



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

—
APRIL 2024

ACIPC President Stéphane Bouchoucha

Welcome to the April 2024 Edition of IPC News.

It has been another full month for the ACIPC Board with lots more events, engagement and advocacy on our schedule.

As some of us are getting busy ramping up seasonal flu vaccination and COVID-19 boosters, there is also a lot of preparation going on behind the scenes for World Hand Hygiene Day. To assist you and your team, the College has released some resources for a range of settings, and these can be downloaded **here**.

For many, April was also the opportunity to attend one of the GAMA/ACIPC events. Every year we partner with GAMA Healthcare to bring members the latest and future trends in IPC. These events are also the opportunity to network with other members. This year I was fortunate to attend the Adelaide and Melbourne events and deliver a presentation. As many of you know, balancing IPC care that protects people from avoidable infections and compassionate care is something that is close to my heart. Since the beginning of the pandemic, the way we have used IPC to keep the community safe has been seen by many as punitive. In my presentation I reflect on some of the studies we have conducted since the pandemic began, and how we can try to be more compassionate in our application of IPC. It was great to see these presentations generating a lot of interest and the majority of us striving to deliver balanced IPC, taking kinship and individual preferences into account. Yes, it can sometimes be easier to isolate someone but we always need to ask ourselves who isolation benefits and if it is the organisation, take a moment to reflect whether isolation is the best strategy.

During the workshops there were also many questions on the College strategy and future advocacy actions. We have big plans in the advocacy space for the future.



Additional to the work we are doing in the science of clean indoor air, we are also engaging on the CDC and other IPC issues. If you have any suggestions on what you would like us to tackle, please get in touch at **president@acipc.org.au** to share your thoughts and suggestions.

Some major documents have been released this month by the World Health Organisation and the board is looking closely at these. Please see page 10-11 for more detail about these important publications. The Australian Commission on Safety and Quality in Healthcare (ACSQH) has released their draft Aged Care IPC guide and I'd encourage all members to have a look and to give feedback to the Commission **here**.

The first webinar in the Aged Care Community of Practice series took place earlier this month, and I would like to encourage everyone working in aged care to attend these sessions. They are a great way to maintain professional currency and hear about what is happening in the sector. Members can view a recording of the webinar (and all our ACIC webinars) **here**.

I am also excited to see that we have more colleagues from the Pacific and from many parts of the world enrolled in our second offering of the International FIPC Course starting very soon!

Please continue to get in touch with me **president@acipc.org.au**, I really enjoy reading these emails. Don't hesitate to use this email if you want to give us feedback or have ideas, we value your input on how we can further enhance ACIPC.

Thank you for your continued support of ACIPC, and until next month, keep the IPC fight going!

Best wishes

Stéphane Bouchoucha



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ACIPC INTERNATIONAL CONFERENCE

SUCCESSION, SUSTAINABILITY, AND THE ADVANCEMENT OF INFECTION PREVENTION AND CONTROL

On behalf of the Board of Directors, it gives us great pleasure to invite you to attend the 2024 ACIPC International Conference.

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.

The conference is the peak event for infection prevention and control professionals (ICPs) in the region and includes Australasia's largest trade exhibition dedicated to showcasing IPC industry suppliers.

Delegates include nurses, IPC managers, and consultants, aged care workers, scientists, academics, educators, policymakers, medical practitioners, hospital managers, and those responsible for managing and delivering IPC programs in non-healthcare settings.

More information regarding the conference including invited speakers, social events, and engagement initiatives can be found on the conference website here.

Registration

This year's conference will feature new registration categories designed to make attendance easier for delegates whether joining us in Melbourne or online.

These initiatives include:

- **Onsite Shared Registrations:**
This option grants access for three individuals to attend, with each person allotted a single-day entry, allowing multiple team members to benefit from the event without separate registrations.
- **Online Day Registration:**
Attendees can choose specific conference days aligning with their interests, focusing on sessions most relevant to their professional goals.
- **Dinner Inclusive Registrations:**
Delegates can opt to include dinner with their registration, customising their conference experience according to their preferences.

An early registration discounted fee will be offered and will be available until the 1st of October 2024.

You can find out more about conference registration here.

17-20 NOV 2024

MELBOURNE CONVENTION AND EXHIBITION CENTRE, VIC & ONLINE



ACIPC
Australasian College
for Infection Prevention and Control

Call for Abstracts

We invite you to showcase your achievements, innovations, quality assurance, and research activities, by submitting an abstract and presenting at the 2023 ACIPC International Conference. **Abstract submissions are invited for the following presentation types:**

- **Scientific Presentations:** Presentations may be original research, case presentations, divisional projects, or analytical studies.
- **Case Studies and Quality Improvement Presentations:** Structured presentations from Front Line Workers and Carers, Policy Makers, Healthcare Managers, and Consumers.
- **Lightning Talks:** 5-minute presentations designed to give novice presenters and early career researchers the opportunity to develop their presentation skills by delivering an abbreviated oral presentation at the conference.
- **ePoster Presentations:** Electronic posters (ePosters) will be displayed for the duration of the conference on screens in the exhibition hall, the conference app, the website, and the online conference portal.

Industry Presentations: Conference sponsors and exhibitors are invited to submit an abstract for presentation at the Pop-Up Stage during conference breaks. Presentations can be interesting case studies or research initiatives.

For more information and to submit, visit the conference website here

Abstract submissions close on Friday 14 June 2024.

Conference Sponsors

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MEET THE BOARD

MATT MASON

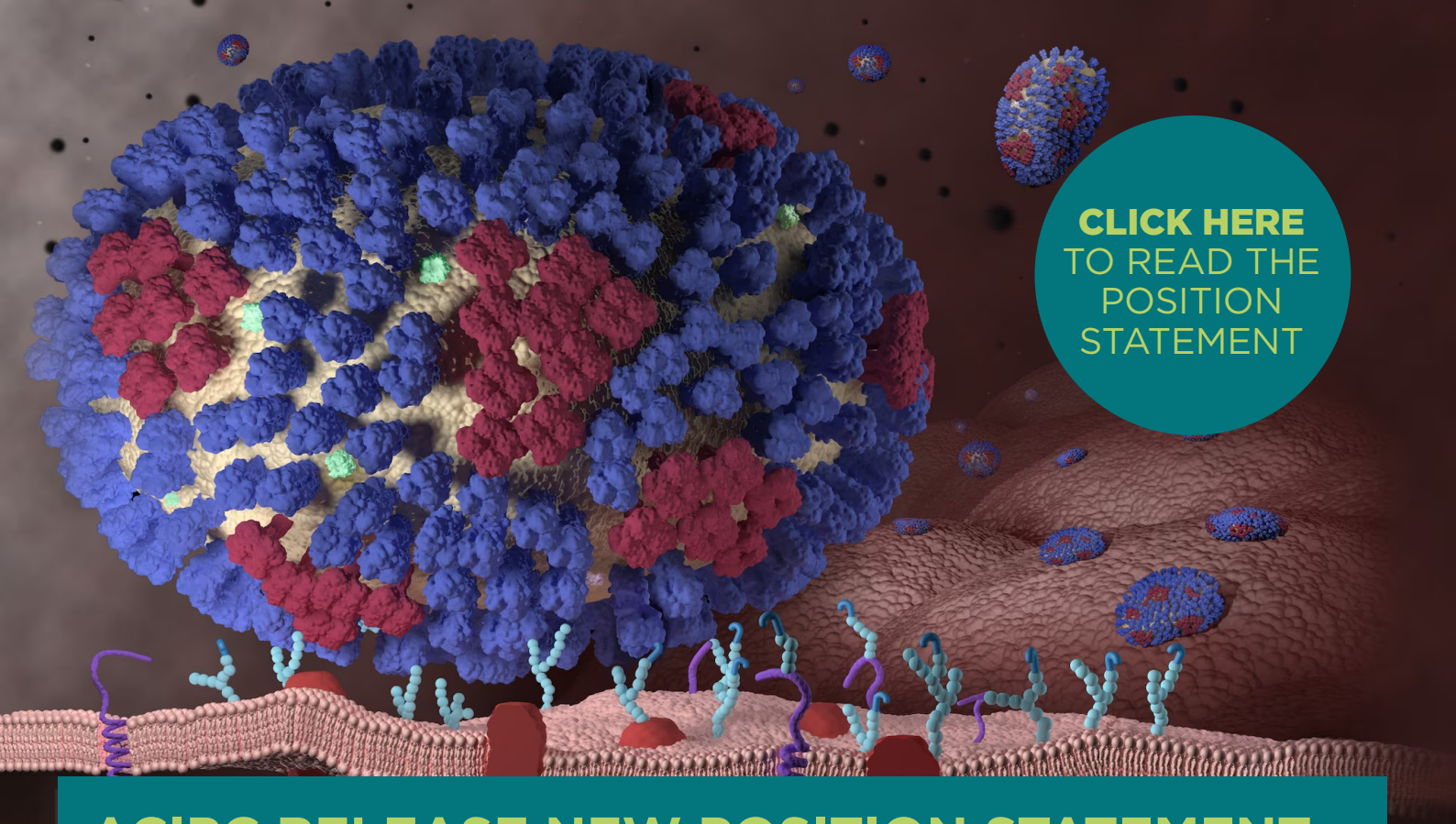
**DIRECTOR & CHAIR -
EDUCATION COMMITTEE
CICP-E**



Dr Matthew Mason is a lecturer in Nursing, the Academic Lead for Work Integrated Learning in the University of the Sunshine Coast's School of Health, and a researcher with the Australian Centre for Pacific Islands Research.

Matt has extensive experience including 20 years working in IPC, with clinical nursing experience including Trauma Intensive Care, Emergency, and Remote Area Nursing. He has a teaching and research agenda across infection prevention and control in resource-challenged areas grounded in the provision of accessible and safe services for communities and the health staff that serve them.

Matt has a professional network across the Western Pacific Region and works collaboratively to improve health care outcomes through sustained mentorship and support. Matt is a Technical Adviser to the WHO Global Outbreak Alert and Response Network, an Executive Member (IPC lead) of the Pacific Region Infectious Disease Association, and is Co-Director of the Collaborative for the Advancement of Infection Prevention and Control that supports IPC activities across the Western Pacific.



[CLICK HERE
TO READ THE
POSITION
STATEMENT](#)

ACIPC RELEASE NEW POSITION STATEMENT – SEASONAL INFLUENZA VACCINATION

This month, ACIPC released a position statement titled *Seasonal Influenza Vaccination*. It includes targeted recommendations to help better protect vital healthcare workers, essential service providers, and the public from influenza infection.

The statement also includes several recommendations to improve safety for patients, residents and communities. These include equal and accessible access to the vaccine for everyone over 6 months, especially those at higher risk of illness, and incentivised programs by healthcare organisations to increase vaccination uptake among healthcare and essential service workers.

“For many, influenza can be a mild disease,” ACIPC President A/Prof Stéphane Bouchoucha said. *“However it can cause serious illness in otherwise healthy people and even lead to hospitalisation and death.*

“The World Health Organization estimates that influenza infects 1 in 5 unvaccinated children, and 1 in 10 unvaccinated adults, with around one billion cases per year occurring worldwide. In Australia, we have around 5,100 flu-related hospitalisations and

100 death a year, although ATAGI believes these statistics may be under-reported.

“The burden of seasonal influenza on the community and the healthcare system is significant, therefore ACIPC strongly recommends the provision of equitable, accessible and timely vaccination to all people over 6 months, with a renewed focus on higher risk groups in the population and in healthcare settings.”

ACIPC’s recommendations also include free vaccination for at-risk people and occupational groups with increased risk of exposure, and they call for employers to provide influenza vaccinations to their employees through staff health programs and initiatives to promote vaccination uptake.

“Vaccination is the best way to prevent acute infection and the severe outcomes influenza can cause,” A/Prof Bouchoucha said. *“With new vaccines developed annually to match the viruses that are circulating, a high vaccination rate in the population provides our best defence against the health, community and economic effects of influenza.”*

ACIPC POSITION STATEMENTS

The College develops position statements on issues of importance to our members, our strategic direction and our vision. Position statements go through rigorous processes before publication including expert consultation by ACIPC Sub Committees and Board review and endorsement. Developed on the best available evidence, they provide clarification on College views and support best practice in IPC.

The ACIPC position statements are recommendations and should be viewed as suggestions to consider. We encourage individual healthcare facilities to review and implementation at their discretion. These documents are not a procedure, protocol, guideline, or policy and do not cover any implementation considerations. Broad in scope, they require local consideration and may or may not apply in particular settings.

CURRENT POSITION STATEMENTS

- Seasonal influenza vaccination
- Animals in healthcare settings
- Credentialing for IPC professionals
- Current and continuing impact of COVID-19
- Facilitating next-of-kin presence for patients dying from COVID-19 in the ICU
- Infection control for patients with Clostridium difficile infection in healthcare facilities
- IPC workforce guidance
- Mandatory hand hygiene training
- Reusable gowns
- Single use items
- The role of the ICP in antimicrobial stewardship

Our position statements are updated regularly, so be sure to check our website to ensure you are using the College's latest position statement.

**CLICK HERE
FOR ALL THE
ACIPC POSITION
STATEMENTS**



FOR MORE
INFORMATION
ABOUT THE AWARD,
ELIGIBILITY AND
HOW TO APPLY,
[CLICK HERE](#)

DR JOAN FAOAGALI AWARD

Interested in completing the Foundations of Infection Prevention and Control course? You could have your course fee reimbursed.

Dr Joan Faoagali made a significant contribution to the education of members of the College over many years with her involvement in both State and National Infection Prevention and Control activities. Joan showed great resilience, tremendous vision, and was a true leader inspiring all those whose lives she touched – working towards achieving something greater than themselves. Joan’s passion and influence was key to the development of the ACIPC Foundations of Infection Prevention and Control Course. Joan, whilst battling her cancer made time to write and develop modules for the initial ACIPC Foundations of Infection Prevention and Control course. Joan was well known in the Australian infection prevention and control community. Joan was particularly interested in the education of clinicians, the prudent use of antibiotics, infection control and the intelligent use of pathology services. Joan was a passionate teacher and service development advocate in both high-level referral centres in Australia and New Zealand and in developing countries including our Pacific neighbours. After initially qualifying in Microbiology in Dunedin, Joan was Director of Microbiology at Christchurch Hospital in New Zealand and then the Royal Brisbane and Princess Alexandra Hospitals in Queensland. She held multiple adjunct academic appointments, including Griffith University, University of Queensland and Queensland University of Technology. She will be remembered as a warm generous leader and mentor of students and senior colleagues alike. The Dr Joan Faoagali Award recognises the significant and valuable contribution Joan made to infection prevention and control professionals and especially members of ACIPC. The Dr Joan Faoagali Award allows infection prevention and control practitioners to engage in ongoing learning through participation in the ACIPC Foundations of Infection Prevention and Control course.

Please include with your application:

- A brief statement (no more than 500 words) describing the importance of completing the ACIPC Foundations of Infection Prevention and Control Course
- A current brief curriculum vitae highlighting infection prevention and control involvement

Applications are now open, and close on 4 May 2024. Please note you need to be a member of ACIPC to apply for this scholarship.

WHO GLOBAL TECHNICAL CONSULTATION REPORT

WHO Global technical consultation report on proposed terminology for pathogens that transmit through the air.

The World Health Organization (WHO) have released a report on the proposed terminology for pathogens that are transmitted through the air. The COVID-19 pandemic saw confusion about the transmission routes of pathogens, and misleading information being spread that was related to the differing use of the terms airborne, aerosol and airborne transmission.

A scoping literature review into these already existing definitions was undertaken by the WHO, which found considerable variations in both the terms and the criteria within the terms; including particle size limits and the distance particles travelled. Following this a consultation group was convened to seek agreement for descriptors and terminology used for pathogens that are transmitted through the air.

The proposed terms include the overarching terminology of 'transmission through the air', which is used to describe the transmission of any infectious respiratory particles, that may travel short or long distances. Within this are the sub-categories of 'airborne transmission', inhalational transmission of a pathogen suspended in the air or moving with air flows, and 'direct deposition' transmission of a pathogen over a short distance via deposition on the mucosa of the mouth, nose or eyes.

Infection prevention and control (IPC) and public health measures to prevent infections require an understanding of the modes of transmission of pathogens that can be implemented across a variety of health and community settings that are clear and can be used consistently to convey messages to maintain safety. The practical implications of these changes will require a risk-based infection prevention approach, as not all short-range airborne particle transmissions will require the implementation of full 'airborne precautions' and will require a balance of the risks of the disease, the individual, and the setting.

The WHO have advised that the implementation of this terminology will require further research and an evidence-based review proves on the consequences and practicality of implementing these measures within healthcare settings, as well as within wider community settings.

**TO READ THE
FULL REPORT
[CLICK HERE](#)**



THE WHO PATIENT SAFETY RIGHTS CHARTER

WHO have launched the Patient Safety Rights Charter, a first of its kind to outline patients' safety rights. It reflects the commitment of the Global Patient Safety Action Plan, to eliminate avoidable harm in healthcare, elevate the voice of the patient, and integrate the essential concepts of patient safety including patient and family engagement, equity to healthcare, dignity, and access to information.

The charter will be applicable and relevant across all healthcare settings and at every level of health care provision and consists of 10 patient safety rights that are crucial to ensure patient safety through the mitigation of potential risks, and prevention of harm. The patient safety rights recognise that patient safety is multi-factorial and impacted and influenced by factors including the health workforce, availability of safe medical products, the physical environment, and the individual's personal characteristics.

THE 10 PATIENT SAFETY RIGHTS ARE:

- 1. Right to timely, effective, and appropriate care**
- 2. Right to safe health care processes and practices**
- 3. Right to qualified and competent health workers**
- 4. Right to safe medical products and their safe and rational use**
- 5. Right to safe and secure health care facilities**
- 6. Right to dignity, respect, non-discrimination, privacy, and confidentiality**
- 7. Right to information, education and supported decision making**
- 8. Right to access medical records**
- 9. Right to be heard and fair resolution**
- 10. Right to patient and family engagement**

**VIEW
THE FULL
DOCUMENT
HERE**

With approximately one in 10 patients being harmed within a healthcare setting, and more than three million deaths due to unsafe care occurring globally each year, the implementation of the Patient Safety Rights Charter is significant. The charter acknowledges over 50% of harmful incidents to patients as being preventable, and promotes the upholding of patient rights for everyone, everywhere, regardless of age, gender, ethnicity, or race, language, religion, and socioeconomic status. The charter will provide support to stakeholders in developing policy to ensure patients' rights to safe care are respected, protected, and fulfilled.



**Aged Care,
this is your
space!**



ACIPC'S NEW AGED CARE COMMUNITY OF PRACTICE

ACIPC is excited to announce the establishment of an Aged Care IPC Community of Practice.

The College recognizes the rapid increase in IPC implementation which occurred over the pandemic years and the challenges it has presented in aged care settings.

While improving IPC practices in aged care staff training and education is vital, factors besides knowledge/competence need to be taken into account. Organisation readiness to change, social influences, motivation, reinforcement capacity, and environment context have all impacted IPC implementation. To address these more socially associated factors and success in the provision of a successful IPC program, a more collaborative and peer supportive approach is required, in addition to education and training.

With this in mind, ACIPC has created a variety of resources to support those working in aged care.



Our new community of practice will feature:

- Resources: a 'one stop shop' location for up-to-date, credible IPC information and resources relevant to mandates and recommendations in the aged care sector.
- Aged Care Connexion: like the Infexion Connexion forum, but this online forum is directed specifically at the aged care sector. Some recent discussion topics include: RAT testing after April 2024, Infection Alert System in RACFs, and Education for Cleaning Staff in Residential Aged Care.
- Webinars: free bi-monthly web-based interactive IPC webinars, targeted to the aged care sector. Our Aged Care IPC Consultant Carrie Spinks will guide you through topics such as how to develop an IPC aged care program, gloving across aged care facilities, managing IPC in environmental services, and more. These sessions will be interactive and informative, and the floor will be open for sharing ideas, input and concerns.

ACIPC recognises the benefits of peer collaboration. The ACIPC Aged Care Community of Practice aims to strengthen collaborations and IPC knowledge and practice across the industry.

All infection prevention and control (IPC) leads, aged care IPC consultants/specialists, public health, and those involved with IPC in aged care are warmly invited to utilise the resources, link in, join discussions in the members forum, and attend the bi-monthly live interactive webinars.

The ACIPC Aged Care Community of Practice supplements our existing range of Aged Care Education:

- Online Short Course in IPC in Aged Care Settings
- Foundations of IPC

For more information about how ACIPC is supporting our members working in Aged Care, visit our dedicated Aged Care page by clicking [here](#).

MEMBER PROFILE

DR CRISTINA SOTOMAYOR- CASTILLO



This month, we chat with Cristina Sotomayor Castillo, who is Surveillance Officer, Population Health with the NSW Justice Health and Forensic Mental Health Network (Justice Health NSW)

How did you get into the IPC field?

I'm from Chile, where I was a Doctor in Veterinary Medicine and then transitioned into public health and human medicine. When I emigrated to Australia I decided to go through the academic and research pathway as it takes a long time to get a degree co-validated. I managed to get to Australia on a scholarship to do my PhD at the Centre for Infectious Diseases and Microbiology Public Health (CIDM-PH) at Westmead Hospital in Sydney. My thesis, supervised by Professor Vitali Sintchenko, was one of the first to cover whole genomic sequencing and its utility in surveillance in NSW.

Around that same time, Professor Ramon Shaban had just started as the Clinical Chair for Infection Prevention and Control for the University of Sydney at Westmead and I was fortunate to join his team in 2018. I was lucky enough to be a part of that great group of colleagues putting together the NSW Biocontainment Centre, and we were all trying to think ahead of the next

epidemic; I don't think I ever thought it would come so soon. Ramon is such a guru of IPC and I stayed working with and learning from him for over four years. We were with him when that first case of COVID-19 appeared in NSW on 26 January 2020, that's a date I will always remember!

Two years ago, I moved across to Justice Health, the branch of NSW Health providing care within the custodial setting, which was really new to me. I had no idea what Justice Health and the Forensic Mental Health Network was, and then of course it made complete sense that individuals in custody do get sick, the same as the rest of the population and would require healthcare.

How is IPC in custody settings different from, say, an acute setting?

The IPC foundations are of course the same, but the setting is usually a bit different. For urgent cases, patients (we do not refer to them as inmates) are transferred out to public health facilities, but for every other thing in their day-to-day life experience under custody, they would be seen in the prison's clinic.



“We must make sure that our IPC education is targeted to our patients, who may have low literacy or culturally and linguistically diverse backgrounds. Clinical conversations have to happen, but often they are conducted in a challenging environment and there are certainly time constraints. Clinical staff in these settings do an amazing job.”

We have to think of all of the IPC considerations as patients are moved between facilities, private and government administered, and to convey this strategically and effectively to all involved. If correct IPC measures aren't taken at every point, it can really increase the likelihood of exposure to risks.

Is it hard to get compliance?

Sometimes it can be, and as it was seen in the healthcare setting with COVID-19, there was exhaustion all round, from mask-wearing to vaccine fatigue. Nevertheless, my hat is off to Justice Health NSW and CSNSW teamwork, embarking on daily meetings with our team's IPC CNC and COVID CNC to get adequate IPC measures in place across the centres. There are 37 different correctional facilities in NSW, and we needed to keep them in the information loop.

We are also completely scattered across NSW which is a challenge, and I had no idea about this when I began. Many facilities have specific challenges like infrastructure – some of these prisons are from the 1900s and they have been renovated, but they are settings with very specific characteristics in terms of environment. The way they're built, and the patients are housed can be very different, affecting ventilation and clean air, for example. Measures must be evaluated, and decisions made centre by centre.

“Environmental cleaning is very different too. Not every prison has external cleaners. The clinics sometimes have access to hired cleaning crews, yet most centres rely on patients who become trained sweepers, selected very specifically to perform these tasks.”



Their day-to-day dynamics are different as well, and the shared accommodation, and common locked indoor spaces, put everything under a completely different context. Sometimes you have to get really creative about how to apply IPC measures. Justice Health NSW works in partnership with Corrective Services NSW (CSNSW), so our IPC team and communicable diseases CNCs need to visit, discuss and convey IPC in a setting that is very different from say, a hospital, where they already speak the language of IPC to an extent. Not only do they talk to corrective service officers, but also courts, and other related locations where patients are often moving in and out.

MEMBER PROFILE DR CRISTINA SOTOMAYOR-CASTILLO

Tell us about specific illnesses such as hepatitis that are often seen in corrective facilities.

We do deal with a highly unique and vulnerable population, they come with inherited experience from community since childhood such as trauma. For instance, data indicates that rates of substance use amongst people who enter custody is high. Therefore, we have a super strong team, the Harm Reduction Team, who do amazing work. I watch the data and flag the infections, and my colleagues from Harm Reduction and Drug and Alcohol come onboard and really aim to educate and help with prevention strategies. We are very proud of our Hep C treatments dispensed numbers, the highest across the state. We are working hard from every front to contribute to the hepatitis C elimination by the 2028 target.

“Each patient has layers of complexity, including mental health triggers which may increase the presentation of risky behaviour. Some people in custody share injecting equipment, and we have targeted education and health promotion messaging about harm reduction measures such as cleaning equipment with disinfectants and encouraging patients not to share equipment. In Justice Health we are really trying to make our patient’s life while under our care better. We unfortunately do have reinfection rates for diseases such as Hepatitis C, and it’s not uncommon to see reinfection two, three or even four times in the same patient.”

What does a typical day look like?

I keep an eye on anything that is happening regarding notifiable conditions in Justice Health. I monitor multiple data dashboards daily and check for any outbreaks or spikes in infection; with surveillance strategies in place, I can flag events with our CNCs, so that they go and discuss with the clinical staff and correctional services to uncover where the infections are coming from and how best to tackle them. There is a lot of investigation that goes on, and reliable data is so important in making informed IPC decisions.

We have 75 notifiable conditions in NSW, and Hep C is the queen of all notifiables in the custodial setting. Syphilis is prevalent, and indeed in NSW we have had a huge increase in the general population, partly because we are testing more. We are seeing an increase in many notifiables because testing has resumed after the COVID-19 pandemic.



STIs such as chlamydia and gonorrhoea are prevalent, and influenza will soon be a huge factor. We've started to see RSV as well. We do have some reluctance from patients around our winter immunisation campaign, which we see unfortunately in the general population as well. It is voluntary for patients, everything we do must be by consent of the patient, including taking bloods, testing, vaccination. That is another reason to praise the teams at the clinic or screening at reception and other instances, which are often a really short window of time for assessing a patient to see whether they might need any testing. It is sort of similar to triage in an ER.

“We can only encourage, educate, and come up with effective ways to approach messaging, such as cell tablet technology with relevant educational information available, because our patients don't have open internet access of course. Rapid detection is also needed, because patients may not report symptoms if, for example, they think they might be moved to an isolation centre.”

At last year's ACIPC conference I presented on an area that fascinates me, which is the close relationship we have with the community. Patients get released, and if they have a Hepatitis C detected test, and we don't get notified of the release (because that's not part of our activities) and we have booked them for a follow up visit to the prison clinic to get the results, we can find we have missed that window and then we have a positive Hep C case in the community.

For these instances, we have a follow-up team who go above and beyond into the patient's community contacts, other clinicians, centres, etc in an effort to contact the patient with their results and encourage them to seek the required follow up, treatment, etc but it can be very difficult. Sadly, we do tend to see patients come back into custody and at that point we have another opportunity to pick up where we left off.

How do you relax?

I love baking! I am Latina, so give us anything sugary, plus some coffee, music and dancing anytime of the day! I also discovered gardening during COVID, so I have kept my little veggie patch and I love to get my hands dirty growing my own produce. I'm very close with my little family, my husband and two children and friends. These last ones have become the extended family we don't have in this side of the world.



Introducing our latest IPC campaign, 'Stay a Step Ahead' of winter infections

Don't let hidden pathogens catch you off guard this winter! Dive into our comprehensive Infection Prevention and Control (IPC) Winter campaign. It is designed to help you manage threats lurking on surfaces, patient and resident hands, and tackle the challenges of Antimicrobial Resistance (AMR).

Scan the QR code to be part of the action

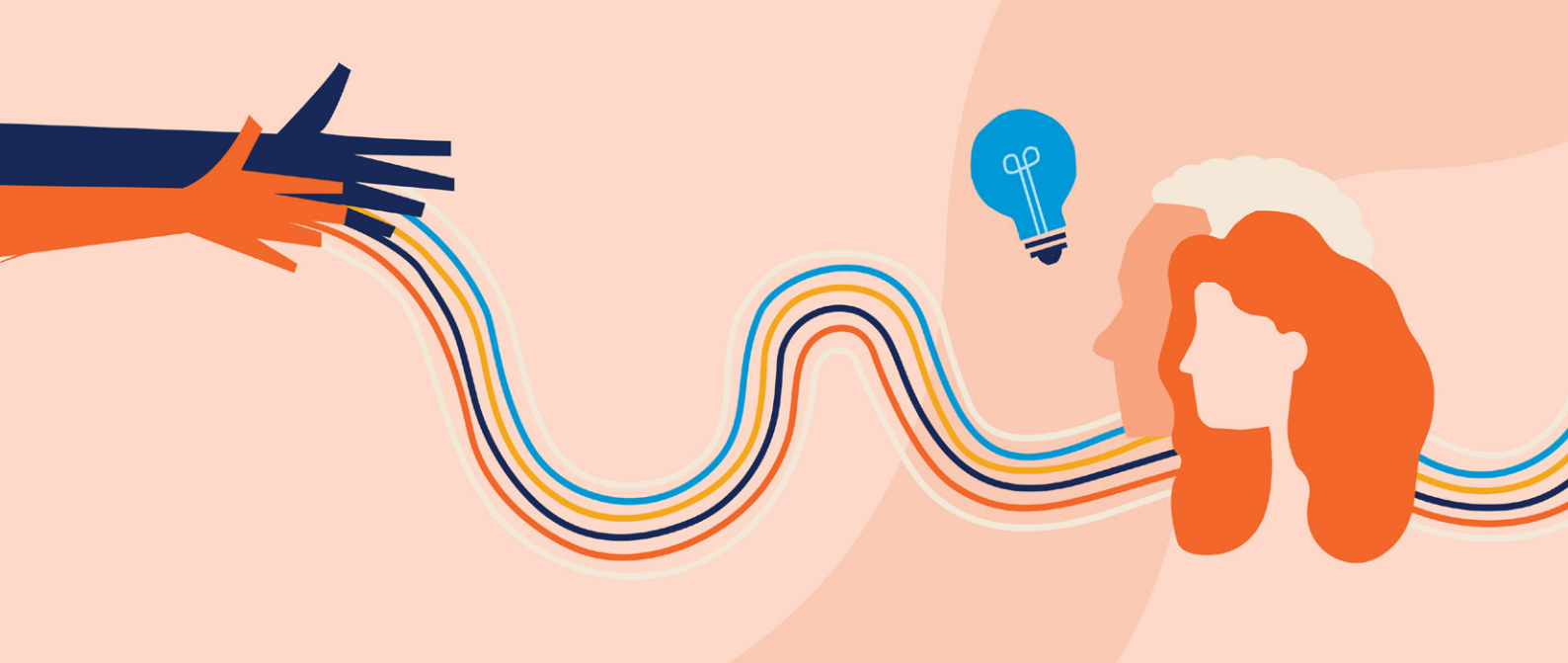
Uncover Hidden Pathogens: Download FREE IPC winter resources – including educational posters, crossword puzzles, Zoom backgrounds & screensavers!

Enter our IPC Hot Tips Competition: Share your best IPC strategies and tips for a chance to WIN! Whether it's a clever technique to increase compliance of surface decontamination or a unique approach to promoting hand hygiene, your insight could make you a winner!

Educational Webinar: Register for the 'Stay a Step Ahead' educational webinar.

clinellTM

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WORLD HAND HYGIENE DAY

5 MAY
2024

World Hand Hygiene Day will be celebrated on 5 May 2024.

This year's theme is:

Promoting knowledge and capacity building of health and care workers through innovative and impactful training and education, on infection prevention and control, including hand hygiene.

ACIPC has developed a suite of resources for you to use in your workplace or community, including:

- A3 posters for your noticeboard tailored to a variety of different healthcare specialties
- Puzzles and games to download
- An email signature banner – free for you to download and use in your professional communication

Plus you could win a copy of Healthcare-Associated Infections in Australia signed by Professor Ramon Shaban. Simply post a photo of your team celebrating World Hand Hygiene Day and tag us to go into the draw.

Check out our social media channels from 3 May for more details on how to enter, or email your photo/s to office@acipc.org.au.

Our Hand Hygiene resources are available now on our website by clicking on the link **here**

BUG OF THE MONTH

INFLUENZA



Our new regular column will feature common (and uncommon) pathogens from our region and around the world. With our new position statement *Seasonal Influenza Vaccination* newly released, this month ACIPC IPC Consultant Karen McKenna explores the influenza virus.

WHAT IS IT?

Influenza is a virus that causes acute respiratory disease, and usually occurs between April to September each year.

Symptoms of influenza include fever, cough, headache, muscle aches and pains, and a sore throat. While influenza can be a mild disease for some, it can cause severe illness in otherwise healthy people and can lead to hospitalisation. Most symptoms resolve within 2-7 days, although the cough may last for longer.¹

People may be unwell and infectious before symptoms appear, with the incubation period of influenza being 1-4 days².

HOW IS IT TRANSMITTED?

Influenza viruses are most commonly spread through the inhalation of viral particles of infected people and through direct contact with contaminated surfaces.²

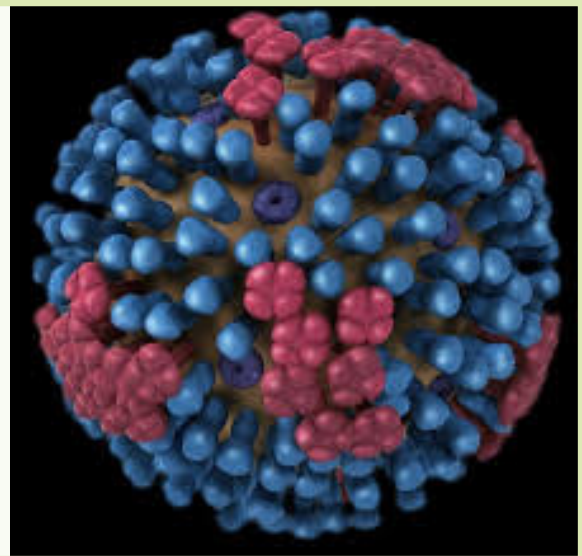
AT RISK GROUPS?

People at an increased risk of severe influenza include those who are: immunocompromised, transplant recipients, obese, have cardiac and chronic respiratory disease, and those with other chronic illnesses. Older adults, children under the age of 5, pregnant women, and Aboriginal, Torres Strait Islander, Māori and Pacific peoples are also at an increased risk.

Occupational groups are also considered to be at increased risk of influenza, due to an increased exposure in their workplace. These groups include healthcare workers, aged care and long-term residential facility workers and essential service providers.

KEY MESSAGES:

- **Annual vaccination is the most important measure to prevent influenza and is recommended for anyone aged 6 months of age.**
- **Vaccination is free through the National Immunisation Program for high-risk groups.**
- **Occupational groups are at an increased risk and should be vaccinated annually.**



PREVENTION?

Immunisation and practicing prevention strategies are the best way to protect against influenza infection. The influenza vaccination is updated each year to include protection against circulating viruses, and is recommended every year for everyone aged 6 months or older,³ and should be given from mid-April onwards, before the influenza season begins.

Prevention strategies to minimise the spread of influenza include: hand washing, cough etiquette, keeping high touch surfaces clean, and staying home when unwell. The use of additional infection prevention measures in healthcare settings include increased cleaning of high touch surfaces, personal protective equipment (PPE) and droplet and contact transmission-based precautions.

REFERENCES

1. Better Health Channel. Influenza (flu). The Victorian Government. Updated 2 April 2024. Accessed 17 April, 2024. <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/flu-influenza>
2. Victorian Department of Health. Influenza. Victorian Department of Health. Updated 5 December 2023. Accessed 17 April, 2024. <https://www.health.vic.gov.au/infectious-diseases/influenza>
3. Australian Technical Advisory Group on Immunisation (ATAGI). The Australian Immunisation Handbook. Australian Government Department of Health and Aged Care; 2022.



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The Australian Commission on Safety and Quality in Health Care has developed a draft Aged Care Infection Prevention and Control (IPC) Guide and invites your feedback.

The draft guide aims to support the implementation of the strengthened Aged Care Quality Standards, and includes sections on IPC systems in aged care, risk assessment, standard and transmission-based precautions requirements, safely conducting and managing procedures and invasive devices, environmental sustainability in IPC, staff health and safety, infection monitoring and antimicrobial stewardship.

Have your say and help shape the future of IPC in aged care across settings.

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INFECTION CONTROL MATTERS PODCAST

Investigating a unique CPE strain outbreak - a possible new place to look?

In this episode, Martin Kiernan talks to Mitch Clarke, Clinical Lead and Deputy Director of Infection Prevention and Control at Nottingham University Hospitals in the UK. We discuss an outbreak with a unique NDM CPE infection and look at where the investigations went, including a new reservoir that is a potential source - the floor scrubber.

Papers underpinning this work are here:

1. Benbow A, Clarke M, Yates C, Montgomery R, Staniforth K, Boswell T, et al. Hospital-wide healthcare-associated carbapenemase-producing Enterobacterales outbreak: risks of electric floor scrubbers in catering facilities and kitchens. *J Hosp Infect.* 2024;146:59-65. <https://www.ncbi.nlm.nih.gov/pubmed/38341149>
2. Prescott K, Billam H, Yates C, Clarke M, Montgomery R, Staniforth K, et al. Outbreak of New Delhi Metallo-Beta-lactamase Carbapenemase Producing Enterobacterales on a bone marrow transplant unit: Role of the environment. *Infect Prev Pract.* 2021;3:100125. <https://www.ncbi.nlm.nih.gov/pubmed/34368742>



Visualising infection transmission using genomics

In this podcast, we chat with Dr Brian Forde about HALviz. HALviz is an interactive dashboard for visualising and integrating healthcare-associated genomic epidemiological data. HALviz displays and links the outbreak timeline, building map, phylogenetic tree, patient bed movements, and transmission network on a single interactive dashboard.

You can view and use the tool for free at <https://haiviz.fordelab.com>

Papers referred to in the podcast:

Permana, B., Harris, P. N., Roberts, L. W., Cuddihy, T., Paterson, D. L., Beatson, S. A., & Forde, B. M. (2024). HALviz: an interactive dashboard for visualising and integrating healthcare-associated genomic epidemiological data. *Microbial Genomics*, 10(2), 001200.

Latest articles from Infection, Disease & Health

Capacity building to address antimicrobial resistance in remote Australia: The inaugural HOT NORTH Antimicrobial Academy

C. Bowen, B. Smith, K. Daveson, L. Eldridge, A. Hempenstall, T. Mylne, R. Szalkowski, K. Van Rooijen, L. Anderson, M. Stephens, S.Y.C. Tong, T. Yarwood
<https://doi.org/10.1016/j.idh.2024.03.001>

Development of a rapid, multi-organisational, multi-modal assessment of a newly available disposable respirator

Irene Ng, Charles Bodas, Megan Roberts, Andrew Coe, Michelle Smith, Helen McCann, Daryl Lindsay Williams
<https://doi.org/10.1016/j.idh.2024.03.002>

The increasing health burden of Legionella Pneumophila in NSW

Michael Staff, Adelaide Nyinawingeri
<https://doi.org/10.1016/j.idh.2024.03.004>





Selected publications of interest

Inappropriate Diagnosis of Pneumonia Among Hospitalized Adults

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2816759>

Long-range air dispersion of *Candida auris* in a cardiothoracic unit outbreak in Hong Kong

[https://www.journalofhospitalinfection.com/article/S0195-6701\(23\)00322-5/abstract](https://www.journalofhospitalinfection.com/article/S0195-6701(23)00322-5/abstract)

Infection prevention and control measures to reduce the transmission of mpox: A systematic review

<https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002731>

Infection prevention control in practice: a survey of healthcare professionals' knowledge and experiences

<https://www.sciencedirect.com/science/article/pii/S2590088924000210>

Interventions for preventing or controlling health care-associated infections among health care workers or patients within primary care facilities: A scoping review

[https://www.ajicjournal.org/article/S0196-6553\(23\)00768-X/fulltext](https://www.ajicjournal.org/article/S0196-6553(23)00768-X/fulltext)

Global technical consultation report on proposed terminology for pathogens that transmit through the air

<https://www.who.int/publications/m/item/global-technical-consultation-report-on-proposed-terminology-for-pathogens-that-transmit-through-the-air>



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