



ACIPC

Australasian College
for Infection Prevention and Control

IPC
News

JULY 22

ACIPC President Kristie Popkiss

Welcome to the July issue of Infection Prevention and Control (IPC) News.



Toxic workplace culture has been a topic of conversation more recently in many forums. The focus of this is frequently related to having someone in a leadership position who is narcissistic and often displays behaviours such as bullying, harassment and humiliation which then may cause anxiety, stress and job burnout in staff. This then influences beyond those directly reporting to them. The wider workplace is often unhappy and unproductive as a result of this. Many of you may have observed this in your own workplace or heard about it from friends or colleagues. Certainly if you've experienced this you will know of its impact to you personally and the mind-space this occupies well beyond designated working hours.

Rather than ruminating on the negative, I think it is beneficial to consider what is the opposite of a toxic workplace. From my own experiences and discussions the antithesis of a toxic workplace is a respectful workplace. What this looks like is a workplace where there's not only respect and acceptance of others, but also respect for and adherence to workplace rules. Far from being idealistic, when people are complying with their code of conduct, general policies and procedures and adhering to safety protocols, whilst being kind to

each other, this is actually the minimum standard of how we should all be operating at work.

Within Infection Prevention and Control where people may view us as being compliance focussed and showing authoritarian traits, how can we as individuals foster and maintain a kind and respectful workplace, irrespective of the workplace culture surrounding us, that motivates people to intrinsically follow best practice to prevent infection?

Positivity and impactful leadership is key. Find support in your co-workers and the broader ACIPC community. Check in with each other and be supportive. Seek advice on how best to manage any challenges and recognise individual and group efforts and achievements. Respect is about building people up and empowering both ourselves and our co-workers to combat toxicity by building positive and productive workplaces.

Thanks for reading this month's IPC News.

Until next month, warm regards,

Kristie Popkiss



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Congratulations Professor Brett Mitchell

On behalf of the College and members, we congratulate Professor Brett Mitchell on receiving the Commonwealth Ministers Award for Excellence in Health and Medical Research. Brett is a long time College Member, a College Fellow and Editor-in-Chief of our Journal, *Infection, Disease & Health*.

The following article was published on the NHMRC website www.nhmrc.gov.au/about-us/news-centre/research-excellence-infection-prevention-doing-research-matters.



Research Excellence: Infection prevention - doing research that matters

Professor Brett Mitchell is the first nurse to receive the Commonwealth Health Minister's Award for Excellence in Health and Medical Research. He is a Professor Health Services Research and Nursing at Avondale University and also received the 2021 Peter Doherty Investigator Grant Award (Emerging Leadership) for his work providing evidence for practical measures to reduce common infections, as well as improving cleaning in healthcare.

Today, one in 10 patients in an Australian hospital acquires an infection while in hospital. There are approximately 165,000 such infections acquired each year in Australian hospitals. These hospital-acquired infections represent just a subset of the total number healthcare associated infections, which include all infections associated with receiving healthcare in all settings.

My interest in infection prevention possibly began in high school, where I undertook a work experience placement in a microbiology laboratory in Ipswich, Queensland. I then studied nursing and a few years later, I was working as a senior nurse in a tertiary infectious disease unit in the United Kingdom. This sparked my interest for infectious disease and infection prevention. Since this time, I have helped establish the Tasmanian Infection Prevention and Control Unit, assisted and worked in low-income countries and been involved with and support national initiatives with the Australian Commission on Safety and Quality in Health Care.

It was through these experiences that I became seriously interested in researching the prevention of infection. Surprisingly, in part due to a lack of research funding in this area, there is a lack of high-quality research to support aspects of infection prevention. The COVID-19 pandemic has highlighted this. Over the past few years, I have been working with clinicians, academics and industry across the country and internationally, to try and find ways to reduce the risk of infections occurring in healthcare settings.

The burden of healthcare associated infection is significant, with associated morbidity, mortality and, for those acquired in hospitals, increased length of stay. Research and clinical quality initiatives have demonstrated that the prevention of infection is possible, but to date efforts have focussed primarily on the prevention of surgical site infection, infection in high-risk areas such as intensive care, and hand hygiene. Despite being the most common healthcare associated infections, research



Professor Mitchell receives the 2022 Commonwealth Minister's Award for Excellence in Health and Medical Research from Minister for Health and Aged Care Mark Butler, with NHMRC CEO Professor Anne Kelso AO and Council Chair Professor Caroline Homer AO. Professor Mitchell is the first nurse to receive the award.

into the prevention of hospital-acquired pneumonia and community acquired urinary tract infection is limited. Similarly, there is little high-quality research into the role of environmental cleaning to reduce healthcare associated infections.

Prevention of infections through practical, implementable and translatable interventions is of critical importance in the era of antimicrobial resistance - not only to reduce the burden and impact for patients and health services now, but also to limit antimicrobial resistance and better prepare us for emerging infectious disease threats.

My research program consists of three inter-related projects, focused on 'neglected' areas of infection prevention - urinary tract infection, hospital acquired pneumonia and improved cleaning in healthcare.

I have been asked in the past why I do research and why it is important. For me, the answer is simple "for patients and for healthcare workers". As a nurse, I went into

the profession to help others. I would not have guessed the career pathway I have taken, but what I have come to realise is that doing research that matters, is vitally important for the quality of care we can provide as healthcare workers.

I was utterly surprised and delighted to be recognised by the NHMRC as part of the Research Excellence Awards. I would like to thank the NHMRC Council members, Professor Kelso and Minister Hunt for this award. This award is a reflection of teamwork - and in partnership with many other individuals who I have worked with over many years.

Through this award, my research and working alongside patients, clinicians, academics and industry, I hope we can reduce the burden of infection for patients who receive healthcare across the country. I truly hope this is the beginning of much more to come in researching the prevention of infections.

LEADING THROUGH THE EXPANDING HORIZONS OF IPC

ACIPC International Conference

The ACIPC 2022 Conference will focus on capturing new approaches and thinking, as well as the cornerstones of IPC with healthcare epidemiology; antimicrobial resistance and stewardship; IPC in long-term care and non-clinical settings; education, training, and staff development; community engagement and patient care. By attending the conference, you will learn from national and international experts, network with likeminded professionals, and meet with Australasia's largest collection of IPC industry suppliers.

Early Bird registration closes on 30 September 2022 and you can register here now:
acipconference.com.au

In-Person Registrations include:

- ✓ Access to conference sessions
- ✓ Daily catering
- ✓ Pre-Conference drinks
- ✓ Welcome Reception
- ✓ Breakfast sessions
- ✓ Access to the ACIPC Online Conference Portal
- ✓ Access to recorded sessions

Online Registrations include:

- ✓ Access to all live streamed conference sessions
- ✓ Access to the online meeting hub
- ✓ Access to the online exhibition area
- ✓ Access to the online poster gallery
- ✓ Access to recorded sessions



Conference Scholarship Applications for Aust & NZ

Scholarship applications are open to residents of Australia or New Zealand who are 2022/2023 financial members of ACIPC and have been a member for at least twelve months.

The value of each scholarship comprises one early-bird registration to attend the conference in Sydney, or as a virtual delegate.

Applications close 1 September 2022.

acipconference.com.au

Conference Sponsors

The 2022 ACIPC International Conference is proudly supported by:

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Featured Article:

Infection, Disease & Health

Evaluating methods for the use and decontamination of needleless connectors: A qualitative inquiry

Emily N, Larsen, Deanne August, Samantha Keogh, Julie Flynn, Amanda J. Ullman, Nicole Marsh, Marie Cooke, Alexandra L. McCarthy, Claire M. Rickard

Abstract

Background

Needleless connectors (NCs) are essential devices designed to provide safe, needle-free connection between venous access devices, syringes and infusions. There is a variety of designs, and associated decontamination products and practices; the resulting confusion can cause detrimental patient outcomes. This study aimed to explore nurses' attitudes, techniques, and practices around the use and decontamination of NCs in clinical practice.

Methods

Qualitative inquiry was conducted with seven focus groups of 4–6 participants each in the cancer and surgical units of a large tertiary hospital in Australia between January and March 2019. Participants comprised nurses who had taken part in a recent clinical trial of NC decontamination. Focus group sessions were recorded, transcribed and synthesised using content analysis.

Results

Seven focus groups were conducted (total, N = 30 participants), lasting 16–20 min. Six major themes were identified surrounding needleless connector use and decontamination: 'safety and utility'; 'terminology and technological understanding'; 'clinical practice determinants'; 'decontamination procedures and influencers'; 'education and culture'; and 'research and innovation'.

Conclusions

The participants articulated positive attitudes towards needleless connector use for needle-stick and infection prevention, however rationales for care and maintenance practices demonstrated limited understanding of guidelines (e.g., disinfection time) and specific NC function (e.g., positive, negative pressure). The findings indicated the need for targeted, standardised needleless connector education, to enhance staff confidence, improve consistency of care and ensure patient safety.

Access the full article here:

[https://www.idhjournal.com.au/article/S2468-0451\(22\)00020-7/fulltext](https://www.idhjournal.com.au/article/S2468-0451(22)00020-7/fulltext)



Latest Articles from *Infection, Disease & Health*

Management of surgical instruments at loaner companies in upper-middle and high-income countries: The other side of the coin

Dayane de Melo Costa, Lillian Kelly de Oliveira Lopes, Luiz Antônio Pereira, Karen Vickery, Honghua Hu, Roel Castillo, Anaclara Ferreira Veiga Tipple

Effect of external urinary collection device implementation on female surgical patients

Melinda Lem, Nathan Jasperse, Areg Grigorian, Charlene Yuan, Meril Tomy, Jeffrey Nahmias

Characteristics and outcomes of hospitalised inpatients with indwelling urinary catheter-a retrospective study from a large regional hospital in Queensland

A. Clawson, S.F. Zahir, S. Stewart, S. Torr, N. Hempenstall, C. Vernon, S. Subedi

Adverse effects of personnel protective equipment among first line COVID-19 healthcare professionals: a survey in Southern Tunisia

Mouna Baklouti, Houda Ben Ayed, Hanen Maamri, Nouha Ketata, Firas Rhila, Sourour Yaich, Raouf Karray, Jihene Jdidi, Yosra Mejdoub, Mondher Kassis, Habib Feki, Jamel Dammak

Meet Magdalena Di Giacomo, winner of the 2022 Dr Joan Faoagali Award

The Dr Joan Faoagali Award was set up by the College to honour Joan in celebration of her life and her considerable contribution to the IPC profession. The winner of the scholarship is awarded FIPC course fees. This year's recipient is Magdalena Di Giacomo. Former ACIPC President Belinda Henderson, a long-standing friend and colleague of Joan caught up with Magdalena to congratulate her on her award and discuss life and work in IPC.

Congratulations on your win Magdalena! I'm so excited to have the opportunity to chat and talk about all things IPC – tell me about your current role?

Hi Belinda! Thank you so much for the opportunity to catch up and chat about Infection Prevention and Control, I am so thrilled and honoured to have been awarded the Dr. Joan Faoagali award for 2022. I am currently employed as a Clinical Nurse Consultant in the Infection Prevention and Control Unit at the Townsville University Hospital. My substantive position with Infection Prevention and Control is a Clinical Nurse. I have worked in the unit since 2016. My role is continually developing particularly during the evolution of COVID-19, but I am currently responsible for supporting a team of ICPs and embedding sound



infection control practices across a large health service organisation, with a clear patient safety focus.

What's your professional background and what lead you to work in IPC?

I completed my Bachelor of Nursing degree at the University of Ballarat (Victoria) in 2010 and commenced working as Graduate Registered Nurse at the Warrnambool Base Hospital in the Acute Care Ward. In 2013, I made the decision to move to Townsville (where it is always sunny!), where I accepted a position as a Clinical Nurse in a government run Aged Care Facility. In that role I had a lot of opportunities to backfill Nurse Unit Manager and Clinical Educator positions and commenced a quality improvement project that developed an assessment tool for the early detection of the deteriorating resident. Following completion of the project, I had decided

that I was ready to transition back to the acute hospital setting and applied for a permanent position in Infection Prevention and Control. When I commenced work in Infection Control I had a basic understanding of Standard 3 and what Infection Control meant, but I was and continue to be supported by an extremely strong team of highly skilled ICPs and am still learning new things every day. I feel very lucky to be in a position in my career that I am so passionate about.

In your application you highlighted that you'll be looking to become credentialed next – that's great news! What does credentialing mean to you in terms of your professional journey?

Absolutely! I'm really looking forward to joining a suite of credentialled ICPs in my team. I think from a professional development perspective it is a great opportunity to acknowledge my strengths, skills, and level of expertise in Infection Prevention and Control. I also appreciate the valuable contribution having a team of credentialled ICPS is to the health service organisation, and I am excited to add to that contribution.

You're currently studying FIPC, I know it's early on in the course but can you tell me what you are enjoying about it so far?

To be honest, I completely underestimated how much I would enjoy returning to study. Studying is always more enjoyable when the subject matter is relatable and because I really enjoy all things Infection Prevention and Control it has been a great experience so far. The content is diverse and engaging, and there is a lot of support from the course facilitators. It has also been a great opportunity to form strong networks with like colleagues.

And finally, what about life outside of study and work? What are your interests? How are you relaxing during this crazy pandemic time?

Life for me outside of study and work is organised chaos! I have an almost 5-year-old daughter, a 2-year-old son and a wonderful husband who all keep me very busy when I am not at work or studying. In my down time I love to listen to a pop culture podcast or jump in the boat to catch and cook mud-crabs and spend time outdoors exploring. I think the silver lining from this pandemic is that it has become really easy to appreciate the simple things, like spending time with my family.

I know that Joan's family will be delighted that the award has gone to someone so passionate about IPC. I will tell them all about you. Congratulations again and all the very best with your studies.

Thank you so much Belinda, I really appreciate you taking time to catch up with me!

FOUNDATIONS OF INFECTION PREVENTION AND CONTROL

FIPC Course Availability

The College is running Foundations of IPC on demand.

FIPC Modules:

- ✓ Introductory concepts in infection prevention and control: Microbiology and the role of the laboratory, immunology
- ✓ Exploring the concepts and science of HAI prevention: Hand hygiene, standard and transmission-based precautions
- ✓ Surveillance and epidemiology: Concepts and application
- ✓ Cleaning, decontamination and sterilisation: Environmental hygiene & management of reusable devices
- ✓ Outbreak management: Communicable Disease notifications
- ✓ Multi-resistant organisms: Antimicrobial stewardship
- ✓ Aseptic technique and invasive devices: Management and evaluation
- ✓ International and Australian oversight of infection prevention and control strategies: Clinical governance – responding to standards and guidance
- ✓ Theories of leadership and motivation: Professional issues
- ✓ Employee health: Vaccination, sharps safety, pregnancy, blood and body fluid exposure response and management
- ✓ Practice specific settings: Aged Care, haemodialysis, invasive procedure settings

Please visit the ACIPC website for course dates and to book a course.
acipc.org.au/education



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

Course fee - \$350

More information can be found here:
acipc.org.au/education

INFECTION PREVENTION AND CONTROL IN AGED CARE SETTINGS

Short Course for IPC in Aged Care

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 course is ideal for staff supporting IPC Clinical Leads and Facility/Clinical managers.

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.

There is no exam and the course cost is \$500 per staff member.

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

Courses will be run on demand. Visit the ACIPC website to expression of interest in this course: acipc.org.au/education



Médecins Sans Frontières – Recruitment Webinar



Medicines Sans Frontiers has partnered with ACIPC to present a webinar focusing on the role of IPC nurses and doctors with IPC expertise in the field with MSF. The webinar features an interview with Eileen Goersdorf, a Northern Territory-based nurse, pictured below with MSF colleagues in Mokha, Yemen. This is a great opportunity to hear about Eileen's extensive experience with MSF.



During the recording Eileen talks of how she manages her professional nursing career in Australia together with regular field assignments with MSF. She has developed a strong IPC expertise and talks of how critical IPC knowledge-sharing and capacity building is to MSF projects, as well as the joys, rewards, and challenges in working with local and internationally mobile colleagues in diverse cultures and in difficult and remote contexts.

You can watch a recording of the webinar here now
<https://msf.org.au/event/infection-prevention-control-recruitment-webinar>

GAMA Healthcare and ACIPC Webinar: Waterless Bathing Webinar

Waterless bathing provides a safe and cost-effective alternative to the traditional bed bathing approach of using soap, water, washcloths and towels, replacing them with products such as wipes or cloths developed for an entire body wash.

If you missed out on our co-branded webinar last month, you can view the recorded presentation by Martian Keirnan on the ACIPC website.

www.acipc.org.au/acipc-gama-healthcare-waterless-bathing-webinar-2/

Recently Credentialed & Recredentialed Members

The Board of Directors would like to congratulate Sarah King and Elizabeth Haynes who have both earned the post-nominal CICP-P. Congratulations as well to ACIPC member Helen Bucknell who recredentialed at the Expert level.

For information on how you can become credentialed, visit the ACIPC website - acipc.org.au/credentialling/

Practice Guidance Committee Update

Nicola Isles, Chair of the PGC

The Practice Guidance Committee (PGC) has been with the College for a number of years. The main aim of the committee is to review and influence guidelines and standards related to infection prevention and control practice. We also make recommendations to the Executive Management Team on standards, guidelines and other pertinent documents that affect or influence infection prevention and control practice.

So far this year we have completed a review and recommendation for endorsement of APSIC Guide for Prevention of Catheter Associated Urinary Tract Infections (CAUTIs), a review and recommendation for endorsement, Australian Commission on Safety and Quality in Health Care Sepsis Clinical Care Standard and a review of the draft policy, Mandatory vaccination of healthcare workers from the Victorian Department of Health.

After a face-to-face Board meeting in May, the committee got together to talk about where we see our role to assist members moving forward. We all agreed we would undertake the following projects:

- ✓ Reviewing all the current position statements and developing some new ones e.g. Clostridioides difficile and CAUTI.
- ✓ Revising and updating the Aseptic Technique tools in line with the ACSQHC recent NSQHS Standards Implementation Guide for Action 3.11 Aseptic Technique.
- ✓ PCG will consider how we can support members with additional resources for Clinical Care Standards that are developed and released by the ACSQHC.
- ✓ PGC also looked at the draft Laundry Standards and recommended that these be reviewed



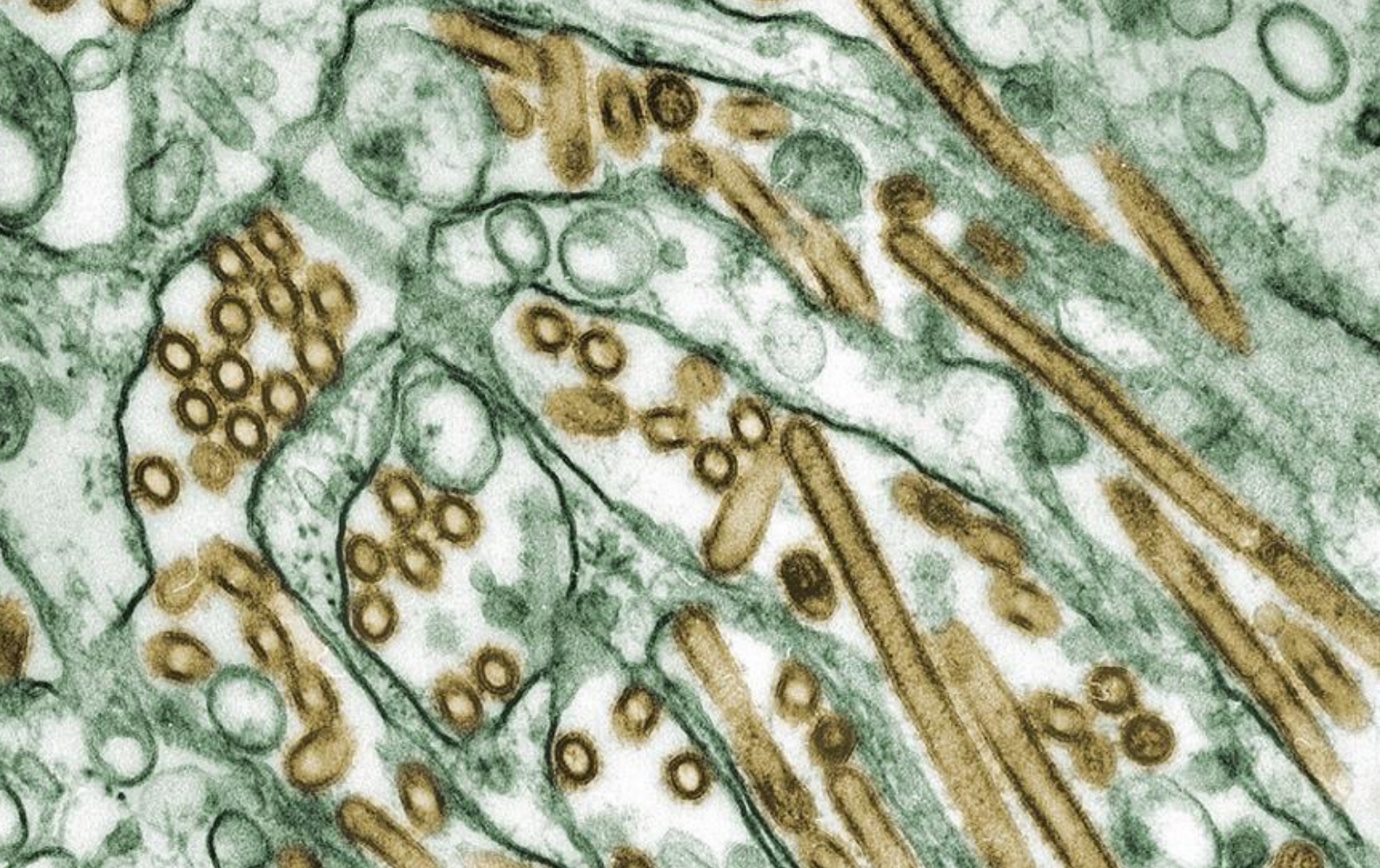
As part of my role as Chair, I represent the College on the the AS/NZS: 4187:2014 revision to AS5369 which is a significant piece of work.

It was fantastic to have received so much interest from members looking to join this committee and as a result we have a diverse group of practitioners.

Dr Charlene Dixon joined the committee for a two-year term at the start of 2022 and shared with me recently, “working on PGC is great chance to give back to the College and participate in the review of key documents. It’s been fairly ad hoc

so far which has kept us on our toes as a group. Much of the work is done out of session with meetings being a great opportunity to discuss ideas with a very diverse group with a lot of shared expertise.” Our other committee members are Wendy Peacock (Co-Chair), Sally Havers, Rita Roy, Maureen Canning, Gillian Ray-Barruel, Catherine McGovern, Simon Meyer-Henry, Michelle Kennedy, and Moralene Capelle who joins us from Nauru.

PGC activities are updated on the ACIPC Representation page and Annual Report.



Digitally-colored transmission electron microscopic image of Avian Influenza A H5N1 virus particles (in gold). Picture: Centres for Disease Control and Prevention/Public Health Image Library

Tracking Avian Influenza to Safeguard Australia

Outbreaks of avian influenza are accelerating in the Northern Hemisphere, and while the risk to Australia is small, it's important we monitor the situation closely.

By Dr Michelle Wille, Peter Doherty Institute for Infection and Immunity and University of Melbourne. In the last two years, as the world has wrestled with the COVID-19 pandemic, another deadly disease has been gaining momentum among birds – avian influenza.

The scale of current avian influenza outbreaks is unprecedented and accelerating.

Since the start of October 2021, there have been more than 4000 separate outbreaks of avian influenza viruses reported in Africa, North America, Asia and Europe. That's more than three times the annual average between 2005 and 2019.

Some wild bird populations have been hit by mass death events, while millions of poultry have been culled in an effort to control outbreaks and protect chicken stocks.



For example, 37.55 million poultry have been culled in the US since January this year. Culls of this scale have severe socioeconomic repercussions, not only for the poultry sector itself, but in higher prices for poultry and eggs in many countries.

The rising number of outbreaks is also a concern for humans.

There have been more than 2000 human cases of avian influenza since 2005, although the vast majority of those were due to the H7N9 virus subtype, rather than the H5 subtypes characterising the current outbreaks. The continued spread of H5 subtypes, and the re-emergence of H5N1 in particular, is concerning because of the potential for the virus to jump from birds to humans.

Between 2003 and 2021 there have been 863 human cases of the H5N1 subtype, resulting in 456 deaths – although there have been very few since 2008.

However, the rate of infection in humans is very low given the billions of poultry and hundreds of thousands of poultry workers and farmers involved. There has also been no human-to-human transmission.

But the situation needs to be closely monitored.

In China last year, there were 33 cases of the H5N6 strain with 11 reported deaths, and as of March this year, there had been 17 cases in China and at least five deaths. Again, there has been no human-human transmission.

Currently only countries including China and Vietnam routinely vaccinate poultry

for H5 avian influenza. However, the scale of outbreaks, coinciding with the return of the H5N1 subtype combination, means authorities should be considering mass vaccinating poultry.

As a case in point, in 2017, mass vaccination was used against the H7N9 strain and successfully lowered viral burdens in chickens, dramatically reducing human infections to effectively zero.


The current outbreak highlights the need for ongoing monitoring in Australia given the risk of transmission from migratory wild birds to domestic poultry. The current outbreaks are taking a terrible toll on particular wild bird populations.

For example, up to 10,000 Common Cranes (*Grus grus*) were found dead in Israel in December, while since November 8000-10,000 Barnacle Geese (*Branta leucopsis*) are estimated to have died in the United Kingdom.

Recently, hundreds of Dalmatian Pelicans (*Pelecanus crispus*) were found dead in Northern Greece.

Since 1976, there have been eight outbreaks of highly pathogenic avian influenza in Australian poultry. A highly pathogenic avian influenza is one that is more deadly to poultry – most strains of avian influenza are low pathogenic in that they cause few signs of disease.

The most recent outbreak of highly pathogenic avian influenza in Australia occurred in 2020 in Victoria, and resulted in the culling of approximately 500,000 poultry.



To date, all previous outbreaks of highly pathogenic avian influenza in Australia were the result local/domestic strains that evolved in Australia, rather than introductions of overseas strains.

Importantly, the highly pathogenic viruses that have caused outbreaks in Australia previously, which have all been H7 viruses, are different from the highly pathogenic H5 avian influenza viruses that are wreaking havoc overseas.

So, despite the intensity of the ongoing outbreaks overseas, the risk of an incursion and subsequent outbreaks due to highly pathogenic H5 in Australia remains low.

Australia monitors avian influenza through the National Avian Influenza Wild Bird Program that, since 2005, has collected more than 100,000 samples from wild birds.

In a recent study we published in the journal PLoS Pathogens, we analysed more than 300 genomes of these low pathogenic avian influenza viruses in wild birds to understand how these viruses move between Australia and the rest of the world.

Overall, what we found is that avian influenza viruses move from wild birds in Asia to Australia, circulate here and go extinct here. That is, in the entire dataset, there was only one instance of a virus moving from Australia back to Asia.

Based on the pattern of introductions, we believe that this process is facilitated by shorebirds (also called waders), which are incredible avian athletes, migrating from

Siberia to Australia and back each year. While ducks are important for the spread of avian influenza in Australia, they aren't likely to be responsible for introducing viruses to Australia – as there are no duck species that migrate between Asia and the Australian-Papuan region.

However, in our analysis, we found that the way the viruses moved within Australia was consistent with the movement of ducks as they use inter-state water basins and disperse widely across the continent in search for water.

But while the risk of a highly pathogenic avian influenza virus directly reaching Australia is low, it's important that we continually monitor the situation.

Our study marks the first time a genomic study of this scale has been undertaken in Australia, and the very first time that all state and territory laboratories have cooperated in providing avian influenza genome data.

Cooperation between States and Territories is so important as it enables us to get a holistic picture of which avian influenza variants are circulating in the country, and how they're being introduced. As I have explained, avian influenza outbreaks, particularly outbreaks of highly pathogenic avian influenza, affect poultry, wild birds and have consequences for humans.

Ongoing collaboration between laboratories will be essential for us to establish a clear picture, and protect against any future, devastating outbreaks.

This article was first published on Pursuit. Read the original article.



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