



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

JUNE 25



President's report

Stéphane Bouchoucha

Welcome to the June 2025 edition of IPC News.



While winter has clearly settled in Australia, with low temperatures in my home city of Melbourne, I was fortunate to escape to North America's summer for a few weeks to attend the IPCA Canada and APIC conferences. You may remember that I complained about the weather last year when I attended APIC in Texas; well, it was nothing to Phoenix in summer, with temperatures averaging 45 degrees the whole time I was there. Such temperatures put in perspective what is happening with climate change and its effect on infectious diseases, the changes in distribution of tropical/mosquito borne diseases, and the need for good indoor air quality in winter but also during summer to prevent airborne infections when so much time is spent indoors.

Attending these two conferences, I was able to meet with the leadership of IPAC Canada and APIC to continue discussions on collaboration. Last year we were able to endorse the **IPAC and APIC Canada the Ethical Infection Prevention and Control (EIPAC) Decision-Making Framework**, stay tuned for further collaborative initiatives to be announced in the near future. Such collaborations are essential to have a strong unified voice for IPC. If you follow the news, you will have seen that the US vaccine schedule has an uncertain future with changes to the composition of the Advisory Committee on Immunization Practices and that the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) was abolished. The US CDC had been a strong advocate and leader in the IPC world and changes like this bring uncertainties for IPC. We need to stand with our US colleagues to make sure our voices are heard, and the community is kept safe from preventable infections.

Advocacy is at the heart of our mission at ACIPC. You may have been able to attend the GAMA/ACIPC roadshows in May where you will have heard about the work we are doing advocating for the inclusion of IPC in the Australian CDC.

In May, I wrote to the President of the Public Health Association of Australia (PHAA) to highlight our concerns about the non-inclusion of IPC and obtained support for our position. Last week, Professor Joseph Doyle, the President of the Australian Society for Infectious Disease (ASID) and I wrote to the honourable Mark Butler, Health Minister, to further reiterate our position on integration of IPC into the Australian CDC. As we all know, IPC inclusion **is essential** to provide the knowledge, skills and expertise relating to disease surveillance, the burden of healthcare associated infections (HAIs) as it impacts Health Service organisations across the country, and also to make sure we are prepared for the next pandemic. We must have a robust structure providing IPC oversight, adopting a community wide approach and not just a healthcare setting approach. I have also highlighted our concerns about the lack of recognition of IPC specialisation in Australia. In the coming week we will give members a template letter to use to raise concerns about the lack of IPC inclusion in the CDC with your local Member of Parliament.

If you feel there are other advocacy issues that we should be involved with, or if there is a gap in practice and you would like to see further guidance in a specific area, please reach out to us: office@acipc.org.au. You can also reach out to me at president@acipc.org.au to share any feedback.

Until next month, thank you for your relentless work to keep our community safe and your leadership and advocacy. I know it is not an easy time with increased respiratory infections as well as the 'business as usual.'

Best wishes,

Stéphane Bouchoucha



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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](#)

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.

Applicants who may be eligible for more than one of the scholarship groups are encouraged to submit to all scholarship groups that may be relevant.

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](#)



ACIPC INTERNATIONAL CONFERENCE 2025

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](#)

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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**



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

INFECTION PREVENTION AND CONTROL IN AGED CARE SETTINGS

WHAT IS THE COURSE FOR?

This course is designed to provide staff with the fundamental principles and concepts of infection prevention and control practice as they apply to various Aged Care settings in particular Residential and Community Aged Care settings. This is a course for RNs and EN/EENs supporting Aged Care IPC Clinical Leads. This course is also suitable for Facility Managers needing up-to-date best-practice IPC knowledge and skills.

The modules can be undertaken over a six-to-eight-week period and a certificate of completion will be issued to students who complete the course.

MODULES INCLUDE:

- ✓ Principles of Infection Prevention and Control
- ✓ Management of the environment, resident and staff health
- ✓ Management of invasive devices, hygiene and aseptic techniques
- ✓ Management of outbreaks
- ✓ Organisms of significant AMS
- ✓ Governance and leadership

COST: \$500

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



**MORE
INFORMATION**

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
24 OCT 2025

LIMITED SPACES LEFT

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



**MORE
INFORMATION**

Credentialling

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

Expert credentialling: Priscilla Singh

Advanced credentialling: Aiddie Mae Plimmer

Advanced re-credentialling: Nicole Tolhurst

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

FOR MORE
INFORMATION
CLICK HERE

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.

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July Lunch & Learn Webinar



Title: JEV: Activist maps and mozzie traps

Presenter: Dr Ben Brimblecombe

Date: Tuesday 22 July 12.30pm AEST

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Abstract:

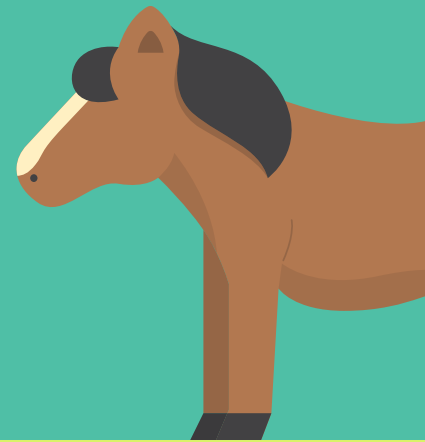
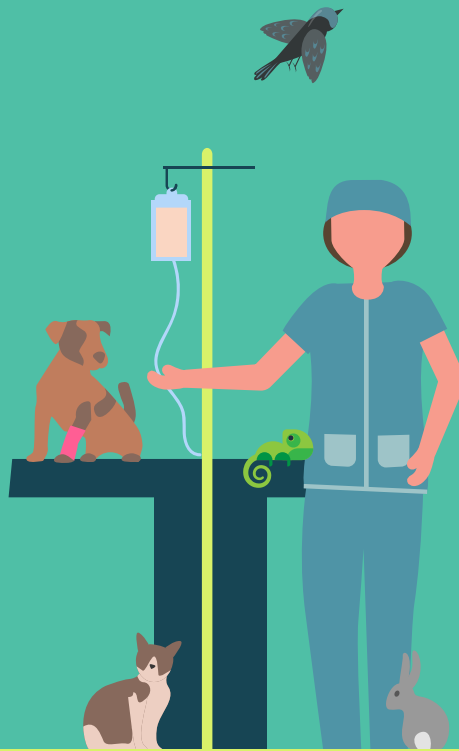
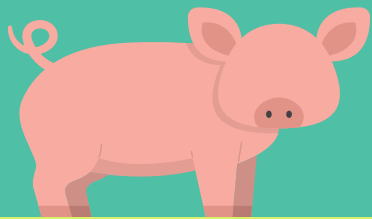
Southeastern Australia has been experiencing a significant JEV outbreak this year, representing the second time this has occurred, after a previous local outbreak in 2022. There have been multiple human, pig and mosquito detections of JEV now in a number of states and territories. This has posed many issues around identifying cases and the spread of the disease, as well as with regards to infection prevention and control. There is a need for a real multi-jurisdictional One Health approach to managing JEV and anticipating future potential outbreaks.

This presentation will cover some JEV background including transmission, epidemiology, environmental factors, vaccine information, clinical disease and diagnostics. It will also focus on management and prevention measures, highlighting challenges around identifying and implementing optimal control strategies.

About the presenter:

Ben is currently a public health registrar at the Darling Downs Public Health Unit, with broad public health interests including zoonotic infections and One Health. He is also a general practitioner and prior to commencing public health training he worked as a rural GP in Southwest QLD.

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
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information acipc.org.au



**APPLY
HERE**

MEMBER PROFILE:

Dr Jessica Hoopes

One Health Research Coordinator
AMRRIC



Can you tell us a bit about your career so far and how you came to be working for AMRRIC (Animal Management in Rural and Remote Indigenous Communities)?

I'm a trained veterinarian, but these days I work more in research. I've wanted to be a vet since I was three — I was one of those kids who bandaged pets unnecessarily and adopted any animal that looked hurt. I even had a little "hospital" in the backyard.

To get into vet school in Canada, you need a lot of experience, so I started young — volunteering at clinics and working with feral cats from age 12. After finishing vet school, I worked in private practice but quickly realised it wasn't for me.

I travelled a bit and saw firsthand in countries like Costa Rica how great the need was for veterinary services. I was always drawn to animal welfare and not-for-profit work, so I took an animal shelter job in Fiji and later in Papua New Guinea.

That experience opened my eyes to something bigger. I started seeing how human and animal health is connected — what we now call "One Health." A key moment was in a community where I'd been helping with dogs who were bothering tourists. A local girl there got a cut that became badly infected and she was febrile, but they couldn't get her to a doctor.

I had spent so long telling them how to care for their dogs — but I hadn't realised they were struggling just to access basic healthcare for their children.

Luckily she survived, but that moment really shifted my thinking. I realised I'd been too focused on the animal side, without truly understanding the challenges these communities face.

That's how I ended up working for AMRRIC, where I now focus on One Health research — looking at the connections between human and animal health, especially in Aboriginal and Torres Strait Islander communities. I still volunteer in the Pacific too.

My role is about figuring out what works in communities with limited resources — how to improve outcomes for both people and animals. It's a mix of research and real-world application. My colleagues and I often say we're not quite academics and not quite frontline workers — we try to bring both worlds together. It's challenging, but it feels like the right space for us.

What attracted you to the Veterinary Foundations of IPC course?

IPC has become central to my work recently. At AMRRIC, we've been doing internal reviews and audits to see how we can improve our practices — and IPC was something I had never really thought about before.

Like many vets, my focus used to be on just treating the animal. But now we're looking at the *downstream effects* of what we do — like how to reduce antibiotic use by improving our procedures in the first place.

In the resource-limited communities we work in, basic things like sterilising instruments with an autoclave aren't always possible — we're flying into remote areas with limited gear. So the standard guidelines don't always apply. For example, they might talk about airflow in surgical theatres — but we're working outdoors under shelters.

So we often feel like the gold standard is out of reach.

The veterinary industry is less regulated than human healthcare, which makes sense because veterinary clinics aren't supported by things like Medicare, and many clinics couldn't afford to meet the same standards. But that doesn't mean IPC isn't important. This course really helps break that mindset of *"I can't do it"*, and instead gets you thinking, *"What can I do better?"* Now that I'm not in the middle of hectic clinical work, I have the space to reflect and help others improve too.

Every patient has a human attached — the pet owner — and everything we do affects the broader environment. We need to keep reminding ourselves that our work is part of *One Health*, even if it's not always obvious. We don't want to be the ones contributing to the next pandemic.

Tell me about your experience in the course and what you found most useful.

The course really got me thinking about things I'd stopped noticing in day-to-day practice. One example was the issue of chlorhexidine contamination with *Pseudomonas* — something simple but with major implications. I realised nearly every clinic I've worked in refills tubs of chlorhexidine wipes without cleaning/replacing them, which can lead to contamination. These are the kinds of small but meaningful changes the course highlighted — things that don't drastically disrupt operations but can significantly improve outcomes.

I appreciated that the course focused on what's realistically achievable, especially in high-volume clinics where you're turning over patients quickly and didn't make me feel bad for not doing everything perfectly. Instead, it motivated me to identify what can be improved and to start making changes.

The content was really engaging. It wasn't something I put off — I actually enjoyed doing it. The format is flexible: you can go at your own pace, and support is there if you need it. You can engage deeply or just take in what you can manage — either way, it's valuable.

Would you recommend the course to others?

I already have! I think anyone 10+ years out of vet or nursing school should do it — we all get complacent. But I also think it's especially useful for managers or anyone responsible for infection control or workplace safety. They may not be vets or nurses, so this course helps them understand best practice and have informed conversations with their teams.

It's also helpful for researchers working in field programmes, because IPC often doesn't get factored into project design. The course gives a solid foundation to help change that.

How do you like to relax and unwind at the end of a busy week?

Most of my downtime is spent with my daughter — we do a lot of crafting together, and we love going camping. Camping is funny because it's a total shift from my usual infection control mindset — suddenly you're roasting marshmallows on sticks you found on the ground, and no one's asking where they came from! The hygiene standards definitely drop out there — what we tolerate camping is very different to what we'd accept in our kitchen.

My daughter's already talking about becoming a vet — she's been around vet clinics since she was a baby, especially because I've worked in the Pacific. She sees our two pets as her siblings and is very into animal care. She's also inherited some of my concern for public health. During COVID, when people weren't wearing masks, she'd go up to them (at just two years old!) and say, "You should wear a mask to be respectful." She's got the IPC spirit in her already!



[CLICK HERE TO VIEW
THE VIDEO AND
PRESENTATION SLIDES](#)

2025 ACIPC/GAMA TOUR VIDEO & SLIDES

A big thank you to everyone who attended May's GAMA Healthcare and ACIPC IPC Tour.

Together, we shared knowledge, explored key challenges, and advanced our collective commitment to infection prevention and control. Whether you missed the live session or want to review key moments, we are pleased to provide access to the IPC Tour 2025 webinar recording along with the speaker presentation slides so you can continue learning at your own pace. We thank GAMA Healthcare for providing these resources.

Our thanks also go to all of the IPC Tour speakers:

Erica Beukers

Stéphane Bouchoucha

David Brain

Sarah Browning

Issy Centeleghe

Jonathan Chambers

Jane Connolly

Fiona De Sousa

Holly Dodd

Beth Elias

Geraldine Freriks

Sally Havers

Logan Heather

Nicola Isles

Martin Kiernan

Brett Mitchell

Rachel O'Connor

Liz Orr

Kristie Popkiss

Gillian Ray-Barruel

Phil Russo

Priscilla Singh

Cristina Sotomayor-Castillo

Carrie Spinks

ACIPC Sustainability Special Interest Group meeting

ACIPC members are warmly invited to join us for the inaugural ACIPC Sustainability SIG meeting

Topic: Sustainable Health: Aligning Infection Prevention with Net Zero Goals in NSW

Date and time: Tuesday 8 July 2025, 2:00pm AEST

Location: Online via Zoom

NSW Health has committed to reducing emissions by 50% by 2030 and achieving net zero by 2050, in line with the Climate Change (Net Zero Future) Act 2023. From November 2024 to June 2027, multidisciplinary teams ('Net Zero Hubs') within key clinical areas—such as surgery, ICU, paediatrics, and infection prevention—are leading decarbonisation efforts.

While the primary focus of NSW's Infection Prevention and Control (IPC) framework is to minimise healthcare-associated infections (HAIs), it also incorporates sustainability criteria.

Sustainability

SIG Special Interest Group



These include mandatory IPC governance, participation in Net Zero Hubs, adoption of sustainable clinical practices, and support for local sustainability champions.

NSW Health is embedding environmental sustainability into both clinical and corporate functions, with IPC now explicitly aligned with waste minimisation, resource stewardship, and broader decarbonisation goals across the health system.

Speaker(s):

Dr Susan Jain, MIPH PhD

CICP Expert (CIPC-E)

Principle Advisor, Research Lead

Infection Prevention and Control | HAI Program, Clinical Excellence Commission

Conjoint Academic, University of New South Wales.

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FIS International Conference

Join the Federation of Infection Societies in Bournemouth, UK this year for FIS International 2025.

Hosted by the British Infection Association in partnership with the Healthcare Infection Society, FIS International conference is the largest UK-hosted, international infection conference. It is a must-attend event for anyone working in infection prevention and control, infectious diseases, clinical microbiology and biomedical science.

When: 2-4 December 2025

Where: Bournemouth International Centre

Early bird registration closes midnight 29 September, and abstract submissions close 7 July.

Full programme details will be announced soon.



FIS International 2025

Hosted by the British Infection Association

**Bournemouth
International Centre
2-4 December 2025**



**FEDERATION OF
INFECTION SOCIETIES**

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STRENGTHENING IPC IN AGED CARE: NATIONAL RESEARCH INITIATIVES

Significant research efforts are underway in Australia to enhance infection prevention and control (IPC) in aged care settings. These initiatives aim to address the unique challenges faced by residential aged care homes (RACHs), especially in light of the COVID-19 pandemic and the ongoing risks posed by infectious diseases.

Here are some of the exciting research projects currently underway.

Optimised Infection Prevention and Control Study in Residential Aged Care Homes (OPTICS)

- **Lead Investigator:** Professor Anton Peleg
- **Institution:** Monash University
- **Duration:** 2024-2027
- **Overview:** This project aims to develop optimised models and approaches for infection prevention and control (IPC) in residential aged care homes through a co-design process involving individuals with lived experience and end-users. The goal is to improve the lives of residents by reducing their risk of infection.

Establishing Standards for the Governance, Program Elements, and Practice of Infection Prevention and Control in Residential Aged Care in Australia

- **Lead Investigator:** Professor Ramon Shaban
- **Institution:** University of Sydney
- **Duration:** 2024-2027
- **Overview:** This research focuses on establishing standards for the governance, program elements, and practice of IPC in residential aged care settings across Australia.

IMMERSE-2: Implementing Effective Infection Prevention and Control in Residential Aged Care – Communities of Practice for IPC Leads

- **Lead Investigator:** Dr. Joanne Tropea
- **Institution:** University of Melbourne
- **Duration:** 2024-2027
- **Overview:** This project aims to implement effective IPC strategies in residential aged care by establishing communities of practice for IPC leads, fostering collaboration and knowledge sharing.

Partnering with Residents, Families, and Carers for Person-Centred Infection Prevention and Control in Residential Aged Care: Developing Strategies That Are Compassionate, Appropriate, and Safe

- **Lead Investigator:** Dr. Su-yin Hor
- **Institution:** University of Technology Sydney
- **Duration:** 2024–2027
- **Overview:** This research involves partnering with residents, families, carers, aged care providers, and infection control experts to develop IPC strategies that are compassionate, appropriate, and safe, ensuring

National Infection Surveillance Program for Aged Care (NISPACE)

- **Lead Researcher:** Associate Professor Noleen Bennett
- **Institution:** VICNISS Coordinating Centre, Peter Doherty Institute
- **Funding Period:** 2021–2025
- **Overview:** NISPACE is developing a national, standardized infection and antimicrobial use surveillance system for residential aged care facilities (RACFs) and home care services across Australia. The program aims to improve health outcomes by monitoring infections and promoting best practices through education and support for staff responsible for IPC and antimicrobial stewardship programs.

A-PRECISE Study (Australia – PReventing infECTIONS In reSidential agEd care)

- **Lead Researchers:** Professor Helen Rawson and Professor Philip Russo
- **Institution:** Monash University
- **Funding Source:** Australian Government's Medical Research Future Fund (MRFF)
- **Overview:** This project focuses on co-designing infection prevention and control strategies tailored to the residential aged care context. It involves collaboration with residents, families, and staff to develop feasible and sustainable IPC practices that enhance safety and quality in aged care homes.

‘Safe at Home’: A Novel Infection and Antimicrobial Use Surveillance Program for Vulnerable Australians Using In-Home Aged Care Services

- **Lead Researcher:** Associate Professor Noleen Bennett
- **Lead Institution:** University of Melbourne
- **Funding Period:** 2024-2027
- **Project Overview:** The initiative aims to develop and implement a novel surveillance program focusing on infection and antimicrobial use among vulnerable Australians receiving in-home aged care services. By establishing robust monitoring mechanisms, the project seeks to enhance IPC practices, thereby improving health outcomes for this population

IDC-IMPROVE Project (Indwelling Catheter Care)

- **Lead Researcher:** Professor Joan Ostaszkievicz
- **Institution:** National Ageing Research Institute (NARI)
- **Project Overview:** This multi-centre, facility-level cluster randomized control feasibility trial evaluates the implementation of the IDC-IMPROVE Catheter Care Bundle in Australian aged care homes. The project aims to support the aged care workforce in providing optimal care for residents with indwelling urinary catheters, thereby reducing infection risks.

ELUCIDAR Study: Effectiveness of Germicidal Ultraviolet (GUV) Light Technology

- **Lead Researcher:** Associate Professor Suman Majumdar and Dr. Michelle Delaire
- **Institution:** Burnet Institute and Victorian Department of Health
- **Funding Period:** 2024-2025
- **Project Overview:** This clinical trial assesses the effectiveness of upper-room germicidal ultraviolet light (UR-GUV) in reducing the rates of COVID-19 and other airborne viruses in residential aged care facilities. The study aims to determine the feasibility of implementing GUV technology as an adjunct to existing infection control measures.

SURVEY

Translating healthcare-associated infection prevention research into practice

CLICK
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Dear ACIPC member,

We are sharing this survey on behalf of the University of Queensland Infection Prevention and Vascular Access Group.

Thank you for your interest in this important research. We are conducting a survey to identify the infection prevention and control (IPC) strategies currently being used in Australian acute care hospitals, and we would greatly appreciate your participation.

Survey Information: This modified survey, conducted every four years by the University of Michigan, examines patient safety and infection prevention practices. Healthcare professionals' responses have led to significant findings in this area.

In 2025, Australian acute care hospitals are invited to participate in a global survey on infection prevention. This is timely due to recent changes in IPC practices and the ongoing impact of the COVID-19 pandemic on healthcare systems.

Who Should Complete the Survey:

- If your hospital has multiple IPC professionals, please have the professional supervising or coordinating the IPC team complete the survey.
- If there are no IPC professionals, the survey should be completed by the individual responsible for implementing NSQHS Standard 3 (Preventing Infections).
- If neither an IPC professional nor a hospital epidemiologist is available, the survey should be completed by the Chair of the IPC Committee or someone responsible for quality monitoring or nursing leadership.

Survey Details: The survey will take about 30 to 45 minutes to complete. Your responses will remain anonymous and confidential. The results will help improve infection prevention practices in Australian hospitals, and a summary of the findings will be shared through reports and publications. If you are interested in the findings, please contact the research team for a summary.

Participation is Voluntary: Participation is voluntary, and you can withdraw at any time before submitting the survey. However, once submitted, consent cannot be revoked due to anonymity. Completing the survey signifies your agreement to participate in this research. Your input is crucial for improving IPC strategies in Australian hospitals.

If you have any questions or require further details, please contact:

Dr Gillian Ray-Barruel – Senior Research Fellow, Metro North Hospital and Health Service, Queensland, Australia.

Tel: 07 3346 6077

Email: g.raybarruel@uq.edu.au

Sally Havers – Nurse Researcher, University of Qld and CNC Infection Prevention & Control, Clinical Governance Unit, Toowoomba Hospital, Queensland, Australia.

Email: s.havers@uq.edu.au

Translating Healthcare-Associated Infection Prevention Research into Practice: Australian Hospitals Survey 2025 (TRIP-25)



This survey has received Ethics Approval from The University of Queensland (Ethics ID: 2025/HE000416)

This survey examines IPC practices in Australian hospitals and compares findings with similar research in the United States.

WHO SHOULD PARTICIPATE?

- IPC Professionals in Australian acute care hospitals.
- If unavailable, the person responsible for infection prevention (e.g., IPC Committee Chair, Quality Lead, or Chief of Nursing).

WHY PARTICIPATE?

- Contribute to national infection prevention data.
- Identify trends and areas for improvement.
- Strengthen evidence-based IPC strategies in Australia.

Join us in improving infection prevention across Australia!



OR

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For further information or questions, please contact:

Dr Gillian Ray-Barruel, g.raybarruel@uq.edu.au

Dr Sally Havers, s.havers@uq.edu.au

ACIPC Aged Care IPC Webinar

Management of blood borne viruses in aged care

16 JULY 2025
2PM AEST



ACIPC
Australian College
for Infection Prevention and Control

with Carrie Spinks &
guest speaker Dr Jacqui Richmond



Topic: Management of blood borne viruses in aged care

Presenter: Carrie Spinks

Guest speaker: Dr Jacqui Richmond, Program Manager, Workforce Development and Health Service Delivery - EC Australia at Burnet Institute

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The management of Blood Borne Viruses (BBV), specifically hepatitis B, hepatitis C and HIV, has evolved significantly over the past decade. Resulting in longer life expectancy allowing people with BBVs to live longer and move into aged care facilities. While the IPC management of BBVs has not changed - implementing standard precautions is all that's needed to prevent transmission - there is a lot we can do to support older people living with BBVs. This presentation will provide an overview of the advancements in the management of BBVs, with a specific focus on aged care settings.

Our guest speaker will be Dr Jacqui Richmond. Jacqui is a registered nurse with a PhD who works at the Burnet Institute, in the Eliminate hepatitis C Australia Partnership. Jacqui also facilitates the BBV testing course for ACIPC and the Foundations of IPC. The broad focus of Jacqui's work is building the capacity of the health workforce to test, treat and manage the health care needs of people living with viral hepatitis.

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

Aged care IPC in focus

Did you miss our informative and interesting June webinar ‘IPC Train the Trainer – education skills’ with Carrie Spinks and guest speaker Perri Waddell? We were thrilled to welcome a record-breaking **495 participants!**

Don't worry – you can watch (or rewatch) at your leisure on the ACIPC website's Aged Care IPC Webinar page [**here**](#).

You'll find all our past webinars, plus the presentation slides, and the good news is you don't have to be an ACIPC member to access.

We also have a fantastic set of recorded presentations and slides for you called Aged Care IPC in Focus. Here you can find topics such as outbreak management, waste management, blood borne viruses in aged care, antimicrobial stewardship, and more, all presented by aged care IPC professionals.

If you are after even more resources, you can visit our one stop shop, [**IPC Resources for Australasian Aged Care**](#) to find a range of resources and links across a wide variety of aged care-related topics. We also have [**Aged Care IPC Templates and Tools**](#) for you to use in the workplace, generously donated by IPC experts from a range of aged care providers.

And don't forget our aged care specific online forum, [**Aged Care Connexion**](#), where you can share ideas, seek advice from peers, and benefit from the experience of other peers.

All of our aged care offerings are free and available for you to access right now.

Aged care – we have you covered!

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.

Renewal emails have been sent out for 2025/26 membership. If you have not received yours, or have any questions, please contact office@acipc.org.au

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

CHECK YOUR
DETAILS ARE
CORRECT
HERE

BUG OF THE MONTH

Cryptosporidiosis

Carrie Spinks



Cryptosporidiosis is a gastrointestinal illness caused by *Cryptosporidium* parasites, primarily *C. hominis* and *C. parvum*. Transmission is mainly faecal-oral, with contaminated recreational or drinking water being the most common source due to the parasite's chlorine resistance and environmental persistence (Zahedi & Ryan, 2020).

Epidemiology

The disease is globally widespread but more severe in low- and middle-income countries where poor sanitation and limited access to clean water increase transmission (Khalil et al., 2021). In high-income nations, exposure often occurs via swimming pools, childcare centres, and animal contact.

In Australia, cryptosporidiosis is notifiable nationwide, with 1,500–2,500 cases reported annually, though underdiagnosis is likely (Department of Health and Aged Care, 2024). Notifications peak in late summer to early autumn, often linked to recreational water use. Outbreaks have implicated public pools, childcare settings, and livestock contact. A major outbreak in 2023 involved over 500 confirmed cases in New South Wales and Queensland, traced to contaminated pools. Public health responses included temporary pool closures, intensified chlorination, and advice to avoid swimming for two weeks after illness (NSW Health, 2023).

Clinical Features and Risk Groups

Symptoms include watery diarrhoea, abdominal cramps, nausea, vomiting, low-grade fever, weight loss, and dehydration. Most healthy individuals recover within 1–2 weeks, but immunocompromised people—such as those with HIV,

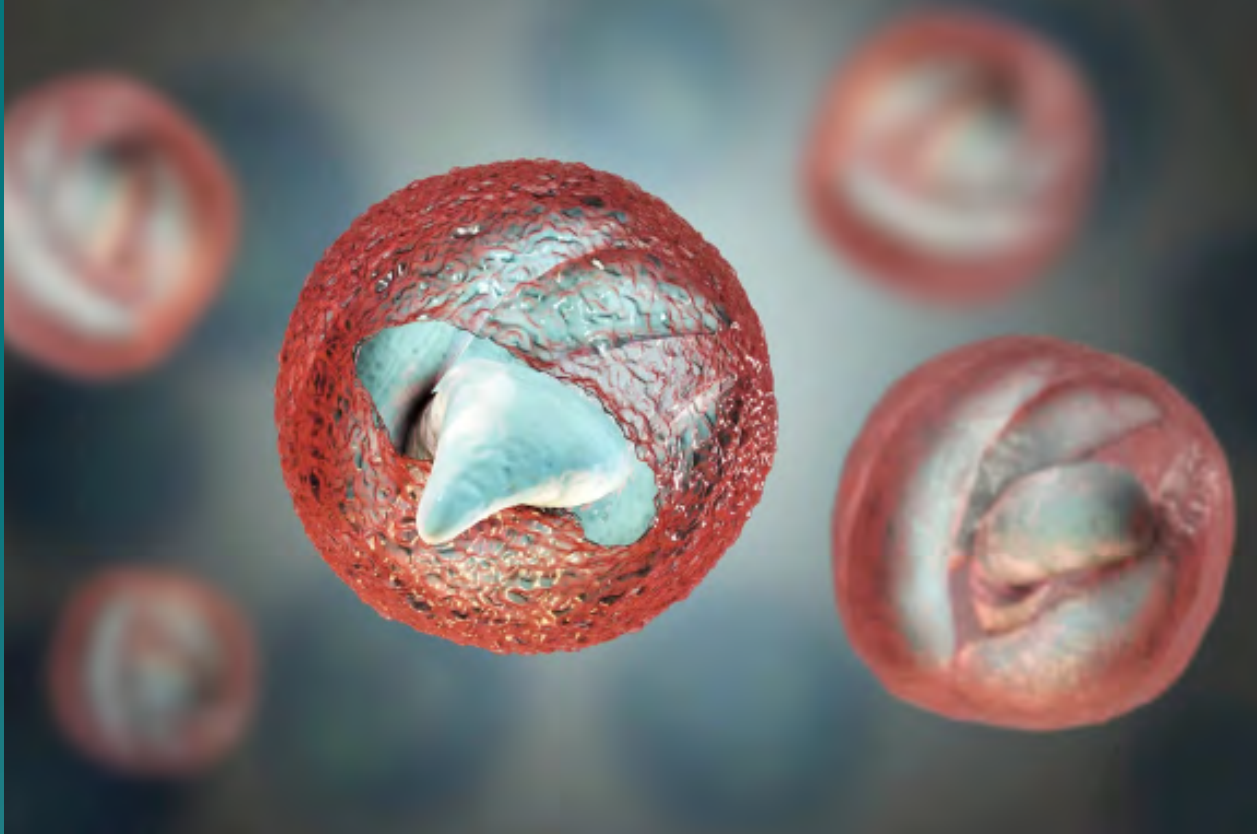
organ transplants, or undergoing chemotherapy—may experience severe, prolonged illness (Caccio et al., 2023). High-risk groups include young children, aged care residents, animal handlers, and travellers (Fletcher et al., 2021). Aboriginal and Torres Strait Islander communities in remote areas may face elevated risk due to inadequate water and sanitation infrastructure (AIHW, 2023; Fletcher et al., 2021).

Diagnosis and Treatment

Diagnosis involves stool analysis via microscopy, antigen detection (e.g. ELISA), or molecular tests such as real-time PCR, which offer high sensitivity and species identification (Poirier et al., 2020). There is no universally effective treatment. Nitazoxanide may help in immunocompetent patients but is less effective for immunocompromised individuals (Caccio et al., 2023). Management is supportive and includes fluid and electrolyte replacement, nutritional support, and immune restoration where applicable.

Prevention

Prevention focuses on hygiene and avoiding exposure. Key strategies include proper handwashing, excluding symptomatic individuals from swimming for two weeks, maintaining pool filtration and UV disinfection, avoiding untreated water, and following infection control protocols when handling animals.



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Infection Control Matters Podcast

Automated national HCAI surveillance – possible or pipedream?

In this episode, Brett, Phil and Martin discuss a recent paper from the UK Health Security Agency (UKHSA) that examined the timeliness of data points that could be used for a centrally implemented, automated HCAI surveillance system in England, as a potential alternative to the 24 current locally-implemented system. The aim was to examine the potential for a national, automated surveillance system that could reduce the burden of the existing labour-intensive process for mandatory surveillance in England although the results were felt to be generalisable.

Link to the paper we discuss:
Quan TP, Eyre DW, Shadwell S, West D, Hopkins S, Chudasama D, et al. Timeliness of a potential automated system for national surveillance of healthcare-associated infections in England. J Hosp Infect 2025.

[https://www.journalofhospitalinfection.com/article/S0195-6701\(25\)00098-2/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(25)00098-2/fulltext)



A re-introduction to Infection Control Matters 1500 days on

In this episode, we discuss the purpose of infection control matters and why we started the podcast.

Recorded 1500 days after we started the podcast, Brett, Phil and Martin reflect on the podcast to date.

For new listeners, is also a chance to learn more about our approach to the podcast and how to make the most of our website.

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Latest articles from Infection, Disease & Health

Government funding for healthcare infection prevention research: A scoping review of the past decade

Jessica A. Schults, Alison Smith, Sally M. Havers, Brett G. Mitchell, Jason C. Kwong, Philip L. Russo, Andrew J. Stewardson, Claire M. Rickard

The impact of different training methods on the hand hygiene beliefs and practices of future home caregivers: A randomized controlled trial

Banu Cihan Erdoğan, Nevin Doğan, Yağmur Betül Kalle

Nurses' experiences of providing oral care to hospitalised patients: A qualitative study

Helen Rawson, Sonja Dawson, Auxillia Madhuvu, Jules McDonagh, Katrina Browne, Peta Ellen Tehan, Philip L. Russo, Georgia Matterson, Allen C. Cheng, Martin A. Kiernan, Jenny Sim, Andrew J. Stewardson, Rhonda Wilson, Brett G. Mitchell



Zero-shot large language model application for surgical site infection auditing

Shrirajh Satheakeerthy, Brandon Stretton, James Tsimiklis, Andrew EC. Booth, Sarah Howson, Shaun Evans, Christina Guo, Joshua Kavoor, Aashroy Gupto, Christina Goo, Weng Onn Chan, Tim French, Amelia Demopoulos, Alyssa Proddhan, Samuel Gluck, Toby Gilbert, Matthew Blake Roberts, Camille Kotton, Stephen Bacchi

Selected Publications of Interest

Surgical Hand Antisepsis: Environmental and Cost Impact in Hand Surgery

Epstein-Barr virus infection increases the risk of depression: A cross-sectional study and Mendelian randomization analysis

Greening Infection Prevention and Control: Multifaceted Approaches to a Sustainable Future

Infection prevention and control in long-term care facilities in Florida: A needs assessment survey

The experiences and roles of infection prevention and control professionals working in residential care facilities during global outbreaks: An integrative review

A framework for defining and documenting infection preventionist competency

Theoretical models applied to understand infection prevention and control practices of healthcare workers during the COVID-19 pandemic: A systematic review

Multimodal strategies for the implementation of infection prevention and control interventions-update of a systematic review for the WHO guidelines on core components of infection prevention and control programmes at the facility level



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