. Government of South Australia. Retrieved August 30, 2025, from <https://www.sahealth.sa.gov.au/wps/wcm/connect/Public%20Content/SA%20Health%20Internet/Conditions/Infectious%20diseases/Syphilis/Syphilis%20-%20including%20symptoms%20treatment%20and%20prevention>

Infection Control Matters Podcast

Posters from the 2025 Innovation Academy at ICPIC and from the UK IPS Conference

In this episode, Brett and Martin discuss a few posters that interested them from recent major infection prevention conferences.

Brett was at the ICPIC Conference in Geneva and found plenty of interest in the Innovation academy.

1. Tracing hand pathogen transmission with and without hand hygiene with a newly developed DNA-encapsulating Lipid Nanoparticle system
2. Innovative FFP2 procedural mask for safer high-risk procedures
3. A new medical mask made of filtering, transparent and ecofriendly material
4. AI for healthcare-associated infection

Martin was on his travels as well and recorded a few discussions with poster presenters at the 2025 Infection Prevention Society conference at Brighton in the south of the UK (more in the next episode). On this occasion he spoke to Frances Butson from the IPC Team at Gloucester Hospitals NHS Foundation Trust in the UK.

We discussed a new approach to providing the hospital board with assurance of best practice by having 'bottom-up' local assessments rather than using a more traditional IPC team approach. Additionally, to foster better communications in the organisation the team there have a local podcast called IPC In Action, which can be found here: <https://shows.acast.com/ipc-in-action-podcast> and also on YouTube etc.



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Poster: Developing the Infection Control Assurance Framework (ICAF): A Pathway to Enhanced IPC Practices

3 minute read

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Developing the Infection Control Assurance Framework (ICAF): A Pathway to Enhanced IPC Practices

CLICK HERE TO DOWNLOAD

available standards compiled by staff from patient-facing clinical areas in Gloucestershire Hospitals NHS Foundation Trust

Development

The initial stages of development included consultation with a range of staff members across inpatient, outpatient and theatre settings to determine which available IPC practices should be included. The topics below were to be included:

- Standard Precautions (hand hygiene with additional element for patient hand hygiene, patient placement and risk assessment, Personal Protective Equipment (PPE) featuring fit testing, PPE disposal and re-use)
- Water Safety (outlet usage, drainage, leakage and filtration)
- Microbiology (antimicrobial resistance, MRSA screening, CPE screening and stool sampling for patients requiring isolation)
- Cleaning (domestic service provision, nursing cleaning and matriculation care)
- Research

A dashboard was formed with the questions, resource links and audit tools on the key topics to be completed on a monthly basis by members of staff from each clinical area. It launched in Spring 2025 following a selection of training sessions with area teams and a progress survey 3 months later. The dashboard was updated quarterly. A series of 12 monthly training and audit sessions were held with staff from the clinical areas and matrons as key stakeholders, to see how it could be adapted in the future to make it more useful and relevant for each area.

Over the first six months we have seen compliance rates in completion of the ICAF rise from an average of 35.75% to 52.51% showing an improvement of 18.91%.

In addition, following 3 months use of the ICAF, a survey was sent out to its users to assess its ease of use, accessibility, relevance and impact on their clinical practice in their area. Please see a snapshot of the results and comments below:

71% of participants felt it was useful in identifying gaps in IPC practices

84% of participants felt it was useful in improving IPC practices in their area

62% of participants felt the questions weren't relevant to their area of work

62% of participants felt it was useful in improving IPC practices in their area

Discussion and future plans

The Infection Control Audit Framework (ICAF) provides a comprehensive approach to supporting and ensuring adherence to infection prevention and control (IPC) standards. When paired with organisational engagement, local ownership, and a culture of continuous feedback, audits serve not only as assurance tools but also as drivers for quality improvement.

To enhance the framework's effectiveness in reducing healthcare-associated infections (HCAIs) and improving patient safety, it must be consistently implemented, embedded in routine practice, and supported by strategies to overcome resistance to change. Mousa et al. (2021), in a recent systematic review of hospital audits, found that locally driven audits—especially those integrated into daily workflows and supported by engaged leaders—yield more sustainable outcomes. Yee et al. (2024) also highlighted the importance of involving all staff in the audit process to ensure buy-in and embed audit practices into daily routines and fostering team-wide engagement. Nevertheless, further refinement is needed to improve the ICAF's relevance, accessibility, and usability.

Current efforts include staff follow-up meetings to assess which framework elements are most applicable, ongoing education and training, and iterative updates to audits and questions. Future plans include developing an interactive digital platform to consolidate audits and frameworks, featuring automated reporting and alerts to support timely completion and informed compliance. We also plan to involve multi-disciplinary teams to ensure the framework reflects a broader range of perspectives and promotes collaboration across different areas of infection prevention and control.

Reducing harm at the Front Line: Oral Care driving down C. difficile and Line Care - the Power of Better Data

In this episode, Martin spoke to the authors of two compelling posters showcased at the 2025 Infection Prevention Society Conference in Brighton, each discussing practical, data-driven approaches to reducing avoidable harm. Download the posters and have a listen to two authors with a passion for their projects.

First, Catherine Lemsalu, a Dental Nurse from the IPC Team at University Hospital Plymouth discusses her quality-improvement work on an acute stroke ward, demonstrating how structured mouth-care assessment, targeted staff education, and consistent daily oral care contributed to reductions in non-ventilated hospital-acquired pneumonia and *Clostridioides difficile* infections.

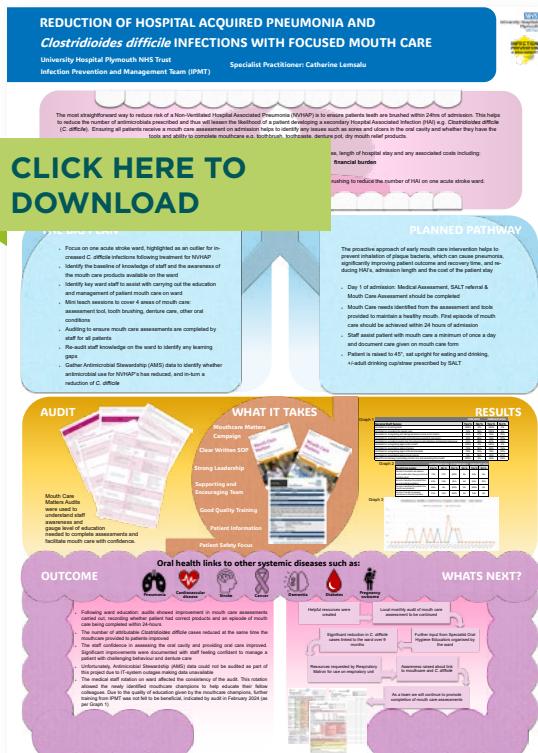
Her poster highlights how simple, early interventions—done well—can strengthen antimicrobial stewardship, improve patient outcomes, and build ward-level capability through mouth-care champions.

We then explored the development of a national surveillance framework and digital tool for vascular access device-related bloodstream infections (VAD-BSI) with Sue Rowlands from The Royal Wolverhampton NHS Trust.

Their multidisciplinary initiative has created a standardised, user-friendly approach to classifying VAD-BSI, identifying risk factors, and generating automated visual outputs that support local reporting, audit, and education. Early pilot data show strong usability, enhanced insight into bloodstream infection epidemiology, and meaningful impact on line-care practice.

Posters can be downloaded below.

Poster: Reduction of hospital-acquired pneumonia and *Clostridioides difficile* infections through focused line care



Poster: Developing a surveillance framework and digital tool for Vascular Access Device-Related Bloodstream Infections (VAD-BSI): improving patient safety through local data and national insight



Latest articles from Infection, Disease & Health

Performance of the Australian hospital-acquired complication algorithm for detecting hospital-onset bloodstream infections

Leon J. Worth, Stephanie J. Curtis, Rhonda L. Stuart, Caroline Marshall, Paul D.R. Johnson, Lucy O. Attwood, Andie S. Lee, Haydee Dickson, Allen C. Cheng, Andrew J. Stewardson

Does policy and practice for peripheral intravenous catheters match clinical standards?

A point prevalence study

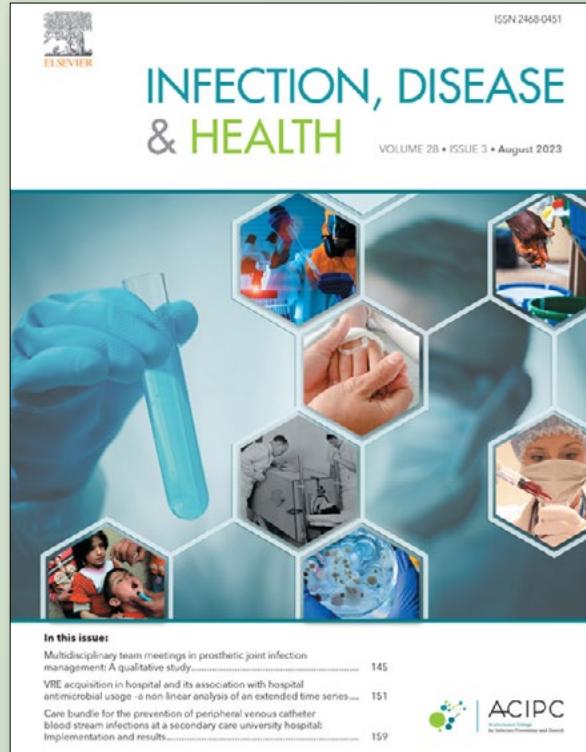
Josephine Lovegrove, Sally Havers, Jessica Schults, Gillian Ray-Barruel, Alice Bhasaleg, Samantha Keogh, Sarah Smith, Jemima Fritts, Amanda J. Ullmana, Hui (Grace) Xu, Claire M. Rickard

Evaluating the efficacy of disinfectant agents and application times for vascular catheter needleless connector decontamination

Maryanne Kuek, Sarah K. McLean, Enzo A. Palombo, Sharon Brownie, Claire M. Rickard, Nahid Choudhury

Transmission dynamics of HBV and HCV in dialysis centres: An overview of standard infection control practices and their efficacy

Saadiya Mushtaq, Khushbakht Alam, Raza Ullah Asif, Ejaz Ghan, Muhammad Ali Rathore, Farrukh Islam



Pediatric ECMO and infection risk: A retrospective study on surgical site and bloodstream infections

Samiyah Althagafi, Mashaal Alenzi, Mohammed Alsuhaiibani, Afnan Almalki, Fahad Alrawaf, Raghad Alhuthil, Reem Albeheri, Hibah Alruwaisan, Ohoud Alyabes, Sami Al-Hajjar

An investigation of Infection Prevention and Control professionals' experiences during the COVID-19 pandemic: A global perspective

Matt Mason, Jocelyne M. Basseal, Roslyn Walker, Peta-Anne Zimmerman

IDH MOVING TO ONLINE

Transitioning to online only access for Infection, Disease & Health

In recognition of the high carbon footprint of printing and distributing print copies, the board of ACIPC have taken the decision to move to online only publication of our journal Infection, Disease & Health (IDH) from 2026.

ACIPC members will continue to benefit from online access to the journal via the [member section of our website](#), linked to the [journal website](#). Note that you can also sign up for table of contents alerts by logging in or registering using links on the top right-hand side of the screen.

We have already seen some interest from ACIPC members in taking up an online only version of the journal in recent years and we understand that other colleges and associations have already successfully made this transition. The publisher has also seen a sharp reduction in demand for printed components in the journal's personal and institutional subscriber base, and is committed to achieving [net zero CO2-emissions by 2040](#).

Online publication also opens up some new opportunities for the journal. For example, in the future, we will consider a move to article based publishing (ABP). ABP is a workflow model that allows articles to be published online using full, final citation data as soon as the paper has been typeset and finalised, rather than waiting for it to be compiled into a complete journal issue. This model significantly speeds up the publication process for authors and aligns with reader preferences.

Selected Publications of Interest

- > **Dutch guideline for the prevention and control of multidrug-resistant organisms in the hospital setting, 2024 update**
- > **What does years of urinary tract management in aged care tell us?**
- > **Paediatric Consumers' Perspectives on Infection Prevention and Control and Antimicrobial Stewardship**
- > **Nurses' knowledge and its determinants in surgical site infection prevention: A comprehensive systematic review and meta-analysis**
- > **Multimodal strategies for the implementation of infection prevention and control interventions—update of a systematic review for the WHO guidelines on core components of infection prevention and control programmes at the facility level**
- > **Artificial intelligence in hospital infection prevention: an integrative review**
- > **Greening Infection Prevention and Control: Multifaceted Approaches to a Sustainable Future**

Events Calendar

FIS International Conference 2025

2-4 December 2025

Burnemouth, UK

[Register now](#)

National Centre for Antimicrobial Stewardship Seminar – Digital AMS

Wednesday 17 December 2025, 8.30AM

[Register here](#)

ACIPC Aged Care IPC Webinar - Reprocessing of reusable medical devices and equipment in the aged care setting

Wednesday 17 December 2025,

2.00PM AEDT

Speaker: Terry McAuley – Director – STEAM Consulting

[Register here](#)

14th Meeting of the International Society for Pneumonia & Pneumococcal Diseases (ISPPD-14)

17-21 May 2026

Copenhagen, Denmark

[More info here](#)

44th Annual Meeting of the European Society for Paediatric Infectious Diseases (ESPID 2026)

1-5 June 2026

Bologna and online

[More info here](#)

The Infection Prevention & Control Nurses College (IPCNC) Conference

26-28 August 2026

Takina, Wellington

[More info here](#)



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