

# ACIPC President Stéphane Bouchoucha

# Welcome to the November edition of IPC News, a first for me as I take up the presidency.

First and foremost, I would like to thank Kristie Popkiss for her leadership over the last two years. A lot was achieved, with a healthy financial situation for the College, and the launch of our new Strategy and Implementation Plan 2023-28: Leading with Integrity. The plan identifies five strategic goals and objectives, and the newly elected ACIPC Board of Directors will be working towards achieving these.

I would also like to thank outgoing directors Kathy Dempsey and Kylie Robb for their work over the last few years and wish them well in their future endeavours. Last but not least, I would also like to thank Professor Phil Russo for his leadership during one of the toughest periods for IPC professionals in Australia and across the world. Not only was Phil integral to the COVID-19 response in Victoria and Australia, but he also dedicated many hours to the College during this period.

While I am already looking forward to the 2024 ACIPC International Conference next November in Melbourne, I want to acknowledge the fantastic program put together by the conference scientific committee led by A/Prof Holly Seale. We heard some great research presented by our members and it was also an opportunity for the IPC community to come together and reconnect.



A big focus of the conference was on sustainability and ACIPC announced that we will be supporting our members with a special grant call to support sustainable IPC interventions. We have partnered with industry to offer some competitive financial support to members. Keep an eye out as more information will be available in the next couple of months. A full report on this year's conference will be coming in December's edition of IPC News.

Professional sustainability and development were also very much in focus at this year's conference and to support members, we launched the first ACIPC mentoring program. There is still time to register your interest to be a mentor or a mentee. I am thankful to the mentors I had in my career and wouldn't be here without their invaluable advice and support.

Aside from the mentoring program, we have many more exciting opportunities in the pipeline for you, our members, and the board of directors will be working hard to deliver them, so make sure you keep in touch through the website and newsletter. And finally, if you have a colleague who is not a member, give them a nudge to join, it is the best time to be a member!

Stéphane Bouchoucha



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# ACIPC STRATEGY AND IMPLEMENTATION PLAN 2023-28:

### LEADING WITH INTEGRITY

At our recent conference, ACIPC Past President Kristie Popkiss launched the ACIPC Strategy and Implementation Plan 2023-28: Leading with Integrity.

The plan was developed in line with ACIPC's stated values of integrity, ethics, openness, and collegiality.

#### It identifies five strategic opportunities:

- Governance
- Advocacy
- Supporting members
- Education, professional development, and research
- Sustainability

The plan then explains the goals and objectives related to each of these opportunities.

Actions, projects and KPIs have been developed outlining the work we will do to support infection prevention and control professionals and advance infection prevention and control across Australasia in the next 5 years.

#### These actions include:

- A governance review, to ensure ACIPC governance is representative of the entire membership, fit for purpose, and consistent with contemporary practice.
- A communications plan and media policy to better communicate the role and focus of ACIPC
- Maintaining connections with aged care IPC leads to develop a community of practice and support their roles
- An education strategy to inform the development of educational pathways, tools, and resources for people working where IPC is needed
- Implementation of sustainable practices within ACIPC operations, and collaboration with other stakeholders to develop sustainable initiatives for IPC professionals

Members can read the full document here:

ACIPC Strategy & Implementation Plan 2023-28 - ACIPC - Australasian College for Infection Prevention and Control



# The ACIPC Mentoring Program

#### The benefits of mentoring:

- ✓ Take your personal and professional development to new levels
- ✓ Reflect on professional challenges and achievements
- ✓ Help others and contribute to the future of the industry/profession
- ✓ Develop your mentoring and leadership skills



Program duration is 10 months commencing in February 2024. Mentors and mentees will be matched according to application details. During the program, mentors and mentees will be expected to attend three online events; Program Launch, Progress Review and Program Close. During the program, mentors and mentees will meet monthly with their mentoring partners. Mentees and first-time mentors will have access to Art of Mentoring online training to prepare and support them in their mentoring relationship.



#### The ACIPC mentoring program aims to:

- ✓ Obtain experienced guidance and support
- ✓ Explore your career development plan
- ✓ Receive feedback and developmental guidance
- ✓ Discover fresh perspectives that may assist in your work

#### How to register:

To learn more and to find out if you are eligible, please visit <a href="https://acipc.aomapps.au/acipc-mentoring-program-2023-24">https://acipc.aomapps.au/acipc-mentoring-program-2023-24</a>. To apply, complete the short online application to define what you are seeking from the mentoring opportunity.

Applications open on 13 November 2023 and close on 15 December 2023. There are no fees to participate as a Member of ACIPC. Apply now at <a href="https://acipc.aomapps.au/acipc-mentoring-program-2023-24">https://acipc.aomapps.au/acipc-mentoring-program-2023-24</a>

For more information contact

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### **NEW COURSE IN 2024**

We are pleased to announce an exciting new course being added to the suite of ACIPC's educational offerings - Veterinary Foundations of Infection Prevention and Control (VFIPC).

Commencing 1 March 2024, 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

Scholarship opportunities available soon

Courses commence 1 March 2024





### safetyandquality.gov.au/AURA2023

### **AURA 2023 REPORT RELEASED**

The nation's latest major report on antimicrobial use and resistances has revealed that Australia is heading in the right direction – but there's still a lot of work to do.

CLICK HERE
TO READ
THE FULL
REPORT

AURA 2023: Fifth Australian report on antimicrobial use and resistance in human health was released by the Australian Commission on Safety and Quality in Health Care on 16 November 2023. The report highlights trends and analyses in antimicrobial use in hospitals, aged care and primary care settings, as well as changes in resistance that are important for infection prevention and control, and antimicrobial prescribing.

In 2022, 21.8 million antimicrobial prescriptions were dispensed in the community in Australia, and 1 in 3 people had at least one antibiotic dispensed. AURA 2023 reveals community antimicrobial use has declined 18% overall in the three years since 2020 during the COVID-19 response; with a significant 25% fall in 2020 and 2021, followed by a 10% upswing in 2022.

The volume of antimicrobial use in Australian hospitals is estimated to be substantially higher than in comparable European countries and Canada. Rates of critical antimicrobial resistances (CARs) are also rising in hospitals, which is concerning.

Other issues highlighted in AURA 2023 are inappropriate surgical prophylaxis and COPD prescribing, as well the chronic problem of PRN antibiotics (prescribed 'just in case') in residential aged care, which has not improved since 2015.

The report also found that onset of bacterial infection Clostridioides difficile infection (CDI) in the community is a greater problem than previously understood and is often associated with antimicrobial use. With inappropriate prescribing of antibiotics continuing across healthcare settings – we need a cultural shift to evoke change, and to sustain decreased antimicrobial use.

We can build on the learnings from COVID-19 to improve understanding that antibiotics do not treat viral infections, and basic infection prevention and control practices such as hand hygiene and staying home when you are sick can help keep people safe from infections.

# WORLD AMR AWARENESS WEEK 2023

World AMR Awareness Week is celebrated from 18-24 November each year and aims to raise awareness of antimicrobial resistance (AMR) and promote best practices among One Health stakeholders to reduce emergence and spread of drug-resistant infections.

Microbials (virus, bacteria, fungus, parasites) are found all around us, some can cause infections and make us unwell when they enter the body. Antimicrobials are medicines to treat and prevent infections and include antibiotics, antivirals, antifungals and antibiotics. Different infections require different antimicrobials, and antibiotics do not treat all infections.

Australia currently has one of the highest rates of misuses and overuse of antimicrobials.



#### Microbials

- Microbes (virus, bacteria, fungus, parasites) are tiny living things that are too small to be seen by the naked eye, they are found all around us.
- Some microbes when they enter the body cause infection and make us unwell.
- Differing microbes cause differing infections in our bodies.

#### **Antimicrobials**

- Are medicines used to treat and prevent infections.
- Antimicrobials include antibiotics, antivirals, antifungals and antiparasitic.
- Different infections require different antimicrobials.
- Antibiotics do not treat all infection.



Antimicrobial resistance (AMR) is a global public health concern. AMR occurs when microbials change and no longer respond to antimicrobial treatment, making infections difficult to treat. These changing microbials are known as 'multi-resistant organisms.'

#### AMR is caused by antimicrobials being:

- prescribed incorrectly
- not taken as per prescription
- overused

Poor IPC practices can also contribute to AMR.

AMR is a One Health problem - it is occurring in our animal husbandry, waterways and agriculture.

Microbials that have developed resistance to one or more antimicrobials are called multi-resistant organisms (MROs).

#### **Examples of MROs are:**

- MRSA (Methicillin-Resistant Staphylococcus Aurous);
- VRE (Vancomycin-resistant enterococci),
- CRE (Carbapenem-Resistant Enterobacteriaceae)
- ESBL (Extended Spectrum Beta Lactamase producing organisms)
- CDI (Clostridium differcile)

They spontaneously change and can be passed on through genetic inheritance of the microbe. They spread from person to person by contaminated hands, the environment and equipment.

We aim to minimise the development of MROs through antimicrobial stewardship programs.

Antimicrobial stewardship (AMS) is a global, national and local approach being taken across healthcare, agriculture, waterways and animal farming. AMS aims to promote the appropriate use of antimicrobials, improve outcomes, reduce microbial resistance and decrease the spread of infections caused by multi-resistant organisms.

#### The One Health approach to reducing AMR

A One Health approach to reducing antimicrobial resistance involves healthcare, pharmacy, agriculture and industry, veterinary practice and the general public all working together.

	CONSIDER	PRESCRIBE	TALK	APPLY	PREVENT
Hospitals	Any safe alternatives to antibiotics	In accordance with therapeutic guidelines, using diagnostics to inform treatment decisions	To patients about antibiotic use, the dangers of antibiotic resistance, and managing symptoms without antibiotics	Best practice IPC	Talk to patients about how to prevent infections and their spread (vaccination, good hygiene, handwashing)
Aged care	Any safe alternatives to antibiotics	In accordance with therapeutic guidelines, using diagnostics to inform treatment decisions	To patients about antibiotic use, the dangers of antibiotic resistance, and managing symptoms without antibiotics	Best practice IPC	Teach patients how to prevent infections and their spread (vaccination, good hygiene, handwashing)
Pharmacy	Any safe alternatives to antibiotics	In accordance with therapeutic guidelines, using diagnostics to inform treatment decisions	To patients about antibiotic use, the dangers of antibiotic resistance, and managing symptoms without antibiotics	Best practice IPC	Teach patients how to prevent infections and their spread (vaccination, good hygiene, handwashing)
General practice	Any safe alternatives to antibiotics	In accordance with therapeutic guidelines, using diagnostics to inform treatment decisions	To patients about antibiotic use, the dangers of antibiotic resistance, and managing symptoms without antibiotics	Best practice IPC	Patients how to prevent infections and their spread (vaccination, good hygiene, handwashing)
Veterinary	The need for each antibiotic prescription.	Using published therapeutic guidelines, where available.	To clients about ways to minimise antibiotic use	Best practice biosecure and hygiene measures, including antibiotic stewardship plans.	



	PREVENT	UNDERSTAND	DON'T	DO
General public	Infection with regular handwashing and up to date vaccination. Wash fruit and vegetables and prepare food safely.	Antibiotics only work against bacteria, not colds and flu which are caused by viruses.	Take antibiotics not prescribed for you or use leftover antibiotics.	Ask your health professional for alternatives to antibiotics and take them according to instructions when they are prescribed.
Agriculture and industry	Apply best practice biosecurity and hygiene measures to reduce the need for antibiotics.	Not all sick animals need antibiotics.	Let Australia down - we are a world leader in minimising antibiotic use in farm animals. Help us keep our high standard!	Spread the word that people and animals could die because of antibiotic resistance – we all have a role to play!
Animal owners	Help reduce your pet's need for antibiotics with routine vaccination, a clean environment and good nutrition.	Not all sick animals need antibiotics - talk to your veterinarian.		Spread the word that people and animals could die because of antibiotic resistance – we all have a role to play!



# AMS IN DENTAL PRACTICE NEW RESOURCE

Recently the Australian Commission on Safety and Quality in Healthcare released a new resource, *Options for implementation of AMS primary care - Dental Practice.* We interviewed Kristin Xenos, Senior Project Officer - Antimicrobial Stewardship, about this useful resource.

Do you think the Australian dental industry is currently aware of the high AMR risks in dentistry antimicrobial prescribing?

The risk of antimicrobial resistance (AMR) exists in every healthcare setting. Dental practice has a crucial role to play in antimicrobial stewardship (AMS) to reduce inappropriate antimicrobial use and AMR in the community.

The Australian Commission on Safety and Quality in Health Care (the Commission) has highlighted the public health importance of AMR in all healthcare settings and the well documented problem of overprescribing and inappropriate prescribing of antimicrobials in the management of odontogenic conditions in the Antimicrobial Stewardship in Australian Health Care Book (the AMS Book).

The dedicated chapter on AMS in dental practice (Chapter 18) explores the factors influencing prescribing decisions in dentistry and describes strategies for implementing AMS in that setting. Chapter 18 of the AMS Book has been widely promoted by the Commission and the Australian Dental Association (ADA). The Commission and professional organisations such as the ADA also actively promote the *Therapeutic Guidelines Oral and Dental*, which provide clear guidance about how and when antimicrobials should be used, particularly for antimicrobial prophylaxis for dental procedures.



The information discusses education and training for providers, what does this look like currently and will it need to change to meet the demand - is it targeted at university and beyond - who would provide this? Are our dentists with current education able to educate consumers on antimicrobials and decisions to prescribe or not prescribe.

Options for implementation of AMS primary care - Dental Practice provides guidance for healthcare services to support the implementation of antimicrobial stewardship (AMS) programs in dental practice.

### The National Safety and Quality Primary and Community Healthcare Standards

(Primary and Community Healthcare Standards) highlight the need for clinicians to keep up to date with antimicrobial prescribing. Dental under-graduate and continuing education programs run by professional associations can support dentists to understand the benefits and risks of antimicrobial use such as the development of AMR and the increased risk of Clostridioides difficile infection associated with prolonged antimicrobial use.

The Primary and Community Healthcare Standards also highlight the important role dentists have in providing education to consumers about antimicrobials. Keeping up to date with antimicrobial pharmacology ensures dentists are well prepared to have discussions with their patients about appropriate antimicrobial use.

The Commission has a web page dedicated to resources about AMS in primary care and an Antimicrobial Resistance and Infection Prevention and Control mailing list to keep subscribers informed about latest publications and resources on AMR and AMS.

A study between 2011-16 demonstrated excessive prescribing of broad-spectrum antibiotics runs contrary to national antimicrobial stewardship (AMS) initiatives and guidelines. With the introduction of AMS Ch18 Dental Practice in 2022 and the options discussed in this document, do you think there will be better statistics and a decrease in decrease inappropriate prescribing?

There was an encouraging decrease in the number of dental antimicrobial prescriptions dispensed under the Pharmaceutical Benefits Scheme (PBS) each year, from approximately 885,000 prescriptions in 2013 to 801.000 prescriptions in 2019 (Source: Antimicrobial Stewardship in **Australian Health Care Book** Chapter 18 - Antimicrobial stewardship in dental practice). However, in 2022 this increased to 896,802 (Source: Analysis of 2015-2022 PBS and RPBS antimicrobial dispensing data). It should be noted that dental prescriptions dispensed privately are not captured in current antimicrobial surveillance in Australia.

Dispensing of amoxicillin with clavulanic acid (Augmentin®) by dental practitioners also increased from 2013 to 2019, which may indicate inappropriate prescribing. This agent is a broad-spectrum oral antimicrobial that can increase selection pressure for AMR. One of the core principles of AMS is to use the narrowest spectrum antimicrobial whenever possible. The Therapeutic Guidelines includes advice about Antibiotic choice for surgical prophylaxis in dentistry in their Oral and Dental. Surgical antibiotic prophylaxis is rarely indicated for dental procedures, and if it is indicated a single preoperative dose of a narrow-spectrum penicillin (e.g. amoxicillin) generally provides an adequate spectrum of activity against the usual oral microflora. The Commission will continue to monitor PBS data to inform strategies that can be developed in collaboration with dental practitioners to support appropriate antimicrobial prescribing.

The Primary and Community Healthcare Standards describe systems that should be in place in dental care settings to meet expected standards of safety and quality. Historically, public dental clinics linked to local health networks were assessed against the National Safety and Quality **Health Service Standards (NSQHS Standards**). The Primary and Community Healthcare Standards set expectations for safe dental care in public and private settings, include specific actions for AMS, and provide a framework for assessment to identify opportunities for improvement. The Commission developed the **Options** for implementation of AMS in primary care - Dental Practice factsheet for dental practices to provide practical guidance on how to optimise the use of antimicrobials and minimise the risk of AMR.

Since the introduction of the NSQHS Standards there have been sustained improvements in AMS practice in acute care hospitals (see image below from the AMS Clinical Care Standard). It is anticipated that similar improvements will be observed as the Primary and Community Standards are fully implemented over time.

As described in the AMS Book, leadership for AMS in dental practice at the national, state and territory, professional and practice levels is critically important for a nationally coordinated, effective response to AMR. The Commission will continue to work with the ADA and other dental organisations to support improvement of AMS in dentistry.

Table 2: Changes in AMS activities before and after the NSQHS Standards,  $2015^{26}$ 

Before the NSQHS Standards	AMS activity	After the NSQHS Standards
36%	Had any specific AMS program	98%
89%	Access to Therapeutic Guidelines: Antibiotic	99%
32%	Regular audits of antimicrobial prescribing	92%
22%	Feedback to prescribers on audit results	88%
29%	Review of antimicrobial prescriptions with point-of-care interventions and direct feedback to prescribers	86%
41%	Formularies restricting use of broad- spectrum antimicrobials	86%



The need for auditing of antimicrobials is discussed - do you think there is a place for a National Antimicrobial Prescribing Survey - as we have for Hospital, Surgical, Antifungal, Quality Improvement and Aged Care to assist with the auditing as well as enhance national collaboration of data and have a louder voice?

Clinical audit and individual clinician feedback enable prescribers to monitor and review their antimicrobial prescribing on an ongoing basis. Audit and feedback in dental practice and other primary healthcare settings is generally conducted through self-audit activities and peerbased review and feedback.

Expanding opportunities and providing support for collection and analysis of data on antimicrobial prescribing in dentistry would assist with understanding of the volume and appropriateness of dental prescriptions and inform the development of AMS interventions contextualised for dental practice.

### Why ONE HEALTH is Important

As Earth's population grows, our connection with animals and the environment changes:



People live closer together



Changes in climate and land use



More global travel and trade



Animals are more than just food

These factors make it easier for diseases to spread between animals and people.

A One Health approach tackles shared health threats by looking at all angles—human, animal, plant, and environmental

www.cdc.gov/onehealth



# 'ACT TOGETHER FOR HEALTH' ONE HEALTH DAY 2023

On November 3 we celebrated the eighth annual One Health Day, raising awareness of the One Health transdisciplinary approach to today's critical global health challenges – emerging infectious diseases, antimicrobial resistance, climate change, and environmental pollution.

The day aims to enhance human, animal, and environmental health and well-being by advancing awareness and understanding of the diversity of One Health sciences and perspectives.

#### What is One Health?

One Health is the concept that human health, animal health, and the environment is integrated and interdependent. Every action in one sector influences another.

As human populations grow and expand, more people live in close contact with wild and domestic animals. This close contact provides more opportunities for zoonotic disease transmission between animals and humans and increased risk of emerging diseases. Many animals have had their habitats disrupted by climate change, deforestation, coastal and marine degradation, pollution, invasive species, and intensive farming practices. The movement of people and animals has increased due to international trade, travel, and greater need for food security. These changes have led to the spread of existing and newly emerging zoonotic diseases, such as rabies, Lyme disease, Ebola, and SARS (including COVID-19).

The One Health approach is a collaborative approach which seeks to promote cooperation, collaboration, and communication between those working in human and animal health, environmental experts, agriculture, policymakers, and communities. Working together allows us to have the biggest impact on health for humans, animals, plants, and the environment.



# INFECTION PREVENTION SOCIETY CONFERENCE 17-19 OCTOBER 2023

ACIPC Past President Kristie Popkiss was invited by the Infection Prevention Society (IPS) to attend their annual conference in Liverpool, UK, and Kristie has shared some highlights about the event with us.

I was honoured to be invited to the IP2023 Conference, and to represent ACIPC. The key themes for this year's event were antimicrobial resistance, preparedness, and environment.

#### **Highlights included:**

- The Opening session presentation by Dr Emma Burnett, Challenging the Status Quo in IPC, which was an incredibly inspirational leadership talk
- Professor Mahmood Bhutta's Throw it away: how infection prevention practice destroys planetary health and fuels labour abuse was an interesting presentation reminding us of the environmental impact of IPC and the importance of promoting a circular economy for medical goods
- Leading Infection Prevention and Control in Challenging Times, presented by Dr Neil Wigglesworth (IFIC Chair) also provided many insights into leadership in IPC
- I enjoyed Dr Mark Garvey's thoughtprovoking session Has IPC got a role in hospital productivity? From front door to back door! which focused on interventions across the spectrum of patient care, from entry to exit.
- There were fantastic poster displays with key focus areas of: sustainability, virtual technology, preceptorship, human behaviours in IPC practice, workforce education, quality improvement.

Lastly, the conference provided some terrific networking opportunities to promote our College.

My thanks to the Infection Prevention Society for the invitation and congratulations on hosting an informative and successful conference.





### INFECTION CONTROL MATTERS PODCAST

### MDRO Plasma-related outbreaks - is there anything we can do?

In this week's episode, Martin talks to Dr Jon Otter, epidemiologist, scientst, blogger and Joint Director of Infection Prevention and Control at Guy's and St Thomas' NHS Foundation Trust in the UK. We discuss a session at the recent ICPIC conference on the problems posed by plasmids in terms of outbreak detection, increasing antimicrobial resistance and environmental reservoirs. You can read more about Jon's thoughts in his excellent blog post at:

https://reflectionsipc. com/2023/09/14/cpe-and-plasmidtransfer-in-hospitals-what-can-wedo-a-rapid-reflection-from-icpic-2023/#more-5141

A paper we discuss from Kalisvar Marimuthu and colleagies can be found here:

https://www.nature.com/articles/ s41467-022-30637-5

You can listen to Kalis discussing it on a previous podcast in our genomics collection here:

https://infectioncontrolmatters.com/topics/methodology/



#### Ice machines - a chilling thought?

In this episode, Brett talks to Martin about a recent paper on the potential pitfalls of ice machines and following manufactures' instructions. The paper we discuss is called "How clean is your ice machine?"

This paper was published in the journal of hospital infection:

https://www.sciencedirect. com/science/article/abs/pii/ S0195670123002700





# RECENTLY CREDENTIALLED & RE-CREDENTIALLED MEMBERS

The board of directors would like to congratulate the following members who have received credentialling or re-credentialling this month:

Advanced credentialling: Lori McLeod Mills

For information on how you can become credentialled, visit the ACIPC website:

https://www.acipc.org.au/credentialling/



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### HEALTHCARE-ASSOCIATED INFECTIONS IN AUSTRALIA

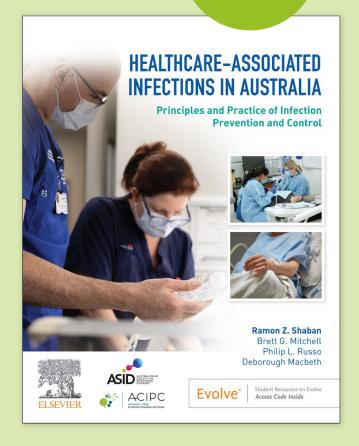
Editor in Chief: Ramon Z. Shaban

**Editors:** Brett G. Mitchell, Deborough Macbeth, Philip Russo

ACIPC congratulates Past-President Ramon Z. Shaban, and co-editors Brett Mitchell, Deborough Macbeth and Philip Russo on the publication of Healthcare-associated Infections in Australia.

Published by Elsevier Publishing, the book addresses the challenges posed by infectious diseases and healthcareassociated infections (HAIs) for all members of the multidisciplinary healthcare team. Drawing on the expertise of a wide author team, and based on current research, this important and comprehensive text provides a clear pathway for the reader to increase their knowledge and understanding of IPC.

With IPC principles and guidelines now embedded into all health-related curricula, and mandated by standards and guidelines across all areas of healthcare, this is a book no health professional should miss.



For more information and to order, click here: Healthcare-Associated Infections in Australia - 1st Edition (elsevier.com)



Congratulations to Katherine McKay who won the signed copy of the textbook at the ACIPC Conference.



# Latest Articles from Infection, Disease & Health

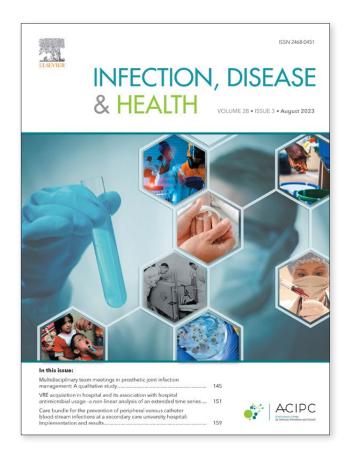
### Applicability of the ATP assay in monitoring the cleanliness of hospital environments

Naoaki Ishino, Chiharu Miyaji, Megumi Ogata, Miki Inada, Mayu Nagata, Mayumi Shimamoto

https://www.idhjournal.com.au/article/ S2468-0451(23)00107-4/fulltext

A single plain ring is not associated with increased bacterial load on hands: An experimental study among healthcare worker students undertaking mock surgery

Eva María Aguiar Cabrera, Sergio Barroso Rosa, María del Mar Ojeda Vargas, Carmen Nieves Hernandez Flores, Elena Maria Hemandez Costa https://www.idhjournal.com.au/ article/S2468-0451(23)00110-4/ fulltext#secsectitle0035



### **Selected Publications of Interest**

# Genomics for antimicrobial resistance surveillance to support infection prevention and control in health-care facilities

Elita Jauneikaite, PhD, Prof Kate S Baker, PhD, Jamie G Nunn, MSc, Janet T Midega, PhD, Prof Li Yang Hsu, MPH, Shweta R Singh, PhD, Alison L Halpin, PhD, Katie L Hopkins, PhD, James R Price, PhD, Padmini Srikantiah, MD, Beverly Egyir, PhD, Prof Iruka N Okeke, PhD, Prof Kathryn E Holt, PhD, Prof Sharon J Peacock, PhD, Prof Nicholas A Feasey, PhD for the SEDRIC Genomics Surveillance Working Group https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(23)00282-3/fulltext?dgcid=raven\_jbs\_aip\_email

## Investment in community-based rural health care innovation to address health inequities in Australia

Leesa Hooker, Fiona Burgemeister, Jane Mills

https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(23)00285-7/fulltext

Women on the frontline: exploring the gendered experience for Pacific healthcare workers during the COVID-19 pandemic Georgina Phillips, Mangu Kendino, Claire E. Brolan, Lisa-Maree Herron, Sarah Körver, Silina Motofaga, and Megan Cox https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(23)00279-1/fulltext

Forecasting pandemic quarantine in New Zealand and Australia: A scoping review of quarantine characteristics and capabilities within preparedness plans and pandemic exercise reports from 2002 to 2019

Matiu Bush, Stéphane L. Bouchoucha, Ana Hutchinson, Catherine M. Bennett https://www.sciencedirect.com/science/article/pii/S1876034123003441

Have you been involved with a recent publication that would be of interest to the wider ACIPC community?

If so, we'd love to hear from you. Please contact the office at office@acipc.org.au







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