



ACIPC

Australasian College
for Infection Prevention and Control

ACIPC Position Statement

Advocacy for inclusion of IPC in the Australian CDC

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Executive Summary

As the national body representing members working in infection prevention and control (IPC) we support the development of the Australian Centre for Disease Control (CDC) and advocate to ensure IPC is appropriately and consistently represented. The establishment of the interim Australian CDC governance arrangements should include formal representation and permanent IPC inclusion.

ACIPC recommends:

The interim Australian Centre for Disease Control Establishment Taskforce must integrate IPC as a core function within the Australian CDC to:

- Build a One Health framework and strengthen Australia's ability to prevent, control and respond to infectious disease threats.
- Strengthen national consistency in IPC practices and provide expert guidance during significant public health events

Introduction

The COVID-19 pandemic has highlighted the leading role IPC professionals play in responding to infectious disease outbreaks and placed a spotlight on their role at the forefront of the pandemic response, from providing frontline IPC care, outbreak and control management, quarantine and furlough of cases and contacts, and the administration of COVID-19 vaccines. During the COVID-19 pandemic it became apparent that there was little integration between disease control within the community and the healthcare settings, significantly limiting and impacting the responsiveness of the system as a whole.

While it is pleasing to see the formation of an Australian CDC, a much-needed resource within Australia's public health system, communicable and non-communicable disease prevention, and infection prevention and control (IPC) landscape, it is concerning that the work by the interim Australian CDC to design the CDC structure has excluded IPC experts. The inclusion of IPC within the Australian CDC will increase the profile of IPC, and its role within the acute, aged care, disability and community health settings, as well as broader community settings.

Literature Review

The Australasian College for Infection Prevention and Control (ACIPC) is the leading body for IPC professionals across Australasia. ACIPC plays a pivotal role in influencing IPC practices across diverse healthcare sectors including acute and aged care, mental health, rehabilitation, dental services, veterinary health, and community settings such as beauty and wellness industries, schools and sports venues.

As the voice for IPC professionals, ACIPC supports its members, key practitioners and decision-makers in the field, by providing leadership, education and evidence-based guidance. Membership spans a wide range of professionals, including nurses, dentists, veterinarians, industry experts,

scientists, academics, educators and policymakers. Together, they work to advance infection prevention standards and reduce the burden of infections across all sectors.

Opportunities for the Australian CDC

To optimise the effectiveness of IPC within the Australian CDC, key strategies warrant further recognition and implementation, including acknowledgment of IPC as a specialist field, enhanced preparedness and response capability for future pandemics, an integrated national surveillance system and considerations to safer air quality.

Specialisation in IPC

During the pandemic there were perceptions that the IPC response was able to be provided by Public Health and the Australian Commission on Safety and Quality in Healthcare (ACSQHC). However, these are both very different modalities and while there needs to be clear and strong lines between each section, the expertise and advice relating to IPC strategies needs to be from an IPC speciality branch of qualified experts in IPC of the Australian CDC.

Professionally, IPC is a well-established speciality discipline that incorporates clinical and public health focuses, which influences and strengthens health and community systems, to support consumer and employee safety, quality improvement, prevention of antimicrobial resistance and improve outbreak preparedness and responses which will support best outcomes for consumers and employees.

The National Safety and Health Quality Service Standards and the Aged Care standards provide a national approach to the level of care consumers can expect in health service organisations, using quality assurance mechanisms for programs to achieve high levels of safety and improve outcomes from preventable diseases. This requires an IPC framework to be in place, embedded into practice and regularly assessed to ensuring ongoing compliance and quality improvement, all of which requires experts in the area of IPC to specifically manage these programs to ensure compliance with the Standards. The current system results in variability with the design, structure and resources allocated to IPC programs and management around the country, and it is essential that a national benchmark is established to reduce variability within the States and Territories, and to bring consistency to IPC programs through the provision of tools and resources that are assessed by the NSQHS.

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.

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 would integrate HAI surveillance, policy and implementation efforts more effectively. And to be consistent with the International Health Regulations (IHR) framework for surveillance.

Safer air quality

Improving indoor air quality (IAQ) in healthcare 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 impact poor IAQ can have on chronic illness and the transmission of pathogens through the air, including COVID-19 and influenza, is significant.

The Federal Government must acknowledge IAQ as an accessibility issue that must be addressed. It must set performance standards for IAQ that will lower the risk of infection of pathogens that transmit through the air in all settings, and to recognise that IPC extends far greater than the healthcare setting, incorporating the whole community and impacting education, disability, and workplace settings.

Enhanced preparedness and response capability for future pandemics.

While the Infection Prevention and Control Expert Group (ICEG) was formed during 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 was evident and resulted in conflicting information provided by Federal and State Health Departments, this resulted in inconsistencies between the policy positions of different levels of government and those disseminated within the health systems and public settings.

The need to rapidly establish ICEG highlighted the fact that national pandemic and infection prevention preparedness was deficient and emphasised the need for a permanent ICEG-like group embedded within the CDC, to lead and drive policy independently of politicians, and to maintain core capabilities for response consistent with the International Health Regulations (IHR) framework for public health emergencies.

Recommendations

ACIPC recommends:

- The Australian CDC must include IPC experts to ensure future and emerging infectious disease prevention and control is effective across the entire community.
- Integrating IPC into the Australian CDC would provide a comprehensive infrastructure and allow healthcare facilities and community settings to implement standardised IPC protocols and guidelines that will prioritise air quality ventilation and the reduction of transmission.
- The Australian CDC will strengthen national consistency in IPC practices, support a One Health approach for broader disease prevention and provide expert IPC guidance during pandemics in place of ad hoc committees.
- The CDC must ensure there is IPC and ID expertise embedded within the structure, with experienced and credible membership.



Version

Version	Date	Addition/Amendments	Author	Review By
1.0	March 2025	New position statement	IPC Clinical Nurse Consultant	ACIPC Board

