

THE Infection Controlla



IPC

Infection Prevention & Control
Nurses College NZNO

April 2026

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Figure 1: Created with the help of Copilot

Hello everyone. Welcome to our April edition of the Controlla.

The College committee met in February to go over our work and plan moving forward. We want feedback from our members on how the College is doing so we have decided to carry out a survey. Please look out for our College Engagement Survey that is coming soon. We look forward to all your responses and comments, both positive and negative.

I am also looking forward to seeing many of you at the IPCNC Conference 2026: **Lights, Camera, Prevention!** in August at Wellington's fabulous Tākina Convention and Exhibition Centre.

Michelle Taylor - Publications

Your Current College Committee



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Committee Member: Ranjeet Kaur

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Chairperson Report

Well, I was hoping that the saying “may you live in interesting times” would be slowing fading away. Alas this doesn't seem to be the case, another year is hurtling past at breakneck speed, and the world is unsettled on more fronts than is comfortable.

Michelle and I attended the NZNO College and Sections forum in Wellington. The forum was an opportunity to discuss what our college had been working on over the last year, network with the leaders of other colleges and plan how we can collectively work together.

One of the most impactful discussions was how we can influence at the highest level possible, for example how to move from having input into protocols to having input into legislation or regulations. There was much to digest...

The conference is shaping up to be an exciting and informative event. The organising team are working hard to ensure its success and their work is much appreciated. Our regional groups are also starting to form connections at a local level and many thanks to the regional coordinators for their leadership in this area.

Looking forward to seeing as many of you as possible at the conference.

Lisa Gilbert – Chairperson

Membership Report



Figure 1: Created with the help of CoPilot

Current IPCNC membership stands at 959. If you have recently joined, welcome. If you want to attend the IPCNC conference, become a member as then you can get the early bird IPCNC membership registration rate of \$760.00.

We are always on the lookout for Regional Representative to coordinate regional activities. If any member is interested in becoming a Regional Representative please get in touch.

Anne Hutley – Membership Coordinator

Website Report

Our website www.infectioncontrol.co.nz is a great source of information and resources for both IPCNC members and non-members. Here is a reminder of some of the information in the tabs across the top of the **Home** page.

- **About Us** - Committee member details; regions and regional representatives
- **News** - latest news for the IPC sector in New Zealand
- **IPCNC Library** - members can access our college rules, previous committee and AGM minutes, funding application forms, information and EOI forms for potential committee members, previous conference presentations and more.

- **Professional Development** - multiple pages of information, guidance, training opportunities and external links to IPC resources **(NEW!)**

Make sure you can login – you can reset your password yourself through the login page.

I welcome any suggestions for website content, feedback about ease of use and of course any broken links you come across.



Happy website surfing. www.infectioncontrol.co.nz

Ruth Barratt - Website Manager

Regional Reports

Midlands Region Report

The Midlands Region has had a great start to 2026! Twenty-one IPC professionals attended a 4-hour education forum on Friday 27th February from 10am to 2pm at the St Andrew’s Community Link Centre in Hamilton. Many attendees travelled from outside of the Waikato....Hawkes Bay, Taumaranui, Rotorua, Bay of Plenty, Tauranga and of course the mighty Waikato!!! There was a balanced mix of TeWhatuOra and private surgical representation.

The three speakers were: Ann Whitfield, Carol Jarvis and Francie Morgan.

All presentations focused on the lived experiences of working with the challenges and thrills that we face in our specialty of IPC. From strategic IPC governance development and impact on outbreak management, pioneering NZ input into international groundbreaking IPC research in ICU environments, discovery of an unusual pathogen in infant milk formula, establishing quarantine facilities during early COVID and IPC consulting in a hospice setting. Realisations of correct IPC practices throughout these contexts ensured that lunch break was an enthusiastic interchange of thoughts and ideas!

Speaking of lunch, the delicious lunch was provided by Margaret from **SCJohnson** and club sandwiches and savouries were well munched on! We are very thankful for this support. Thankyou SC Johnson!! The CUTAN brand of hand cleaning agents was on display.

Carol shared with the group that it was the 5-year anniversary of COVID arriving in New Zealand and our forum was therefore even more timely. The Midlands Region Group last met before COVID.....so who would have known that it would be 5 years before we met again F2F. We certainly have missed the collegiality that these forums nurture.

The venue was absolutely superb and speaking with the site manager, they reiterated that they continue to observe capacity restrictions within each one of their very lovely facility rooms. We were very fortunate to have **Global Medics Group** provide sponsorship for the full cost of venue hire and we thank their longstanding loyal support of our College!!

Attendees received a Certificate of Attendance for 4 professional development hours.

Everyone ensured that this forum meeting was a success and we are keen to encourage our region members to submit abstracts for this Year’s IPC Conference in Wellington.

Francie Morgan - Midlands Region Coordinator

Northern Region Report

It's been a busy quarter since I took on the regional coordinator role for IPCNC. The membership list has been updated and members removed (at their request). A newsletter was sent out and the 1st study day was held on March 13th. Approximately 60 people attended with representation from 3 out of 4 Districts – as far away as Whangarei. Attendees were a mix of private hospitals, aged residential care, and public hospitals. The feedback has been very positive and some great suggestions for the next one!



Sandi Gamon – Northern Region Coordinator

Conference Reports

Circles of Influence – ACIPC International Conference

I was privileged to receive support from the Infection Prevention and Control College to attend the ACIPC International Conference in Hobart, Australia. Hobart is the capital of Tasmania and showcases its historic past through the period buildings and incredible dock area (well known as the finish to the Sydney to Hobart yacht race).



The Conference was at the Hotel Grand Chancellor located on the water front. The first day was opened with the Welcome to country by a descendant to the traditional land owners of Tasmania and was very moving. Following the opening addresses the Key note speaker for the day was Dr Tania Bubb, Director of IPC at Memorial Sloan Kettering Cancer Centre New York. Her presentation “Circles of Influence” was an interesting reflection on how Evidence-based Practice and Practice-based Evidence are intertwined in how we influence practice. The takeaway for me from her presentation was that local experiences can influence system level improvements through collaboration, benchmarking, participation in multisite research and sharing local insights. She emphasised that evidence must be visible and actionable, this is done through use of dashboards, journal clubs, and collaborative reviews of practice at a local & national level. It was heartening to realise that many of these actions are already being done here in Aotearoa.

In the afternoons there were many breakout sessions to choose from which provided information on many different areas, I found the sessions on the updated AusHFG & Endoscopy guidelines helpful as well as hearing about many varied research projects that have been done. I particularly enjoyed the session on Germicidal UV light and the incidence of acute respiratory infection as we have recently installed UV light units in several of our wards at Waitemata and have noted a reduction in transmission of acute respiratory infections on those wards.

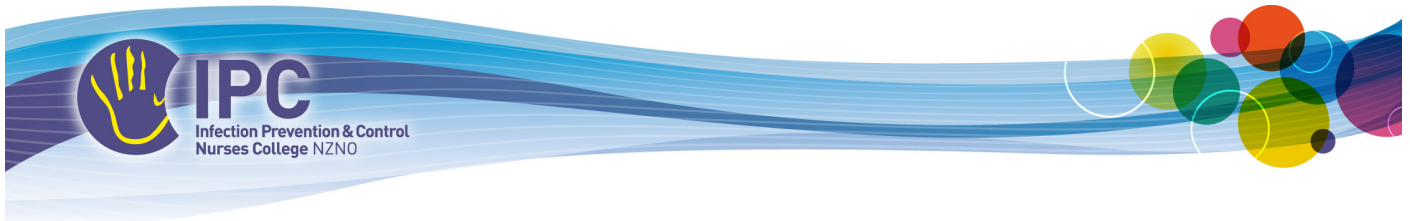
Networking at the various functions was also a highlight, New Zealand was well represented as well as other Pacific nations such as Fiji, China, Singapore and of course Australia. Over all the conference was a great learning experience and I would recommend any IPC professional to attend.

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Christine Sommerville – Waitemata

OPAT Symposium 2025

Thanks to a scholarship from the Infection Prevention & Control Nurses College (IPCNC), I was able to attend and present at the OPAT Symposium 2025 hosted by Counties Manukau Vascular Access and OPAT (outpatient parenteral antimicrobial therapy) team. The symposium was an opportunity for pharmacy, medical and nursing specialists and key stakeholders, e.g. IPC Practitioners, from across the motu to come together and learn about how the different OPAT services operated as well as their challenges and insights.



The day was exceptionally well run with a welcoming and supportive atmosphere. All the speakers on the day were amazing and generous with sharing their knowledge. I found all the presentations were easy to comprehend, although I am not an OPAT specialist, providing the opportunity to increase my knowledge and understanding of the current systems in place as well as future directions and potential improvement opportunities.

There were several underlying themes within the presentations, with AMR being the key one for myself as an IPC Nurse. There was also a presentation from Waitaha on the number of HABSIs infections which were referred to the OPAT Service for home IVs.

The main highlights from the day included a presentation on the changing face of OPAT in the UK. This presentation really helped highlight the breadth of services UK OPAT nurses were able to provide, including chemotherapy, enabling users to receive care at home rather than in the hospital for an expansive range of clinical conditions. The improved accessibility such essential lifesaving services really struck me, as well as the potential such a system could provide if a similar model was adopted in NZ.

The other main highlight, particularly from an IPC perspective, was a presentation on the ESCMID (European Society of Clinical Microbiology and Infectious Diseases) Global 2025 conference that took place in Vienna. The presenter included photos from the conference and sheer scale of the conference in terms of programme content, venue size and the number of delegates (c15,000) was astounding. Sustainability was also considered with the conference registration fee including complimentary public transport and virtual access.

I would like to express my thanks to the team at IPCNC for their support. The development and networking opportunities this trip provided would not have been possible without the help of a travel scholarship from IPCNC.

Sophy Butcher – Waitaha Canterbury

ACIPC Conference 2025 – online attendance

In November 2025 I was fortunate to receive IPCNC Travel and Education funds for an online registration of the ACIPC Conference. Although I missed the networking and catching up with Australian colleagues and friends, I found the online registration worked well for me. I could easily move between presentations and watch them when it suited me. Furthermore, nearly all the presentations were available to watch up to 6 months after the conference. In this report I have chosen to highlight one presentation and one poster that were particularly interesting, and topical.

1. Understanding CPO Colonisation – Dr Courtney Lane, Victoria

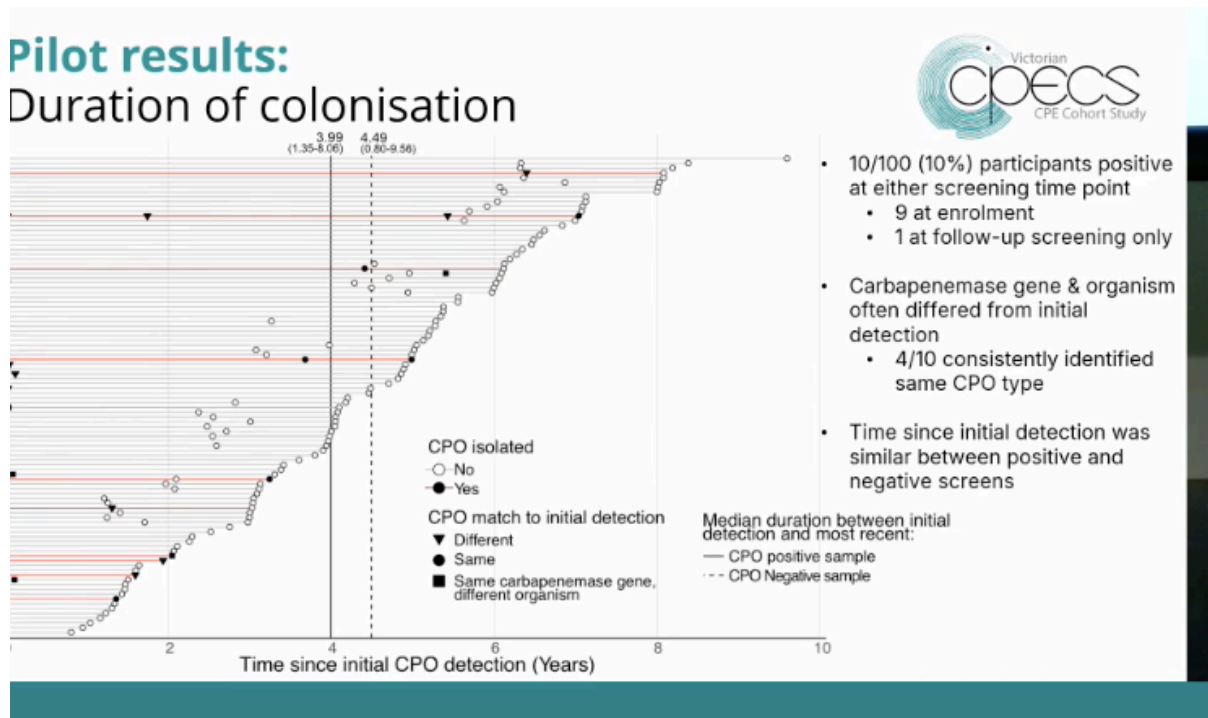
This was a great talk which explored the duration and risk factors for CPO colonisation using a Victorian surveillance cohort. Victoria has been collecting centralised surveillance data for CPE and then CPO since 2015. Knowledge gaps were identified when developing guidelines for the management of CPO, particularly around CPO colonisation and when these patients should be cared for in transmission-based precautions.

The following colonisation timeframes were described (from the literature):

- Spontaneous decolonisation (~72%-98.5% in 12 months)
- Extended carriage (>3 years, median duration 49-480 days)
- Re-detection following apparent clearance (10-25% patients)
- Progression to infection (0-89%, median 16.5%)

For this study (cpeecs), the group have recruit eligible positive patients and follow them up at regular intervals with testing. All subject to consent and participation of course. Out of 242 who were eligible, 195 were contacted and 100 patients initially enrolled into the study.

Their pilot results for the first 100 are shown in the slide below:



Numbers are still small and recruitment has been challenged because they need to use GPs who are too busy often to engage. Despite this they have some emerging data around potential risk factors for becoming CPO positive which are listed below:

- Born overseas
- Admission to a healthcare facility within the previous 12 months
- Lives in an aged care facility
- Faecal incontinence
- Urinary catheter
- Higher risk if received antibiotics within 4 weeks prior

This study is relevant to our work too so a good one to keep an eye out for publications.

2. Posters

I have chosen to highlight one poster presented by Hannah Kent from Avondale University. Once again a great response from our own practitioners here in New Zealand.

Australian and New Zealand nurses' understanding and application of aseptic technique in clinical contexts: A cross-sectional mixed-method study. (See poster on the next page.)

Ruth Barratt – Vector Consulting

Australian and New Zealand nurses' understanding and application of aseptic technique in clinical contexts

Hannah M Kent¹, Joanne M Lewis², Sonja A Dawson¹, Brett G Mitchell^{1,3,4,5}

Aim

- 1 Problem:** Aseptic technique is fundamental to infection prevention, yet to our knowledge, nurses' understanding and application have not yet been explored across Australia and New Zealand.
- 2 Purpose:** This study explores nurses' knowledge of asepsis, its application in various clinical contexts, their perceptions and barriers to practice, and educational needs.
- 3 Impact:** The study identified gaps and variations in practice, with its findings now informing a nationwide Delphi study to build consensus on key principles and practices, thus informing policy, education and practice, ultimately improving patient safety.

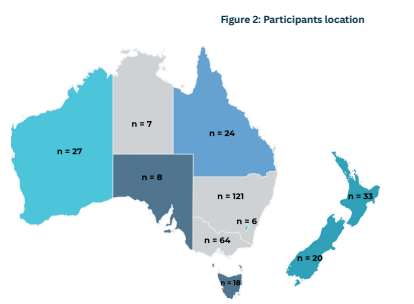
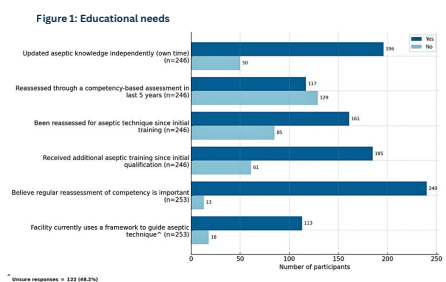
Background

In the UK, studies have identified limited opportunities for nurses to update their knowledge or be reassessed in aseptic technique, revealing suboptimal understanding of asepsis and its principles¹. Gould et al.² and Issac et al.³ reported challenges to aseptic technique in clinical settings, including a lack of understanding and standardisation in practice. Guidelines and literature regarding aseptic technique vary internationally, with a variety of terminology and approaches being used⁴⁻⁵. This variation in terminology and principles may have contributed to confusion in both educational and clinical settings²⁻⁶. Despite its importance, there is a paucity of evidence exploring how Australian and New Zealand nurses understand and apply aseptic technique in clinical settings.



Method

We undertook a cross-sectional mixed-method survey design. Registered and Enrolled nurses working in Australian or New Zealand healthcare or nursing education facilities were invited to participate and were recruited between December 2024 and February 2025. Data were collected using SurveyMonkey. The survey was informed by a systematic review of the literature and incorporated questions from existing surveys exploring asepsis among nurses^{2,7,8}. Descriptive analysis (SPSS v.29) was applied to survey responses, while open-ended responses were analysed in NVivo (v.14) using both content⁹ and reflexive thematic analysis¹⁰ to present findings.



Results

A total of 328 responses were received from participants across Australia (n=275) and New Zealand (n=53) (Figure 2). Respondents were predominantly from the public sector (62%), with 65% having more than ten years of experience. The sample primarily consisted of registered nurses (n=142), followed by clinical nurse specialists (n=39) and clinical educators (n=34). While nearly all recognised the importance of aseptic technique for infection prevention, considerable variation was evident in how principles were described and applied. Terminology such as "clean", "sterile" and "aseptic" were commonly misunderstood, and 48% of participants were unsure if their facility used a framework to guide aseptic technique. Less than half (47.2%) of nurses stated they had been reassessed on their aseptic technique skills within the past five years (Figure 1). The most frequently reported barrier to aseptic technique was lack of time (n=97), followed by variants in policy or procedure (n=88). A total of 174 participants described experiencing or observing confusion around aseptic technique, with the majority of situations occurring in the ward setting, thematic analysis revealed five themes (Figure 3).

Variation in policies and practices

- "When a major hospital opened, it borrowed policies from another government hospital. Each team believed their approach to aseptic technique was correct, leading to significant confusion."
- "Changing protocols between facilities for the same procedure one required 'sterile' conditions, the other a non-touch clean technique"
- "Students see something different on placement to what we teach."

Lack of clarity around principles and terminology

- "Staff generally know how to manage aseptic technique, but do not apply/understand the language required. Sequencing can sometimes be poor, and occasional inappropriate PPE use"
- "It's often confusing with terminology - clean, aseptic, sterile, different staff interpret them differently."
- "There is a misunderstanding around what is a key or critical part."

Confusion around clean, aseptic and sterile practice

- "I have seen staff unsure whether removing sutures should be done as a sterile or clean procedure."
- "PICC dressing treated like a basic wound."
- "There is so much inconsistency, at times, [during aseptic technique] hand hygiene is pretty much not existent"
- "There are degrees of confusion as with CVC removal - policies might state standard gloves use is adequate for PICC removal ..."

Knowledge Gaps

- "Often people are confused when using sterile gloves and miss when they have contaminated them..."
- "Colleague donning gloves and touching everything from tray to the patient and everything in between, breaking the sterile field."
- "Staff with sterile gloves on touching nonsterile items thinking they're sterile due to the gloves being sterile..."
- "Mostly people not appreciating the importance and taking shortcuts."

Environmental and situational influences

- "During a rapid response ... Prior to being able to set up a field properly/using correct PPE ... another nurse removed the port with general gloves and general alcohol wipes ..."
- "Often when applying dressings in a mental health setting, if a patient is escalated any dressing being applied is better than no dressing."
- "... During medical emergency for patients with known infection such as MRSA, VRE."

Conclusion

These findings highlight inconsistencies, challenges and educational needs in nurses' understanding and practice of aseptic technique. Establishing clear, evidence-based terminology and principles would strengthen policy, education and clinical practice. Further research is currently underway to reach a consensus on these definitions and principles.



When Water Changed Everything: A Lesson in Cultural Humility for IPC Practice

When I signed up as the Infection Prevention and Control nurse for Mercy Ships, I assumed my skill set would transfer seamlessly. Reading the job description, it mirrored my existing role almost exactly. Even aboard the surgical ship — with its state-of-the-art equipment, gleaming hospital decks, and familiar clinical environment — I felt on familiar ground.

Then I walked the streets of Freetown, Sierra Leone.

I had travelled to developing countries before, so poverty wasn't unfamiliar. But the layer of grime — on surfaces, on people — stopped me. I told myself it was cultural; that cleanliness simply wasn't a priority here. I didn't interrogate that assumption. I didn't yet know how profoundly wrong I was.

The shift came when I accompanied a nurse on a six-hour journey to a rural village to assist with drilling a new well. What I witnessed reframed everything.

I had grown up in an intimate, private, and entirely uncomplicated relationship with water. Thirsty? Turn the tap. Hot? Shower. Grazed knee? Rinse it clean. I had swum in pools, boiled kettles, drunk freely and independently since childhood. Water was always there — safe, personal, abundant.

For the people of that village, water was none of those things. It was communal, scarce, and hard-won. Retrieving it was a shared labour and a daily responsibility. There was no private space to wash, no tap to turn when thirsty, no clean source to trust. The rivers used for bathing harboured parasites. Coca-Cola in a sealed can was genuinely safer to drink than the local water. When water cannot be trusted and access is this constrained, hand hygiene is not a habit waiting to be taught — it is a concept without a foundation.

That realisation dismantled my assumptions entirely.

Back on the ship, I understood that behaviour change in IPC could not be achieved through directive instruction or imported protocols. Initiatives developed without co-design consistently met resistance. Those built collaboratively — with curiosity about local context and genuine respect for community knowledge — achieved meaningful, sustained uptake.

Cultural humility isn't a competency to acquire and tick off — it is a practice of perpetual unlearning. Every protocol we write, every behaviour we try to change, every patient who doesn't comply in the way we expect is an invitation to ask: whose reality does this reflect? Mine — or theirs?

Justine Wheatley - Southern Cross Gillies Hospital



Conference Posters

Preparing New Zealand nurses for infection prevention and control through mentorship

Dr Ruth Barratt¹, Joanne Baigent¹, Ms Monina Hernandez^{1,2}, Ann Whitfield¹, Tanya Jackways¹, Francie Morgan¹, Barbara Gibson¹

Problem

Infection prevention and control (IPC) plays a vital role across all areas of healthcare. The recent pandemic highlighted the critical need for New Zealand nurses to possess fundamental IPC skills to ensure healthcare safety at all times.

To bridge this gap, the New Zealand Infection Prevention and Control Nurses College (IPCNC) launched the Fundamentals of IPC Programme in 2020, a concise best practice online course designed to enhance foundational IPC knowledge and skills. Nurses were mentored, as opposed to being supervised and coached. Mentorship is relationship and development focused, supervision is accountability focused, and coaching is performance focused.

Results

Mentorship played a crucial role in enhancing the IPC learning experience and professional development of nurses who came from acute care, aged care, and primary care settings. Experienced IPC mentors provided essential guidance, support, and expertise to 271 mentees as they completed ten self-directed workbooks over four months. The online success rate was 73%.

Mentors clarified complex concepts, offered practical insights, and helped apply theoretical knowledge to real-world IPC concerns.

Mentoring in small cohorts facilitated the application of IPC concepts to sector-specific challenges, enhanced collaboration, and provided personalised support that addressed gaps in self-study. Mentorship enabled sustained motivation, accountability, and peer learning.

Conclusion

IPCNC mentors served as role models, sharing their expertise and guiding nurses throughout the course. Graduates have been equipped to competently address ongoing and emerging infection control challenges and have demonstrated significant personal and professional growth.

Lessons learnt

Mentoring in IPC is a strategic tool for professional development, workforce resilience, and in nurturing future IPC experts.

“Great course! Very well-structured/scaffolded and excellent mentor support. I have certainly learnt the fundamentals of IPC.”

“Your encouragement and mentorship greatly contributed to my learning and successful completion of the IPC course. I am truly grateful for the time, patience and effort you invested in supporting me, and I look forward to applying the knowledge and skills I have gained.”

“The shared sessions were very useful and created opportunities for learning and networking.”

IPC mentoring has given me more confidence in my role as the IPC champion in our ward. I get to provide better support to my colleagues and act as a liaison with the IPC Clinical Nurse Specialist in our clinical area - Richard



Mentoring helped improve my clinical management skills and my understanding of what constitutes "safe practice" in protecting patients, health workers, and the public from transmissible infectious diseases - Joyce



Author Affiliations: ¹ Infection Prevention and Control Nurses College, NZNO, Wellington, New Zealand,

² Deakin University, Burwood, Australia





IPC

Infection Prevention & Control
Nurses College NZNO



Upcoming Educational Opportunities

National Conference

You are invited to IPCNC Conference 2026!



What?	Three days of IPC knowledge and innovation. Overseas and national speakers, trades, local expertise. All the IPC support at the biggest IPC event in New Zealand!
When?	26th-28th August 2026
Where?	Tākina Convention and Exhibition Centre, Wellington
How?	Registration open. Earlybird prices close June 30th
IPCNC Member	\$760. Non-member: \$890. Single day: \$400
Website:	https://www.ipcncconference.nz/

Keynote Speakers

Jincy Jerry is the Director of Infection Prevention and Control at NHS Ayrshire and Arran, Scotland. She earned numerous awards, including the ICPIIC Innovation Academy Awards (2021, 2023), the Bright Spark award (2022), Hospital Manager of the Year Award (2023), and finalist in the prestigious Aster Guardians Global Nursing Award (2023).

Belinda Henderson is the Chief Nurse for IPC for the Queensland Department of Health, and is a focal point for their WHO Global Outbreak Alert and Response Network. She is a fellow and past president for ACIPC.

Conference questions? Contact henrietta.sushames@ccdhb.org.nz



Webber Training – Learning Opportunities

As you are all hopefully aware, you can access Webber Training education lectures free of charge if you are members of the NZNO IPCNC. This access has been provided by Paul Webber and if you are not already a Webber Training member, follow the instructions on how to join up here: [Webber-Training-Teleclass-Access-Instructions.pdf](#)

As these lectures are now web based, you can access the recorded webinar any time to suit you regardless of which hemisphere they are recorded in. The topics for the next two months are:

Month	Presentation	Date and Time	Presenter/s
April	An Overview of the Leapfrog Group’s Hand Hygiene Standard	April 9 @ 1:30 pm - 2:30 pm AEST	Prof. Matt Austin and Preeti Joshi, Johns Hopkins School of Medicine
	Is Infection Prevention and Control Guidance Fit for People? The Case for Compassionate, Person-Centred IPC	April 16 @ 1:30 pm - 2:30 pm EDT	Jules Storr, S3 Global Healthcare
	(Australasian Teleclass) Infection Prevention and Control Response and Escalation Framework: Evaluation and Application Beyond a Pandemic	April 22 @ 1:30 pm AST	Kathy Dempsey, Clinical Excellence Commission, Australia
	(Afro-European Teleclass) New WHO/UNICEF Global Guidelines on Hand Hygiene in Community Settings	April 28 @ 2:30 pm CEST	Joanna Esteves Mills, World Health Organisation
May	(Afro-European Teleclass) Special Lecture for International Hand Hygiene Day	May 5 @ 1:30 pm - 2:30 pm EDT	Amanda Deeves, World Health Organization
	Publish or Perish! How and Why You Should Publish Articles in Academic Journals	May 14 @ 1:30 pm EDT	Martin McDonald, Journal of Hospital Infection and Infection Prevention in Practice
	(Afro-European Teleclass) Patient Safety Begins at the Front Door: Infection Prevention in Home Health & Hospice	May 19 @ 2:30 pm CEST	Dr. Mary McGoldrick, Home Health Systems Inc
	(IPAC Canada conference broadcast) Misinformation and Disinformation: The Next Pandemic	May 27 @ 9:30 am EDT	Craig Silverman, Journalist

International Educational Opportunities

World Congress on Infection Prevention and Control (WCIPC-26)

Rome, Italy, April 3-4 2026

<https://iser.org.in/conf/index.php?id=100219341>

APIC 2026 Annual Conference

Nashville, Tennessee, June 1-17 2026

<https://apic.org/apic2026/>

IP2026 Infection Prevention Conference

Royal Armouries Leeds, September 28-29 2026

<https://www.ips.uk.net/events-calendar/ip2026-infection-prevention-conference/>

2026 ACIPC International Conference

Gold Coast, Queensland and Online, November 8-11 2026

<https://acipconference.com.au/>

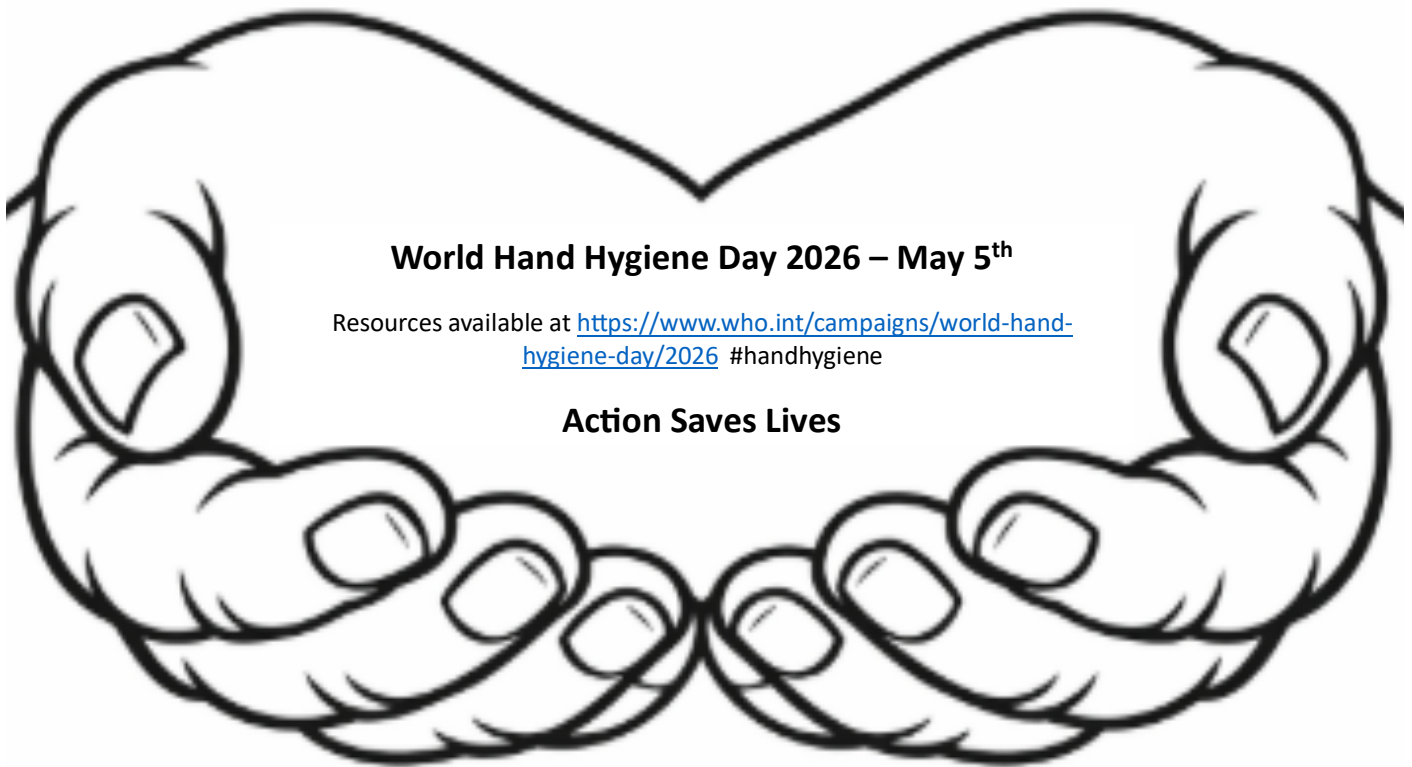
Funding Options

The next round of Travel and Education Funding Round closes on 1 August 2026.

The application form is available on the IPCNC website at

<https://infectioncontrol.co.nz/home/professional-development/ipcnc-scholarship-and-awards/>

Upcoming Events





Need More IPC Information?

Interesting journal articles, podcasts and blogs

- **Infection Control Matters.** A podcast on topics related to preventing and controlling infection

<https://infectioncontrolmatters.com/>

An excellent podcast from UK and Australian IPC experts with short informative topics. Highly recommended.



- **IPC Partners** IPC Partners is a collaboration of experts providing infection prevention solutions to healthcare professionals and industry partners.

Their blogs are about topical issues for IPC practitioners. <https://ipcpartners.org/blogs/>

Journal articles – all Open Access

1. *An investigation of Infection Prevention and Control professionals' experiences during the COVID-19 pandemic: A global perspective.* Matt Mason, Jocelyne M. Basseal, Roslyn Walker, Peta-Anne Zimmerman. *Infection, Disease & Health*, Volume 31, Issue 2, 2026. <https://doi.org/10.1016/j.idh.2025.10.004>.
2. *User experience of air purifiers for the purpose of reducing acute respiratory tract infections: A cross-sectional survey in residential aged care settings.* Bismi Thottiyil Sultanmuhammed Abdul Khadar, Brett G. Mitchell, Vanessa M. McDonald, Julee McDonagh, Jenny Sim. *Infection, Disease & Health*, Volume 31, Issue 1, 2026. <https://doi.org/10.1016/j.idh.2025.07.004>
3. *Comparing observed with self-reported hand hygiene adherence among bedside nurses and physicians at two hospitals in the United States.* PA KKulkarni et al. *American Journal of Infection Control*, Volume 54, Issue 3, 241 – 246. DOI:[10.1016/j.ajic.2025.10.032](https://doi.org/10.1016/j.ajic.2025.10.032)

Health NZ Te Whatu Ora

Have a look at the IPC resources available at the new website - <https://www.tewhatauora.govt.nz/health-services-and-programmes/infection-prevention-and-control>

Keeping Up to date

Visit our Website

<https://infectioncontrol.co.nz/>

Join our Facebook Page

<https://www.facebook.com/groups/276336942979329>