



ACIPC

Australasian College  
for Infection Prevention and Control

# IPC News

**FEBRUARY 25**



# President's report

Stéphane Bouchoucha



Welcome to the February 2025 edition of IPC News.

**Some of you may have noticed my report was missing from last month's edition. I was enjoying the Three Capes region of Tasmania. One of my mindfulness techniques to disconnect and refresh is counting laps while swimming (I have been told by many friends that they couldn't think of an activity more boring than swimming). I also enjoy hiking, especially when it involves overnight stays in tents or huts. Hiking the Three Capes was a fantastic way to feel refreshed, especially as the Tasmanian weather was very kind, with a heat wave bringing highs of 24 degrees! I even have proof of the fantastic weather (see picture below). I hope you also managed to get some well-earned rest during the Christmas period and reconnect with yourself and loved ones. I realise that it is not always possible in our line of work and in this relentless pandemic.**



Being in Tasmania also provided the opportunity to visit the ACIPC office and work with Ben Thiessen, our Executive Manager. The following week the Board met face to face for two days and we have great things coming in 2025 for members, the College and the broader IPC community. We examined our strategic plan, and mapped progresses towards achieving our goals. I think we should be proud of where the College is and the leadership we are showing to improve IPC and outcomes for the community.

I have also been watching with interest (and worry) what is taking place in the USA following the investiture of the new President. I am not going to get into politics, but some of the decisions and appointments made so far make me fear we may regress in the advances we have made to control infectious disease.

One of the first decisions of the new administration was to put a hold on the publication of Morbidity and Mortality Weekly Report (MMWR) published by the Centers for Disease Control and Prevention. I have long been an avid reader of that publication, and although publication has now resumed, such decisions may have a negative impact on IPC. The Association for Professionals in Infection Control and Epidemiology (APIC) has raised concerns about decisions such as the [dismantlement of the epidemics intelligence service](#), and the potential impact of the USA withdrawing from the [World Health Organization](#).

There are challenging times ahead and while I aim to be optimistic, we need to be mindful of these decisions and what the impact they may have on Australia. Challenging times can be very unsettling. I have mentioned these resources from the [Black Dog Institute](#) before and they can assist us with being kinder to ourselves and dealing with some of these challenges.

Support can also come from mentors, and we had great feedback on the 2024 mentoring program. Keep your calendars handy to pencil in the launch of the 2025 mentoring program, and also the many webinars and SIG meetings that we are planning this year. We have a dynamic calendar in the works to facilitate knowledge exchange and networking.

Finally, I value your input and if you have suggestions, feedback, or ideas on how we can further enhance ACIPC, please don't hesitate to reach out. Your insights are integral to our ongoing commitment to excellence. You can contact me at [president@acipc.org.au](mailto:president@acipc.org.au).

Thank you for your continued support of ACIPC, and I look forward to a year filled with shared successes and growth.

*Stéphane Bouchoucha*



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# 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 COURSES  
COMMENCING  
IN 2025

*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**

SHORT  
COURSE

**BOOK NOW**  
FOR THE COURSE  
COMMENCING  
2 MAY 2025

**LIMITED  
SPACES  
LEFT**

# 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 course is for all aged care staff, including (but not limited to) RNs and EN/EENs supporting aged care IPC clinical leads, and 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**

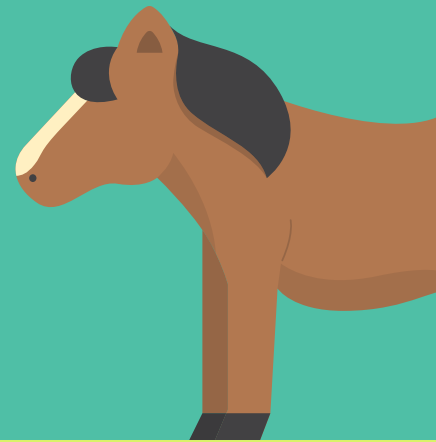
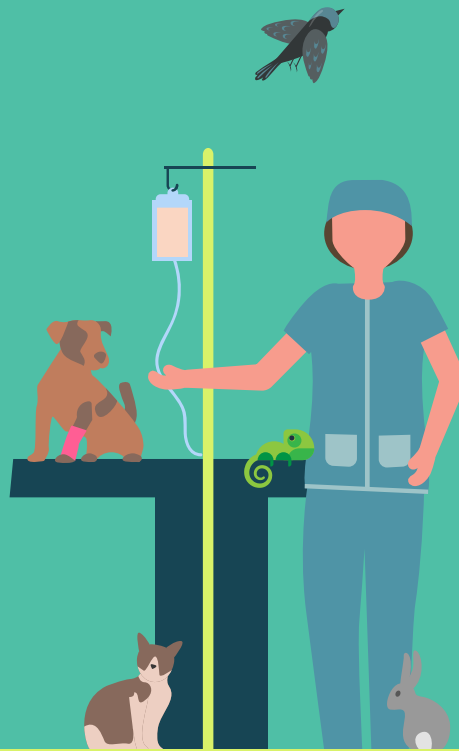
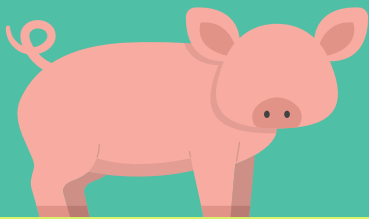


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or go to our website for more  
information [acipc.org.au](https://www.acipc.org.au)



**MORE  
INFORMATION**

# Veterinary Foundations of Infection Prevention and Control



## COURSE COMMENCING IN 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  
TO SECURE  
YOUR PLACE  
IN 2025**

If you have any questions,  
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or go to our website for more  
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**APPLY  
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# Foundations of Infection Prevention and Control

## INTERNATIONAL

### AFTER SUCCESSFULLY COMPLETING THIS COURSE STUDENTS WILL BE ABLE TO:

- ✓ Comprehensively understand the role of the infection prevention and control practitioner and apply this learning in their setting;
- ✓ Understand the application of clinical indicators to IPC practice and apply this knowledge through audit and surveillance activities.
- ✓ Develop and design an infection prevention and control program and a site-specific infection management plan relevant to their setting using a clinical governance framework;
- ✓ Understand the rationale for and apply standard and transmission-based precautions in their setting;
- ✓ Evaluate, review and develop site-specific tools and strategies to aid compliance with evidence-based infection control practice, policies, and guidelines;
- ✓ Critique and apply site-appropriate strategies to support clinician-driven change in organisational behaviour;
- ✓ Initiate and communicate effectively within the interdisciplinary team in the management of infection prevention and control

**REGISTER  
NOW FOR NEW  
COURSE APRIL  
2025**

**COST: \$1300 AUD**

***Includes a free ACIPC  
Education Membership!***



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## Credentialling

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

**Advanced credentialling:** Peta Kobilke

**Expert re-credentialling:** Matthew Mason & Sally Havers

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

FOR MORE  
INFORMATION  
**CLICK HERE**

## Fellowship

*Congratulations*

**to Erica Beukers, who has been appointed a Fellow of ACIPC.**

Fellowship of the Australasian College for Infection Prevention and Control is a prestigious member status awarded to infection prevention and control professionals (ICPs) in recognition of significant professional achievement, Fellowship recognises the experience, contribution and standing of these members to the College and the profession.



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FELLOWSHIP  
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# GENERAL COLLEGE MEMBER UPDATE WEBINAR

## *ACIPC Committee Restructure*

The ACIPC Board has reviewed and approved a restructuring of the College's committees. This follows a review of the operations and strategic objectives of the College at the February board meeting.

The restructure aims to align committees with the College's strategic priorities to meet the needs of members and stakeholders. The Board also considered how we can maximise opportunities for members to engage with the College and support IPC across different settings and specialties.

Members are invited to attend the following session where the board will provide more information about the restructure, which will come into effect from 1 April 2025.

**Date:** Friday 7 March

**Time:** 10:00am AEDT



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# Request for Offer (RFO)

## Evaluation of Foundations of Infection Prevention and Control (FIPC) course

ACIPC is seeking to engage a suitably qualified organisation to undertake a review of its flagship education course, the Foundations of Infection Prevention and Control (FIPC). The course was designed to provide foundational knowledge in infection prevention and control and outbreak management to healthcare workers in various settings.

The College is committed to continuous improvement, compliance with regulatory standards, and alignment of our education offerings with strategic priorities. This evaluation aims to determine if the course is effectively equipping students with the necessary IPC knowledge to implement safe IPC practices in their workplaces. It will also examine course content, delivery and assessments to ensure the needs of external stakeholders are being met and will identify potential areas for improvement.

**Due Date:**

Offers will be accepted until 6 p.m. (AEST) on Monday 14 April 2025.

For full details about lodging an offer and to view the RFO document, please click the link [here](#)

# Request for Offer (RFO)

## Evaluation of Education and Professional Development Offerings

ACIPC provides an evidence-based education and professional development programme to advance infection prevention and control practices across Australasia. By collaborating with infection prevention and control experts to develop educational activities, ACIPC ensures that practitioners have access to the most relevant and effective training. This approach not only enhances the skills and knowledge of individual professionals but also contributes to reducing the overall burden of infection in healthcare settings and the broader community.

The aim of the request for offer is to undertake a scoping study of the education and training needs of members while evaluating the ACIPC education and professional development programme regarding meeting the needs of stakeholders, and providing value to ACIPC members, with a view to identifying opportunities to strengthen offerings and provide improved value for members.

This RFO is important to ensure that ACIPC is providing its members with industry leading and innovative opportunities to develop professionally and keep abreast of changes in infection prevention and control practices thereby contributing to an IPC workforce that is up to date in relation to knowledge and practice.

**Due Date:**

Offers will be accepted until 6 p.m. (AEST) on Monday 14 April 2025.

For full details about lodging an offer and to view the RFO document, please click the link [here](#)

# Aged Care Community of Practice Webinar

IPC in home care

19 MARCH 2025  
2PM AEDT



ACIPC  
Australian College  
for Infection Prevention and Control

with Carrie Spinks and  
guest speaker Irene Baron



**Topic:** IPC Practice in Home Care

**Presenter:** Carrie Spinks

**Guest speaker:** Irene Baron

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The presentation provides an overview of a comprehensive infection prevention and control program tailored towards home care. Home care can be delivered where the client is living or at a clinic. The primary goal is to deliver safe, high-quality care, facilitate discharge from acute care settings, and to help support people to continue living at home. Care may include general or specialised medical care involving physicians, nursing or allied health professionals, as well as social or community-based services provided by carers that support activities of daily living.

Our guest speaker will be Irene Baron. Irene is a Registered Nurse who graduated in 1990. She has a Post-Graduate Diploma in Infection Control, Master of Nursing, and is an Expert credentialled infection control professional (CICP-E). Irene started working in infection control in 1999. Her infection control career includes working as practitioner, coordinator and then 4 years as Assistant Director of the Infection Control team at the King Faisal Specialist Hospital and Research Centre, a 1000 bed acute care hospital located in Riyadh Saudi Arabia.

Upon her return to Australia, she worked as the infection control and staff health nurse for the SA Health Dental unit, and then for the last 6 years as Manager of the infection prevention and control team at Silverchain. Silverchain provides health and aged care services Australia-wide to 140,000 clients per year, with 5,900 staff including nurses, doctors, allied health, carers and researchers. It sees clients in both metropolitan and country locations.

What Irene says she enjoys most about IPC is that she is continually learning and feels that her contribution to the profession is helping to keep staff, clients and their families safe. She feels there is more to learn and achieve within this specialised field and hopes her passion for IPC inspires others.

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

# IPC Tour 2025



Join us for another year of infection prevention insights, networking opportunities and expert speakers to support your IPC knowledge.

## Brisbane



Wednesday 7<sup>th</sup> May 2025



Royal Brisbane & Women's Hospital

## Melbourne



Friday 9<sup>th</sup> May 2025



Rendezvous Hotel

## Sydney



Monday 12<sup>th</sup> May 2025



Novotel Sydney Olympic Park

## Launceston



Wednesday 14<sup>th</sup> May 2025



The Tramsheds

## Adelaide



Friday 16<sup>th</sup> May 2025



Rydges Adelaide

## Perth



Monday 19<sup>th</sup> May 2025



Bentley Technology Park



Scan or click to  
register your  
interest for IPC  
Tour 2025

# Mentoring Program 2025

**Following the success of the 2024 ACIPC Mentoring Program, we are excited to announce that, in conjunction with Art of Mentoring, we will be offering the program again in 2025. The program aims to contribute to the future of the IPC profession by pairing mentees with suitable mentors across all fields in a professional relationship of growth and development.**

The benefits of mentoring:

- Take your personal and professional development to new levels
- Reflect on personal challenges and achievements
- Help others and contribute to the future of the industry/profession
- Develop your mentoring and leadership skills

Applications open on 4 March 2025 and close on 31 March 2025. There is no fee to participate as a member of ACIPC. Members will receive details on how to apply via email in early 2025, so make sure your details are up to date by contacting [office@acipc.org.au](mailto:office@acipc.org.au)

Take a look at what two of last year's program participants had to say about the program!

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## MENTEE

### Anna Blishen

**Laboratory Supervisor  
Scone Equine Hospital**

**Anna recently completed the ACIPC Mentoring program as a mentee, and kindly joined us to chat about her experience.**



***Can you tell us a bit about your current role?***

I'm the Laboratory Supervisor at Scone Equine Hospital, located in the Hunter Valley. I've been with Scone Equine since 2001, with a short break mid-way, returning in 2012, and I've been here ever since.

Scone Equine Hospital has grown to include multiple satellite locations, with clinics in Tamworth and Avenel, Victoria. We also have a pet medical side that provides services for small animals. My role primarily involves overseeing the lab, which supports our equine veterinarians with haematology, biochemistry, microbiology, and various other tests. Occasionally, we assist outside vets as well.

My background is in Medical Laboratory Science, having graduated from Wagga. I started my career in human pathology, working in haematology at Liverpool and at Bathurst Base Hospital, but I've been in the veterinary field since 1999.

Scone Equine Hospital operates as a referral hospital with an intensive care unit, staffed by several medicine specialists, and a large surgical facility with boarded surgeons. We serve a range of clients, from thoroughbreds to performance horses, and even beloved ponies and miniatures, although our primary focus is on thoroughbreds.

***How did you hear about the mentoring program, and what made you decide to participate?***

I completed the Foundations of Infection Prevention and Control course a few years ago, and through maintaining contact with ACIPC, I heard about the Mentoring Program. I really wanted to get involved, because there are so many unique challenges in our field, and IPC is such a huge topic, and so I was really hoping for a mentor with a veterinary background.

***In our work we have unique health and safety challenges, including exposure to *Chlamydia psittaci* and multidrug resistant salmonella in equine populations. Handling neonatal foals with infections like *Cryptosporidium* also risks staff exposure, as infection can spread throughout stables during care.***

Managing these risks is crucial. Some facilities overseas have even had to rebuild due to persistent salmonella contamination. In our lab, we support stable hygiene with environmental swabbing, and screening new patients for salmonella. A proactive approach is needed to address both infection control and antimicrobial resistance concerns in equine healthcare.

That's why it was so fortunate I could be matched up with a veterinary mentor, who's been amazing.



***What were the main advantages of having a mentor?***

Having background knowledge of the theory is important, but for me, it felt overwhelming because my workplace doesn't have an Infection Prevention Committee like you'd find in a hospital. Without this, I was left wondering where to start.

The mentoring program has been invaluable—it helped me narrow my focus within this broad field. Through discussions, we identified three key goals: establishing an IPC structure within our business, improving hand hygiene, and highlighting the importance of antimicrobial stewardship. This focus has made a huge difference, giving me clear steps to start making impactful changes without feeling so overwhelmed.

***What would you say to someone who was considering taking part in the program as a mentee?***

Just dive in, put yourself out there, and go for it. I was a bit surprised during an initial meeting with the other mentees, I assumed that people working within healthcare systems, with formal committees and structures, would feel more in control in their ICP roles.

But I was struck by how many people actually feel overwhelmed in that environment, despite having structured systems in place. It highlighted for me how valuable it is to have someone to share ideas with. Even with systems in place, it's still challenging for those new to the field or transitioning into different roles. Having a mentor to offer guidance can make a huge difference. I truly think it's a big advantage.



# MENTOR

## Nicola Herbert

**Infection Prevention &  
Clinical Advisor  
Fiona Stanley Hospital for SERCO**



**Nicola has just completed the ACIPC program as a mentor and shared her insights about the program.**

***What attracted you to the mentoring program and why did you decide to participate as a mentor?***

I was eager to be part of a professional mentoring program and felt that it would be a great opportunity for my personal and professional growth.

Also, I remember the time when I was a novice IPC nurse, and it would have been so helpful for me back then to have had a mentor for support and advice.

It was the right time for me to give back to the profession. I've reached the stage in my career where I'm able to do that, and I feel very passionate about helping others. I have mentored in the past on an ad hoc basis; it often happens organically and is always important. This program was more structured, which I found really helpful. There were numerous resources available to help mentors and mentees build their relationship, we had access to online training tools, guides and seminars.

***What did you hope to bring to the experience for you and your mentee?***

I hoped to bring reassurance and perspective on issues that we often face in IPC. As infection prevention and control is continuously evolving, arguably even more so since COVID-19- being able to support and build mentee confidence is very rewarding.

I am also a good listener; when you are present with the other person, you often find you've created a safe space for them to workshop their own ideas and come up with solutions themselves.

I do believe that sharing experiences in IPC offers valuable insight to working in this speciality. Reflecting on past events helps to put things in perspective, and from there you can explore what can be learned from the experience.

***What were the highlights for you during your mentoring journey?***

The mentoring relationship was a very positive experience for me; the highlight was being a resource for my mentees, offering support and advice to help them on their professional journey. I was impressed with how the program matched us so well. I felt that we had a lot in common and we connected fairly early on.

One of my mentees was based overseas; being able to connect with a like-minded person living thousands of kilometres away was very special, and I am grateful for that opportunity.

***What would you say to someone thinking of becoming a mentor in the program?***

Consider the wealth of experience, knowledge, and skills you could share with a colleague and how you could contribute to a mentee's professional development. If you're willing and able, I encourage you to make the commitment.



# March Lunch & Learn Webinar



**Title:** IPC in rural and regional hospitals:  
Establishing an easy-to-follow priority checklist for the  
IPC National Standard 3

**Presenter:** Mary-Clare Smith

**Date:** Thursday 20 March at 12.30 AEDT

**CLICK  
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## **Abstract:**

The rural and remote settings face big challenges for IPC. Our speaker Mary-Clare Smith, District Infection Prevention and Control CNC - Murrumbidgee LHD New South Wales, is the IPC Lead for 31 facilities, a substantial proportion of which have no IPC designated IP Lead or formal position for the role. This reality is the core reason behind the idea of developing a concise, hands-on tool designed to monitor key aspects of infection prevention and control at the floor level. This tool aims to streamline governance and emphasise IPC principles in rural and remote sites, addressing the critical needs of these unique environments.

## **About the presenter:**

Mary-Clare Smith has worked as a Registered Nurse for 28 years, and during the past 5 years has been the Murrumbidgee Local Health District Infection Prevention and Control Clinical Nurse Consultant, covering 31 Regional and Rural Health Care Facilities



WATCH  
THE SERIES  
**HERE**

# EDUCATION RESOURCE - Reprocessing of reusable medical devices

*Video series*

Presented by Terry McAuley, Director STEAM Consulting Pty Ltd

The ACIPC video series on AS 5369:2023 Reprocessing of reusable medical devices and other devices in health and non-health related facilities, is designed to guide IPC professionals and those working in hospitals and healthcare facilities, office-based practices, veterinary clinics and non-medical facilities through the key aspects of this standard.

Presented by Terry McAuley, the videos explain the principles and practices of reprocessing reusable medical devices and key points to help with understanding the complexities of the standard.

Published in 2023, this standard expands its scope to include both health and non-health related facilities, emphasizing a risk-based approach to ensure patient safety and operational efficiency.

## The video series topics explored include:

- General definitions
- Introduction to AS5369:2023
- AS5369:2023 framework
- Pan sanitiser requirements
- Intro to chemical disinfection
- From 'soiled' to 'ready to use'
- Science of steam sterilisation
- Quality assurance AS5369:2023

Whether you're a healthcare professional, facility manager, or involved in the reprocessing of medical devices, this video series will guide your understanding of the principles which underpin the new Standard AS5369:2023.

# WHO EPI-WIN webinars 2025

The World Health Organisation has released an updated list of free webinars for March 2025

**12 MAR 2025**

**Mass gatherings, Safe gatherings:  
Key public health considerations  
country experiences**

**REGISTER HERE**

**19 MAR 2025**

**Launch of the WHO guidance on  
Ethical considerations for social  
listening in infodemic management  
for public health emergencies**

**REGISTER HERE**

For more information about WHO's EPI-WIN webinars, please click the link here

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**NCAS**  
National Centre for  
Antimicrobial Stewardship

# 2025 Seminar Series

<b>January</b> 	<b>19 February</b> Paediatrics	<b>19 March</b> Dentistry
<b>16 April</b> Primary Care	<b>21 May</b> Aged Care	<b>18 June</b> Allergy
<b>16 July</b> Environmental	<b>20 August</b> Animal Health	<b>17 September</b> Sepsis
<b>15 October</b> Audit and feedback	<b>November</b> World Antimicrobial Resistance Awareness Week	<b>17 December</b> Clinical decision support

## Register

<https://www.ncas-australia.org/seminar-series>



## NCAS 2025 seminar series

**The National Centre for Antimicrobial Stewardship (NCAS) have released their 2025 seminar series calendar.**

The NCAS monthly Seminar Series focus on all aspects of antimicrobial stewardship and include (but are not limited to) the review of recent research, updates from conferences and new innovations in technology.

The series will feature experienced speakers and researchers across all sectors highlighting the importance of a one health vision for AMS.

You're invited to join these meetings on the third Wednesday of every month at 8:30 AM - 9:30 AM AEDT/AEST.

Please remember to download the calendar series for the year from your registration confirmation e-mail. You only need to register once for the 2025 series.

**CLICK  
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REGISTER**



# BUG OF THE MONTH

## *Burkholderia Infections*

Carrie Spinks



### What is it?

Burkholderia is a group of bacteria found in the environment, particularly in soil, water, and decaying organic matter. These bacteria can cause opportunistic infections, especially in healthcare systems with immunocompromised individuals such as those with cystic fibrosis, organ transplants, or HIV/AIDS. The bacteria are resistant to many antibiotics, making them difficult to treat.

### Key Burkholderia Species

- **Burkholderia cepacia complex (Bcc):** Often causes chronic lung infections in cystic fibrosis patients, along with respiratory infections, bacteremia, and wound infections.
- **Burkholderia pseudomallei:** Causes melioidosis, a serious disease common in Southeast Asia and northern Australia, which can lead to pneumonia, sepsis, and abscesses.
- **Burkholderia mallei:** Causes glanders, a zoonotic infection transmitted from animals, primarily affecting the lungs.

### Transmission and Risk Factors

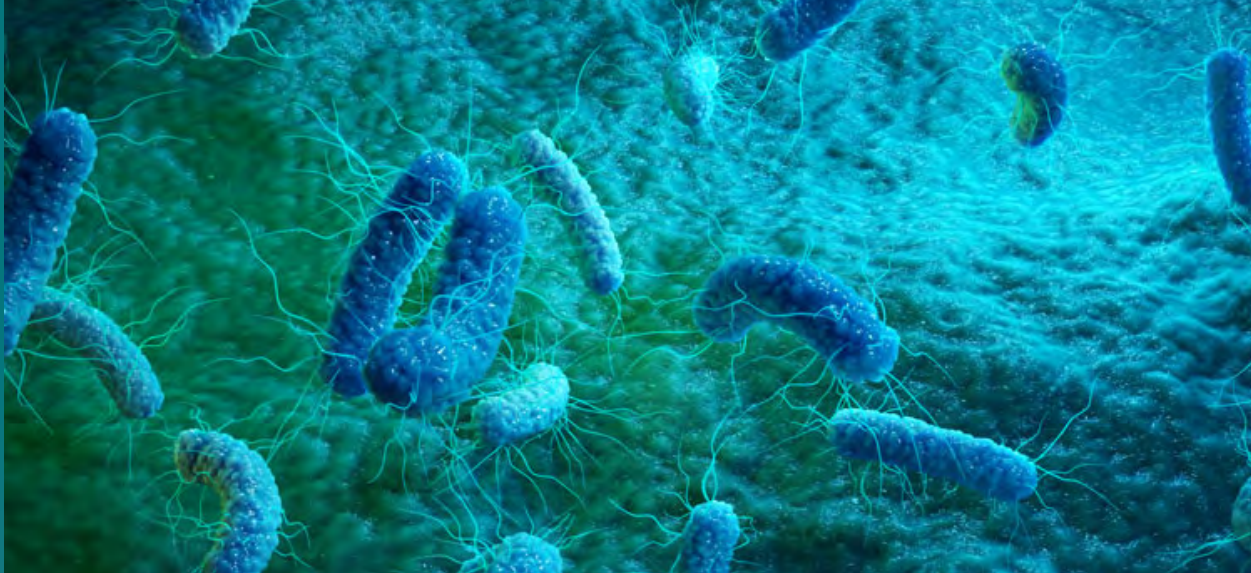
- **Environmental exposure:** People in direct contact with contaminated soil, water or aqueous environments are at risk – especially in endemic areas.
- **Person-to-person:** Bcc can spread person to person through direct contact - such as kissing, or indirectly from touching contaminated objects.
- **Healthcare settings:** Bacteria may be present in fluids (e.g., irrigation solutions, intravenous fluids, aqueous gels) and plumbing systems - as well as contaminated environments and equipment in healthcare services.
- **Underlying conditions:** Individuals with lung disease or compromised immune systems are at higher risk. i.e. cystic fibrosis, chronic obstructive pulmonary disease (COPD). Rarely causes infection in healthy hosts.

### Symptoms

- **Respiratory infections:** Common with Bcc, presenting as chronic cough, shortness of breath, and fatigue, potentially leading to pneumonia.
- **Melioidosis:** Symptoms include fever, pneumonia, abscesses, and joint pain.
- **Glanders:** Includes fever, chest pain, and systemic infections.

### Diagnosis

- Diagnosis involves clinical suspicion and microbiological testing, including cultures, PCR, and imaging such as X-rays or CT scans.



### Treatment:

Burkholderia infections are resistant to many antibiotics – treatments are governed by this.

- **Bcc:** Treated with a combination of antibiotics like trimethoprim-sulfamethoxazole and ceftazidime.
- **Melioidosis:** Requires intensive antibiotic therapy with meropenem or ceftazidime, followed by long-term oral antibiotics.
- **Supportive care:** May include intensive care, mechanical ventilation, treatment for sepsis or abscess drainage.

### Prevention:

- **Infection control:** Strict infection control practices in healthcare settings to prevent transmission. Transmission precautions for cases: contact and droplet precautions, isolation for duration of illness and enhanced disinfection cleaning.
- **Water management:** Systems in place to monitor, clean and maintain waterways – notably in healthcare settings.
- **Surveillance:** Monitoring and reporting of cases, especially in endemic areas.
- **Environmental measures:** Avoiding contact with contaminated soil and water in high-risk regions.
- **Research:** Ongoing vaccine development, particularly for melioidosis.

### References

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# Infection Control Matters Podcast

## Methods of assessing effectiveness of hospital cleaning – a review and peek into the future?

In this episode Martin Talks to Silvana Gastaldi who is an infection prevention and control health referent at UK-MED (a frontline humanitarian medical NGO). We discuss her recent paper in the Journal of Hospital Infection that reviews the literature on methods of assessing how effective environmental cleaning services and procedures are, including ATP, fluorescent UV marking, visual and microbiological methods and also discuss the potential for AI to assist in the healthcare environmental decontamination arena.

The paper we discuss:  
Gastaldi S, Accorgi D, D’Ancona F. Tools and strategies for monitoring hospital environmental hygiene services. J Hosp Infect 2025.  
<https://doi.org/10.1016/j.jhin.2025.01.011>

To listen to a previous podcast in which Dr Phil Carling, developer of the UV marking systems talks about its development and initial use please [click here](#)

## Reducing CAUTI in intermittent self-catheterisation. The trial that didn’t make it.

In this episode, Phil Russo talks to Brett Mitchell and Kate Browne about a study that did not make it over the line. Following a systematic review in 2021 that examined the issue of UTIs in those who self catheterise, a study to examine whether previous work demonstrating a reduction in CAUTI in indwelling catheters through the use of Chlorhexidine for meatal cleansing would be effective was designed. The team discuss the complexities of getting what was essentially a community-based study over the line and why ultimately it did not progress, much to the sadness of the team.



Previous relevant work is listed below. Mitchell BG, Prael G, Curryer C, Russo PL, Fasugba O, Lowthian J, et al. The frequency of urinary tract infections and the value of antiseptics in community-dwelling people who undertake intermittent urinary catheterization: A systematic review. Am J Infect Control 2021;49(8):1058-65.  
<https://doi.org/10.1016/j.jic.2021.01.009>.

Fasugba O, Cheng AC, Gregory V, Graves N, Koerner J, Collignon P, et al. Chlorhexidine for meatal cleaning in reducing catheter-associated urinary tract infections: a multicentre stepped-wedge randomised controlled trial. Lancet Infect Dis 2019;19(6):611-9.  
[https://doi.org/10.1016/S1473-3099\(18\)30736-9](https://doi.org/10.1016/S1473-3099(18)30736-9).





# Latest articles from Infection, Disease & Health

## Editorial

Brett G. Mitchell

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

Hyunji Lee, Thea F. van de Mortel, Peta-Anne Zimmerman

### Impact of enhanced public health and infection control measures on pediatric hospital-acquired respiratory viral infections during the SARS-CoV-2 pandemic

William J. Sanders, Andrew Jones, Tegan Milton, Julia E. Clarke



In this issue:	
Multidisciplinary team meetings in prosthetic joint infection management: A qualitative study.....	145
VRE acquisition in hospital and its association with hospital antimicrobial usage - a non-linear analysis of an extended time series.....	151
Care bundle for the prevention of peripheral venous catheter blood stream infections at a secondary care university hospital: Implementation and results.....	159



## Selected Publications of Interest

### A model for predicting a 'superspreader'

### The Impact of Health Disparities and Inequities on Healthcare Associated Infections: A Call to Action

Hospital toilets and drainage systems as a reservoir for a long-term polyclonal outbreak of clinical infections with multidrug-resistant *Klebsiella oxytoca* species complex

### Infection prevention and control measures to reduce the transmission of mpox: A systemic review

### Connecting the dots between a sustainability agenda, infection prevention and antimicrobial resistance

### Infection Prevention and Control in Correctional Settings



ACIPC

Australasian College  
for Infection Prevention and Control

Level 6  
152 Macquarie St  
Hobart TAS 7000

+61 (3) 6281 9239  
[office@acipc.org.au](mailto:office@acipc.org.au)  
[www.acipc.org.au](http://www.acipc.org.au)

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