



ACIPC

Australasian College  
for Infection Prevention and Control

# IPC News

AUGUST 2024

# ACIPC President Stéphane Bouchoucha



## Welcome to the August 2024 Edition of IPC News.

Thank you so much for attending the Extraordinary General Meeting on Monday 19th August and for supporting the changes to the ACIPC constitution that the Board of Directors put forward. Having a contemporary constitution will enable the College to continue to be sustainable, and advocate for both Infection Prevention and Control and IPC Professionals throughout the Asia Pacific region. You can find out more about the AEGM including the minutes and changes to the constitution on our website [here](#). The constitution is also available on our website.

Can you believe there are only 17 weeks before Christmas, and even less before the 2024 ACIPC International Conference. I was able to have an advance preview of the program the Scientific Conference Committee, chaired by Marija Juraja, has put together, and I am very excited for this year's conference. The committee has really worked hard to compile an outstanding program, with the best international and national speakers. Keep an eye out on your email as the program will be officially published in the coming days. I do hope that you will be able to join us in Melbourne in November. There are scholarships available to lessen the financial burden and I hear that we might even have an award for the best dressed at the conference dinner! You can find more information about scholarships [here](#).

The Veterinary Foundations of Infection Prevention and Control course launched on 22 August and I am really excited that ACIPC is able to offer such a course. This is really an innovative educational offering and one of the few worldwide, reflected by the fact that we have students enrolled from all over the world! This course is a great way to continue to affirm our commitment to a One Health approach.

August also saw applications open for the new ACIPC Sustainability in IPC Research grant, which allows ACIPC members to undertake sustainability research to explore opportunities to reduce the environmental impact of infection prevention practices. Applications for this grant will close on 4 October, so get your research proposal ready for a chance to secure funding. For more information, go to the **Sustainability in IPC Research grant webpage**.

As always, feel free to reach out to me using the email [president@acipc.org.au](mailto:president@acipc.org.au). It is great to read your feedback and ideas for the College.

Thank you for your continued support of ACIPC, until next month.

*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

### Invited Speakers

We are very excited to have a fantastic lineup of international and national speakers at this year's conference

#### Michael Borg



Professor Michael A. Borg heads the Department of Infection Prevention & Control at Mater Dei Hospital in Malta and chairs the country's National AMR Committee.

An Honorary Fellow of the Royal College of Physicians of Ireland, he has been included in Stanford University's list of the top 2% scientists in the world. He also has extensive international experience including past chair of the International Federation of Infection Control (IFIC) and external expert to the European Centre for Disease Control (ECDC).

Michael has authored or collaborated in more than 150 publications within peer reviewed journals, especially on the epidemiology of antimicrobial resistance, control of healthcare associated infections and antibiotic use. His current research interests focus on the application of behaviour and implementation sciences to improve IPC and antibiotic stewardship.

#### Bronwyn King AO



Professor Bronwyn King AO is proud to work with Burnet Institute, to advance Australia's progress on air quality. As a radiation oncologist by background, she has long been

a public health champion. She founded Tobacco Free Portfolios, an NGO that launched a global initiative at United Nations' Headquarters in 2018. The Tobacco-Free Finance Pledge has 200+ signatories including many of world's largest financial institutions, representing >AU\$25 trillion. Prof King's TEDx Sydney talk has been viewed over three million times.

Professor King is a former elite swimmer who represented Australia and for ten years worked as Team Doctor for the Australian Swimming Team. She is a non-executive director and currently serves on a number of boards.

In 2019 Prof King was appointed an Officer of the Order of Australia and named Melburnian of the Year. In 2023, she was honoured to become an Honorary Professor at University of Melbourne.

# ACIPC INTERNATIONAL CONFERENCE

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

### Heather Gilmartin



Heather Gilmartin, PhD, NP, CIC, FAPIC is a health services researcher and implementation scientist at the Denver/Seattle Center of Innovation at

the Rocky Mountain Regional Veteran Health Administration Medical Center in Denver, Colorado. Her research centers on optimizing healthcare culture for employee engagement and patient safety. She is an associate professor at the University of Colorado, School of Public Health and associate director of dissemination and implementation at the Colorado Clinical and Translational Sciences Institute. Dr. Gilmartin is a member of the Association for Professionals in Infection Control and Epidemiology (APIC) and is the Infographic Editor for the American Journal of Infection Control. In 2023, she was honored as the APIC Distinguished Scientist.

### Frances Geraghty-Dusan



Francette is a passionate One Health practitioner who has spent her career addressing the complex challenges of antimicrobial resistance,

pandemic prevention and food security. As an Agricultural Scientist and Veterinarian with a Masters in Public Health, she has an excellent understanding of conservation, agriculture and animal and human health systems, coupled with strong technical skills in epidemiology, disease risk reduction, capacity building and emergency disease management. She has worked for the World Health Organisation on zoonotic collaboration and One Health in Beijing, Laos and Fiji and for the World Bank in Mongolia. Most recently she spent 5 years as Senior One Health Advisor at the Australian Department of Foreign Affairs and Trade's Indo-Pacific Centre for Health Security.

17-20 NOV 2024

MELBOURNE CONVENTION  
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## Conference Awards

ACIPC is excited to announce five new awards which will be presented at this year's ACIPC 2024 Conference. The awards recognise the outstanding contributions of ACIPC members across a range of areas. Please see the categories below and for more information about eligibility and how to apply, [click here](#).

### ACIPC Impact Award

The ACIPC Impact award is given to an individual or team that has demonstrated significant impact in the field of IPC that contributes to measurably preventing infections or reducing the risk of infection in the community.

### ACIPC Facilitator Award

The ACIPC facilitator award is given to an ACIPC education facilitator who has demonstrated student engagement, impact, and leadership in education. This award also acknowledges the recipient's contribution to the design and delivery of innovative IPC curricula which is inclusive and meets the needs of diverse learners.

### ACIPC Novice ICP of the Year Award

The novice ICP of the Year award aims to identify ICPs who are commencing their Infection Prevention and Control journey and encourage them to be the future leaders of the profession.

### ACIPC Mentor of the Year Award

The **ACIPC Mentoring program** aims to contribute to the future of IPC professionals by pairing mentees with suitable mentors across all fields in a professional relationship of growth and development. The award is open to any current financial member of the College who is participating in the Mentoring Program

### ACIPC Lifetime Achievement Award

The lifetime achievement award is presented to a member of ACIPC who has demonstrated consistent outstanding commitment to the college and the profession of Infection Prevention and Control.

# ACIPC INTERNATIONAL CONFERENCE

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

### Claire Boardman Award

**Applications are now open for the Claire Boardman Medal for Leadership in Infection Prevention and Control.**

The Claire Boardman Medal for Leadership in Infection Prevention and Control is the highest honour of the Australasian College for Infection Prevention and Control.

The medal is awarded in recognition of the College's Inaugural President, Ms. Claire Boardman, and her leadership in establishing the College. It is awarded to a member of the College who demonstrates outstanding commitment and leadership in the practice of infection prevention and control.

**The award includes:**

- The Claire Boardman Medal for Leadership in infection Prevention and Control
- Entry onto the Clair Boardman Medal for Leadership in Infection Prevention and Control Trophy
- \$2,000 prize money



**Applications close at 9:00AM on Monday 9 September 2024.**

**APPLY  
NOW**



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# EXTRAORDINARY GENERAL MEETING TO ACCEPT A REVISED CONSTITUTION

19 AUGUST 2024

**An Extraordinary General Meeting of members of ACIPC was held on the 19th of August to vote on the adoption of a new constitution. Updates to the constitution were considered and it was resolved to accept them.**

**A new constitution is now in effect, and more information can be found on the ACIPC website by clicking the link here.**





# RECENTLY CREDENTIALLED & RE-CREDENTIALLED MEMBERS

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

**Expert Re- Credentialling:** Deborah Macbeth

For information on how you can become credentialled, visit the ACIPC website:  
<https://www.acipc.org.au/credentialling/>



# ACIPC SUSTAINABILITY IN IPC RESEARCH GRANT

**ACIPC recognises the importance of creating sustainable approaches to Infection Prevention and Control (IPC) practices across healthcare and community settings.**

IPC programs are designed to prevent and reduce the risk of transmission of infection for patients in healthcare and community settings. Existing IPC strategies focus on the use of isolation, transmission-based precautions, and the use of single-use and disposable items that contribute to the generation of substantial amounts of health-related waste, as well as significant economic, environmental, and social impacts.

The ACIPC Sustainability in IPC Research grant allows ACIPC members to undertake sustainability research to explore opportunities to reduce the environmental impact of infection prevention practices.

## **FUNDING**

ACIPC (in conjunction with additional funding partners\*) is offering up to \$100,000 across the Sustainability in IPC research grants.

## **SUBMISSION**

Applications must be submitted to the ACIPC office, [office@acipc.org.au](mailto:office@acipc.org.au), by the specified closing. You must attach supporting documentation to the application form in accordance with the instructions in the application form.

## **CLOSING DATE**

The closing date for application is 4 October 2024.

ACIPC is committed to supporting innovative and collaborative research to facilitate better health outcomes. To achieve this, commercial contributions may be accepted to the grant fund. However, funding partners will not be involved in the assessment and selection of projects. Administration and governance of the research project responsibility for this will remain solely with the ACIPC board and where relevant, the research grants and scholarships committee.

GAMA Healthcare  
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FOR MORE  
INFORMATION  
**CLICK HERE**





# JULY LUNCH & LEARN WEBINAR

## Introduction to IPC in the pre-hospital setting



*Jennifer Sealy*

### This month we learned about IPC in the pre-hospital setting with Jennifer Sealy.

Here is a summary of the webinar, which members can view on our website.

The NSW Ambulance Service has approximately 8,000 staff, and they work in a wide variety of roles. The Majority of our Paramedic Staff are out P1 (generalist Paramedic) roles. They are a mix of vocational or graduate staff.

#### **Specialist roles include:**

**Extended care paramedics (ECP)**, who do more acute work such as giving antibiotics, liaising with GPs, setting up treatment pathways, and generally helping to keep patients out of hospital.

**Intensive care paramedics (ICP)**, are those who go to the 'worst of the worst' jobs. These jobs are often very time-critical. We work with them to find creative innovative solutions to IPC challenges in these highly charged, life-or-death situations.

**Critical care paramedics (CCP)**, are the ones who are often in helicopters, with the retrieval team, they do very high acuity work with a medical retrieval specialist.

**Special Operations (SOT)**, these people might be deployed anywhere in the world, they do urban search and rescue (eg. floods, tsunamis, earthquakes), so their vaccination status has to always be up to date for all sorts of diseases.

Other areas of our workforce include: Rescue, Medical Retrieval doctors, Flight Nurses (who are also trained midwives), volunteers, and Chaplains.

We also have non-clinical staff including corporate, call takers, mechanics, engineering, pilots, and more.



## Key IPC challenges

**Geographical challenges** – in NSW we have 260 stations, approximately 1,500 vehicles, and around 8,000 staff with a variety of skill levels. Training and education require overcoming the challenge of distance. We are unable to just ‘pop down to the ward,’ and do an in-service and with our staff being mobile it is hard to catch them.

**Hand hygiene** – we do a lot in this space with our staff as there have been gaps of education in the past, or it’s been taught incorrectly. One barrier is that there is no purposeful material specific to paramedics that can be used; there are no paramedic videos or scenarios or IPC training material for the pre-hospital setting. We have developed our own ‘Five Moments’ poster to help our staff feel a part of the program. Last year, we did a World Hand Hygiene Day promotion, focused at our different staff areas and are seeing improvements.

**Bloodstream infections** – these infections can be a challenge for our paramedics because the conditions they are working in when doing cannulation can be unpredictable. NSW Ambulance has specific dressings for cannulas with ‘Emergency’ printed on them, so that hospital staff can see the location a cannula has been inserted in. Cannulas can’t be left in for more than 24 hours if they’ve been administered in the pre-hospital setting. This has been a hot topic because a lot of our staff have improved in aseptic technique, and do a lot of cannulation.

## High Consequence Infectious Diseases (HCID)

These diseases are those that typically are acute, have a high fatality rate, do not usually have effective treatments, and can spread rapidly through the community. The viral haemorrhagic fevers (Dengue, Yellow, Ebola, Lassa, and Marburg) are examples of HCIDs.

The NSW Bio Containment Unit have an Epishuttle where we have collaborated extensively with the team to be able to mobilise. The Medical Retrieval Team has been identified as being the most appropriate group to train at present time. They will need to prepare for things like transfer, where there is high risk of spread. We have picked our highest trained individuals, and have done a lot of IPC training with them in the event we are called on to use the Epishuttle.

The NSW Biocontainment Unit has only one Epishuttle, and it only fits in one of our current vehicles. It is too long for helicopters and we are exploring other options as we must also factor time into our calculations, and how quickly we can mobilise and gather the resources we might need if called to retrieve a patient with a HCID.



## Make Ready Service

NSW Ambulance has a contracted cleaning service with NSW Healthshare to clean at end of shift (paramedics still do the between-patient cleans). At this time this service is only at our Super Stations (metro-based), although we'd love to see the service at regional centres as well.

Make Ready do some restocking and reordering but are not responsible for our drug kits or life-critical equipment. They can also organise minor vehicle repairs and general servicing as well.

What our staff really love is the deep clean, where they take every single piece of equipment out and give the vehicle a really deep clean, which can take 4-5 hours. A vehicle can have this type of

clean every 3-4 months.

It is highly effective service, around 33% more effective than a paramedic clean (this is a pre-pandemic figure).

It's a really great job if you are thinking about becoming a paramedic because you will become familiarised with the layout and the equipment in the ambulance. We see a number of paramedic students come to us through the Make Ready program.



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# #let's talk about gums

**Dental Health Week is the Australian Dental Association's major annual oral health campaign and was celebrated this year from 5 – 11 August.**

This year's theme, **#LetsTalkAboutGums**, focuses on the importance of gum health.

With one in four adults having periodontal disease, Dental Health Week is a great time to reflect on the core link between oral and systemic health.

ACIPC has a range of useful resources to support IPC in dental settings.

[CLICK HERE FOR ACIPC DENTAL RESOURCES](#)





# SEPTEMBER LUNCH & LEARN WEBINAR



**Title:** Indoor air quality: science, practice, legislation

**Presenter:** Distinguished Professor Lidia Morawska, PhD

**Date:** Thursday 19 September at 12.00 pm AEST

**Abstract:** Despite decades of effort by many experts and a wealth of evidence about the magnitude of the problem, the issue of indoor air quality (IAQ) in public buildings, including healthcare facilities, has attracted little attention. Indoor air pollution originates from both indoor and outdoor sources. In addition to sources that people operate indoors (including medical procedures in healthcare facilities), create or introduce to indoor environments, emissions also arise from humans in the form of respiratory effluents (including pathogens and therefore increased risk of infection transmission) and body odours. Unlike outdoor air, indoor air is largely unregulated; while national building design standards prescribe ventilation parameters, and emissions from certain building materials in certain countries are regulated, there are basically no IAQ performance standards. In the absence of standards, what can we practically do to improve IAQ? When deciding on actions, several general aspects must be considered. Firstly, every indoor space is different, so monitoring needs to be conducted in every public indoor space. Secondly, we cannot use bulky and expensive compliance monitors for every indoor space. And thirdly, pathogens related to indoor airborne infection transmission cannot yet be routinely monitored indoors in real-time. Therefore, we must carefully choose what to monitor, balancing the need to gather information on pollutants that are key health risks or their proxies, but also considering which pollutants can realistically be measured to provide information on IAQ based on existing technologies; and in the future - for compliance with IAQ standards.

## About the presenter:

Lidia is a Distinguished Professor and Australian Laureate Fellow in the School of Earth and Atmospheric Sciences at the Queensland University of Technology (QUT) in Brisbane, Australia. She is the Director of the International Laboratory for Air Quality and Health (ILAQH) at QUT, a World Health Organization (WHO) Collaborating Centre on Air Quality and Health; the Centre Director for the ARC Training Centre for Advanced Building Systems Against Airborne Infection Transmission (THRIVE) hosted at QUT; a Vice-Chancellor Fellow, Global Centre for Clean Air Research (GCARE), University of Surrey, United Kingdom; an Adjunct Professor at the Institute for Environmental and Climate Research (ECI), at the Jinan University, Guangzhou, China; and a Co-Director in Australia for the Australia – China Centre for Air Quality Science and Management (ACC-AQSM).

**CLICK HERE  
TO REGISTER  
FOR THIS  
WEBINAR**



# WHO DECLARE MPOX A GLOBAL HEALTH EMERGENCY

**The World Health Organization (WHO) has declared a public health emergency of international concern amid a growing number of cases of mpox in the Democratic Republic of the Congo (DRC) and countries in Africa<sup>1</sup>.**

The rapid spread in the DRC and neighbouring countries has been linked to a new clade of mpox 1b, with new sexually transmissible strains of the virus<sup>1</sup>. This is occurring after outbreaks of other mpox clades in the DRC and Africa, and with more than 15,600 cases and 537 deaths reported this year, it has created a global emergency<sup>1</sup>.

In 2022 the global outbreak of clade II mpox resulted in more than 95,000 cases across 155 countries. Control strategies including surveillance and vaccination were effective in sustaining a decrease in case numbers and will be critical in the response to this global emergency<sup>2</sup>.

It is essential that healthcare workers in Australia are aware of the risk to the community and are familiar with symptoms to mitigate risks. Australian healthcare workers should familiarise themselves with the ACIPC position statement on mpox. The statement highlights prevention and mitigation strategies.

**More information can be found on the ACIPC mpox position statement by clicking here**

1. WHO Director-General declares mpox outbreak a public health emergency of international concern. News release. WHO; 14 August 2024, 2024. <https://www.who.int/news/item/14-08-2024-who-director-general-declares-mpox-outbreak-a-public-health-emergency-of-international-concern>

2. United States Government's Response to the Clade I Mpox Outbreak in the Democratic Republic of the Congo and Other Countries in the Region. US Department of Health and Human Services; 2024. <https://www.hhs.gov/about/news/2024/08/14/united-states-governments-response-clade-i-mpox-outbreak-democratic-republic-congo-other-countries-region.html>





# AGED CARE IPC GUIDE RELEASED

**The Australian Commission on Safety and Quality in Health Care has released its Aged Care Infection Prevention and Control (IPC) Guide.**

The Commission developed the Guide to support implementation of the strengthened Aged Care Quality Standards.

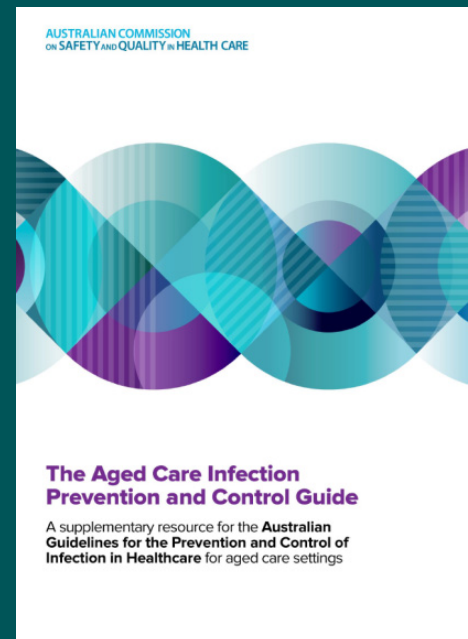
The Guide is informed by the Australian Guidelines for the Prevention and Control of Infection in Healthcare, with content and key principles adapted for residential and community aged care settings.

**The Guide 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
- Antimicrobial stewardship

The development of the Guide was supported by a Reference Group that included members with experience in aged care and IPC. ACIPC IPC Consultant Carrie Spinks was among those who participated in the Reference Group.



Download your copy of the Aged Care Infection Prevention and Control Guide, **click the link here.**

To view or download a 7-page summary of the Guide, **click the link here.**

To view or download the supplementary resource Preventing Infections – aged care consumer fact sheet, **click the link here.**

# ONSITE PHARMACISTS IN AGED CARE

**Aged care on-site pharmacists can now be employed in Australian residential aged care facilities. In June this year, the Department of Health and Aged Care announced that credentialled pharmacists would be able to work on-site from 1 July 2024.**

This comes after the Royal Commission into Aged Care Safety and Quality identified medication management and safety in residential aged care as an essential area for improvement.

## **The Department says the new measure aims to:**

- improve medication use and safety in the residential aged care home, including safe and appropriate use of high-risk medications
- provide continuity in medication management, such as day-to-day review of medications and prompt issue resolution
- provide easy access to pharmacist advice for residents and staff
- integrate on-site pharmacists with the healthcare team, including local general practitioners, nurses, and community pharmacy
- increase understanding of individual resident needs.

On-site pharmacists in residential aged care can have a role to play in managing antimicrobial resistance (AMR). Two recent studies have shown a concerning trend of AMR in residential aged care.

A 2023 University of South Australia study which analysed wastewater samples from aged care facilities in Adelaide uncovered high levels of bacteria resistance against three antibiotics - ceftazidime, cefepime, and ciprofloxacin —in one aged care residential facility. A second facility recorded above-average levels of antimicrobial resistance to gentamicin; an antimicrobial on the APINCHS classification of high-risk medicines list. The results highlight the need for ongoing surveillance of medication use in residential aged care facilities.

In March 2024, study results from the University of New South Wales found higher levels of AMR in aged care facilities during treatment of urinary tract infections caused by *E. coli*. This research compared aged care cases with cases collected from hospitals and the wider community. Study authors recommended continual monitoring and analysis of AMR patterns, to guide UTI treatment changes in response to managing AMR.





### The important role of on-site pharmacists

Australia has an aging population, the concerns of AMR associated within residential aged care facilities are only likely to increase without action. The ongoing presence and involvement of on-site pharmacists will greatly assist with stronger medication oversight, collaborative communications, and safe prescribing.

The Aged Care On-site pharmacist role description written by the Australian Pharmacy Council addresses the tasks of monitoring, surveillance and analysis of medication, including antimicrobials.: <https://www.pharmacycouncil.org.au/resources/pharmacist-education-programs-standards/Indicative-Role-Description.pdf>

The provision of these measures will meet the recommendations made by the authors of the recent residential aged care AMR studies to combat AMR in aged care.

### Resources:

<https://www.agedhealth.com.au/content/infection-control/article/amr-a-concerning-trend-in-aged-care-facilities-study-104282119>

<https://www.agedhealth.com.au/content/infection-control/article/higher-levels-of-antibiotic-resistance-in-aged-care-facilities-131080770>

<https://www.safetyandquality.gov.au/our-work/medication-safety/high-risk-medicines/apinchs-classification-high-risk-medicines>

<https://www.health.gov.au/our-work/aged-care-on-site-pharmacist>

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# BLUE MIRROR

# COMPANION ANIMALS IN HEALTHCARE RESOURCES

**ACIPC has collaborated with the Companion Animal Network Australia to develop tools for aged care providers to assist with the process of integrating companion animals into aged care.**

Older people entering residential or in-home aged care services are often forced to separate from their pets, causing grief and loss. Maintaining this companionship when an older person moves into care, assists with the transition and fosters a person-centred care approach.



To view our new downloadable suite of resources **[click here](#)**

You can also get involved with our Aged Care Community of Practice, access our free webinars, and use our online aged care forum, Aged Care Connexion. **[Find out more here](#)**





# SEPTEMBER WA SIG MEETING

Many of the WA ACIPC members may remember the regular WA SIG and networking events that were run until just before the pandemic. We are excited to relaunch WASIG with the aim of establishing an ongoing network and forum through which Western Australian ICPs can meet to discuss IPC-related topics, state-based IPC issues, or conduct other professional development activities.

Please join us for our first meeting for the year. We would also like to use this as an opportunity to hear from you to find out what you would like from WASIG. This will be run as a face-to-face event.

**Kristie Popkiss**  
Convenor WA SIG

Western  
Australia

**SIG** Special  
Interest  
Group



## Details for attendance are as follows:

<b>Date</b>	Thursday, 5 September 2024
<b>Time</b>	07:00 - 0830am
<b>Venue</b>	St John of God Health Care, Level 1 556 100 Wellington Street (Kings Square, near Market Grounds), Perth 6000
<b>Food</b>	Breakfast will be provided
<b>Speakers</b>	Dr Chris Blyth Dr David Foley IPPSU Team Poster Presentation
<b>Transport and parking</b>	68 Roe street, Northbridge: Roe Street   City of Perth Parking Or RAC Arena Transportation & Parking - RAC Arena (short walk). The bus and train station are also within 200m walk.

**CLICK HERE  
TO REGISTER**

# BUG OF THE MONTH

## *Diphtheria*

**With Karen McKenna**  
ACIPC IPC Consultant



### **What is it?**

Diphtheria is a communicable disease caused by the *Corynebacterium diphtheriae* and *Corynebacterium ulcerans* bacteria, which can cause serious respiratory and skin infections<sup>1,2</sup>. Prior to accessible and widespread vaccination for diphtheria, an estimated 1 million cases of diphtheria and 50,000 – 60,000 deaths occurred annually in low and middle income countries<sup>3</sup>. Following the expanded and accessible diphtheria vaccination programs, reported cases decreased by over 90%<sup>3</sup>.

Symptoms of respiratory diphtheria include a fever, severe sore throat, malaise, runny nose, and a grey or black membrane coating on the tonsils and throat caused by bacterial produced toxins, which can lead to breathing and swallowing problems<sup>4</sup>. Symptoms of skin diphtheria, known as cutaneous diphtheria, include ulcers and wounds that are sore, full of pus and may be surrounded by greyish skin patches<sup>4</sup>.

Symptoms can occur between 2-5 days after infection, and can last for four to six weeks in people who are untreated<sup>2,4</sup>.

### **How is it transmitted?**

Diphtheria is spread through the respiratory droplets of a carrier or infected person, via direct deposition of droplets or through contact transmission of a contaminated surface.

### **At risk groups**

Diphtheria is considered to be rare in Australia, New Zealand and other high-income countries due to high rates of childhood vaccination<sup>4,5</sup>, however it still exists in many countries where vaccines are not available or vaccination rates are low.

People at risk of diphtheria include those who are unvaccinated, those who have not received booster vaccinations, and travellers to or from areas with known diphtheria cases including South East Asia, and Eastern Europe<sup>1,4</sup>.



## Key messages

- Diphtheria is a vaccine preventable disease, with booster vaccinations needed to maintain immunity.
- Vaccination is free through the National Immunisation Program for children and pregnant women.

## Prevention

Vaccination is the best way to prevent diphtheria infection. Diphtheria vaccination should be administered to children in a multi-dose schedule, as a booster to adolescents, and as a booster dose every ten-years for adults<sup>5,6</sup>.

Cases of diphtheria should be managed with preventative measures that include strict hand hygiene, respiratory etiquette, and the use of PPE consistent with standard and droplet precautions when in a healthcare facility. Regular cleaning with a detergent and disinfectant of contaminated and high-touch surfaces will prevent contact transmission.

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4. Better Health Channel. Diphtheria. Victorian Department of Health Updated 29-08-2017. Accessed 29 April, 2024. <https://www.betterhealth.vic.gov.au/health/healthyliving/diphtheria#symptoms-of-diphtheria>
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6. Australian Technical Advisory Group on Immunisation (ATAGI). The Australian Immunisation Handbook. Australian Government Department of Health and Aged Care; 2022.

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# Career Opportunity

**Position Title:** Clinical Nurse Consultant - Infection Prevention and Control

**Work Unit/Facility:** Herston

## About the role

Permanent full time opportunity to provide advanced clinical expertise and care relevant to the Infection Control Management Service and initiatives as part of the MNMH commitment to safety and quality.

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Find out about the role in more detail and how to apply in the below link.

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**Apply:** <https://smartjobs.qld.gov.au/jobs/QLD-MH585946>

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# INFECTION CONTROL MATTERS PODCAST

## Using AI in Infection Prevention: Opportunities and Dangers

In this episode, Martin Kiernan catches up with Dr Gonzalo Bearman, Professor of Internal Medicine at Virginia Commonwealth University, Richmond, USA. We talk about the opportunities and dangers of using large language models like ChatGPT in the infection prevention space. A link to a recent open access paper on this topic is here

Langford BJ, Branch-Elliman W, Nori P, Marra AR, Bearman G. Confronting the Disruption of the Infectious Diseases Workforce by Artificial Intelligence: What This Means for Us and What We Can Do About It. Open Forum Infect Dis. 2024;11:ofae053

<https://www.ncbi.nlm.nih.gov/pubmed/38434616>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10906702/pdf/ofae053.pdf>

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# Latest articles from Infection, Disease & Health

## Mapping Australia's COVID-19 quarantine cohort journeys

**Matiu Bush, Ana Hutchinson, Stéphane L. Bouchoucha, Catherine M. Bennett**  
[https://www.idhjjournal.com.au/article/S2468-0451\(24\)00046-4/fulltext](https://www.idhjjournal.com.au/article/S2468-0451(24)00046-4/fulltext)

## Assessment of peripheral venous catheters microbiota and its association with phlebitis

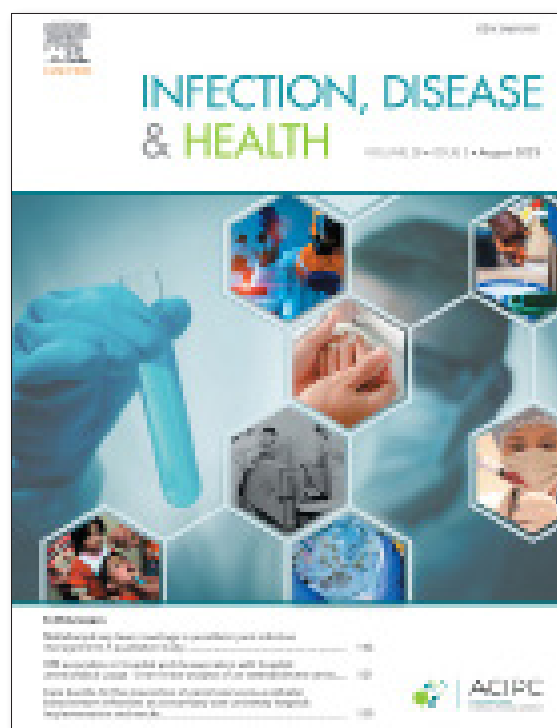
**Gustavo Francisco Lopes, Viviane de Cássia Oliveira, Rachel Maciel Monteiro, Pedro Castania Amadio Domingues, Felipe Lazarini Bim, Lucas Lazarini Bim, Gabriela Bassi Ferreira da Silva, André Pereira dos Santos, Cássio do Nascimento, Denise de Andrade, Evandro Watanabe**  
<https://doi.org/10.1016/j.idh.2024.07.005>

## Sustainability and novel technologies to improve environmental cleaning in healthcare – Implications and considerations

**S. Jain, K. Dempsey, K. Clezy, B.G. Mitchell, M.A. Kiernan**  
[https://www.idhjjournal.com.au/article/S2468-0451\(24\)00047-6/fulltext](https://www.idhjjournal.com.au/article/S2468-0451(24)00047-6/fulltext)

## Prediction of multidrug-resistant bacteria (MDR) hospital-acquired infection (HAI) and colonisation: A systematic review

**Leila Figueiredo Dantas, Igor Tona Peres, Bianca Brandão de Paula Antunes, Pedro Kurtz, Ignacio Martin-Loeches, Fernando Augusto Bozza**  
[https://www.idhjjournal.com.au/article/S2468-0451\(24\)00048-8/fulltext](https://www.idhjjournal.com.au/article/S2468-0451(24)00048-8/fulltext)



## Ventilator-associated pneumonia risk factors in patients with severe COVID-19 in southern Brazil: A retrospective observational study

**Gabriela De Souza Dos Santos, Viviane Alves de Carvalho França de Macedo, Samantha Oliniski Reikdal, Maria Esther Graf, Beatris Mario Martin, Marineli Joaquim Meier**  
[https://www.idhjjournal.com.au/article/S2468-0451\(24\)00051-8/abstract](https://www.idhjjournal.com.au/article/S2468-0451(24)00051-8/abstract)

## Arterial catheter outcomes in intensive care: An analysis of 1117 patients

**Samantha Keogh, Emily Larsen, Amanda Corley, Fiona Coyer, Kevin B. Laupland, Claire M. Rickard**  
[https://www.idhjjournal.com.au/article/S2468-0451\(24\)00050-6/fulltext](https://www.idhjjournal.com.au/article/S2468-0451(24)00050-6/fulltext)



# Selected publications of interest

**Should I stay or should I go? Nursing and midwifery academics intention to stay in or leave academia: A scoping review**  
<https://www.sciencedirect.com/science/article/pii/S0260691724002624>

**Funding to advance IPC in aged care**  
<https://www.australianageingagenda.com.au/clinical/infection-control/funding-to-advance-ipc-in-aged-care/>

**The US faces an %5N1 outbreak: What do we know about it?**  
<https://www.infectioncontroltoday.com/view/the-us-faces-an-h5n1-outbreak-what-do-we-know-about-it->

**NIH Study: Routine Lab Tests Ineffective for Diagnosing Long COVID**  
[https://www.infectioncontroltoday.com/view/nih-study-routine-lab-tests-ineffective-diagnosing-long-covid?ekey=RUtJR-Do4NzYOQUMyQS0zQzYOLTRBNTItOD-VFMS1BRkZCRUJCMzhBRjg%3D&utm\\_campaign=emailname&utm\\_medium=email&\\_hsenc=p2ANqtz-\\_cEb3ZV1p-6dAf9MMth75NV6wJkw268O5jedVdQsN-4J9PwpptWeq5n9p8PAhzlP5DvrkESn-Uo\\_Ge\\_I9bQhH3yf9u4ys7gKzClmiDnveD-KjRuT2YWY&\\_hsmi=320419588&utm\\_source=hs](https://www.infectioncontroltoday.com/view/nih-study-routine-lab-tests-ineffective-diagnosing-long-covid?ekey=RUtJR-Do4NzYOQUMyQS0zQzYOLTRBNTItOD-VFMS1BRkZCRUJCMzhBRjg%3D&utm_campaign=emailname&utm_medium=email&_hsenc=p2ANqtz-_cEb3ZV1p-6dAf9MMth75NV6wJkw268O5jedVdQsN-4J9PwpptWeq5n9p8PAhzlP5DvrkESn-Uo_Ge_I9bQhH3yf9u4ys7gKzClmiDnveD-KjRuT2YWY&_hsmi=320419588&utm_source=hs)

**Phage Therapy: The Future of Bacterial Infection Treatment?**  
[https://www.infectioncontroltoday.com/view/phage-therapy-future-bacterial-infection-treatment-?ekey=RUtJRDo4NzY-OQUMyQS0zQzYOLTRBNTItODVFMS-1BRkZCRUJCMzhBRjg%3D&utm\\_campaign=emailname&utm\\_medium=email&\\_hsenc=p2ANqtz-90ktSCAfWb-fU9jfGfk41eHVdeo2syH6pXXtd3pGUUf-nz-\\_RFVo1oitFwowi-dY6wFqBylnnfgb-jZed-uAt4ZxPDg0yu4ycgSE8wBVR\\_Bf-4PkG7Fow&\\_hsmi=319906039&utm\\_source=hs](https://www.infectioncontroltoday.com/view/phage-therapy-future-bacterial-infection-treatment-?ekey=RUtJRDo4NzY-OQUMyQS0zQzYOLTRBNTItODVFMS-1BRkZCRUJCMzhBRjg%3D&utm_campaign=emailname&utm_medium=email&_hsenc=p2ANqtz-90ktSCAfWb-fU9jfGfk41eHVdeo2syH6pXXtd3pGUUf-nz-_RFVo1oitFwowi-dY6wFqBylnnfgb-jZed-uAt4ZxPDg0yu4ycgSE8wBVR_Bf-4PkG7Fow&_hsmi=319906039&utm_source=hs)

**Rethinking Airborne Pathogens: WHO Proposes New Terminology for Disease Spread**  
[https://www.infectioncontroltoday.com/view/rethinking-airborne-pathogens-who-proposes-new-terminology-disease-spread?ekey=RUtJR-Do4NzYOQUMyQS0zQzYOLTRBNTItOD-VFMS1BRkZCRUJCMzhBRjg%3D&utm\\_campaign=emailname&utm\\_medium=email&\\_hsenc=p2ANqtz-8OH9L4iifY-Y1ea5-IKz7nvli7Glek9vTjkj89RGUdLA-blmdbUV1HQNXU2c\\_ws9eNJxpAn3ER-4tUAXyMzSCcp7m081kO41VpilG5gei-yNK9WdbLMdg&\\_hsmi=320732991&utm\\_source=hs](https://www.infectioncontroltoday.com/view/rethinking-airborne-pathogens-who-proposes-new-terminology-disease-spread?ekey=RUtJR-Do4NzYOQUMyQS0zQzYOLTRBNTItOD-VFMS1BRkZCRUJCMzhBRjg%3D&utm_campaign=emailname&utm_medium=email&_hsenc=p2ANqtz-8OH9L4iifY-Y1ea5-IKz7nvli7Glek9vTjkj89RGUdLA-blmdbUV1HQNXU2c_ws9eNJxpAn3ER-4tUAXyMzSCcp7m081kO41VpilG5gei-yNK9WdbLMdg&_hsmi=320732991&utm_source=hs)



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