



ACIPC

Australasian College
for Infection Prevention and Control

IPC News

JULY 25



President's report

Stéphane Bouchoucha

**Welcome to the July 2025
edition of IPC News.**



As we move through winter, infection prevention and control is once again under the spotlight with the concerning rise in COVID-19 outbreaks in residential aged care facilities. In June alone, 138 resident deaths were reported, and July data show over 240 active outbreaks across the country. These are sobering numbers and a stark reminder that we cannot afford complacency when it comes to protecting more vulnerable members of our community.

Vaccination continues to be a critical line of defence, but it is clear that a more comprehensive, layered approach is needed. Poor ventilation, shared communal spaces, and the relaxation of key infection prevention strategies all contribute to heightened risk in aged care settings. ACIPC is calling for a coordinated national response, including better access to PPE and testing, improvements to indoor air quality, and strong community messaging around prevention. We know from experience that proactive, well-supported IPC measures save lives—and we'll continue advocating for their urgent implementation.

On the topic of advocacy, I want to thank those of you who have already taken action to support IPC representation in the new Australian Centre for Disease Control. If you haven't yet, please visit our [online campaign page](#) and send a letter to your local MP—it's quick and simple, and every voice adds weight to our call. Please also consider sharing this opportunity with colleagues. Together, we can ensure IPC is recognised as essential to Australia's public health future.

I'm also pleased to share that ACIPC is now inviting expressions of interest to join short-term working groups under the Advancing IPC Practice and Standards Committee. These groups will support the review and development of new resources and guidelines, and they're a fantastic opportunity to contribute your expertise, collaborate with peers, and get involved in the College's work. Working groups will meet monthly via Teams, and we encourage members from all settings and backgrounds to get involved. You can read more about how to join on [page 6](#).

Finally, an update on the independent review of our credentialling program. As you may know, we engaged Nous Group in May to assess the framework and its alignment with member needs and sector developments. I'm pleased to report that Nous has now provided a set of findings and recommendations, which the Board is reviewing. We'll be hosting a virtual town hall soon to share the outcomes and proposed next steps, along with a Q&A session for members. Keep an eye on your inbox—we look forward to hearing your thoughts and continuing to shape a strong and future-ready credentialling program.

Until next month, thank you for your continued leadership, advocacy, and commitment to infection prevention and control. The pressures are real—especially in aged care and during respiratory illness season—but your efforts are making a meaningful difference.

Warm regards,

Stéphane Bouchoucha



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IPC in the Australian CDC

Your voice can shape the future of IPC in Australia

ACIPC EMAIL CAMPAIGN

The Australian Government is progressing plans for a new **Australian Centre for Disease Control (CDC)**.

This presents a unique opportunity to strengthen our nation's ability to prevent and respond to infectious diseases.

The Australian College of Infection Prevention and Control (ACIPC) is calling for formal representation of infection prevention and control (IPC) within the CDC.

We request your support in advocating for the integration of IPC expertise in the Australian CDC to:

- Prepare for and respond to future pandemics with expert IPC guidance
- Develop a coordinated, national IPC infrastructure across jurisdictions
- Standardise IPC practices across healthcare and community settings
- Strengthen IPC collaboration and capacity in our region, particularly in the Pacific
- Establish a national surveillance program for healthcare-associated infections
- Support long-term investment in IPC research, education, and surveillance.

We need your voice to make this happen.

We have prepared an online campaign to email your local MP, urging them to support our advocacy. It's quick and easy, just enter your address, and our tool will find your local MP, populate the letter, and send it with one click.

Numbers matter – decision-makers pay attention when constituents speak up. By sending this, you are helping to protect the health of our communities and strengthen Australia's capacity to respond to infectious disease threats.

Thank you for taking the time to support this vital advocacy effort. Please share this message with your colleagues – the more voices we have, the stronger our impact.

Together, we can ensure IPC is recognised as essential to Australia's public health future.

Credentialling

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

Expert re-credentialling: Belinda Andrews, Sandra Roodt and Irene Barron

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

FOR MORE
INFORMATION
CLICK HERE

Credentialling review update

Dear Members,

Thank you again for your engagement and input into the important review of ACIPC's credentialling program.

ACIPC engaged Nous to undertake an independent review, and as part of this, they had the pleasure of engaging with many of you about the strengths of the program and opportunities for improvement. Thank you for your input and insights as part of this process. Nous has provided a set of findings and recommendations for the Board to consider.

We will hold a virtual town hall in October, where we will present the high-level findings and immediate actions to all our members. There will also be an opportunity for a Q&A.

We are excited to continue working with you to ensure ACIPC's credentialling program is sustainable and aligned with our strategic direction, mission, vision and values.

Please reach out to the office for any further questions.

Stephane Bouchoucha
ACIPC President

Advancing IPC Practice & Standards Committee



We are looking for motivated ACIPC members who would like to support the work of the Advancing Infection Prevention and Control (IPC) Practice and Standards Committee. The committee provides leadership in the development, review and promotion of evidence-based IPC standards, guidelines and resources to support ACIPC members.

We are seeking input from members who have an interest, experience, or expertise in any of the following fields:

- Acute hospital settings
- Aged care settings
- Community settings
- Construction and renovation, including refurbishment, air quality and mould
- Endoscopy services
- First Nations communities
- Home care
- New Zealand
- Pacific Islands
- Personal Protective Equipment
- Remote, rural and regional areas
- Renal services
- Reprocessing reusable medical devices
- Veterinary practice
- Other

Working groups will be established for short-term periods to support the review and development of resources, guidelines and tools in a subject area. For example, a working group may review a document from an external organisation or assist in developing a guideline to be published by ACIPC. Once established, the working group will meet via Teams, usually monthly. Participation is as a volunteer.

Participating in a working group is a great way to contribute to the College and can lead to representation on ACIPC committees. Membership offers you an opportunity to network with colleagues, support and create resources for your peers, and learn more about ACIPC. The working groups aim to be representative of our diverse membership that reflects the various settings in which our members work.

Members should have received an email containing a form to register their interest. If you did not receive this email, please contact the office.

Janine Carrucan

Chair Advancing IPC Practice and Standards Committee

office@acipc.org.au | 03 6281 9239

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](#)

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.

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

Research Grants Funding Success with ACIPC

Congratulations to Dr Jessica Schultz and Dr Claire Rickard on their success in receiving funding for two major projects, where ACIPC is a list partner.

Comparative effectiveness of Class II/III medical devices to prevent bloodstream infections in central venous catheters: The IVCare adaptive platform trial.

MRFF Clinical Trial Activity (2025–2029).

CIA: Professor Claire Rickard.

ACIPC role: Named collaborative partner

REBUILD – Reducing the Burden of Healthcare Associated Infection Using a Learning Health Systems Approach.

NHMRC 2024 Collaborations in Health Services Research (2025–2027).

CIA: Dr Jessica Schultz.

ACIPC role: Named collaborative partner

ACIPC encourages original and innovative research in infection prevention and control, and welcomes members to request support for their research proposal where research is aligned with the purposes and aims of the College.

Requests for Letters of Support should be made via either email or letter to the ACIPC office. For more information on Letter of Support for research proposals, what they should contain, and how they are reviewed, please click the link [here](#).

BREAKING THROUGH THE MIST:

LUMICARE

Review UNSW's latest findings on probe reprocessing, its impact on clinical practice and MythBusters Session



**Presented by
Professor Mark Willcox:**

Professor of Microbiology,
Research Director, Faculty
of Medicine and Health,
University of New South Wales,
Kensington, Australia

OVERVIEW

This webinar will explore evidence-based insights that support clinical change, reducing cross-infection risks and enhancing patient care.

LEARNING OBJECTIVES

- Review UNSW's latest findings on probe reprocessing and its impact on clinical practice.
- MythBusters: Identify key criteria for evaluating research quality vs. unreliable studies.



Watch Webinar Now

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**



It's time for **action** Australia

World
Hepatitis
Day 28 July

WORLD HEPATITIS DAY 2025

World Hepatitis Day, held on 28 July, is an international annual day observed by the United Nations and one of the World Health Organization's (WHO) nine officially mandated global public health days.

World Hepatitis Day is an opportunity to step up national and international efforts on hepatitis, encourage actions and engagement by individuals, partners and the public and highlight the need for a greater global response as outlined in the WHO's Global hepatitis report of 2017. Internationally, branding and activities are delivered and coordinated by both the World Health Organization and the World Hepatitis Alliance, with over 160 countries delivering activities worldwide.

Australia's next National Hepatitis B Strategy and National Hepatitis C Strategy outline Australia's commitment to eliminating hepatitis B and hepatitis C as public health threats by 2030.

At current rates of progress, **Australia will not achieve any of its viral hepatitis elimination targets.**

With 2030 fast approaching, the time for action is now.

To see the latest statistics about hepatitis B and hepatitis C in Australia and why Australia can't wait to eliminate hepatitis, [**download the World Hepatitis Day Factsheet**](#)

#TakeActionAustralia for #WorldHepatitisDay | www.worldhepatitisday.org.au

BBV GRADUATE PROFILE

Melissa Lawson

Tell us a bit about yourself and how you came to do the Blood Borne Virus Testing Course

I've been a nurse for over 20 years. My interest started young—after spending time in hospital as a teen, I was inspired by the care nurses provided. I began in immunisation, which led to staff health, and from there into occupational exposures and blood-borne virus testing.

I've been in staff health for around five to six years. With emerging global viruses and shifting policies, I saw a need to update my knowledge. Even though I'd been working in the field, I wanted to look beyond our usual practices—see how others do things and learn what's new. This course was a great way to check my knowledge and ensure I'm applying the latest evidence-based approaches. I'm really glad I did it.

What was your experience like doing the course?

I really appreciated that the course was self-directed. It suited my schedule perfectly—some days I could dedicate a few hours, and other times I couldn't touch it for days. The flexibility was ideal, especially for people like me who are already working and managing other responsibilities.

The expectations were clearly laid out from the start, and the one required tutorial was easy to plan for with plenty of notice. It was also reassuring to know that if you missed it, you could join the next one—it just delayed the certificate.



The course content was engaging, especially the videos. They helped bring the material to life by showing how real interactions might play out. Even though I've had those conversations before, it was valuable to see different approaches and reflect on my own practice. Overall, the structure was really well thought out and suited to people already working in the field who want to build on their knowledge.

Would you recommend it to others and why?

Absolutely—I've already recommended it to my team and discussed it with other leads in our network. We all agreed it was a valuable experience, and several colleagues who had done it before shared similarly positive feedback. It's a great way to refresh your knowledge and stay up to date. One of the best parts was hearing different perspectives. Everyone came from slightly different backgrounds, which meant a wide range of questions and insights. It created a really safe, engaging learning space—where no one felt they had to know everything, but everyone was there to learn.

BBV GRADUATE PROFILE - Melissa Lawson

Any special messages you'd like to share for World Hepatitis Day 2025?

The WHO's "End Hepatitis Now" message is a powerful one—and it's becoming more achievable. I remember when I started in staff health, hepatitis C was a major concern. Now, we can cure it—quickly and effectively—which is incredible. But that message isn't widely known. I still talk with staff who are anxious because there's no prophylaxis, and they're surprised to learn that a full cure exists. That reassurance—knowing there's a treatment if the worst happens—is so valuable.

We haven't had a recorded occupational transmission of a blood-borne virus in over 20 years in Australia, which is incredibly reassuring. But what really stood out during the course was learning about hepatitis from a sexual health perspective. It helped me understand how different groups engage with care and how conversations vary based on individual needs. Some people come in confident and informed, others need more reassurance—and being able to read that is vital.

Are you concerned about declining vaccination rates globally?

Yes, absolutely. As someone deeply involved in immunisation, it's very concerning. With hepatitis B, once you're immune, you're protected for life—but gaps in understanding and uptake are still common. The vaccination course is complex: three doses, proper timing, serology, and so on. Many people don't understand what a "non-responder" really means, and there's often confusion or attempts to bypass steps. My goal is to ensure people understand why we do what we do—it's not just policy, it's about long-term protection.

We're also dealing with broader challenges—language barriers, different levels of health literacy, and varying cultural attitudes. Some staff trust medical advice without question, which is lovely, but we need informed consent, not just compliance. That means slowing down, using interpreters, and making sure people understand what's being recommended. Because in 10 or 15 years, that understanding is what sticks—not the quick yes.

Final thoughts?

It's about building trust and supporting people throughout the journey. If someone has an adverse reaction, we want them to feel safe coming back to ask questions. Most of the time, it's nothing serious—but when it is, we're there to help. It's not just an appointment—it's a relationship. And that matters.

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,
please email learning@acipc.org.au
or go to our website for more
information acipc.org.au



**MORE
INFORMATION**

DR JOAN FAOAGALI AWARD WINNER 2025

*Meet Michael Ereck, winner of
the 2025 Dr Joan Faoagali Award*



The Dr Joan Faoagali Award was set up by the College to honour Joan in celebration of her life and her considerable contribution to the IPC profession. The winner of the scholarship is awarded FIPC course fees. This year's winner is Michael Ereck. We caught up with Michael to congratulate him on his award and discuss his life and work.

Can you tell us a bit about your current role?

I am a Registered Nurse & the General Manager at ibiscare, an aged care provider with home's in the St George & Sutherland Shire area. My role is multifaceted—overseeing clinical governance, infection prevention and control (IPC), quality improvement, and leading a committed team to deliver person-centred, safe, and high-quality care. I work closely with staff across all levels to ensure our practices meet compliance standards while fostering a strong culture of accountability, learning, and continuous improvement. Infection Prevention and Control is an essential part of my leadership focus, especially in proactively managing risk and sustainability in a high-acuity environment.

What attracted you to working in aged care?

I've always felt drawn to aged care because of the opportunity to support some of the most vulnerable members of our community. There's something powerful about being part of a person's life journey in their later years. The complexity of care, paired with the human connection, makes the work incredibly meaningful. It also motivates me to drive change that improves both resident outcomes and staff support systems.

What do you think are the particular challenges for IPC in this setting?

IPC in aged care presents unique challenges. Residents often live with multiple chronic conditions in a communal environment, which increases the risk of infection spread. Staff shortages, high turnover, and varying levels of clinical training can make consistent IPC practice more difficult to maintain. Another key challenge is ensuring we uphold residents' dignity and autonomy while still implementing robust infection prevention measures. It's a constant balancing act requiring both leadership and frontline engagement.

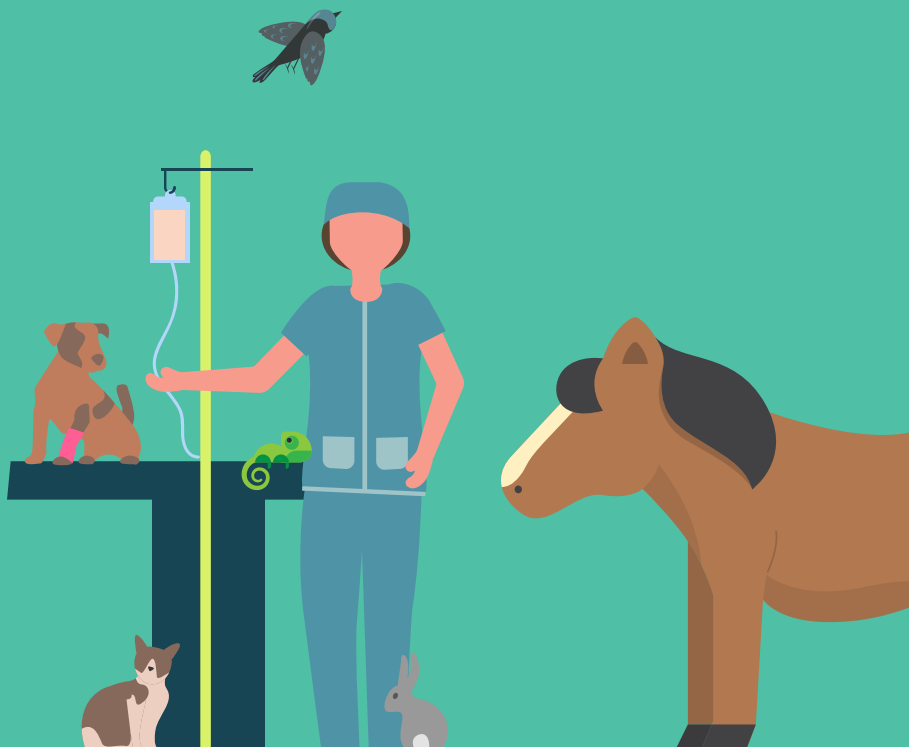
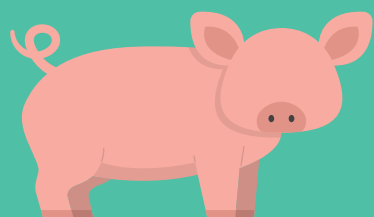
What was your experience like doing the Foundations course?

The Foundations course was both empowering and highly practical. It helped me deepen my understanding of infection prevention and control from a systems perspective while offering real-world examples relevant to the aged care setting. I appreciated the flexibility of the course and the supportive learning environment. It's had a direct impact on the way I lead IPC initiatives at IbisCare, giving me greater confidence and structure in both strategy and implementation.

What would you say to anyone thinking of doing the course?

Don't hesitate—do it. I absolutely recommend it. The Foundations course is a worthwhile investment in both your personal development and the safety of the people in your care. Whether you're new to IPC or looking to strengthen your knowledge, the course gives you the tools to create meaningful change. It also connects you to a broader network of professionals who are just as passionate about making a difference in this space.

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**

ACIPC Aged Care IPC Webinar

In the life of an IPC Lead

20 AUGUST 2025
2PM AEST



ACIPC
Australian College
for Infection Prevention and Control

with Carrie Spinks & guest speakers
Chloe Tilson & Kelly Barton



Topic: In the life of an IPC lead

Presenter: Carrie Spinks

Guest speaker: Chloe Tilson, IPC Lead and Kelly Barton,
Executive Director of Clinical Services, Alpine Health, VIC

**CLICK
HERE TO
REGISTER**

As the IPC Lead role was a newly created position during a time of many unknowns it has been an exciting journey becoming an IPC Lead. Becoming an IPC Lead has led to many opportunities to extend my knowledge base in the field of Infection Prevention & Control. Having a structured Infection Prevention and Control Program is very beneficial and has allowed for the IPC Lead journey to run efficiently. It gives me the ability to educate staff. Changing staff culture and educate staff on areas from audit results where there has been an increase or decline in results. Able to attend organisational and external networking meetings.

Our guest speakers will be Chloe Tilson and Kelly Barton. Chloe works in a small rural country town in North East Victoria. Alpine Health has three multi-purpose sites, within the area. All sites offer acute care services, urgent care and residential care services. Chloe is one of two IPC Leads and covers as the IPC Lead for two of the sites. She have been an Enrolled Nurse for 17 years and an IPC Lead 5 years. She has always had an interest in Infection Prevention and Control during her nursing career and becoming an IPC Lead has allowed her to continue to explore her interest within this field.

Kelly Barton is an Infection Control Consultant with 14 years' experience in the role at Alpine Health in Northeast Victoria. Kelly completed her Masters in Infection Control at Griffith University in 2022 an has a Graduate Certificate in Advanced Acute Care. She is passionate about One Health, Aged Care and AMS. In 2023 she went to Cambodia with the charity Supporting Silk Sisters to help a rural referral hospital with their first ever accreditation preparations.

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

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

Hepatitis

Carrie Spinks



Hepatitis refers to inflammation of the liver, most commonly caused by hepatotropic viruses, but it can also result from toxins, drugs, alcohol, autoimmune responses, and metabolic disorders. Viral hepatitis comprises five primary types—Hepatitis A, B, C, D, and E—each caused by a different virus with distinct characteristics and implications for human health ¹.

Characteristics and Habitat

Hepatitis viruses are diverse in structure and replication. Hepatitis A (HAV) and hepatitis E (HEV) are non-enveloped RNA viruses found in the gastrointestinal tract and transmitted via the faecal-oral route. Hepatitis B (HBV) is a partially double-stranded DNA virus, while Hepatitis C (HCV) and Hepatitis D (HDV) are RNA viruses transmitted through blood and bodily fluids. HBV and HCV primarily inhabit hepatocytes and have a higher propensity for chronic infection ^{1,3}.

Role in Human Health

Hepatitis significantly impacts liver function and overall health. Acute infections may cause jaundice, fatigue, abdominal pain, and elevated liver enzymes. Chronic infections, particularly from HBV and HCV, may lead to fibrosis, cirrhosis, liver failure, and hepatocellular carcinoma ^{1,4}. In 2024, the World Health Organization (WHO) estimated that hepatitis B and C alone are responsible for over 1.1 million deaths annually ¹.

Epidemiological Data – Australia, New Zealand, Pacific

Australia: In 2023 an estimated 219,800 people were living with chronic hepatitis B (CHB), representing 0.82% of the population ¹³ and estimated 74 400 people remained living with chronic hepatitis C at the end of 2022 ¹⁴. Despite treatment availability, over 95% remain undiagnosed or untreated ⁷. Current treatment numbers are estimated at 100 684 people living with chronic hepatitis C initiated DAA therapy (first treatment) ¹⁴.

New Zealand: 100,000 people have had HBV infection, with higher prevalence among Māori, Pasifika, and Asian groups; 25,000 are estimated to have HCV ⁸.

Pacific Islands: Some countries, such as Papua New Guinea and Kiribati, report HBV prevalence above 8%, placing them in the high endemicity category ⁹.

Transmission

HAV and HEV are excreted in faeces and are transmitted via ingestion of faecally contaminated food or water, often in regions with poor sanitation. HBV, HCV, and HDV are spread through blood-to-blood exposure, that means the blood of someone with HBV, HCV or HDV must enter someone's blood stream. The most common way that HBV is spread around the world is mother-to-child transmission and sexual contact. HCV is commonly spread through sharing of injecting equipment. HDV occurs only in individuals with HBV infection due to its dependence on HBV for replication ^{1,4}.

Diagnosis

Diagnosis is based on serological and molecular tests. Antigen and antibody assays (e.g., HBsAg, anti-HCV) are used for screening, while PCR detects viral RNA or DNA to confirm active infection and determine viral load. Liver function tests and imaging assess the extent of liver damage ^{3,4}.

Treatment

Treatment varies by virus type. HAV and HEV are self-limiting and do not require antiviral therapy ¹. HBV is managed

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Infection Control Matters Podcast

The Plume Room – adventures in toilet hygiene

In this episode recorded in an Irish Bar in Nelson (NZ), Brett and Martin dive headfirst into the swirling world of toilet aerosols, airborne pathogens, and potential mitigations.

We begin with a older study by Scott, Bloomfield, and Barlow examining the effectiveness of disinfection in real-world settings and how this depends heavily on practical application and behavioural compliance. Then we move to a recent contribution by Higham and colleagues, who shift the focus from surface disinfection to airborne exposure. Their paper presents a quantitative microbial risk assessment framework that models aerosolised viral particles generated by toilet flushing that demonstrates the importance of ventilation. Finally we discuss the work of Boone and colleagues, who evaluate a practical intervention—an air sanitizer spray—and its impact on reducing airborne virus concentrations following flushing events.

Papers that we discuss:

Scott E, Bloomfield SF, Barlow CG. Evaluation of disinfectants in the domestic environment under 'in use' conditions. J Hyg (Lond) 1984;92(2):193-203. <https://doi.org/10.1017/s0022172400064214>

Higham CA, López-García M, Noakes CJ, Tidswell E, Fletcher L. A Quantitative Microbial Risk Assessment (QMRA) framework for exposure from toilet flushing using experimental aerosol concentration measurements. Indoor Environments 2025;2(1). <https://doi.org/10.1016/j.indenv.2024.100069>

Boone SA, Betts-Childress ND, Ijaz MK, McKinney J, Gerba CP. The impact of an air sanitizer spray on the risk of virus transmission by aerosols generated by toilet flushing. Am J Infect Control 2025. <https://doi.org/10.1016/j.ajic.2025.04.008>



Posters from the Hong Kong Infection Control Nurses Association conference

In this episode, Brett reviews a few posters from the Hong Kong Infection Control Nurses Association conference. Topics include fit testing, bloodstream infection surveillance and environmental cleaning.

The poster discussed in the podcast can be viewed and downloaded [here](#).

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Selected Publications of Interest

Infection prevention behaviour among hospital nursing staff: Navigating in a complex and shifting work environment

A seesaw of equilibrium, midwives' experiences of infection prevention and control guideline adherence: A qualitative descriptive study

Perceived safety, usability, and acceptability of microarray patches for vaccination among key populations: A mixed methods study

Benefits and challenges of High-Density Microarray Patches for vaccination among older adults: a qualitative study

Interventions to improve patient safety during the COVID-19 pandemic: a systematic review

What's the Point of Quality and Safety Auditing in Healthcare if Nurses Don't Use Data to Drive Improvement?

Policy makers must adopt agile signal detection tools to strengthen epidemiological surveillance and improve pandemic preparedness



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