



ACIPC

Australasian College
for Infection Prevention and Control

IPC
News

JUNE 22

ACIPC President Kristie Popkiss

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

The effect the pandemic has had on us all personally and professionally is really hard to measure.

This month, I thought I'd share with you a presentation I did recently as part of the IPC Tour. The title of the talk was *When the downhill feels like uphill - emerging from the pandemic and re-establishing our services*. In the talk, I raised a few things that are important to me. How do we create that job satisfaction that we should all get by coming in to work each day? How do we maintain that sense of purpose? How do we keep our passion and focus while managing our IPC programs and without being flippant, how do we have fun at work again?



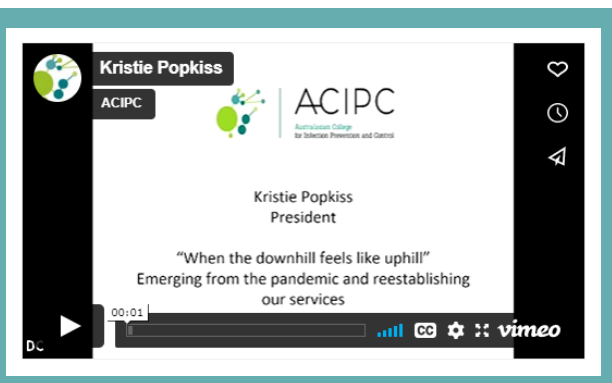
If you missed out on the IPC Tour, recordings of the Brisbane and Perth events as well as speaker slides can be found on the ACIPC website.

Members will soon receive renewals for 2022/2023. If you are not a member of the College, you can join us now via the ACIPC website.

On behalf of the ACIPC Board of Directors, I'd like to thank you all for being a part of our IPC community.

Until next month, warm regards,

Kristie Popkiss





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LEADING THROUGH THE EXPANDING HORIZONS OF IPC

ACIPC International Conference

In keeping with this year's theme *Leading through the expanding horizons of IPC*, the Scientific Conference Organising Committee are working on a dynamic and thought provoking program.

Early Bird registration closes on 30 September 2022 and you can register here now.

acipcconference.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 registration to attend to the conference in Sydney, or as a virtual delegate. Applications close 1 September 2022.

The College will shortly launch a scholarship opportunity for IPC professionals working in the Pacific Region.

acipconference.com.au

Conference Sponsors

The 2022 ACIPC International Conference is proudly supported by:

Platinum Sponsor



Gold Sponsor



Silver Sponsors



Bronze Sponsors



Featured Article:

Infection, Disease & Health

A retrospective evaluation of multiple definitions for ventilator associated pneumonia (VAP) diagnosis in an Australian regional intensive care unit

Nicolas A. Sieben, Sananta Dash

Abstract

Background

Ventilator Associated Pneumonia is a common complication of invasively ventilated patients with significant and underestimated morbidity and mortality. Defining VAP cases is greatly varied as many definitions are used with varying success and sensitivity. This study evaluates VAP detection using four definitions in a regional Australian Intensive Care Unit (ICU).

Methods

A cohort of patients admitted to ICU at the Mackay Base Hospital from April 1st 2020 to March 31st 2021, who had endo-tracheal intubation and mechanical ventilation for longer than 48 h were identified. Each patient was examined across four common definitions of VAP. Head-to-head analysis of definitions was pursued to determine the most suitable definition. The four definitions used included: An Australian VAP definition, the CDC VAP definition, the Mackay Base Hospital Local Protocol and a Physician Decision Arm.

Results

66 unique patients and 2 re-intubations were identified during the data collection window. The local protocol identified 8 cases of VAP. The Australian VAP definition identified 6 additional cases and 0 missed cases compared to the local protocol. The CDC definition missed 4 cases and identified 4 additional cases compared to the local protocol. Finally, the physician arm identified 10 cases including 8 additional cases and missed 6 cases.

Conclusions

VAP is an extremely difficult clinical condition to define and detect. Definitions have varied accuracy and suffer logistically for application to the individual patient. Refined criteria for diagnosis of VAP is greatly needed and its prevalence in intensive care units likely remains uncertain.

Access the full article here:

[www.idhjournal.com.au/article/S2468-0451\(22\)00022-0/fulltext](http://www.idhjournal.com.au/article/S2468-0451(22)00022-0/fulltext)



Latest Articles from *Infection, Disease & Health*

Predictors of Mortality in Patients with COVID-19 Infection in Different Health-Care Settings: A Retrospective Analysis from a CORACLE Study Group

Lucio Boglione, Silvia Corcione, Nour Shbaklo, Tommaso Lupia, Silvia Scabini, Simone Mornese Pinna, Silvio Borrè, Francesco Giuseppe De Rosa

Rheumatology expertise in advising immunocompromised healthcare workers: Insights from a survey of Australian rheumatologists

Dana Yen Lin Lee, Marian Makary, Anne Powell

The lived experience of haemodialysis patients managed with transmission-based precautions for MDRO colonisation: A qualitative study

Nicholas A. Gray, Lisa Toy, Kim Dalla-Bona, Jennifer Broom, Marion Gray



ACIPC Membership Renewals

The next twelve months will see the College develop and further invest in supporting our members and IPC. The College appreciates the ongoing support of our members.

ACIPC membership is a valuable resource for anyone interested in infection prevention and control.

Membership gives you access to the latest IPC news, research and evidence-based practice, as well as opportunities to share resources and network with your peers.

Membership benefits include:

- ✓ Opportunity to become a Credentialed IPC Professional
- ✓ A subscription to the College's highly regarded journal, *Infection, Disease & Health*
- ✓ Access to the members-only email discussion forum, *Infexion Connexion*
- ✓ Discounted rates on educational courses
- ✓ Discounted registration to the ACIPC Conference in Sydney
- ✓ Access to member-only resources and webinars
- ✓ Voting rights and eligibility to hold office
- ✓ Opportunities to connect with your peers within infection prevention and control

College members will soon be sent an email with a link to renew.



Claire Boardman Receives Public Service Medal

Former ACIPC President Claire Boardman was awarded the Public Service Medal for services to health as part of the Queen's Birthday honours.

Claire was given the prestigious award for her role as Deputy Public Health Commander for outstanding public service to health in Victoria, particularly the COVID-19 response.



National COVID-19 Clinical Evidence Taskforce

ACIPC is a member of the National COVID-19 Clinical Evidence Taskforce, an independent consortium of 34 national peak clinical groups, including major medical colleges and specialist societies.

The recommendations of the Taskforce are developed by expert clinical panels, and then approved with complete consensus by senior clinical expert panel and the Taskforce Steering Committee, comprising senior representatives from all 34 national organisations. Taskforce TV is a great way to keep up to date with the latest evidence-based recommendations.

EPISODE 6 JUNE 6, 2022 TASKFORCE TV

Primary care and post COVID-19



Prof Mark Morgan
Dr Nicole Allard

TaskforceTV Episode 6 – Primary Care and Post COVID-19

In Episode 6, Host Tari Turner speaks with Taskforce Primary & Chronic Care Panel Co-Chairs Mark Morgan and Nicole Allard about common COVID-19 questions in primary care, the unknowns of Post COVID-19 and future improvements in the primary care space.

June 6, 2022

EPISODE 5 MAY 6, 2022 TASKFORCE TV

COVID-19 and paediatric care



A/Prof Asha Bowen
A/Prof Steve McGoughlin

TaskforceTV Episode 5 – COVID-19 and Paediatric Care

In Episode 5, host Tari Turner speaks with Taskforce Paediatric Panel Co-Chairs Asha Bowen and Brendan McMullan about some of the challenges of caring for children and adolescents with COVID-19.

May 6, 2022

EPISODE 4 APRIL 15, 2022 TASKFORCE TV

COVID-19 and pregnancy



Prof Caroline Homer
Dr Vijay Roach

TaskforceTV Episode 4 – COVID-19 and Pregnancy

In Episode 4, host Tari Turner talks to Prof Caroline Homer and Dr Vijay Roach about the importance of vaccination during pregnancy, the vital role clinicians play in reassuring their patients during the pandemic and the importance of evidence-based, trustworthy guidance for both clinician and patient.

April 15, 2022

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

We currently have availability in our course commencing 29 July 2022.

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



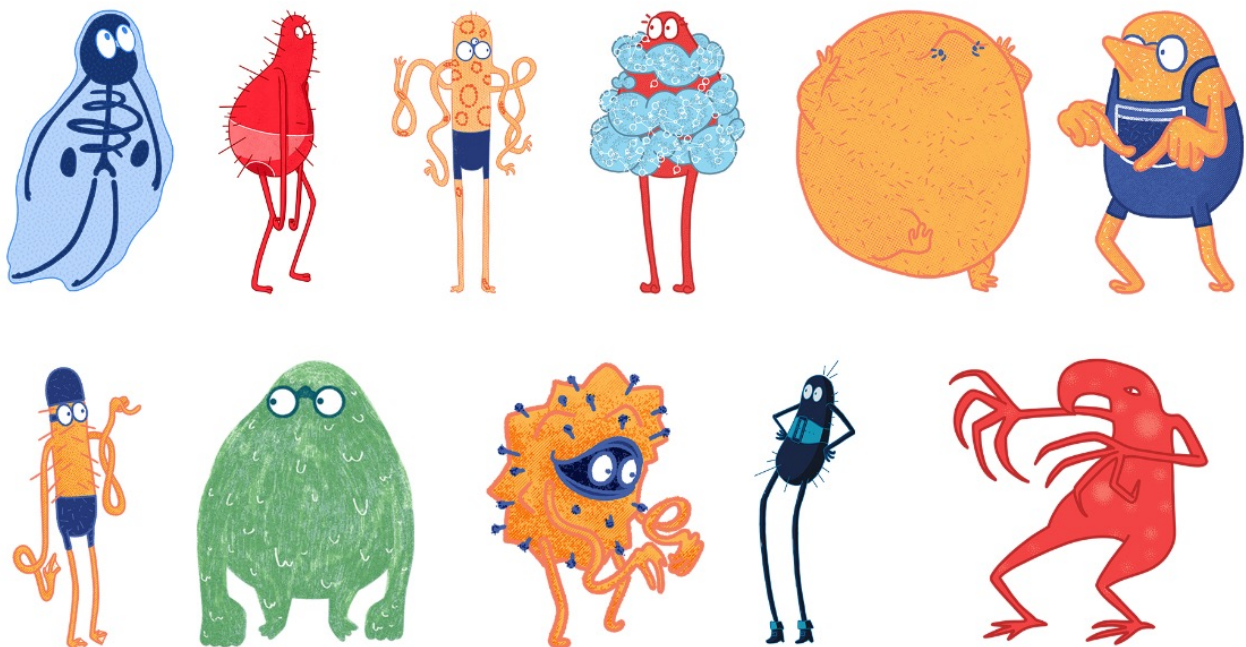
A Resource for ACIPC Students: Meet the Germbugs

Author Andrew Kirby from the University of Leeds has worked with medical students and patients to develop the GermBugs, a resource designed to make learning microbiology easy. Germbugs uses stories, images and metaphor to develop understanding of scientific concepts and the sequence of events.

ACIPC is delighted to announce that Germbugs will be a feature of the ACIPC IPC courses Foundations of Infection Prevention and Control and the Short Course for IPC in Aged Care Settings.

ACIPC Education Manager Jackie Miley said “Microbiology has traditionally been a challenging subject to teach, not only due to the complexity of information and how integral gaining an understanding is to working in IPC, but also due to a lack of open access resources available. Germbugs uses story telling as a tool, and the videos are modern, simple, and interesting.”

You can learn more about the Germbugs at the University of Leeds website:
www.time.leeds.ac.uk/resources/germ-bugs/



Illustrations © Illustrator Imogen Fancourt

Member Profile

Emma Rolfe, NSW



Emma Rolfe is the Clinical Specialist for Pacific Smiles Group, a Dentist Service Organisation founded in the Hunter Valley, NSW. Emma is a graduate of FIPC and has recently amended her ACIPC membership from Education Member to Full Member. Kylie Robb, Chair of the Membership Communication and Engagement Committee, caught up with Emma to welcome her as a full member of the College.

Welcome to the College! What prompted you to join as a Full Member?

Thanks Kylie for the opportunity to share my journey with ACIPC. Being a member of ACIPC in some form has always been important to me because I am passionate about Infection Prevention & Control, but the move to become a Full Member was based on a desire to interact further with like-minded people in this space. Being part of the College has given me a defined pathway for my development as an Infection Prevention and Control (IPC) professional. Becoming a Full Member of the College has given me access to an extensive community of experience and knowledge to support my growth as a leader of IPC in the dental industry, and the opportunity to become an ambassador for Dentist Service Organisations in Australia. Additional benefits include a subscription to the ACIPC journal and an invitation to the annual conference which I am totally excited about. I can't wait to network with the broader IPC community across Australasia. I am also about to apply to be credentialled.

I want to say "Thank you" to you Kylie – you've been incredibly supportive to both myself and Pacific Smiles, supporting both my ongoing passion and showcasing changes and new approaches to PSG.

What can you tell us about your role?

My role as a Clinical Specialist is within Pacific Smiles, a large Dental Service Organisation operating over 131 dental centres across the country. I'm responsible for developing, implementing, and enhancing best practice clinical systems and processes in a dental setting. These form part of our clinical governance framework and cover areas such as national standards, private dental centre accreditation, incident management, and radiation safety.

I oversee ongoing compliance in these areas and ensure we have a robust monitoring system in place. I also provide IPC advice when required to both the Executive and Centre teams.

How does IPC form part of your day-to-day work?

IPC is my day-to-day work. Ensuring IPC systems are in place and effective is what keeps both our dental teams and our patients safe, and this of course is our top priority. Ensuring processes and techniques are simple and included in daily operational tasks in the dental centres is what my role is about. My day-to-day includes monitoring IPC systems and looking for areas where improvements can be made. The design of appropriate and easy-to-use assessments for the collection and analysis of data assists me in this way and allows us to continually improve our clinical IPC protocols across a large number of dental centres. A planned and collaborative approach to IPC is pivotal to ensuring risk minimisation and process implementation.

My work also contributes to the development of training programs relative to IPC to ensure team members are across processes in place and are aware of their responsibilities in this space.



You graduated from FIPC in March 2021. Congratulations! What did you find the most useful/enjoyable part of the course?

The most valuable and enjoyable part of the course was being connected with other health care professionals. It is always great to check in on what challenges or celebrations others are experiencing and learn from these.

The course content was informative and very relevant to the dental industry. I was able to take away what I had learned, provoking thought and inspiration into my daily approach to IPC, empowering me to drive change when required across our group.

You worked in a crisis team at the peak of the Pandemic, what can you tell us about that experience?

Well as a start, it was certainly an experience I never thought I would have! I learned a lot in a very short time. As the IPC specialist for Pacific Smiles Group, I needed to get up to speed pretty quickly to support the business. There was a lot of reading to understand what COVID-19 was, and then what changes we had to introduce to current processes to ensure a safe operating environment.

There was significant collaboration required to support our centre teams in the dynamic environment that COVID-19 brought with it. We were reading whatever we could get our hands on, watching the advice coming from the Department of Health and Industry bodies in each state (thanks Kylie), and communicating, communicating, and communicating. It was an ever-changing scene, so we needed to remain flexible and ready to alter processes and guidance to our teams as the Pandemic progressed. I don't think I have ever seen such a rapidly changing environment. We needed to temporarily reduce the number of centres that were open at one point, so how to do this safely and ensure equipment remained safe, clean, and able to be brought back into action when required was a learning experience in itself.

I have to say though I was proud to be able to assist the business during this time. I learned that IPC is fluid, and that it needs more of a

focus on 'why' we do the things we do in this space. There is a need to continually assess risks associated with the various tasks, refresh training and education and ensure team members are confident in their understanding of IPC. This will lead to best practice integration and importantly team members feeling safe in their environment.

What is the next step for you on your IPC journey?

I am currently working with our audit tool specialists and technology team to ensure the data collected in the field during our IPC assessments supports our needs. With our end goal being consistency and visibility at scale, we will be able to view compliance to national standards and guidelines and identify opportunities for improvement to ensure best practice.

This part of my IPC journey takes me into auditing and assessing. It's exciting to see results through data collection and to then present recommendations for improvement.

I am also currently working on my credentialling application. This will allow me to be recognised by peers and mentors as an Infection Control Professional, supporting the work I perform and the dental industry in general.

It is an important pathway to gain experience, improve and share knowledge, be recognised by peers and the community, and keep commitment current and fluid. Asking one's peers to review this commitment is evidence of dedication to the role of an IPC Professional and the duty to keep patients and healthcare workers safe.

Thank you again for the opportunity to share a small part of my IPC journey. Reflecting on my training with ACIPC during the Foundations Course, I feel privileged to have been awarded the friendships, peer review, and knowledge I have now.

GOARN Request for Assistance: Monkeypox Response



ACIPC is a Member of the Global Outbreak Alert Response Network (GOARN). WHO/Europe is looking for deployments through GOARN to support WHO/Europe actions in response to the ongoing outbreaks of monkeypox as well as to backfill other core functions. Candidates should be ready to deploy for a minimum of 8-12 weeks.

WHO is seeking the in the following areas of expertise:

- ✓ Infectious diseases epidemiology
- ✓ Health Information and data management
- ✓ Risk Communication and Community Engagement experts
- ✓ Public health interventions including contact tracing
- ✓ Laboratory diagnostics, orthopoxvirus virology and sequencing -
- ✓ Infection prevention and control in healthcare settings
- ✓ Clinical management in the following areas: infectious diseases or orthopoxviruses, sexually transmitted infections

Preference will be given to deployments that can cover the entire operational timeframe of 12 weeks; however, WHO will also consider rotation of staff for a minimum of 6-8 week field periods, provided adequate planning and overlap are assured.

In line with the usual GOARN procedures, WHO will cover the cost of travel and per diem (daily allowance) for staff deployed, and provide logistics and security support in country. Please note there is no salary provided.

YOU MUST BE A MEMBER OF THE COLLEGE FOR YOUR APPLICATION TO BE CONSIDERED.

For more information about this opportunity for College members, please visit the ACIPC website: www.acipc.org.au/goarn-request-for-assistance-monkeypox-response-in-euro-2022/



The WHO Global Report on Infection Prevention and Control

The importance of preventing infection and antimicrobial resistance (AMR) in health care is being recognised increasingly in many national and global health efforts.

Over the years, the central role infection prevention and control (IPC) has been reflected in the emerging priorities of the World Health Organization's Member States, and their partners. IPC action is acknowledged as playing a prominent role in curbing emerging and ongoing threats in health-related activities ranging from water, sanitation and hygiene and health worker and patient safety to preventing specific conditions, such as AMR and sepsis. It is critical to the provision of high-quality and safe health care, and lies at the core of health emergency preparedness and response. As such, IPC has played a decisive role during the COVID-19 pandemic, and its correct application continues to save lives everywhere around the globe.



This global report on IPC is the first of its kind. It provides a global situation analysis of how IPC programmes are being implemented in countries around the world and highlights the harm to patients and health workers caused by health care-associated infections (HAIs) and AMR. The report also addresses the impact and cost-effectiveness of IPC and it indicates approaches, resources and strategic directions to support countries in their efforts to improve IPC programmes and practices, as a high priority for the health agenda and in connection with other areas of work.

Download the report here.

<https://www.acipc.org.au/the-who-global-report-on-infection-prevention-and-control/>

Médecins Sans Frontières – Upcoming Webinar with ACIPC

Eileen Goersdorf's career has taken her all over the world.

Her work with Médecins Sans Frontières (MSF) has taken her to Nigeria, Palestine, Libya, South Sudan, Yemen and the Democratic People's Republic of Korea (DPRK).

MSF is delighted to be partnering with the Australasian College for Infection Prevention and Control (ACIPC) to present a live webinar with Eileen focusing on the role of IPC nurses and doctors with IPC expertise in the field with MSF.

If you are genuinely interested in becoming a field worker, we strongly encourage you to join this webinar (or watch a recording if you can't make it) prior to applying.

When: Thursday, 21 July 2022

Time: 6:00-6:30pm (AEST)

Where: Online (link will be provided after registration)

Register here: msf.org.au/event/infection-prevention-control-recruitment-webinar

Originally from Germany, Eileen now calls Australia home. Over the course of the pandemic Eileen has been working as an infection prevention and control nurse at the quarantine centre in Howard Springs, NT.

Eileen's first placement with Médecins Sans Frontières was to Aweil in South Sudan, assisting primarily in gynaecological and obstetric surgery.

The work was difficult and sometimes heartbreaking with many women presenting to hospital for caesarean section (the most common emergency surgery performed by Médecins Sans Frontières) extremely late, sometimes after first spending days at home in agony with a labour that failed to progress.

"A number of the foetuses were already dead. From talking to the women in South Sudan, it's common to have about eight or ten children, but only end up keeping two of them. It was very sad to see, but our job was to help as many mothers as possible to keep their babies alive."

Eileen's most recent placement was in the DPRK where she worked as a nurse consultant in a role that also had a significant infection prevention and control aspect. Eileen was involved in assessing the operating rooms and sterilisation processes.

Eileen with MSF colleagues in Mokha, Yemen.





Eileen Goersdorf with local medical staff outside the operating theatre in Khan Younis, Gaza

“We were working in the far north of the Country, far from Pyongyang,” she said.

“There were medical challenges unique to the context as well as the everyday challenges that working in a rural area present.”


Before the DPRK, Eileen was based in Yemen, two hours south of the frontline where MSF was treating people impacted by the conflict.

“The project started as a patch of dirt, then MSF did what it does best and in a short space of time tents were erected and a trauma hospital was set up with a functioning emergency room, operating room, a small intensive care unit as well as separate tents for patients and offices.”

“Regular sandstorms and the occasional stray bullet were just some of the challenges.”

For more information, please register for the event.





WATCH EIOG SYMPOSIUM PRESENTATION ON-DEMAND
Ultraviolet Light (UVC) – Why is it so effective
in ultrasound probe decontamination?

**WATCH NOW
ON-DEMAND** ➤

(Sponsored content)

Watch EIOG Symposium Presentation On-Demand

Ultraviolet Light (UVC)
Why is it so Effective
in Ultrasound Probe
Decontamination?

Symposium Presented at Expert Imaging
in Obstetrics and Gynaecology (EIOG)

The presentation covers:

- ✓ Overview of UVC – How it Works
- ✓ Efficacy Against Microorganisms
- ✓ Efficiency Workflow Improvements

The presentation concludes that Chronos
UV-C HLD system is an easily adaptable
solution in ultrasound probe disinfection
to a clinical health care environment.
Watch the symposium to find out why!

www.germitec.com.au/why-is-uv-c-disinfection-highly-effective/



2022 Asia Leadership Encounter in Vascular Access (ALEVA):

**Implementing standards of care in
Vascular practice.**

This event will be:

- ✓ Held virtually across 2 half days:
Saturday, 16 July 11am – 4pm (SGT) &
Saturday, 23rd July 11am – 4pm (SGT)
- ✓ Translated live into Japanese, Korean
and Thai
- ✓ Live captioned for Vietnamese and
Bahasa languages
- ✓ A mixture of keynote lectures,
multidisciplinary panel discussions
and country specific workshops

Keynote Speaker

Dr Philippe Eggimann.
University Hospital of Lausanne,
University of Lausanne, Lausanne, Switzerland

Learning Objectives:

At the end of this meeting, participants will
have a deeper understanding of:

- ✓ The clinical and economic evidence
supporting standards of vascular
access care.
- ✓ The potential for advanced medical
technologies to reduce the total cost
of care and improve patient outcomes
- ✓ How to implement meaningful quality
improvement programs in vascular
access

If you are passionate about improving the
quality of infusion care at your facility,
would like to share your experience and
learn from expert clinicians from across
Asia, this meeting is for you.

<https://events.hubilo.com/2022-asia-leadership-encounter-in-vascular-access/register>

(Sponsored content)

3M Science.
Applied to Life.™

**Asian Leadership
Encounter in Vascular
Access 2022**

16th & 23rd July 2022

Register Now



24th Annual Conference of the European Society for Clinical Virology September 2022, Manchester, UK

The 24th Annual Meeting of the European Society for Clinical Virology (ESCV) will take place from 7-10 September 2022 in Manchester, United Kingdom.

ESCV 2022 will be the society's first in-person annual meeting since the pandemic began, presenting an outstanding and balanced programme covering the most recent discoveries, innovations and state-of-the-art updates on current areas of interest to virologists.

We look forward to welcoming you to ESCV 2022!

[GO TO ESCV 2022 WEBSITE](#)



ADVERTISE WITH ACIPC

There are several ways we can assist your organisation to engage with our members and the wider IPC community.

RECRUITMENT ADVERTISING **\$1,000**

The College can create visibility for your organisation's upcoming positions by sharing them with our community. We will share your 200-word position description, including your logo and a banner on the following platforms:

- Posted on our Career Opportunities webpage
- Visible on the homepage for a minimum of one week
- Remain on the Career Opportunities webpage for as long as required
- Featured in our next available monthly newsletter with your logo and a link to the PD
- Posted to Infexion Connexion

WEBINAR PROMOTION **\$1,000**

The College can help your organisation's webinar reach an IPC focused audience. We will share your 200-word webinar description and digital assets on the following platforms:

- Posted on the ACIPC Latest News webpage
- Visible on the homepage for two weeks minimum
- Remain on the Latest News webpage for as long as required
- Featured in our next available monthly newsletter with your logo and a link to the post
- Posted to Infexion Connexion

CORPORATE PROMOTION **\$2,000**

The College can help your organisation reach an IPC focused audience. We will share your content and digital assets as a post on the ACIPC website:

- Posted on the ACIPC Latest News webpage
- Visible on the homepage for two weeks minimum
- Remain on the Latest News webpage for as long as required

IPC NEWS ADVERTISING

IPC News provides updates on the College's activities, Journal articles, and general IPC news and information. The following advertising sizes are available.

- Full A4 Page Advertisement
\$1250
- Large Banner Advertisement
600 x 400px **\$1000**
- Medium Banner Advertisement
600 x 200px **\$750**
- Display Advertisement
300 x 400px **\$500**

Advertising content is subject to approval by ACIPC and at ACIPC's sole discretion. Any advertising by the College does not indicate endorsement by the College.

Please contact office@acipc.org.au or call 03 6281 9234 to book advertising.

How Should an Australian ‘centre for disease control’ Prepare us for the Next Pandemic?

Ben Marais, Jocelyne Basseal, Lyn Gilbert, Tania Sorrell

Over the past two years, Australians have become familiar with the threat of infectious disease outbreaks. COVID won't be the last pandemic to affect our lives. Early, aggressive restrictions were generally seen as necessary. But they also caused hardship, exacerbated inequality and undermined trust in government. The pandemic exposed differences between states and territories. We saw inadequate national coordination of disease tracking, data analysis, lab capacity to process PCR tests, vaccination uptake and communication. This prompted renewed calls for the establishment of an Australian centre for disease control (CDC).

Before the election, Labor leader Anthony Albanese expressed the view that Australia's COVID response had been undermined by a breakdown in our federated system and noted Australia was the only OECD country without a CDC. He committed to establishing one if elected.

So what should an Australian CDC look like? And how can it improve our response to future infectious disease outbreaks?

What is a CDC?

There is no single definition of a CDC. Broadly, it's a national agency that

promotes public health through the control and prevention of disease and disability.

The US Centers for Disease Control and Prevention (US-CDC) employs more than 10,000 staff. It focuses on infectious diseases, food-borne diseases, environmental health, injury prevention, health promotion, and non-communicable diseases such as obesity and diabetes. But the US-CDC has been criticised for being overly bureaucratic, lacking innovation and being “missing in action” during the COVID pandemic, when the Trump administration completely sidelined scientific guidance. This demonstrates the importance of such an entity being free from political interference.

Other examples include the European Centre for Disease Prevention and Control (ECDC), a networked European Union agency with a restricted focus on infectious diseases. It delivers disease surveillance and epidemic intelligence to guide regional and national responses in member states.

In the United Kingdom, the UK Health Security Agency (UKHSA) recently replaced Public Health England. It has a slightly broader focus on protecting people and communities from the impact of infectious diseases and chemical, biological and nuclear incidents. The Public Health Agency of Canada has the broadest remit of all. It includes preventing disease and injury, responses to public health threats, promotion of physical and mental health, and providing information to support informed decision making.

What does Australia need?

In Australia, states and territories are legally responsible for public health protection and providing the infrastructure for disease surveillance and response. A national CDC would need to work within our unique federated system.



The COVID pandemic showed Australia lacks a rapidly responsive national mechanism to:

- collate, analyse and monitor disease surveillance data
- coordinate outbreak control responses
- evaluate the effectiveness of these responses
- undertake rapid research to inform policy and guide decision-making.

Comprehensive infectious disease surveillance and near real-time data analysis is critical for coordinating national disease control responses, such as restricting population movement or contact tracing.

This surveillance and analysis requires an experienced workforce with expertise in epidemiology, microbiology and infection prevention and control. A new national system will need to improve on the current model, which has served us well in many respects, despite its limitations. The risk is that something hastily implemented can worsen the situation, by establishing less effective mechanisms, duplicating efforts and wasting resources.

Specifically, a new system will require more effective mechanisms for data collation and sharing between states and territories, as well as workforce upskilling and building of core capacities, such as genomic testing of bugs, in all states and territories.

A national CDC will need sufficient funding and a governance structure that allows effective engagement with academic experts and policy makers, with protection from government interference.

Most importantly, it will need a transparent process that provides independent evidence-based advice to government. Australians need assurance that public health responses are based on evidence not politics.

Recent outbreaks of Japanese encephalitis and monkeypox also highlight the need for coordination between human and animal disease surveillance.

The way forward

Following Labor's election victory, there is risk that the establishment of an Australian CDC may be rushed through for a "quick win". However, careful consideration and consultation is needed on how best to position such an entity.

It will need to engage with government and policymakers, while ensuring its decisions are independent, evidence-based and without political bias. It will also need to prioritise effective public communication and community engagement.

The best starting point is to define key principles that will guide its establishment and to commit to an open process that works closely with states and territories. Important questions will need to be answered, such as whether an Australian CDC will encompass both infectious and non-communicable diseases, such as heart disease and diabetes. And where such a centre should be located to ensure it's seen as a national asset without jurisdictional bias.

The ongoing impacts of COVID and multiple new threats make the need for concrete action to improve our national surveillance and response capacity increasingly urgent.

This article originally appeared in The Conversation, June 14, 2022:

www.theconversation.com/how-should-an-australian-centre-for-disease-control-prepare-us-for-the-next-pandemic-184149

PhD Opportunity: Podcasting and Health

Podcasting is growing fast as a format and platform for audio-based communication. Its close and embodied listening in headphones or earpods provides an intimate space to engage with other people's lived experiences. This project supports interdisciplinary research investigating the role of podcasting in shaping listener engagement with and understanding of health. It can be either a practice-led project comprising a podcast production artefact with exegesis or a written thesis.

Depending on applicants' interest and background, the project could focus on health literacy, audience studies, textual analysis and/or experimentation with forms of audio storytelling. Overall, this study is expecting to contribute new knowledge to the emerging fields of podcast studies and health humanities.

Primary Supervisor: Professor Mia Lindgren

Funding

Applicants will be considered for a Research Training Program (RTP) scholarship or Tasmania Graduate Research Scholarship (TGRS) which, if successful, provides: a living allowance stipend of \$28,854 per annum (2022 rate, indexed annually) for 3.5 years, a relocation allowance of up to \$2,000, a tuition fees offset covering the cost of tuition fees for up to four years (domestic applicants only).

More information including selection criteria can be found on the University of Tasmania website:

www.utas.edu.au/research/degrees/available-projects/projects/creative-arts-and-media/podcasting-and-health-communication/_nocache



How to Avoid Stress

Below are eight simple strategies you can adopt to get ahead of stress before it may overwhelm you.

1 Plan your day the night before

Plan your next day the evening before. Before bed, close your eyes and visualize what you want your next day to be. Then write out a complete list of all the things you need to accomplish.

2 Try the 3-3-5 breathing exercise

Implement the 3-3-5 breathing exercise in your daily routine or something similar. Simply breathe in through your nose for three counts, hold it in for three counts, and then release it through the mouth for five counts. It's simple, highly effective and can be done anywhere at any time.

3 Close your eyes and do a body scan

Close your eyes and notice your bodily sensations, especially how your stomach and neck feel. By scanning your body, you can take a moment to acknowledge where you are holding tension, and then take a stretch/break when needed.

4 Focus on the solution, not the problem

Focus on the solution instead of the problem. When you start focusing on the problem, you get flooded with toxic hormones and chemical reactions. When you focus on the solution, it helps you stay present and look toward the future with hope. The small shift can make a huge difference.

5 Carve out breaks in your schedule

When you know you have a very busy, stressful day ahead, make sure that you leave gaps of time so you can have a little quiet downtime. Make some tea, sit quietly and breathe or similar to give your brain a rest.

6 Take a moment to go outside

Head to the park or beach before you get too stressed out, even for five minutes, but the longer the better.

7 Ask yourself how you'd advise a friend

To get ahead of stress, ask yourself, 'If I were going to troubleshoot this problem for a friend, what would I suggest?' This question may help you reframe. Sometimes simply having a list of a few options helps you become more proactive instead of reactive.

8 Make time for self-care

Getting ahead of stress is about the non-negotiables: those daily activities linked to self-care. Some examples may be meditating, exercise, walking the dog and reading. Such rituals can help to keep you balanced and give you space to be able to cope better when more complex emotions are challenged.

This article was originally published on the EAP ASSIST website:
www.eapassist.com.au/



ACIPC
Australasian College
for Infection Prevention and Control

Level 6
152 Macquarie St
Hobart TAS 7000

+61 (3) 6281 9239
office@acipc.org.au
www.acipc.org.au

ABN 61 154 341 036

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