



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

MAY 25



President's report

Stéphane Bouchoucha

Welcome to the May 2025 edition of IPC News.



Another month is coming to an end bringing us closer to Christmas! What a month it has been for IPC.

I hope you all had a fun day celebrating World Hand Hygiene Day, highlighting the importance of hand hygiene in your workplaces. It was great to see the celebrations around the region and the resources developed by ACIPC being used in your organisations and communities. We are sharing some of your photos in this edition on [pages 18 to 24](#). This year's messaging really brings into focus the importance of hand hygiene and appropriate glove use, especially given the huge environmental impact of discarded gloves.

I received communications from the the Australian Commission on Safety and Quality in Health Care (ACSQHC) and we welcome the recent updates to the Aged Care Infection Prevention and Control (IPC) Guide. These updates were prompted by feedback from the College and delegates at the 2024 International Conference. While still needing work, the revised guide now aligns better with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) and better reflects the needs of aged care settings.

ACIPC really appreciates the Commission's responsiveness, which has led to a more practical and relevant resource for aged care providers. This collaboration marks a positive step towards strengthening IPC practices in aged care. A new FAQ section has also been developed to assist providers in applying the guide effectively. See [page 15](#) for more on this. In other news and in keeping with members' feedback and the ACIPC strategic plan, we have engaged Nous Group to conduct an independent review of our credentialling program. The review will ensure the framework continues to support and recognise the diverse expertise and development of Infection Prevention and Control (IPC) practitioners across all sectors now and in the future. We have some information on [page 12](#).

This year's ACIPC/GAMA IPC Tour was another great success, thank you to everyone who attended, either in person or virtually. This year, I was fortunate to attend the Launceston event and hear from some wonderful guest speakers.

This year, College Directors presented at each event on the importance of the inclusion of IPC in the New Australian CDC. I spoke in last month's edition about our Position Statement on this issue, and at the IPC Tour events it was a chance for ACIPC to reiterate the concern that the framework for the new CDC does not include formal IPC involvement, and share the work the College has been doing to advocate for IPC to be embedded, and for a national surveillance program for HAIs to be established. I have also written to the Presidents of the Australasian Society for Infectious Disease (ASID) and the Public Health Association of Australia (PHAA) and both organisations support our position. For those who couldn't make it, the event was recorded, and we will share the link to the video in next month's edition.

And to finish, some exciting news! Applications are now open for grants and scholarships, and a reminder that we are once again offering the Sustainability in IPC Grant, along with the Seed Grant and Early Career Research Grant, and you can find out more on [page 8](#). Conference Scholarship applications are also open and we have Australia and New Zealand, First Nations, Pacific Region, and Rural and Remote scholarships you can apply for in order to help reduce the cost of attending the conference. Please consider applying and take advantage of a great opportunity to attend, acquire and maintain skills, and network with colleagues in IPC. You can read about conference scholarships on [page 6](#).

With winter respiratory illnesses pretty much established now, concerning measles numbers, melioidosis in parts of tropical Australia, and now Dengue fever causing concerns, I hope that you will be able to maintain some balance in your working and personal lives. The ACIPC website has a wide range of free resources available to help you, and I'd also encourage you to use our two forums, Infexion Connexion and Aged Care Connexion, for IPC queries. Sometimes two (or more!) heads are better than one.

Best wishes,

Stéphane Bouchoucha



CONTENTS

| | |
|--|----|
| ACIPC President | 2 |
| ACIPC International Conference 2025 | 4 |
| Research Grants | 8 |
| ACIPC Sustainability in IPC Research Grant | 9 |
| Veterinary Foundations of Infection Prevention and Control Course | 10 |
| Veterinary FIPC Testimonials | 11 |
| Credentialling | 11 |
| Credentialling Review | 12 |
| Blood Borne Virus Testing Course | 13 |
| ACIPC 2025/26 Membership Renewal | 14 |
| Commission Responds Positively to Feedback from ACIPC | 15 |
| Member Profile: Ginu Mathew | 16 |
| World Hand Hygiene Day 2025 | 18 |
| Paed SIG Meeting | 25 |
| Aged Care IPC Webinar | 26 |
| ACIPC/GAMA IPC Tour | 27 |
| The Impact of Infections - A Consumer Perspective | 28 |
| June Lunch & Learn Webinar | 30 |
| Bug of the Month - <i>Dengue Fever</i> | 31 |
| Infection Control Matters Podcast | 33 |
| Latest Articles from Infection, Disease & Health | 34 |
| Selected Publications of Interest | 35 |



ACIPC INTERNATIONAL CONFERENCE 2025

CIRCLES OF INFLUENCE: EVIDENCE-BASED PRACTICE AND PRACTICE-BASED EVIDENCE

16-19 NOV 2025 | HOTEL GRAND CHANCELLOR, HOBART, TASMANIA & ONLINE

On behalf of the Board of Directors and Scientific Conference Organising Committee, it gives us great pleasure to invite you to attend the 2025 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. We encourage delegates travelling to Hobart to extend their trip either side of the conference so you can visit the many wonderful sights and attractions the city and Tasmania has to offer.

An early registration discounted fee will be offered and will be available until the 1st of October 2025.

Find out more about registration [here](#)

INVITED SPEAKERS

We're thrilled to announce our first invited speakers for this year's conference. Stay tuned as we continue to add more exciting speakers as planning proceeds.



Patricia Ching RN, CPHQ, Principal Nurse, the WHO Collaborating Center, School of Public Health, the University of Hong Kong

Patricia is Principal Nurse at the WHO Collaborating Centre, University of Hong Kong. With expertise in infection control, quality improvement, and nursing leadership, she is widely published and holds multiple qualifications. Patricia is Vice President of APSIC (2024-2026) and an Honorary Fellow of the Hong Kong Academy of Nursing.



Dr. Tania Bubb, Senior Director of Infection Prevention & Control, Memorial Sloan Kettering Cancer Center, New York, NY

Tania is Senior Director of Infection Prevention & Control at Memorial Sloan Kettering Cancer Center. A former APIC President (2024), she has held multiple leadership roles, presented nationally, and published widely. Her expertise spans academic healthcare, professional development, and health equity in infection prevention and control.



ACIPC INTERNATIONAL CONFERENCE 2025

CONFERENCE SCHOLARSHIPS

ACIPC awards scholarships each year to financial members to reduce the out-of-pocket expenses associated with attending the ACIPC International Conference. The ACIPC International Conference Scholarships provide registration for a number of ACIPC members to attend the conference. Attendance at the conference will enable members with infection prevention and control responsibilities to acquire, develop and maintain knowledge and skills. It also provides the opportunity for members to network with colleagues working in infection prevention and control.

Australia and New Zealand

This scholarship is offered to residents of Australia and New Zealand who are current financial members of ACIPC, and currently employed in IPC or a field closely associated with IPC.

For more details, eligibility, and to apply, please click the link [here](#)

First Nations

This scholarship is offered to financial members of ACIPC who identify as Māori, Aboriginal and/or Torres Strait Islander People. They must be currently employed in IPC or a field closely associated with IPC, and be a resident of Australia or New Zealand.

For more details, eligibility, and to apply, please click the link [here](#)

Pacific Region

This scholarship is offered to IPC professionals working in low-middle income country territory throughout the Australasian region. Applicants must be health professional working in the IPC field, be fluent in English, and not have received the scholarship within the last 5 years.

For more details, eligibility, and to apply, please click the link [here](#)

Rural and Remote

This scholarship is awarded to an applicant working in geographically rural and remote areas of Australia and New Zealand. The applicant must be a current financial member of ACIPC, currently employed in IPC or a field closely associated with IPC, and a resident of Australia or New Zealand.

For more details, eligibility, and to apply, please click the link [here](#)

PARTNER WITH US

Interested in showcasing your solutions and supporting the sector? **Sponsorship and exhibition opportunities are now available and selling fast** – connect with your audience and position your brand at the forefront of infection prevention and control innovation.

For more about sponsorship and exhibitor opportunities, click [here](#)

PLATINUM SPONSOR



GOLD SPONSOR



SILVER SPONSORS



BRONZE SPONSORS



GOJO, MAKERS OF PURELL™

COFFEE CART



JUICE CART





RESEARCH GRANT APPLICATIONS ARE NOW OPEN!

Research Grants

A key strategic focus of the College is to enable members to identify areas for research that will lead to improved knowledge, evidence-based education and practice, and improved outcomes. In alignment with this strategy, the College provides opportunities for our members to undertake research with the assistance of research grants.

Early Career Research Grant

The aim of the Early Career Research Grant is to support Early Career Researchers (ECR) undertake research relevant to infection prevention and control. ECRs are researchers who are within five years of the start of their research careers.

Applications will close at 9AM on Monday 18 August 2025

FOR FURTHER
INFORMATION
INCLUDING THE
APPLICATION
PROCESS
CLICK HERE

Seed Grant

The aim of the Seed Grant is to support members who wish to undertake high quality pilot, exploratory, or small-scale infection prevention and control research. This grant aims to address a gap between early concepts and large-scale funding provided by larger bodies such as the National Health Medical Research Council (NHMRC) and the Australian Research Council (ARC). The grant is also aimed at providing support to researchers who have not yet had success with specific national category 1 competitive funding NHMRC and ARC grants.

Priority Areas

Applications that address one of the three priority areas will be highly regarded, however, those that focus on other topics are also eligible to apply:

- Low and middle income settings
- Indigenous health
- Aged care

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 \$70,000 across the Sustainability in IPC research grants.

Submission

Applications must be submitted to the ACIPC office, 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

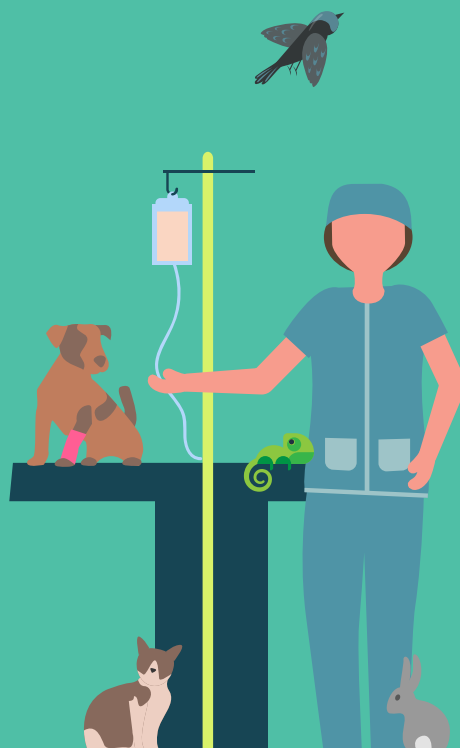
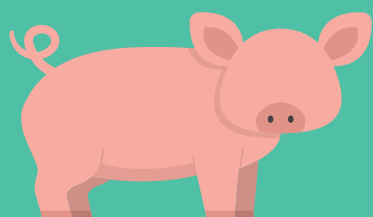
The closing date for application is 9AM Monday 15 September 2025

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.



FOR MORE
INFORMATION
CLICK HERE

Veterinary Foundations of Infection Prevention and Control



Next course commences 6 August 2025

We are pleased to announce that in 2025 we will once again be offering – Veterinary Foundations of Infection Prevention and Control (VFIPC).

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

**BOOK NOW
FOR COURSE
COMMENCING
6 AUGUST
2025**

If you have any questions,
please email learning@acipc.org.au
or go to our website for more
information acipc.org.au



**APPLY
HERE**



Veterinary FIPC – 2024 feedback

- *“The content was comprehensive. The resources were excellent. The facilitators communicated frequently, were knowledgeable and supportive.”*
- *“I thoroughly enjoyed learning the theory aspect of IPC, but also how to implement that knowledge to a particular infectious disease or scenario. The discussion questions were a great place to discuss topics, strategies, and share personal experiences and suggestions.”*
- *“This course should be an essential part of CE for all veterinary staff – practical content that provides a keen reminder of the importance of IPC and strategies to implement it in practice.”*
- *“That you can perform it in your own pace. The recorded lectures were very useful and interesting. I like how the course touched base on a lot of different aspects in infection prevention and control, as well from different countries perspectives or guidelines. I really appreciated all the different resources the course shared and informed us about – super useful!”*

Credentiailling

The ACIPC Board of Directors would like to congratulate the following members who have received credentialling this month:

Expert credentialling: Mandy Davidson

Advanced credentialling: Margaret Leong

Advanced re-credentialling: Jacqueliene Rambridge

For information on how you can become credentialled, [visit the ACIPC website](#).

FOR MORE
INFORMATION
CLICK HERE

Credentialling Review

The Australasian College for Infection Prevention and Control (ACIPC) has engaged Nous Group (Nous) to undertake an external, independent review of its credentialling program. This is a priority for the College as set out in the Strategy and Implementation Plan for 2023-28.

The objective of this review is to ensure the credentialling framework continues to recognise and support the diverse skills, knowledge, and professional development of Infection Prevention and Control (IPC) practitioners across all sectors.

Specifically, the review aims to provide an objective and comprehensive assessment that will inform recommendations to:

- Strengthen industry recognition of Infection Prevention and Control (IPC) credentialling as a measure of knowledge and expertise,
- Identify opportunities to facilitate greater uptake of credentialling in all settings, including enhancements to ACIPC's internal processes, and
- Determine the ideal structure and governance arrangements for the management of the credentialling program.

The review is scheduled to take place over the next couple of months, in three main phases:

1. Set up and discovery – this will be mainly focused on a document and data review of relevant information, including ACIPC documents, best practice literature, and comparable credentialling programs.
2. Consultation – Nous will conduct a series of interviews and focus groups with various groups, including ACIPC leaders, credentialled members, general ACIPC members, and other non-members and relevant stakeholders. An interim report with emerging findings from these consultations will be shared with the project Reference Group.
3. Finalisation of findings – Nous will synthesise all the themes and insights from the document review and consultations, and prepare a final report with recommendations. This will initially be shared with the project Reference Group and other ACIPC leaders, then more broadly with ACIPC members later in the year.

All ACIPC members received an expression of interest form to take part in the review. This EOI is now closed, as we need to finalise and schedule consultations. Members who replied to this EOI will be contacted in due course for their input.

Thank you for your ongoing commitment to ACIPC and to ensuring our College meets its members needs, in this instance, through the credentialling program.

We look forward to sharing the outcomes of the review with you soon.

Blood Borne Virus

TESTING COURSE



The course has been designed for healthcare practitioners involved in undertaking testing in all healthcare settings including midwifery, acute care, community health, women's health, correctional health, rural and remote health, refugee health, sexual health, and infection prevention and control practitioners.

DURING THE COURSE YOU WILL LEARN ABOUT:

- ✓ Epidemiology, transmission, management options and prevention of HIV, hepatitis B and hepatitis C
- ✓ Different tests available to correctly diagnose, testing intervals post exposure and window periods for testing
- ✓ Post incident pre- and post-test discussion for both the recipient and the source following the incident
- ✓ The personal impact and medical consequences of HIV, hepatitis B and hepatitis C
- ✓ Conducting a risk assessment for HIV, hepatitis B and hepatitis C
- ✓ Strategies and resources for effective health promotion and prevention education
- ✓ Basic counselling skills including listening, questioning, reflecting and summarising

COST: \$350

Course updated in response to new guidelines, epidemiology data, and emerging evidence.

BOOK NOW
FOR COURSE
COMMENCING
20 JUNE 2025

LIMITED SPACES LEFT

If you have any questions,
please email learning@acipc.org.au
or go to our website for more
information acipc.org.au



**MORE
INFORMATION**

ACIPC 2025/26 Membership Renewal

ACIPC membership is a valuable resource for anyone interested in infection prevention and control. Membership gives you access to the latest IPC news, research, and evidence-based practice, as well as opportunities to share resources and network with your peers.

Membership benefits include:

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

There's never been a better time to be an ACIPC member. The College will be working hard over the next twelve months to advocate and promote IPC across a range of external organisations, both local and international. We appreciate the ongoing support of our members, and aim to support them in turn with the highest quality education and resources.

CHECK YOUR
DETAILS ARE
CORRECT
HERE

Emails will be sent out in June for membership renewal for 2025/26

We look forward to continuing to support our members over the next 12 months.

Commission responds positively to feedback from ACIPC

ACIPC acknowledges the significant changes made by the Australian Commission on Safety and Quality in Healthcare (ACSQHC) to the Aged Care Infection Prevention and Control (IPC) Guide, following feedback provided by ACIPC and ACIPC 2024 International conference delegates. These updates now ensure that the guide aligns with the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) while addressing the specific needs and challenges of the aged care setting. ACIPC appreciates the Commission's responsiveness to this feedback, which has resulted in a more practical and relevant guide that better supports aged care providers in safeguarding the health and safety of older individuals. However, it is understood that further support and direction are required for the sector. This collaborative effort reflects a shared commitment to continuous improvement and the ongoing development of an effective IPC framework tailored to the complexities of aged care.

The Australian Commission on Safety and Quality in Healthcare (ACSQHC) has developed a comprehensive Aged Care Infection Prevention and Control (IPC) Guide Frequently Asked Questions (FAQ) section to provide further clarification and support on the guide for aged care providers.

**CLICK HERE
FOR MORE
INFORMATION**



Innovative Healthcare Solutions

Supporting you in creating safe and healthy environments



USE LESS



WASTE LESS



RECYCLE MORE

LEARN MORE

PAID ADVERT

MEMBER PROFILE:

Ginu Mathew

Clinical Nurse – Infection Prevention and Control Rockingham Hospital



Tell us a bit about yourself and how you came to be working in IPC.

I moved to Australia from India in 2011. My first job here was at Sir Charles Gairdner Hospital in Perth. I started in a Geriatric Evaluation and Management (GEM) ward and ended up staying there for nearly 11 years. That ward saw me grow from a newly registered nurse into a confident Clinical Nurse, and it's where I learned so much about person-centred care and teamwork.

What was the pathway to IPC for you?

It wasn't planned! After 11 years at Sir Charles Gairdner Hospital, I accepted a new position at Rockingham Hospital on a soon-to-open medical ward. I was excited for the change and had already resigned from my previous job. But as fate would have it, the new ward's opening was delayed by a few months due to construction.

Since I was already on board, but the ward wasn't, I had to be placed somewhere in the meantime - and that "somewhere" turned out to be Infection Prevention and Control. I didn't know much about IPC at the time, but I figured it was temporary and went in with an open mind. What started as a detour quickly became something more meaningful. And here I am - still in IPC and loving it.

Was it a steep learning curve?

IPC is like learning a new language at first. But because the new ward wasn't ready yet, I actually had the luxury of time to learn, observe, and ask a million questions without the pressure of juggling ward work.

I quickly realised IPC is nothing like working on a single specialty ward. It's hospital-wide and you get involved in every department, every type of patient, every process from water management to outbreak response. It's fascinating! You see things from a whole new lens, and I found myself genuinely intrigued. So, when the "temporary" assignment came to an end, I decided to stay. It just clicked for me.

What does a typical day look like for you?

Mornings kick off with what we call "the single-room shuffle." With limited single rooms in the hospital, deciding who needs one - and who can safely move out - is like playing a strategic game of Tetris. We carefully review each isolation case, balance clinical needs, and send out an updated list to bed management and nurse unit managers to guide the day's admissions and discharges. It might sound simple, but getting this right can make a huge difference to patient flow and safety.

Next come the ward rounds - one of the highlights of my day. Alongside the Clinical Nurses (CNs) and Clinical Nurse Specialists (CNS), we visit each ward, review patients, and assess the environment. These rounds are a chance to engage with staff, answer questions, and have real-time conversations about what's working and what could be improved. Sometimes, a quick chat at the bedside solves a problem before it grows.

Once rounds are complete, we move on to other key responsibilities: monitoring surgical site infections (like hips, knees, and C-sections), managing occupational exposures, and conducting pre-employment health screenings for new staff

Every day is different, and that's what keeps it exciting.

Do you also take the opportunity to provide education and training when you spot issues?

Definitely! If we notice something that needs improvement during rounds, we speak directly to the team involved. Our goal is to create teachable moments, not catch people out. If there's an educator or staff development nurse on the ward, we get them involved too. Sometimes a quick chat is enough. Other times, we follow up with an email that includes the relevant policy, a short explanation, and practical steps to fix the issue. It's all about supporting staff, not policing them.

What do you love about IPC?

Every day in IPC is different - and that's what makes it exciting.

There's always a new bug, a new challenge, or a new protocol to work through. We're constantly learning, adapting, and improving. But what I love most is the teamwork. We're not just reacting to problems - we're helping prevent them. That's real impact.

IPC has changed. It's no longer about being the "rule police." Through daily rounds and open conversations, we've built trust. Staff now look forward to seeing us - they want our advice, and that collaboration makes a huge difference.

IPC naturally draws on attention to detail. Focusing on things like hand hygiene and aseptic technique isn't just about following policy - it's about doing what's right to protect patients and staff. Sharing lessons through our bi-monthly IPC newsletter has also been really rewarding. We break down real cases and highlight what we've learned, so everyone can grow from the experience.

Infection prevention is about people, not just policies. When we take the time to explain why things matter and lead with respect, we build trust - and that's how we create a safer, stronger culture for everyone.

How do you like to relax after a stressful week?

Spending time with my kids. It's busy and loud - but full of love. And after a week of IPC, it's the perfect kind of reset.

WORLD HAND HYGIENE DAY

5 MAY 2025

It might be gloves. It's always hand hygiene.

World Hand Hygiene Day was on 5 May 2025 and we had so many wonderful entries in our competition!

We are excited to announce that the winner is Flinders Private Hospital! They will receive a beautiful custom-engraved eco-wood trophy. Take a look at their creative celebrations featuring 'hand hygiene goddesses' with winged crowns made from hands instead of feathers.

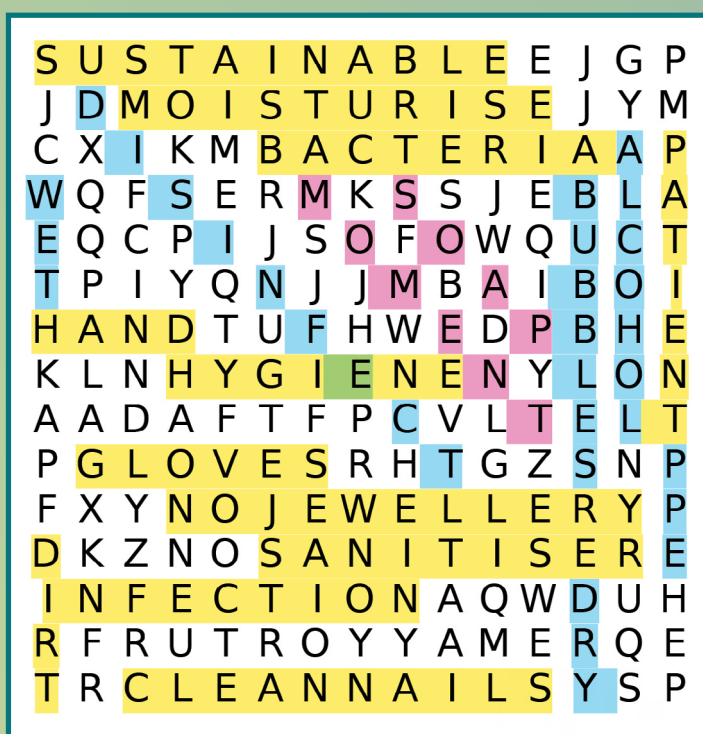
Thank you to everyone who entered, we've loved seeing your creative and fun celebrations.



Quiz answers:

1. What song is often recommended to sing for the duration of hand washing? **Happy birthday**
2. What is one of the easiest and most effective ways to prevent the spread of infection? **Hand hygiene**
3. What action poses the greater risk of spreading infection – a handshake, a fist bump, or a wave? **Hand shake**
4. What is the average amount of times a person touches their face per hour? **23 times**
5. Does washing with soap and water kill organisms? **No, it removes them**
6. Does anti-bacterial hand rub remove or kill organisms? **It kills them**
7. Who needs to practice hand hygiene in a healthcare setting? **Everybody**
8. What should you do if your hands are visibly soiled or contaminated? **Wash with soap and water**
9. What is the recommended concentration of alcohol for alcohol-based hand rub? **60-80%**
10. When should gloves be used? **When there is potential for contact with blood, body fluids, mucous membranes, non-intact skin or infectious material.**

Wordfind answers:



WORLD HAND HYGIENE DAY

5 MAY 2025



Bushland Health Group



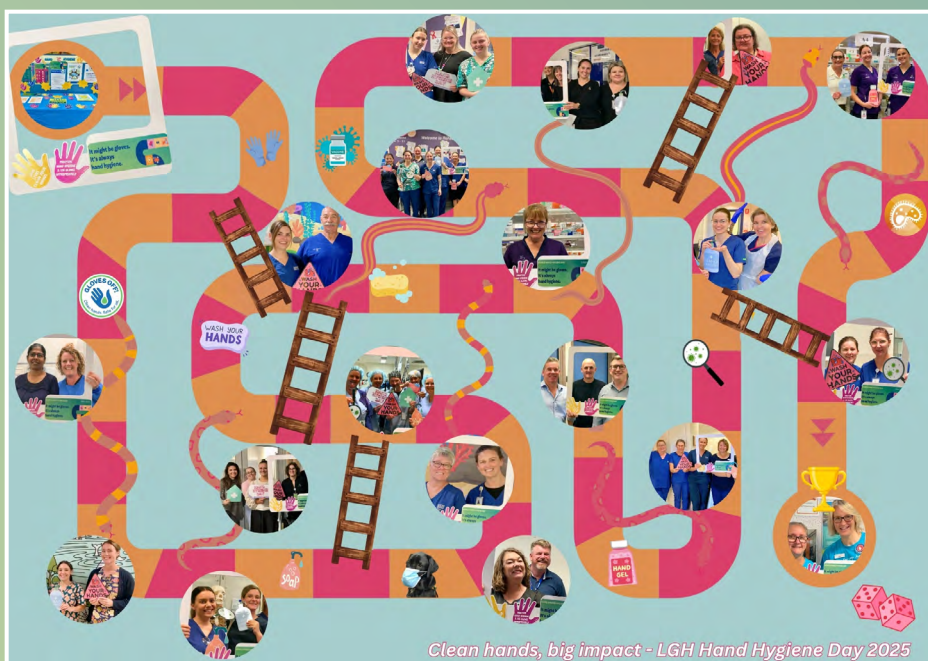
Cleve District Hospital



Estia Health



Karingal Gardens Nursing Home



Launceston General Hospital



Mt Isa Hospital

WORLD HAND HYGIENE DAY

5 MAY 2025



North Eastern Community Hospital



Northern Sydney Local Health District



Royal Brisbane and Women's Health



Royal North Shore Hospital



Ryman Healthcare



Sale Gardens Care Community

WORLD HAND HYGIENE DAY

5 MAY 2025



St John of God Berwick



The Memorial Hospital

Join us for the June ACIPC Paediatric Special Interest Group meeting!

Topic: Creating safe, child-centred environments: and IPC perspective

We warmly invite you to join us for the upcoming Paediatric SIG meeting which will be held at 2pm (AEST) on Tuesday, June 24th via Zoom.

Paediatric



SIG Special Interest Group

This meeting will explore the topic “Creating safe, child-centred environments: an Infection Prevention and Control (IPC) perspective” and will be led by IPC experts Jane Tomlinson, Clinical Nurse Consultant at the Royal Children’s Hospital in Melbourne Victoria, and Stacey FitzGerald, Clinical Nurse Consultant at the Perth Children’s Hospital in Western Australia.

This presentation will examine key aspects of the healthcare environment necessary to create child-centred spaces while minimizing the risk of healthcare-associated infections. It will address relevant clinical standards and guidelines, focusing on common challenges in paediatric IPC, such as the use of toys, play and sensory activities, animal interactions, visitor management, cleaning protocols, and considerations during building or renovation projects.

We invite attendees to ask questions and share their own experiences on the topic. We also welcome other paediatric-related issues for discussion.

Contact SIG Convenor: Claire Nayda, Clinical Nurse Consultant of Infection Prevention and Control, Children’s Hospital at Westmead, Sydney NSW Australia
claire.nayda@health.nsw.gov.au

REGISTER
FOR THE
JUNE
MEETING
HERE

PAID ADVERT



Whiteley's NEW Biodegradable Wipes, put the **green** in Speedy Clean

Pack Details

- 100 Wipes Per Pack
- Wipe Size 200 x 250 mm
- ARTG No: 125529
- Moisture lock lid



Made from 100%
Plant Based Fibre



Plastic Free
Wipes



100%
Dye Free



Wipe fibres will
biodegrade
under certified commercial
composting conditions

Contact Whiteley on 1800 833 566 or visit www.whiteley.com.au

Whiteley

ACIPC Aged Care IPC Webinar

IPC train the trainer

18 JUNE 2025
2PM AEST



ACIPC
Australian College
for Infection Prevention and Control

with Carrie Spinks &
guest speaker Perri Waddell



Topic: IPC Train the Trainer – education skills

Presenter: Carrie Spinks

Guest speaker: Perri Waddell, Gerontology Nurse,
Aged Care Manager and ACIPC Facilitator

**CLICK
HERE TO
REGISTER**

The Aged Care IPC Lead (or person responsible for IPC) has a range of responsibilities as determined by the ACQCS. Providing ongoing assessment of staff capability and education is a core function of the role. There is a gap between knowledge gained from completing an IPC course and teaching ability. This presentation explores ways to train the trainer by giving IPC Leads (or person responsible for IPC) some training tools to sustainably embed and advance IPC in aged care.

Our guest speaker will be Perri Waddell. Perri is the 2024 West Australian Nurse and Midwifery Excellence Awards (WANMEA) Nurse of the Year. Perri is a migrant, hospital trained nurse who has called Australia home for the past 21 years. She has committed herself to role modelling aged care as a nursing career pathway. Perri holds a Masters in Clinical Nursing-Gerontology (ECU), Bachelor of Dementia (UTAS) and Post Graduate Certificate in Infection Control (Griffith). Perri is a credentialed IPC- Primary and contracted facilitator for ACIPC's FIPC course and has facilitated over 600 students through the FIPC course. Perri is currently a Registered Nurse in the most remote Residential Aged Care Facility in Australia and recognises the challenges aged care IPC Leads face when driving best practice from the front line.

Missed an ACIPC Aged Care webinar? You can watch recordings of the entire series [here](#)

ACIPC/GAMA IPC Tour

This year's GAMA Healthcare and ACIPC IPC Tour was another big success!

With over 820 registrations across seven locations Brisbane, Adelaide, Sydney, Melbourne, Perth, Launceston, and New Zealand plus a live webinar, GAMA and ACIPC IPC Tour 2025 brought together academic leaders and practitioners to spark meaningful conversations around the past, present, and future of infection prevention and control.

A heartfelt thank you to everyone who attended, contributed, and helped foster such a collaborative and inspiring atmosphere. Your insights and engagement continue to shape and strengthen our IPC community.

In our June edition, we will be sharing presentation slides from our speakers along with the webinar recording — stay tuned!



THE IMPACT OF INFECTIONS – A CONSUMER PERSPECTIVE



Dianne Smith

Consumer Representative & Board Director - ACIPC

There are many impacts of infections to families and communities including:

- Health impacts - complications, long term effects and increased healthcare demand.
- Social impacts – isolation and reduced social interactions.
- Economic impacts – healthcare costs, business disruption and absenteeism.
- Environment Impacts – waste management and sanitation issues.

My lived experience of cancer treatment and related infections.

Post surgery, my wound got so infected I had to go to hospital every day to have it cleaned and the wounds took much longer to heal due to cancer treatment. With a compromised immune system, I was not able to fight off any infections. I spent many weeks in hospital fighting infections.

The impacts for me and my family were:

- Long term illness.
- Confidence - my cognitive abilities were no longer sharp or precise.
- Tiredness, fatigue, pain and sleep issues.
- Economic impacts – sick and holiday leave were all used.
- Financial impacts – increased healthcare costs.

What can IPC professionals do to improve consumer experiences?

Provide access to information that is easy to read and understand, for example fact-sheets relating to infections to help consumers prevent and control infections better.

Support informed consent, ensuring a patient understands and can make informed decisions.

Ensure there is communication and collaboration between patients and healthcare providers.

What I learned:

I learned as a patient to stand up and advocate for myself, I am now passionate about consumers being actively engaged in their own healthcare. I learned more skills and education are needed from both healthcare professionals and consumers to learn how to better work together. To keep up to date with vaccinations

During this time I did observe good practice of IPC, hand hygiene, wearing gloves, washing down the dressing trolleys and always getting rid of waste appropriately.

If I had a magic wand:

I would like to see consumers embedded in the governance systems of all health organisations.

Promote stronger partnerships in the planning, treatment and discharge processes.

A model where consumers and healthcare professionals working together to design verbal and written patient education and materials in plain language.

Are we there yet? The challenge:

My experience has shown that we are moving in the right direction but there is still work to do to make sure patients are at the centre of care. My hope is that we move to a fully patient-centred care system in practice not just theory.

We consumers will continue to fight and take on the patient-centred care challenge.

PAID ADVERT

ON-DEMAND
WEBINAR NOW
AVAILABLE

Validating sporicidal
efficacy of ultrasound probe
high-level disinfection
devices in clinical settings.



Presented by David Bellamy,
Vice President of the World
Federation for Hospital
Sterilisation Sciences (WFHSS)
and a Central Sterile Supply
Department Manager at St
George Hospital in Sydney.

REGISTER TO WATCH ►

nanosonics
Infection Prevention. For Life.



This content is intended for healthcare professionals and is provided for educational and scientific purposes only. It is not intended to be a definitive statement about the subject matter. This study was funded by Nanosonics. Nanosonics does not make any warranties, representations or undertakings about any of the content (including as to the quality, accuracy, completeness or fitness for any particular purpose of such content) and takes no responsibility for your reliance on the information provided. Any and all use of the information is at your own risk. Healthcare professionals should undertake their own independent enquiries as necessary and exercise professional judgment when assessing their disinfection requirements.

June Lunch & Learn Webinar



Title: Acute Hepatitis B in a Rural Hospital: A Case Study

Presenter: Geraldine Freriks and Alison Spragg

Date: Thursday 19 June, 12:00PM AEST

**CLICK
HERE TO
REGISTER**

Abstract:

This case study presents a patient who was admitted via the Emergency Department to our rural surgical ward—initially suspected to have cholecystitis or pancreatitis—but was ultimately diagnosed with acute hepatitis B.

In May 2024, “Gary,” a 53-year-old man, presented to a 100-bed rural public hospital with fever, chills, night sweats, upper abdominal pain, anorexia, and unintentional weight loss of 6 kg. Gary disclosed a physical altercation eight weeks earlier with a man known to be an IVDU. During the fight, Gary sustained lacerations to his knuckles and forearms, which were exposed to the other man’s blood. Approximately seven weeks after the incident, Gary became acutely unwell and was admitted to hospital. While reviewing daily inpatient pathology, the Infection Prevention and Control (IPC) team noted his lab results, were consistent with an acute hepatitis B infection. The IPC nurse recognised the serology pattern and escalated care accordingly.

This case study will explore Gary’s clinical journey, including diagnostic challenges, infection control responses, and care coordination. It also highlights opportunities for process improvements, particularly in rural healthcare settings.

About the presenters:

Geraldine Freriks is the Infection Prevention and Control Nurse Unit Manager at West Gippsland Healthcare Group. A dedicated nurse since 1987, she has worked across various specialties, primarily Oncology, Haematology, and Palliative Care, holding coordinating roles at St Vincent’s, Dandenong, Box Hill Hospital and West Gippsland Healthcare Group.

In 2016, Geraldine transitioned into Infection Prevention and Control, contributing significantly to the sepsis project at West Gippsland Healthcare Group. Over the past four years, she has played a key role in the Warragul COVID-19 response and worked at the Public Health Unit. Passionate about infection prevention, she is committed to education, reducing antimicrobial resistance and improving patient outcomes. Geraldine has completed studies in Oncology, Haematology, Palliative Care, Management, and Infection Prevention and Control.

Alison Spragg is a Clinical Nurse Consultant in Infection Prevention and Control at West Gippsland Healthcare Group, Victoria. Whilst Alison’s background is cardiac nursing, having worked in HDU, Critical Care, Stress testing and Cardiac Pulmonary Rehabilitation. Alison is currently completing a Graduate Certificate in Infection Prevention and Control (IPC). She has worked in IPC assisting with Hand hygiene and audits before taking a small permanent position early in January 2020, just before the pandemic. Alison works solely in IPC now, has gained qualification in Immunisation, Blood borne Virus testing. Alison has a Diploma in family Counselling.

BUG OF THE MONTH

Dengue Fever

Karen McKenna



What is it?

Dengue fever is a viral infection that is transmitted through the bite of infected mosquitos, and is prevalent in tropical and subtropical regions worldwide¹. Most areas of Australia do not have the types of mosquitos that carry the dengue virus, however outbreaks can still occur in North Queensland each year when someone becomes infected overseas and is bitten by a mosquito in Australia, that mosquito can then spread the virus to others.

In 2023 the World Health Organization reported the highest number of dengue cases recorded, more than 6.5 million cases and 7300 deaths were reported in over 80 countries¹. During this time period Australia recorded 1117 cases, with most cases occurring in Queensland (53%) followed by New South Wales (16.5%)².

In 2011, the World Mosquito Program began releasing *Aedes aegypti* mosquitos infected with the *Wolbachia* bacteria in parts of Queensland³. The *Wolbachia* bacteria spreads through mosquito populations and works to suppress population growth and block virus replication inside mosquitos, reducing their ability to transmit viruses including dengue, yellow fever and Zika³. Since then, local dengue transmission has effectively disappeared in Queensland³.

However, following this successful elimination program, in January 2025 Townsville recorded its first locally acquired case of dengue fever in five years⁴. And in May 2025, the Cairns and Hinterland Hospital confirmed the first locally acquired case of dengue fever in seven years, this case was in a person who has had no recent travel outside the region⁵. Despite these local cases, the risk to the public remains low.

Signs and Symptoms

Dengue fever is categorised into two groups by the World Health Organization (WHO), classic/uncomplicated or severe. Classic or uncomplicated dengue can present with a mild fever lasting around 3-5 days, or with a sudden onset high fever, severe headache, orbital pain, myalgia or rash^{2,6}. While severe dengue fever can be life threatening and include haemorrhage and thrombocytopenia².

The incubation period for dengue fever is 3 – 14 days after being bitten by the infected mosquito⁶.

How is it transmitted?

Dengue fever is caused by one of 4 dengue viruses, which are primarily carried and spread by the *Aedes aegypti* and *Aedes albopictus* mosquitos⁷. Dengue is not transmitted from person-to-person. Mosquitos become infected by biting people who are infected with the dengue virus, that can then be spread through bites to other people¹. The mosquito remains infective for the rest of its life, and can continue to spread the virus every time it bites someone⁶.



At risk groups?

People are at risk of dengue fever when travelling to a dengue-affected area, including tropical and sub-tropical regions of Asia, Africa and South America⁸.

While the risk to the public in Australia is considered to be low, people are urged to be alert to the symptoms of Dengue fever.

Prevention?

Dengue fever can be prevented through measures to control mosquitos, personal protection through wearing long, loose fitting and light coloured clothing, using personal mosquito repellents, and avoiding mosquito prone areas⁶.

References

1. World Health Organization. Dengue and severe dengue WHO. <https://www.who.int/news-room/fact-sheets/detail/dengue-and-severe-dengue>
2. Silburn A, Arndell J. The impact of dengue viruses: Surveillance, response, and public health implications in Queensland, Australia. *Public Health in Practice*. 2024/12/01/ 2024;8:100529. doi: <https://doi.org/10.1016/j.puhip.2024.100529>
3. World Mosquito Program. Wolbachia mosquitos block dengue across Australia's far north. Monash University, <https://www.worldmosquitoprogram.org/en/news-stories/media-releases/wolbachia-mosquitoes-block-dengue-across-australias-far-north>
4. Chomicki C. Mosquito-borne dengue fever, Japanese encephalitis detected in Queensland. ABC News. <https://www.abc.net.au/news/2025-01-17/mosquito-dengue-fever-japanese-encephalitis-cases-queensland/104828632>
5. Strohfeldt. C. Cairns records locally caught case of dengue amid global surge. *Sydney Morning Herald*. Updated May 14 2025. <https://www.smh.com.au/national/queensland/cairns-records-locally-caught-case-of-dengue-amid-global-surge-20250514-p5lz05.html>
6. Victorian Department of Health. Dengue virus disease. Victorian Department of Health. <https://www.health.vic.gov.au/infectious-diseases/dengue-virus-disease>
7. Health direct. Dengue fever. <https://www.healthdirect.gov.au/dengue-fever>
8. NSW Health. Dengue fact sheet. NSW Government. Updated 18 April 2024. <https://www.health.nsw.gov.au/Infectious/factsheets/Pages/dengue.aspx>

Infection Control Matters Podcast

National vs local IPC Guidelines - Lost in Translation?

In this episode, we explore the crucial disconnect between national infection prevention and control (IPC) guidelines and the local policies implemented in residential aged care (RAC) facilities. Brett and Martin talk to Dr Sanne Peters and Dr Kirsty Buising about their recent paper that reports on their recent analysis using the AACTT (Action, Actor, Context, Target, Time) behavioural framework, which reveals a lack of alignment and specificity in many local IPC documents.

We discuss:

- Why well-intentioned policies often fail to drive behaviour
- The implications of vague IPC statements in high-risk environments
- How local RAC settings can better translate national guidelines into actionable, behaviourally specific practices
- The role of co-design, leadership, and implementation science in bridging the gap

The paper we discuss:

Peters S, Lim LL, Francis JJ, Bennett N, Fetherstonhaugh D, Buising K, et al. Analysis of infection prevention and control documentation in residential aged care based on a behaviour specification framework. Infect Dis Health 2025. [https://www.idhjjournal.com.au/article/S2468-0451\(25\)00010-0/fulltext](https://www.idhjjournal.com.au/article/S2468-0451(25)00010-0/fulltext)



Candidozyma auris from the lab to the front line: A discussion with UKHSA experts

In this episode Martin talks to Dr Andy Borman, (Acting Head and Consultant Clinical Scientist, UKHSA National UK Mycology Reference Lab. also Hon Professor of Medical Mycology, MRC CMM, University of Exeter), Dr Colin Brown (Deputy Director of Emerging and Epidemic Infections at UK Health Security Agency; Honorary Consultant in Infectious Diseases & Medical Microbiology at Royal Free London NHS Foundation Trust) and Dr Mariyam Mirfenderesky (Consultant in Medical Microbiology and Infectious Diseases North Middlesex and RF (AMS Lead) and UKHSA on HCAI). The UK Health Security Agency (UKHSA) is the national organisation in the United Kingdom responsible for protecting public health by preventing, detecting, and responding to infectious diseases and other health threats.

We chat about how *Candidozyma auris* (formerly known as *Candida auris*) is identified in the lab, why it matters clinically, and what it means for infection prevention and control teams. From early lab detection to real-world frontline challenges, we discuss the key issues around this emerging pathogen — and what we need to do next. UK C. *auris* guidance can be found [here](#)

TO LISTEN OR
DOWNLOAD
CLICK HERE

Latest articles from Infection, Disease & Health

Evaluating antibiotic prescribing practices for patients with asymptomatic bacteriuria in Saudi Arabia: The need for stewardship initiatives

Ahlam Alghamdi

Speciation of coagulase-negative staphylococci: A cohort study on clinical relevance and outcomes

Samantha Keogh, Emily N. Larsen, Felicity Edwards, Makrina Totsika, Nicole Marsh, Patrick.N.A. Harris, Kevin B. Laupland

Implementation of a proposed algorithm to assess and de-label false penicillin allergy labels in the community

Angelina Lim, Sharmila Khumra, Elise A. Mitri, Limhour Kruoch, Lydia Liu, Simon James

Co-design and user testing of a Japanese encephalitis vaccine decision aid (JEVaDA)

Sarah L. McGuinness, Owen Eades, Jennifer Morris, Allen C. Cheng, Holly Seale, Karin Leder



Selected Publications of Interest

Optimizing Training for Environmental Services Staff: A Critical Component of Patient Safety and Infection Control

Far-UVC Technology Poised to Transform Indoor Infection Control

Surgical site infection prevention care bundles in colorectal surgery: a scoping review

Missed infection prevention and control activities and their predictors: insights from a pre- and post-pandemic study

Infection prevention and control risk factors for SARS-CoV-2 infection in health workers: a global, multi-centre, case-control study

Becoming hand hygiene heroes: Implementation of an infection prevention and control campaign for patient and family hospital safety



ACIPC
Australasian College
for Infection Prevention and Control

Level 6
152 Macquarie St
Hobart TAS 7000

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

**FOLLOW US
ON SOCIAL MEDIA**



ABN 61 154 341 036