

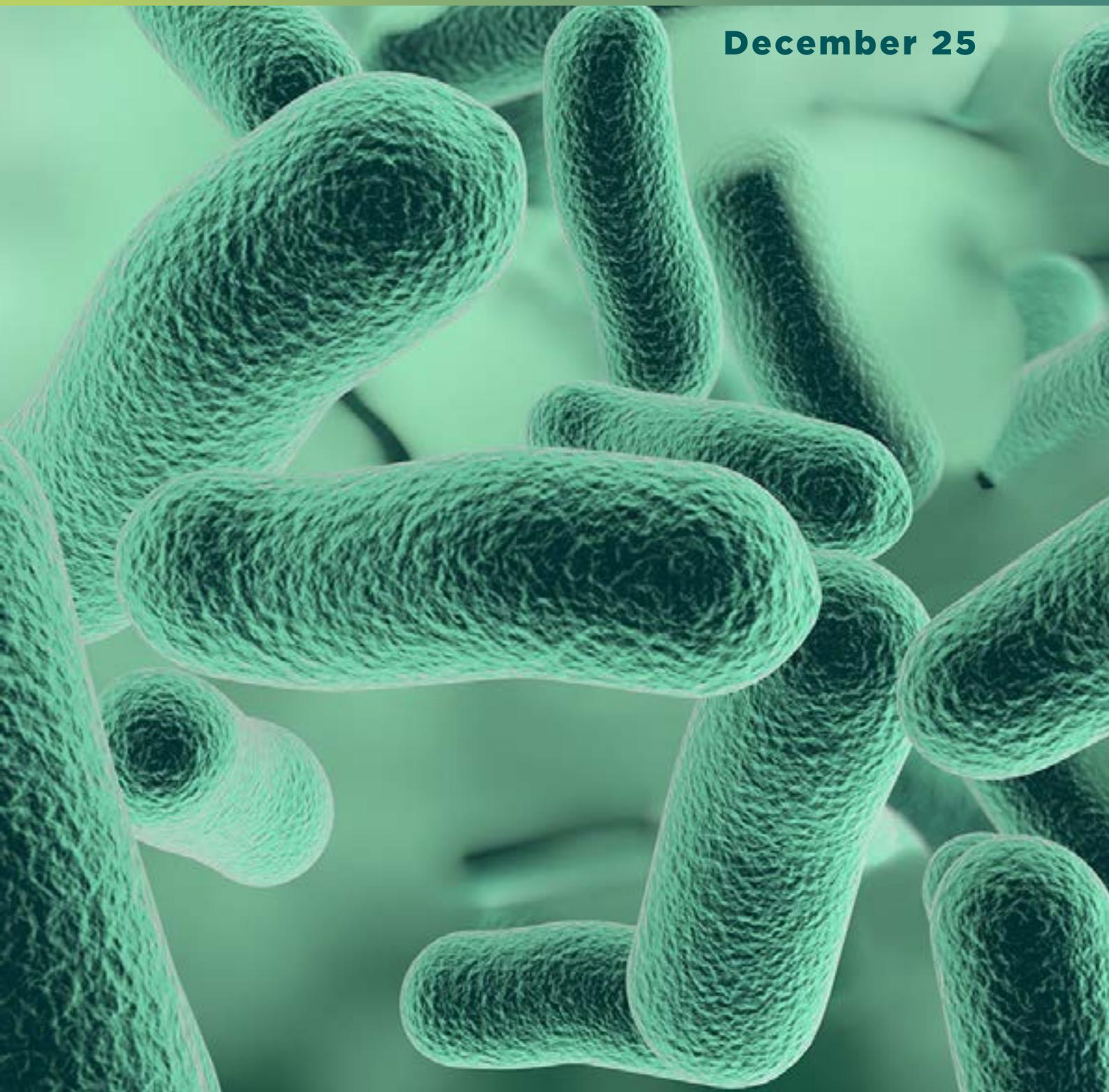


ACIPC

Australasian College  
for Infection Prevention and Control

# IPC News

**December 25**



# President's report

## Dr Sally Havers

Hi everyone and welcome to the December 2025 edition of IPC News.



I'm writing this from my caravan, enjoying some family time as the year winds down. There's nothing like being squashed into a tiny space to really strengthen family bonds—and sharpen those card-playing skills! It's also the perfect chance to pause, reflect on what we've achieved in 2025, and look ahead to what 2026 will bring.

This year has again reminded us just how dynamic—and sometimes fragile—our specialty can be. (It would be nice to have a boring year just once – wouldn't it? – but here we are.) The re-emergence of vaccine-preventable diseases like measles, along with the growing challenge of misinformation, reinforced why our work matters and has added additional workload for many of us. Whilst this is never easy to take on, please know your efforts make a real difference in protecting our consumers and communities. These issues highlight the need for strong leadership and independent organisations like ACIPC calling out inaccurate messaging and keeping evidence-based information at the heart of decision-making.

Throughout 2025, we've also maintained a focus on Education, Professional Development and Research. From formal courses and our annual scientific conference to webinars, resources, and member forums like Infexion Connexion and Aged Care Connexion, our goal has been to support you in delivering safe, informed, and effective IPC practice. Your dedication at the coalface inspires us every day, and we hope these initiatives have helped you feel connected and equipped for the challenges you face.

Advocacy has also been front and centre. The Board has worked hard to progress priorities such as our campaign for IPC to be formally recognised as a specialty within the new Australian Centre for Disease Control—future-proofing our workforce so prevention remains a cornerstone of national health protection. If you haven't yet added your voice, details are on page 4. We've also responded to significant changes globally and locally with timely media statements, ensuring your voice is heard in important conversations.

A highlight of the year was launching the ACIPC Oz Mega Survey at Conference—the first comprehensive survey of the Australasian IPC workforce. This reflects our commitment

to Supporting Members by building a clearer picture of our profession, informing policy, and strengthening advocacy. If you haven't completed it yet, please do—the link is on page 25. It's the first of its kind and will give us vital insights into our workforce and future needs. While it takes a little time, the information gathered will help shape the future of IPC in our region.

Looking ahead to 2026, our commitment to Sustainability and growth remains strong. We'll keep expanding course offerings, delivering topical webinars, and developing new resources. I'm also excited to share that ACIPC will again partner with GAMA Healthcare for the GAMA & ACIPC IPC Tour—a fantastic opportunity for shared learning and connection. Details are on page 17, and we hope early notice helps you plan to attend your local meeting. We're also exploring new ways to make resources more accessible and relevant to your everyday practice.

Before we wrap up the year, I want to take a moment to thank everyone who has contributed to ACIPC in 2025—our committee members, webinar speakers, our amazing IPC staff, the wonderful office team, the Board, and of course, all our members. Your time, expertise, and commitment are what make this College strong, and we are so grateful for everything you do.

As we head into the holiday season, I know many of you will still be juggling work with family and community commitments. Wherever you are, I hope you find moments to unwind and recharge. Please take time to appreciate the immeasurable difference you make to our communities and our profession. Your resilience and dedication are deeply valued, and together we've achieved so much this year.

Take care, and I look forward to catching up with many of you in 2026!

Warm regards,

*Sally Havers*

President, ACIPC

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# IPC in the Australian CDC

**Join 350+ IPC voices - add yours today!**

**Your voice can shape the future of IPC in Australia**

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.***

**CLICK  
HERE TO  
ADD YOUR  
VOICE**



## Credentialling

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

**Expert Re-credentialling:** Nicole Vause & Mary Willimann

**Primary Credentialling:** Lamya Kankaveli Lakshmanan

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

FOR MORE  
INFORMATION  
**CLICK HERE**

# Advancing IPC Practice & Standards Committee



We've had a great response to our call for members to support the Advancing IPC Practice and Standards Committee, but there's still room for more! Why not join your fellow ACIPC members and add your expertise to the group?

The Advancing IPC Practice and Standards 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](mailto:office@acipc.org.au) | 03 6281 9239

## ACIPC INTERNATIONAL CONFERENCE 2025

# CONGRATULATIONS TO AWARD AND GRANT WINNERS



**ACIPC Novice ICP of the Year Award**  
**Kirstie Nicholls**



**Seed Research Grant**  
**Margaret Leong**



**ACIPC Lifetime Achievement Award**  
**Kaye Bellis**



**ACIPC Facilitator Award**  
**Belinda Andrews**



**ACIPC Impact Award**  
**Rural Infection Control Practice Group (RICPRAC)**



**Sustainability in IPC Research Grant**  
**Anie Edward**

## CONGRATULATIONS TO AWARD AND GRANT WINNERS



### Sustainability in IPC Research Grant

**Yvette Samisoni** - Pictured with ACIPC Director Margaret Leong & Director of Nursing & General Manager at Aspen Medical, Fiji



### Best Poster – Judges' Choice

**Timaima D. Ratusela**

### Best Poster – Delegates' Choice

**Dr Sarah Brown**



### ACIPC Mentor of the Year Award

**Nicole Vause**



### Best Large Stand Award

**GAMA Healthcare**

### Elaine Graham Robertson Award

**Professor Sarah Lewis**

### Early Career Research Grant

**Dr Josephine Lovegrove**

### Best Small Stand Award

**Haines Medical**

Next year's ACIPC International Conference will be held on the Gold Coast, Queensland from 8-11 November 2026.

**We hope to see you all there!**

## ACIPC INTERNATIONAL CONFERENCE 2025

### ACIPC LECTURE

**WATCH  
THE  
ADDRESS  
HERE**



**The ACIPC address at the conference is delivered by an individual who has made an outstanding contribution to the field of infection prevention and control. This year's lecture was presented by Dr Peta-Anne Zimmerman.**

Peta-Anne is an internationally respected clinician, educator and researcher in infection prevention and control. Dr Zimmerman's experience includes consultancy work with the World Health Organization (WHO), the Australian Department of Foreign Affairs and Trade (DFAT), AusAID, the Asian Development Bank (ADB), the Pacific Community (SPC).

Her expertise has led her to work extensively in China, South East Asia, and the South Pacific, directly on outbreak response, and the development of comprehensive infection prevention and control programmes, infrastructure development and renovation, and integration of public health and acute care response in infectious disease emergencies in low and middle-income country settings.

Peta-Anne is a Board Director of the Australasian College for Infection Prevention and Control (ACIPC), ACIPC representative and senior faculty for the Global Outbreak Alert and Response Network (GOARN), and member of the ACIPC Credentialling and Professional Practices (CAPS) Committee.

Peta-Anne directs the Graduate Infection Prevention and Control Program at Griffith University and is a Visiting Research Fellow with the Gold Coast Hospital and Health Service, Australia. Her research focus is infection prevention and control, public health, and outbreak response, including novel approaches to the teaching and learning of this discipline, and health education in general.

## ACIPC INTERNATIONAL CONFERENCE 2025

### PHOTO GALLERY



## ACIPC INTERNATIONAL CONFERENCE 2025

### PHOTO GALLERY



## ACIPC INTERNATIONAL CONFERENCE 2025

# THANKS TO ALL OUR EXHIBITORS





## FIPC & SHORT COURSE CHANGES

***The Foundations of IPC (FIPC) course and the Aged Care IPC Short course have been redesigned to align directly with the requirements of the new Aged Care Act and the Strengthened Aged Care Quality Standards.***

Modules now reflect the Act's legal obligations around resident safety, dignity, rights and quality of care, and incorporate the Standards' expanded expectations in areas such as environmental hygiene, antimicrobial stewardship, outbreak management, equipment management, vaccination management and organisational IPC systems.

The courses were changed to ensure they reflect contemporary national and aged care IPC guidelines, supports the sector's move towards strengthened accountability, and prepares aged care providers to meet heightened regulatory requirements. The updated content in the FIPC supports the role of the aged care IPC lead by strengthening knowledge and skills needed to assist with the development, implementation and monitoring of effective IPC systems.

Overall, these updates ensure the course is current, compliant and fully aligned with the intent of the new Act and Standards, supporting safer and more consistent IPC practice across 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](mailto:learning@acipc.org.au)  
or go to our website for more  
information [acipc.org.au](http://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  
30 JAN 2026

LIMITED SPACES LEFT

If you have any questions,  
please email [learning@acipc.org.au](mailto:learning@acipc.org.au)  
or go to our website for more  
information [acipc.org.au](http://acipc.org.au)



**MORE  
INFORMATION**

## ACIPC responds to ACIP decision on hepatitis B vaccine schedule

**The Australasian College for Infection Prevention and Control (ACIPC) is concerned about the recent changes implemented by the U.S Advisory Committee on Immunization Practices (ACIP) to restructure their hepatitis B vaccination schedule for babies and to therefore cease the hepatitis B vaccination routinely given at birth for all newborns**

Vaccination policy must be guided by rigorous evidence, professional expertise, and an unwavering commitment to safeguarding neonates, parents and communities. This decision by ACIP represents a deliberate weakening of evidence-based public health practice and has the potential to increase hepatitis B infections in children without the newborn dose being administered.

The evidence supporting birth dose of hepatitis B vaccination is overwhelming and is endorsed by medical experts worldwide. The apparent politicisation of immunisation schedules in the US risks reversing decades of progress in disease prevention and control based on rigorous scientific evidence.

There is clear evidence showing that more than 90% of infants who contract hepatitis B at or around birth will go on to develop chronic hepatitis B. Of those, roughly one in four face a premature death from liver disease or liver cancer.

Strong, independent and scientifically informed public health systems are essential to protect communities, maintain healthcare resilience, and safeguard future generations.

ACIPC urges policymakers in Australia and internationally to prioritise evidence-based practice with regards to vaccination and to actively counter misinformation that potentially can endangers lives.

## ACIPC responds to the closure of VicHealth

**The Australasian College for Infection Prevention and Control (ACIPC) is deeply concerned by the decision to close the Victorian Public Health Agency (VicHealth).**

This move represents a significant setback for public health in Victoria and threatens the state's capacity to respond effectively to current and future health challenges.

For more than 30 years, VicHealth has played a significant role as a public health leader, through strengthening public health capacity, driving tobacco control reforms and coordinating emergency responses. It has been one of the most influential independent health promotion organisations worldwide. At a time when chronic disease, emerging infectious diseases and antimicrobial resistance are on the rise, dismantling this infrastructure is short-sighted and counterproductive.

Given the current global trend of undermining public health and placing preventative health measures under attack, moving VicHealth from an independent entity into an already under-resourced department will diminish its focus on prevention and have serious consequences for public health and the health and wellbeing of Victorians.

ACIPC supports the Public Health Association of Australia's Save VicHealth campaign, and urges policymakers to reconsider this decision and to prioritise investment in public health capability. Strong, independent and evidence-based public health systems are essential for protecting communities, maintaining healthcare resilience and safeguarding the health system.

# GAMAHEALTHCARE AND ACIPC IPC TOUR 2026



**Join us for another year of infection prevention insights, networking opportunities and expert speakers to support you IPC Knowledge.**

## **Hobart**

Thursday 9 April 2026

## **Melbourne**

Tuesday 21 April 2026

## **Perth**

Friday 24 April 2026

## **Sydney**

Wednesday 29 April 2026

## **Adelaide**

Tuesday 5 May 2026

## **Brisbane**

Friday 8 May 2026

**More information on locations and how to book coming soon!**

**SAVE  
THE DATE!**

## **UPDATE**

# **ACIPC POSITION STATEMENTS**

## **Position statement rescinded:**

Joint ACIPC & ACCCN Facilitating next of kin presence for patients dying from COVID-19 in the ICU

# Advocating for Safe, Practical ABHR Access in Victorian Healthcare

In recent months, concerns have been raised by ACIPC members across Victoria following the issue of several WorkSafe Improvement Notices to public health services relating to modifications of alcohol-based hand rub (ABHR) dispensing systems.

These notices, while grounded in WorkSafe Victoria's commitment to preventing misuse of ABHR products, have resulted in significant operational and financial burdens for health services. Members have reported diverting substantial resources to evaluate alternative dispensers, procure approved systems, undertake engineering modifications, and engage expert consultants—often with little evidence that these changes will resolve the underlying issues they are intended to address.

Recognising the scale and impact of these notices, ACIPC President Dr Sally Havers has written directly to WorkSafe Victoria with the following considerations that have implications within healthcare settings, and which should inform directives:

- Restricting access to ABHR poses a far greater risk to patient and staff safety. Increasing this risk is at odds with SafeWork Victoria's priorities.
- Reduced hand hygiene compliance is strongly associated with increased healthcare associated infections, leading to higher morbidity and mortality.
- There already exist a coordinated, evidence-based approach that balances safety with infection prevention priorities, ensuring standardisation and cost-effectiveness, while maintaining the critical role of ABHR in healthcare settings.
- Risk assessment for the storage and use of ABHR in healthcare facilities is also regulated under the Safe Work Australia Code of Practice managing risks of hazardous chemicals in the workplace.
- While isolated incidents of misuse have occurred, these are rare events. There is little evidence that restricting access to ABHR systems will eliminate these risks.

As Australia continues to prioritise strong infection prevention systems across all healthcare settings, regulatory actions must align with evidence, minimise unnecessary burden, and support health services in delivering safe, high-quality care. ACIPC looks forward to continued dialogue with WorkSafe Victoria to ensure that future approaches uphold both workplace safety and the foundational principles of infection prevention and control.

**Have you experienced similar issues in your workplace? If so, we'd love to hear from you.  
Please email [office@acipc.org.au](mailto:office@acipc.org.au).**

**ACIPC member Marcus Kusiak, Manager of Infection Prevention & Epidemiology at Monash Health, told us:**

*"Our organisation has invested substantial time and resources into meeting WorkSafe's expectations for "tamper-resistant" ABHR dispensers, including multiple pilots, product reviews and extensive stakeholder consultation. While we support the intent to prevent harm, the incidents prompting this response are rare, and repeated changes divert limited IPC resources from higher-value patient safety work. The current focus on dispenser hardware does not address the underlying clinical and behavioural risks, and creates supply-chain constraints by limiting suppliers. Mandated product changes also risk reducing staff acceptability and hand hygiene compliance, with significant financial and operational impacts. A coordinated, sector-wide approach would better support safety and effective IPC."*

# ACIPC AGED CARE SPACE WRAP-UP

## 2025

The 2025 ACIPC Aged Care IPC initiatives have delivered a dynamic and interactive platform for aged care professionals to strengthen infection prevention and control knowledge and practice.

Throughout the year, participants engaged with practical templates and tools, curated Australasian IPC resources, and the Aged Care IPC in Focus on-demand seminar library, providing flexible, 24/7 access to evidence-based learning. The Aged Care Connexion Forum enabled sector-wide collaboration, while the 2025 Webinar Series brought together subject matter experts to explore topics ranging from IPC in home care to leadership, blood-borne viruses, and reprocessing of reusable equipment.

Tailored education pathways and specialised working groups further supported skill development, guidance, and practical application across all roles in aged care.

## Aged Care Working Group

This month marks the commencement of an exciting new initiative: the Aged Care Working Group (ACWG), a collaborative forum bringing together IPC, aged care, and governance experts from across residential and home care. Established to drive sector uplift, the ACWG will identify priority needs and develop practical, evidence-informed resources to strengthen local policy and practice in infection prevention and control.

**Do you have a suggestion for a topic you'd like us to cover in 2026?**

**POST IT ON THE FORUM HERE**

## 2026

As we head into 2026, the ACIPC Aged Care IPC Space will continue to grow, with new 2026 webinars series topics based from feedback on the forum and the ACIPC 2025 International conference, updated templates and tools and online resources via the Aged Care Working Group, the upcoming Training Hub, and the IPC Governance and Leadership Series designed to equip leaders and frontline staff alike.

Freely accessible, regularly updated, and responsive to sector feedback, the space remains the essential hub to learn, connect, and lead in infection prevention and control across aged care.

Through structured dialogue and targeted analysis, the group will examine current IPC resource use, highlight gaps across clinical practice, workforce capability, infrastructure, and technology, and design sector-appropriate tools, templates, and educational supports. This new action represents an important step toward advancing coordinated, innovative, and sustainable IPC improvements across the aged care sector.

## ACIP & IPS webinar

# Sustainability in

# IPC

21 JANUARY 2026

8:00PM AEDT



Infection  
Prevention  
Society



ACIPC  
Australian College  
of Infection Prevention and Control

We are excited to announce we will be holding a joint webinar with the Infection Prevention Society (UK) in 2026. The focus will be on Sustainability in IPC.

**CLICK HERE TO  
REGISTER**

### Title

Sustainability in IPC

### Facilitator

Karen McKenna, ACIPC IPC Consultant

### Date

Wednesday 21 January 2026 at 8PM AEDT

### Presenters

#### Graham Pike

*Oxford University Hospitals NHS Foundation Trust*

#### Holly Slyne

*University Hospitals Northamptonshire*

#### Susan Whyte & Carla DeMarco

*Royal Melbourne Hospital*

### Abstracts

#### Graham Pike

*Leading on sustainability and IPC: a contradiction?*

A summary of the challenges and opportunities experienced when leading on both IPC and Sustainability, including examples of sustainability initiatives with an IPC focus.

#### Holly Slyne

*Going Greener at a small district general hospital in the UK*

Projects and initiatives that the IPC Team have led or supported to implement sustainability into healthcare.

#### Susan Whyte & Carla DeMarco

*Rethinking Clinical Waste*

A safe, cost effective and sustainable waste management strategy at Royal Melbourne Hospital.

## About the presenters



### Graham Pike

Graham is the lead IPC nurse and Deputy Director of IPC at Oxford University Hospitals NHS Foundation Trust, as well as the coordinator of the IPS's sustainability special interest group. His previous role (until October 2025) was at Great Western Hospitals in Swindon where he was both the IPC lead and Clinical Sustainability lead.

A nurse since 2002, he also holds a master's degree in physics in which he specialised in atmospheric physics. This background has informed his understanding of climate change and led to his focus on exploring the links between healthcare and the environment, in particular the intersection between sustainable healthcare and IPC.



### Holly Slyne

Holly is the Associate Director for Infection Prevention and Control at University Hospitals Northamptonshire, and also the chairs the Greener Nursing Lead Group. She has worked in the NHS for 25 years, of which 16 years has been in the IPC specialty.

She is a member of the Infection Prevention Society Sustainability Specialist Interest Group officer team and conference organising team. She is passionate about protecting patients from infection in a sustainable way, proud to work in a Trust that shares this vision and honoured to receive a national Greener Nursing award in November 2024 for the work she led on to reduce Personal Protective Equipment.



### Susan Whyte & Carla DeMarco

Susan and Carla are Infection Prevention Clinical Nurse Consultants at the Royal Melbourne Hospital. They are the IPC leads in Clinical Sustainability, recognised for their leadership in embedding sustainable, evidence based practices across their organisation. As the Infection Prevention Leads for Clinical Sustainability, they drive initiatives that reduce environmental impact while strengthening patient safety and quality of care. With their blend of clinical expertise, they are trusted advisors and advocates for building a safer, more sustainable healthcare future.



# CALLING ALL INFECTION PREVENTION PROFESSIONALS

Australia's FIRST comprehensive ICP workforce survey

-  30-45 minutes
-  Anonymous & confidential
-  Chance to win \$100 voucher
-  Direct policy impact
-  Strengthen our collective voice

## Take the Survey



For inquiries:  
[l.hall3@uq.edu.au](mailto:l.hall3@uq.edu.au)



ACIPC Workforce Survey

# Veterinary Foundations of Infection Prevention and Control



## Next course commences 6 March 2026

We are pleased to announce that in 2026 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 MARCH  
2026**

If you have any questions,  
please email [learning@acipc.org.au](mailto:learning@acipc.org.au)  
or go to our website for more  
information [acipc.org.au](http://acipc.org.au)



←  
**APPLY  
HERE**



# 2025 Lunch & Learn Webinar Wrap-Up

**In another busy year for online learning, we held 10 Lunch & Learn webinars  
Take a look at the topics we covered!**

## FEBRUARY

Indoor Air Quality: Your Questions Answered  
*with Distinguished Professor Lidia Morawska*

After our September 2024 webinar with Professor Lidia Morawska, many of you had questions we didn't have time to address, so Lidia kindly returned to answer them in an entertaining and thought-provoking webinar.

## MARCH

IPC in Rural & Regional Hospitals  
*with Mary-Clare Smith*

Rural and Remote CNC Mary-Clare Smith showed us how to establish a concise, hands-on tool to monitor key aspects of IPC, addressing the critical needs of rural and remote sites.

## APRIL

The Trachoma Program in Queensland *with Wendy Morotti*

Australia is the only high income country where pockets of trachoma are endemic, particularly amongst First Nations communities. Wendy took us through Queensland Health's dedicated trachoma program and its work in endeavouring to eliminate trachoma, which is the leading cause of infectious, preventable blindness worldwide.

## MAY

The cost of CLEEN *with Dr Kate Brown*

The CLEEN (CLEaning and Enhanced DisiNfection) study is the first randomised controlled trial to assess the effect of enhanced cleaning and disinfection of shared medical equipment on healthcare-associated infections (HAIs). Kate presented the study's findings and provided insights to empower healthcare facilities to implement cost-effective cleaning interventions.

## JUNE

### Acute Hepatitis B in a Rural Hospital *with Geraldine Freriks and Alison Spragg*

Geraldine and Alison presented the case study of a patient admitted to their rural hospital's ED with acute hepatitis. They explored the patient's clinical journey, including diagnostic challenges, infection control responses, and care coordination, highlighting opportunities for improvements in rural healthcare settings.

## JULY

### JEV: Activist Maps and Mozzie Traps *with Dr Ben Brimblecombe*

Japanese Encephalitis Virus (JEV) has been surging in Southeast Australia this year and Ben's presentation focussed on transmission, epidemiology, environmental factors, vaccine information and clinical disease and diagnostics, while highlighting challenges around management, implementation and prevention.

## AUGUST

### Team Competition Boost Regional and Rural Hand Hygiene & Awareness of Appropriate Glove Use *with Mary-Clare Smith*

Mary-Clare returned to present on hand hygiene initiatives in Murrumbidgee Local Health District's promotion of World Hand Hygiene Day, and the activities they employed to get staff involved while gaining valuable knowledge.

## SEPTEMBER

### Filling in the Gaps – IPC in Dentistry *with Dr Heidi Munchenberg*

This webinar took us into the world of dental IPC, with Heidi exploring common IPC hazards in the dental setting, practices used to minimise risks, and the current IPC challenges for the dental sector.

## OCTOBER

### Implementation of a C-Section Surveillance Program *with Sandi Gamon*

Sandi joined us from Waitemata Auckland New Zealand to present a quality improvement project to develop a systematic surveillance system of C-section infections to improve patient outcomes. We learned about the tools developed, challenges, and findings.

## DECEMBER

### 'Tis the Season for Surveillance: Understanding the Syphilis Outbreak *with Dr Kelly Hosking*

Our final webinar for the year featured an overview of the syphilis outbreak in the Northern Territory and across Australia, examining epidemiology, affected populations and contributing factors, as well as NT Health's coordinated response.

## Missed a webinar?

ACIPC members can watch Lunch & Learn webinar recordings [here](#).



## **SUSTAINABILITY SIG** NOVEMBER MEETING

**WATCH  
HERE**

### **Driving Sustainability with Reusable Gowns and Drapes**

**With Dr Ben Dunne, Thoracic Surgeon at Royal Melbourne Hospital and the Peter MacCallum Cancer Centre**

The November Sustainability SIG meeting featured an insightful presentation from Dr Ben Dunne, a thoracic surgeon at the Royal Melbourne Hospital and Peter MacCallum Cancer Centre, on driving sustainability through reusable sterile gowns and drapes.

The presentation highlighted the significant carbon footprint of surgery, noting that operating theatres generate around 30% of hospital waste. The move away from reusable products has largely been industry-driven, offering short-term convenience rather than evidence-based benefits. In contrast, data demonstrates that adopting reusable items can substantially reduce environmental impacts while also saving time and money.

Surgical gowns and drapes account for a significant proportion of surgical waste and many barriers to returning to reusable versions are not based on robust evidence. When comparing waste metrics, including resource utilisation, water consumption and waste generation, reusable gowns significantly outperform single use alternatives. They are not only safe for patients, reducing infection rates, but also safe for staff and meet the compliance requirements of the Australian Standards.

In 2024, RACS, ACIPC and ACORN collaborated on an evidence-based position statement for the use of reusable gowns. This statement, now endorsed by 11 additional organisations, consolidates the research supporting reusable solutions.

*The position statement can be accessed here: [https://www.acipc.org.au/wp-content/uploads/2024/06/2024-05-24\\_Reusable-Gowns-Position-Statement\\_Website.pdf](https://www.acipc.org.au/wp-content/uploads/2024/06/2024-05-24_Reusable-Gowns-Position-Statement_Website.pdf)*

A recording of Dr Ben Dunne's presentation is available on the ACIPC sustainability webpage: <https://www.acipc.org.au/sustainability/>

# BUG OF THE MONTH

## Gonorrhoea

*Carrie Spinks*  
ACIPC IPC Consultant



### What is Gonorrhoea?

Gonorrhoea is a sexually transmissible infection (STI) caused by the bacterium *Neisseria gonorrhoeae*. It can infect the urethra, cervix, rectum, throat — and less commonly, the eyes, particularly in newborns exposed at birth<sup>1</sup>.

### Incidence in Australasia

Gonorrhoea is a growing public health concern across Australasia. In Australia, over 44,000 cases were reported in 2024, with the highest notification rates observed among Aboriginal and Torres Strait Islander populations, younger age groups (15–24 years), and in remote regions<sup>2,3</sup>. In New Zealand, surveillance data from 2024 reported 7,581 gonorrhoea cases, with a disproportionate burden among Māori and Pacific peoples, young

adults, and men who have sex with men<sup>4</sup>. While population-level data for Pacific Island nations are limited, available studies indicate that gonorrhoea continues to affect some communities, though underreporting and limited testing make accurate estimates challenging<sup>5,6</sup>. These trends highlight the need for targeted, culturally appropriate interventions, routine screening, and accessible treatment across the region.



## Signs and Symptoms

Clinical presentation varies by infection site, and many cases remain asymptomatic — especially among women or when throat or rectal infection occurs. Symptomatic cases in men often present with urethral discharge and dysuria, while women may report vaginal discharge, pelvic pain, or intermenstrual bleeding. Rectal infection can cause anal discomfort, and throat infections may manifest as a sore throat. Neonatal infection, although rare, can result in conjunctivitis or serious systemic illness if untreated. Symptoms typically emerge within 1 to 14 days post-exposure<sup>1</sup>.

## Transmission

Transmission occurs via vaginal, anal, or oral sexual contact without barrier protection; sharing of sex toys without appropriate cleaning or protection can also facilitate spread. Vertical transmission from parent to infant during childbirth is a concern. Importantly, individuals can transmit the infection even when asymptomatic, reinforcing the importance of screening among at-risk populations<sup>1</sup>.

## Populations at Risk

Anyone sexually active may acquire gonorrhoea; however, key risk groups include people with multiple or new sexual partners, men who have sex with men, sex workers, and individuals with other STIs. In Australia, notification rates are disproportionately higher among Aboriginal and Torres Strait Islander peoples — particularly in remote regions — highlighting health inequities and the need for culturally appropriate outreach and services<sup>2,3</sup>.

## Prevention

Prevention strategies include consistent and correct use of condoms or dental dams, limiting sexual partners, avoiding sharing sex toys (or using protection on them), and routine sexual health screening for individuals at elevated risk. Antenatal screening during pregnancy is also recommended to prevent perinatal transmission, including to newborns. Education, partner notification, and accessible sexual health services remain central to control efforts<sup>1,2</sup>.

## Diagnosis

Diagnosis is established via laboratory testing, typically using nucleic acid amplification tests (NAATs) performed on urine or swab specimens from potentially infected sites (urethra, cervix, rectum, throat). Given many infections are asymptomatic — especially at extragenital sites — routine screening is particularly important for people in high-risk groups<sup>1</sup>.

## Treatment

Appropriate and timely antibiotic therapy — typically a single intramuscular injection plus oral therapy — as per national STI management guidelines — can cure gonorrhoea. Partner notification, testing, and treatment are critical to preventing reinfection and onward transmission. For some individuals at ongoing risk, follow-up testing may be indicated post-treatment<sup>1</sup>.

## Complications

If untreated, gonorrhoea can lead to serious health consequences: in women, pelvic inflammatory disease, infertility, and ectopic pregnancy; in men, epididymitis and possible infertility; disseminated infection affecting joints, heart, or meninges; and in newborns exposed during birth — conjunctivitis/blindness or systemic disease. Gonorrhoea infection may also increase susceptibility to acquiring or transmitting HIV<sup>1,3</sup>.



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# Can ward rounds transform IPC education?

**In this episode, Martin speaks with Helen Dunn, Consultant Nurse at Great Ormond Street Hospital, a Children's Hospital in London, UK.**

Helen is the lead author of a recent study published in the Journal of Infection Prevention, exploring whether structured ward rounds can be used as an innovative method for delivering Infection Prevention and Control education directly in the clinical environment.

This work implemented a bedside ward-round model with Band 6 nurses in a paediatric cardiac high-dependency unit, using a structured assessment tool to prompt real-time, patient-focused discussions. The findings highlight that this approach created frequent education opportunities, strengthened relationships between clinical teams and IPC practitioners, and reduced the number of IPC interventions required over time.

Article on Schulman's Signature Pedagogies [here](#)

# Infection Control Matters Podcasts



Digital Article


 Journal of Infection  
Prevention

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 DOI: 10.1177/1460238616658001  
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 \$ 5.00

## Can ward rounds be used by infection prevention control teams to deliver education and enhance knowledge to clinical staff?

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 Green <sup>1-2</sup>

April of patient safety. The majority of IPC education is carried out in the community, by a learning or through enforcement. Different models of education have been evaluated in healthcare settings in PC, with some success, involving ward rounds. Therefore, a ward-round intervention was utilised within a research model to evaluate if ward rounds is a way to carry out IPC education in the clinical environment and determine if it improved education opportunities and knowledge to staff. Methods If a ward-round approach was used to educate patients and optimise care, this is the form of transmission to healthcare staff.

Discussion The results suggest that a ward-round intervention for IPC education provides opportunities for staff to receive education in real-world situations to an improved educational outcome. IPC staff through collaborative working. Conclusion While this was only a small-scale research study in one ward and limitations do forgive suggest that IPC education can be delivered in the clinical environment and that IPC education delivery is an area that requires more research.

### Keywords

infection prevention control education, ward rounds, working methods

See article 1 April 2016 issue, 36(4) 266

### Background

Infection Prevention Control (IPC) is an important part of multidisciplinary healthcare (Department of Health and Medical Care, 2012). Transmission of infection can be example as airborne hand hygiene, or as contact in involving appropriate methods of cleaning and disinfection. The main methods of prevention of infection include the avoidance of infection in and control the spread of infection or resisted exposure and optimise risk management and understanding of their pathogen transmission. IPC is a very real problem to healthcare staff and staff are required to have knowledge and control of infection to better care for a leading cause of morbidity and mortality, causing cancer (Joshi, 2010, 2012).

Healthcare professionals, therefore health facility managers have a responsibility to ensure that the knowledge and skills required for infection prevention and control to reduce the risk of infection (Joshi, 2010, 2012). In addition, the healthcare organisations should have effective education programmes and strategies in place, which optimise IPC. Without programmes of education are not specified by WHO (WHO

2009). Learning activities are provided and as a learning model is available to facilitate learning (WHO, 2009). The fact that the model is used and that education training as a learning model is used to facilitate learning, particularly in health care, is important to facilitate learning. In addition, the model is used to facilitate learning, particularly in healthcare, such as recognition of disease's stages of clinical presentation (Roth et al., 2004). This has resulted that the education delivered in 'real' real life disease related to

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### Learning outcome

Understand the importance of the strategy, Oracle Business Intelligence (OBI) and how it can be used to facilitate decision-making. That is, how OBI can be used to support decision-making.

**Poster:** Can ward rounds be used by infection prevention control teams to deliver education and enhance knowledge to clinical staff

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# Unseen Reservoirs, Unseen Risks: Integrating Wastewater Surveillance with Patient-Level Insights into C. Auris Spread

**In this episode, Martin talks to Dr Jon Otter, Director of Infection Prevention and Control at Guy's and St Thomas' Hospital in London, UK.**

We examine two complementary pieces of work that provide further insight into *Candidoyma auris* transmission in acute hospitals.

The first demonstrates, for the first time in the UK, that ward-level wastewater reliably mirrors patient colonisation and can reveal genetically related outbreak strains using culture and PCR.

The second, a case-control study, identifies clinical and environmental risk factors that shape colonisation, highlighting the significance of shared patient equipment.

The paper can be found [here](#): Davidson HC, Griffin AE, Symes L, Laing KG, Witney AA, Gould K, et al. Detection of *Candidoyma* (formerly *Candida*) auris from ward wastewater during an outbreak using culture and molecular methods. *J Hosp Infect* 2025.

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**Understanding the Epidemiology of *Candidoyma auris*: A Case-Control Study at an Acute Hospital in London, UK**  
NHS Guy's and St Thomas' NHS Foundation Trust

**Introduction**  
*Candidoyma auris* is an emerging threat of healthcare-associated infections.

**Methods**  
We conducted a matched case-control study of patients tested for *C. auris* between October 2021 and May 2022. Cases (n=76) were matched 1:2 with controls (n=152) by specialty, age group, and sex. Data on demographics, comorbidities, procedures, and antibiotic and azole use were collected from electronic health records. Logistic regression was used to identify independent risk factors.

**Results**  
*C. auris* colonization was associated with longer hospital stay prior to testing (OR 2.02, 95% CI 1.01-3.99), antibiotic use (OR 1.68, 95% CI 1.01-2.99), and respiratory procedures (OR 8.46, 95% CI 1.01-20.00). Outpatient use was not linked to increased mortality or length of stay.

**Discussion**  
Our findings highlight the importance of environmental/legislative and early-warning in controlling *C. auris*. Shared use, unengaged use, as potential route for transmission, whilst prior antibiotic/antifungal use are significant risk factors for colonization. These results support targeted infection control measures and reinforce the value of proactive surveillance in managing *C. auris* outbreaks.

**Poster: Understanding the Epidemiology of *Candidoyma auris*: A Case-Control Study at an Acute Hospital in London, UK**

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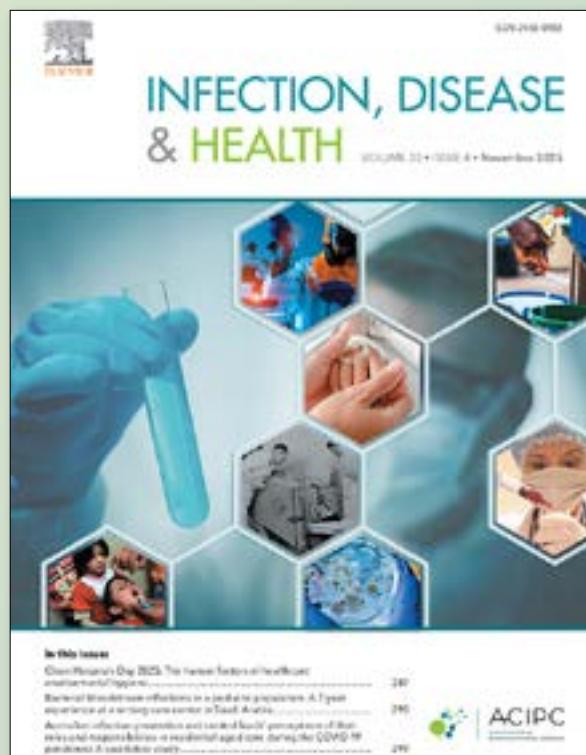
# Latest articles from Infection, Disease & Health

## Evaluation of test methods and the efficacy of hypochlorous acid water atomization against *Pseudomonas aeruginosa* in hospital rooms

**Takahashi M, Simooki O.** *Evaluation of test methods and the efficacy of hypochlorous acid water atomization against *Pseudomonas aeruginosa* in hospital rooms.* Infect Dis Health. 2025 Dec 2;xx(x):xxx-xxx. Doi:10.1016/j.idh.2025.10.001

## Country-level assessment of infection prevention and control in public hospitals in Peru

**Yagui M, Quispe Pardo Z, Terrazas J, Araujo-Castillo RV.** *Country-level assessment of infection prevention and control in public hospitals in Peru.* Infect Dis Health. 2025 Nov 18;xx(x):xxx-xxx. Doi:10.1016/j.idh.2025.10.003



## IDH MOVING TO ONLINE

*Transitioning to online only access for Infection, Disease & Health*



**In recognition of the high carbon footprint of printing and distributing print copies, the board of ACIPC have taken the decision to move to online only publication of our journal Infection, Disease & Health (IDH) from 2026.**

ACIPC members will continue to benefit from online access to the journal via the [member section of our website](#), linked to the [journal website](#). Note that you can also sign up for table of contents alerts by logging in or registering using links on the top right-hand side of the screen.

We have already seen some interest from ACIPC members in taking up an online only version of the journal in recent years and we understand that other colleges and associations have already successfully made this transition. The publisher has also seen a sharp reduction in demand for printed components in the journal's personal and institutional subscriber base, and is committed to achieving [net zero CO2-emissions by 2040](#).

Online publication also opens up some new opportunities for the journal. For example, in the future, we will consider a move to article based publishing (ABP). ABP is a workflow model that allows articles to be published online using full, final citation data as soon as the paper has been typeset and finalised, rather than waiting for it to be compiled into a complete journal issue. This model significantly speeds up the publication process for authors and aligns with reader preferences.

# Selected Publications of Interest

- Lozada-Hernández EE, Martin-del-Campo LA, Fernández-Vázquez-Mellado LA, et al. External validation of the ACS NSQIP surgical risk calculator for the prediction of surgical site infection (SSI) and its association with the postoperative occurrence of incisional hernia (IH) in midline laparotomy patients. *Langenbecks Arch Surg.* 2025;410:293. doi:10.1007/s00423-025-03807-4
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## Events Calendar

### OneTogether UK Expert Conference 2026

**12 March 2026**

Birmingham, UK

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### IPAC Canada 2026 National Education Conference: A Golden Foundation

**24-27 May 2026**

Toronto, ON

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### ASM 2026

#### ASID Annual Scientific Meeting

**27-30 May 2026**

Hobart, Tasmania

[More Information & Registration](#)

### ESPID 2026 - save the date

#### 44th Annual Meeting of the European Society for Paediatric Infectious Diseases (ESPID 2026)

**1-5 June 2026**

Bologna & Online

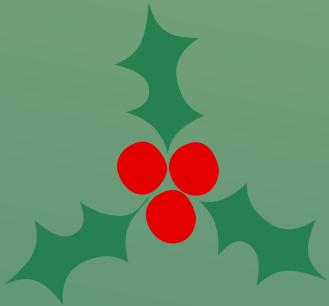
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### APIC 2026

**June 15 - 17 2026**

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