



ACIPC

Australasian College
for Infection Prevention and Control

Position Statement

Advocacy for the inclusion of IPC in the Australian CDC

The Australasian College for Infection Prevention and Control (ACIPC) is the leading body for IPC professionals across Australasia. As the peak body representing members working in infection prevention and control (IPC), we support the development of the Australian Centre for Disease Control (Australian CDC). However, the College is concerned about the lack of IPC expertise within the proposed Australian CDC. The College recommends that the Australian CDC include formal representation and permanent inclusion of IPC as a specialty.

Purpose

To advocate for IPC to be recognised as a core specialty within the Australian CDC.

Background

The COVID-19 pandemic has highlighted the crucial leadership role of IPC professionals in outbreak response, emphasising their importance in patient care, outbreak management, quarantine enforcement, and vaccine administration. It has also exposed a critical gap in the integration of infectious disease control between community and healthcare settings. While the formation of the Australian CDC is vital for the country's public health system, the absence of IPC inclusion in its proposed structure will only reinforce this significant disconnect between settings, severely hindering system responsiveness.

About ACIPC

ACIPC plays a pivotal role in influencing IPC practices across diverse sectors. As the voice for IPC professionals, we support our members, key practitioners, and decision-makers by providing leadership, education, and evidence-based guidance. Membership spans a wide range of professionals, including nurses, dentists, veterinarians, industry experts, academics, educators and policymakers. We work together to advance IPC standards and reduce the burden of infections across all sectors.

Opportunities for the Australian CDC

To optimise the effectiveness of the Australian health system, IPC must be recognised and embedded within the Australian CDC. This will enhance preparedness and response capabilities for future pandemics, allow the development of an integrated national surveillance system, and lead to improvements in indoor air quality.

Specialisation in IPC

Professionally, IPC is a well-established speciality discipline. It incorporates clinical and public health focuses that strengthen health and community systems to support consumer and employee safety, quality improvement, prevention of antimicrobial resistance, and improve outbreak preparedness and responses.



Meeting National Frameworks

The National Safety and Quality Health Service (NSQHS) Standards, the Strengthened Aged Care Quality Standards and the National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards, provide a national framework outlining the level of care consumers can expect from health service organisations. These standards incorporate quality assurance mechanisms designed to ensure high levels of safety and improve outcomes from preventable diseases. Despite these frameworks, there is currently considerable variability in the design, structure, and resourcing of IPC programs across Australian jurisdictions. Achieving compliance with national standards requires a consistent IPC framework that is embedded into routine practice and subject to regular assessment. This framework should be developed and overseen by the Australian CDC. To reduce jurisdictional variability and bring consistency to IPC programs nationwide, it is essential to establish national benchmarks and provide tools and resources that are evaluated against the NSQHS Standards. This responsibility should lie with the Australian CDC.

National IPC Surveillance Program – Reducing Healthcare Associated Infections (HAIs) and Antimicrobial Resistance

Australia remains one of the few Organisations for Economic Co-operation and Development (OECD) countries that does not have a national surveillance system, which is a significant safety and quality issue for the Australian Health Care System. Available data on the prevalence and burden of (HAIs) within Australia remains an estimation, with no standardised surveillance system able to provide robust data. Current estimates of the costs associated with HAI are approximately \$37,359 per case, and with estimates of 165,000 – 200,000 HAIs annually, the current approach to HAI surveillance is disjointed, inefficient and costing the health system significantly while impacting on care. The most advanced Australian surveillance program is the Victorian Hospital Acquired Infection Surveillance System (VICNISS), which should serve as a model for a national surveillance system. The VICNISS coordinating centre operates under the guidance of the Infectious Diseases and IPC professionals to provide structured guidance on IPC frameworks. Similarly, the United States Centre for Disease Control and Prevention, National Healthcare Safety Network (NHSN) provides an excellent model for healthcare surveillance incorporating education and support for IPC programs and professionals, that provides consistent and standardised training, education and data collection. The European Centre for Disease Prevention and Control structure also facilitates a standardised approach to healthcare surveillance. Page 3 of 4 Having reliable data on the prevalence of HAIs within Australia will allow for the prioritisation for the allocation of resources and IPC innovations to reduce preventable infections, benchmarking of target rates, and the ability to undertake cost benefit analysis. It is crucial that a coordinated validated National HAI surveillance program is embedded across all types of healthcare facilities and settings to provide a nationally driven approach that integrates HAI surveillance, policy and implementation efforts more effectively. Embedding national surveillance in the Australian CDC would improve community outcomes and be consistent with the International Health Regulations (IHR) framework for surveillance.



Safer Indoor Air

Improving indoor air quality (IAQ) in all settings is a critical IPC strategy to protect the health and wellbeing of people. There is an urgency to improve IAQ to create healthier environments as the poor IAQ has a significant impact on chronic illness and the transmission of pathogens through the air, including COVID-19 and influenza. Including IPC within the Australian CDC would enable intervention to improve IAQ to have a whole of community approach that extends beyond healthcare settings, impacting education, disability, and workplace settings. IAQ is an accessibility issue that must be addressed. Governments must set performance standards for IAQ through a coordinated approach that will lower the risk of infection of pathogens that transmit through the air in all settings. This role can be performed by the IPC specialty with the Australian CDC.

Enhanced Preparedness and Response Capability for Future Pandemics

While the Infection Prevention and Control Expert Group (ICEG) was formed at the beginning of the COVID-19 pandemic to inform the Australian Health Protection Principal Committee (AHPPC), the ICEG had no authority to implement guidelines at a local level. The lack of coordinated IPC advice resulted in conflicting and inconsistent information being provided by different levels of government. The need to rapidly establish ICEG also highlighted the fact that national pandemic and infection prevention preparedness was deficient. It emphasised the need for a permanent group within the Australian CDC to lead and drive policy independently of politicians, and to maintain core capabilities for responses consistent with the International Health Regulations (IHR) framework for public health emergencies. COVID-19 also demonstrated the need for the nationally coordinated management of essential consumables and therapeutics. The Australian CDC should be responsible for overseeing national stockpiles, ensuring secure supply chains, and providing clear accountability for timely procurement and distribution during future emergencies.

Position Statement

The COVID-19 pandemic highlighted significant challenges in infection prevention and control (IPC) responses, particularly due to the fragmented efforts of local public health units and the Australian Commission on Safety and Quality in Health Care (ACSQHC) working in isolation. To address these issues, IPC expertise and strategy development must be integrated across the entire health system and coordinated by a dedicated, specialised IPC branch within the Australian Centre for Disease Control (CDC), staffed with qualified IPC professionals.

ACIPC recommends:

ACIPC recommends that the Australian CDC include IPC experts to ensure:

- Future pandemic preparedness
- Expert IPC guidance during future pandemics
- A comprehensive national IPC infrastructure
- An effective national surveillance program for Healthcare-Associated Infections (HAIs)
- Infectious disease prevention and control is optimal across the entire community
- Healthcare facilities and community settings can implement standardised IPC protocols and guidelines



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- A One Health approach for broader disease prevention.

Scope of Applicability

This position statement applies to all healthcare settings.

Supporting Evidence / References

Not applicable

Endorsement / Approval

Version	Date	Addition/Amendments	Author	Review by
1.0	April 2025	New position statement	IPC Clinical Nurse Consultant	ACIPC Board
2.0	Feb 2026	Reformatted	IPC Clinical Nurse Consultant	Adv IPC Committee

Contact Information

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