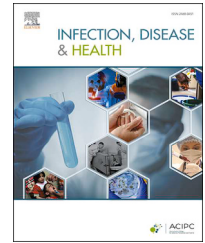


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Review

Australian research in infection prevention and control: A bibliometric review from the past two decades

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Abstract *Background:* Australia is recognised as a leading contributor to infection prevention and control (IPC) randomised controlled trials. However, the broader landscape of Australian IPC research has not been comprehensively mapped. This bibliometric review examined research trends, thematic focus areas, and methodological approaches in Australian IPC research over the past two decades.

Methods: A systematic search of Scopus identified IPC-related documents from January 2003 to September 2025. Eligible documents reported original IPC research involving an Australian population and included at least one author with an Australian institutional affiliation. Reviews required an Australian author. Following screening in Covidence, metadata from included documents were analysed using the web application Biblioshiny® to assess publication trends, citation patterns, authorship networks, and international collaboration. Manual thematic coding was undertaken, and reporting followed the BIBLIO checklist.

Results: A total of 841 documents from 241 sources were included in the analysis. Publication output increased notably from 2013 onward, with further growth during 2020–2021 and again in 2025. Surveillance was the most common research theme (18.2% [153/841]). Observational

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designs dominated the literature (44.9% [378/841]), while randomised controlled trials accounted for just 1.2% (10/841) of documents. There was extensive international collaboration, involving authors from 81 countries.

Conclusion: Australian IPC research output has expanded considerably but remains concentrated within a limited number of themes and is dominated by single-centre observational studies. These findings highlight opportunities to diversify methodologies, strengthen evidence quality, and better align future research with IPC practice and policy priorities.

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Highlights

- Australian IPC research grew strongly after 2013, with major publication peaks in 2020–2021.
- Surveillance dominated IPC research, while randomised trials made up only 1.2% of studies.
- Most IPC studies were observational designs, with half being single-centred, limiting quality and impact.
- Strong international collaboration exists, creating opportunities for larger IPC clinical trial networks.

Introduction

Effective infection prevention and control (IPC) practices are critical to minimising the risk and impact of healthcare-associated infections (HAIs). Research is essential for developing evidence-informed IPC policies and practices, with IPC guidelines relying heavily on findings produced through IPC research. A recent bibliometric analysis examining randomised controlled trials in the field of IPC research identified Australia as one of the leading contributors to the field [1]. However, beyond this specific study design, limited work has explored the broader scope of Australia's contribution to IPC research.

Gaining a clearer understanding of trends in Australian IPC research can illuminate areas where the evidence base is well-established or underdeveloped. Examining trends in research activity can also help determine whether current efforts correspond to the most pressing clinical needs. A thorough evaluation of Australia's IPC research output may also reveal areas where evidence remains scarce, identifying opportunities for focused investment and improvements in research methodology. Importantly, articulating Australia's research strengths and gaps can also enhance the nation's visibility and influence within the global IPC research landscape, supporting stronger participation in international collaborations and improving competitiveness for global research funding. These findings may help guide future research priorities, inform the effective distribution of resources, and strengthen the evidence base underpinning IPC practice.

We undertook a bibliometric review to examine some of these issues. Bibliometric reviews are being increasingly employed to analyse large datasets of research metadata - including citation patterns, authorship networks, and keyword distributions - to identify trends and gaps within the evidence base [2]. This approach has been rarely used

in the IPC field, and no studies have specifically examined the Australian IPC research landscape. Therefore, the aim of this bibliometric review was to identify trends and patterns in Australian IPC research over the past 20 years.

Methods

Design

A bibliometric review of the literature was conducted to address three key research questions.

1. What is the quantity of Australian IPC research over time?
2. What IPC themes are being researched in Australia?
3. What study designs are being used in Australian IPC research?

Australian research was determined to be original research where at least one Australian author and the study was conducted in an Australian population. For reviews and guidelines, it was considered Australian research if an author had an Australian affiliation.

The review was reported in accordance with the EQUATOR Network's BIBLIO checklist for bibliometric studies of biomedical literature [3].

Information sources

Bibliographic data for this review were obtained from Scopus®. When conducting bibliometric analyses using metadata, it is standard practice to rely on either Scopus® or Web of Science® [2]. Selecting a single, appropriate database is recommended to avoid the need for data consolidation, thereby reducing unnecessary steps and the

potential for human error [2]. Scopus® (Elsevier, Amsterdam, Netherlands) was chosen for this study because it is the largest abstract and citation database of research literature [4]. As of January 2020, Scopus® indexed more than 25,100 active titles and over 550 articles in press, and offers broader journal coverage compared with PubMed and Web of Science® [5].

Search strategy

The electronic database Science® was searched for studies published between 1st January 2003 and 30th September 2025. The search was conducted on 30th September 2025. The keywords used were “infection control”, “nosocomial infections” or “cross infection”, then limited to Australia. The keywords “infection control” and “cross infection” are MeSH descriptors. The search used refinement boxes after the initial search, to refine for country and document limits. The full search code is provided in supplementary material.

Study selection

The inclusion criteria were.

- Original documents, including short surveys, case series, guidelines or reviews (with a documented search strategy)
- Documents centred on IPC, including the prevention of healthcare-associated infections.
- Research that was conducted in an Australian healthcare population (for experimental and non-experimental studies – not applicable for reviews) and included an Australian author (affiliation). For reviews and guidelines, it must include an author with an Australian affiliation.
- Outcomes are concerned with infection or colonisation, or measures from infection control processes such as hand hygiene.

Documents were excluded if they were not peer reviewed; non-original research publications or studies that did not present results from research, including research letters, editorials, commentaries, opinion pieces, discussion papers, unstructured reviews, case reports, case studies, conference papers, books or book chapters. In addition, documents were excluded if they were not strongly aligned with the IPC discipline, including studies evaluating or involving antimicrobial therapy and drug trials (excluding topical decolonisation approaches), vaccination efficacy, antimicrobial stewardship (including antibiotic prophylaxis), and public health initiatives. Research that was not conducted in a hospital or healthcare setting, or an aged care setting (or involving healthcare students in any form) was also excluded.

Documents were retrieved from the Scopus database and imported into Covidence® (Veritas Health Innovation, Melbourne, Australia) for screening. One researcher (GM) conducted the initial title and abstract screening, with a 10% random sample independently reviewed by a second researcher (BM). No discrepancies were identified.

A full-text review was undertaken by researchers (GM and HD), both of whom had experience in healthcare or IPC, with assistance from research nurses. Any

disagreements were resolved by an independent reviewer (BM). Remaining uncertainties, including definitional issues, were addressed through discussion with the full review team until consensus was reached.

Data refinement, extraction and analysis

Metadata from all included documents were extracted into a Microsoft Excel spreadsheet (Version 2016, Microsoft Corp., Redmond, Washington, USA). For eligible studies, the following data were extracted: name of publishing journal, document title, year published, authors (number per document), affiliations of authors (authorship network), international collaboration (Y/N), institutional affiliation (relationship between authors), national or international study setting, number of countries study undertaken in (number), countries study undertaken, type of RCT (cluster, parallel, stepped wedge, cross-over, factorial, adaptive), blinding (Nil, single, double), citations (number of citations per document), impact factor (IF of the journal during the year prior to publication sourced from Web of Science®. Journal Citation Reports (Clarivate Analytics, Philadelphia, Pennsylvania, USA)), funding sources (funding and funding body), key words (from study), theme of infection prevention and control research.

To identify the main IPC theme of each study, the abstracts of all included documents were manually reviewed. Given the absence of a universally accepted framework for categorising IPC research, a pragmatic classification approach based on prior studies was used [1,6]. Documents included in the final analysis were assigned to one of the following thematic areas: hand hygiene, cleaning, sterilisation, education, devices, screening, implementation, surveillance, skin antisepsis, antimicrobial prophylaxis, transmission-based precautions, patient-focused strategies, personnel, IPC programs, vaccination, sharps, and ventilation. If a theme fell into more than one category the primary outcome observed was given precedence e.g. auditing of hand hygiene would fall into a hand hygiene theme, rather than surveillance. Full category definitions are provided in the supplementary material. To validate theme allocation, approximately 10% of documents were randomly selected for reassessment. This was undertaken by an independent researcher (96.4% similarity). We used artificial intelligence (AI) to classify the study designs from documents. This was undertaken in Claude (Anthropic, 2026, 3.5 Sonnet), a large language model and conversational AI assistant. Coding for this is presented in the supplementary material.

General document characteristics, annual publication output, average citations per year, leading authors, and international collaboration patterns were analysed using the open source bibliometric software Biblioshiny 5 from RStudio (version 2026.01.0 + 392) [7]. Citation analysis was performed on the full dataset. All extracted data were cross-checked by an independent research assistant, and findings are presented descriptively in figures and tables.

Results

Selection of sources of evidence

From our search, 4097 studies were screened, 1130 articles were subject to a full-text review, and 841 documents were

included in the final review. The selection process and reasons for exclusion are demonstrated in the PRISMA flowchart (Fig. 1).

Study characteristics

The analysis included 841 documents obtained from 241 sources from the period 2003–2025 (Table 1 and Fig. 2). The average number of citations per article was 27.4 (IQR 28.0), and the average age of each article (at final search date) was 9.8 years. Forty-nine (5.8%) documents have received no citations.

In terms of author information, there were 4204 unique authors for the included documents. Of the 4204 authors, 3353 (79.8%) were an author on only one document. The average number of authors per document is 8.2, 15 were single-authored documents. The authors with the most (top 20) documents are presented in the supplementary material. There was collaboration between Australian authors and authors from 81 different countries. The most common collaboration occurred between Australian authors and those from the United States, United Kingdom, Canada, France and Italy (Fig. 3 and supplementary material).

Table 1 Publication analysis: key indicators (2003–2025)

Description	Result
Sources	241
Documents	840
Annual growth rate, %	7.2
Document average age	9.8
Average citations per doc	27.4
Authors	
Authors	4204
Authors of single-authored docs	11
Author collaboration	
Single-authored documents	15
Co-authored documents	8.2
International co-authorship, %	25.6

Note - Sources refers to the source of publication, for example a journal.

Documents identified in this review appear to be led by a small number of authors, with strong collaborations occurring within their group and groups (Supplementary material, Fig. S3). The most frequent journals were

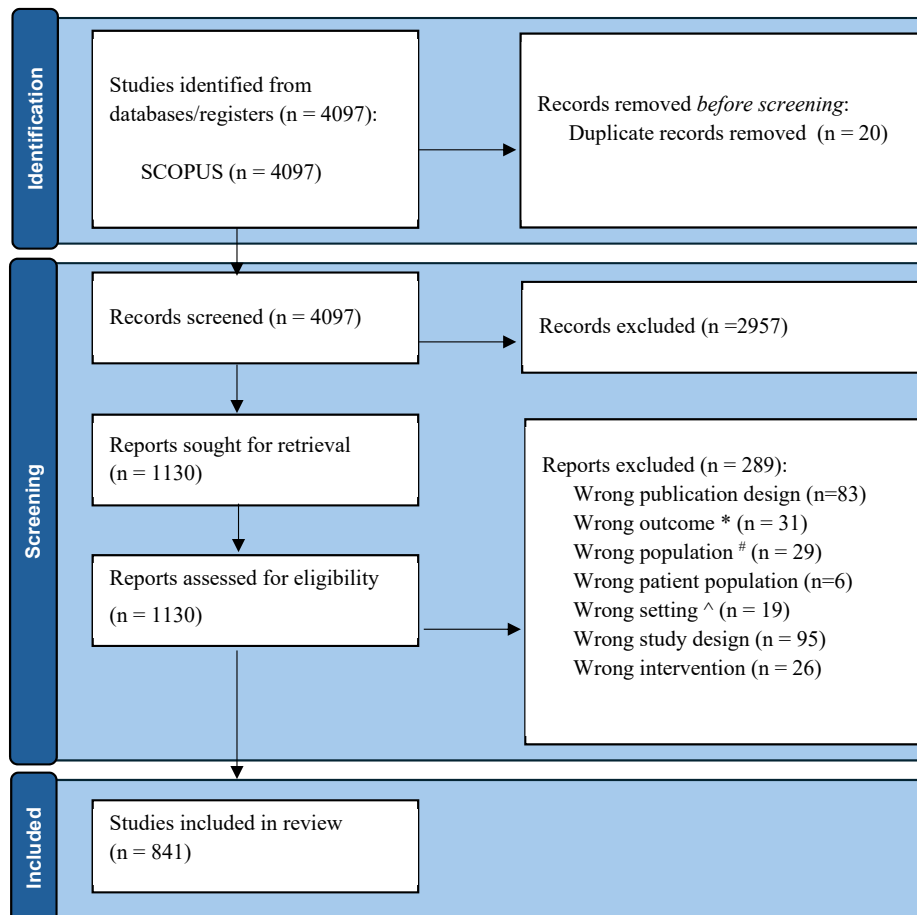


Fig. 1 PRISMA flow diagram. Note - * Wrong outcome: includes studies that do not report infection/colonisation outcomes or outcomes on infection control measures or processes or studies not strongly aligned with the infection prevention and control. # Wrong population: No Australian authors or affiliations. ^ Wrong setting: studies not conducted in a hospital, healthcare, aged-care or clinical student (nurse, dental, medical) population.

Table 2 Study designs of Australian IPC research publications (2003–2025).

Study design	Number of publications N = 841
Experimental	63
Randomised = 10	
Non-randomised = 53	
Qualitative	36
Observational	378
Case-control = 11	
Cross-sectional = 124	
Cohort = 63	
Other = 180	
Reviews	103
Guidelines	13
Methodological	78
Modelling	26
Economic evaluation	28
Laboratory	53
Genomic/Molecular epidemiology	54
Mixed	9

Note - Experimental studies include randomised controlled trials and non-randomised control trials (including quasi-experimental and before and after studies). Qualitative studies include interviews, focus groups and Delphi studies. Observational studies include case control, cross-sectional (including surveys), cohort and other observational studies including case report, case series, descriptive studies, microbiological studies, surveillance, validation, time series analysis, environmental sampling and outbreak reports. Methodological studies include methodological validation, developmental, implementation, performance evaluation, framework development, exploratory, diagnostic and audit studies. Modelling studies include mathematical, computer or economic modelling studies. Laboratory studies include bioinformatics, experimental, laboratory validation, bench and experimental simulation studies. The "Other" category within observational studies includes time series analysis, Technological validation, surveillance, microbiological, descriptive, case report/case series, outbreak and environmental sampling.

Infection, Disease and Health (n = 90), American Journal of Infection Control (n = 86) and the Journal of Hospital Infection (n = 84) (see [Table S7](#)).

Trends

Following a period of relatively stable output from 2007 to 2012, there was a sustained increase in the number of documents in 2013, with subsequent peaks in 2020, 2021 and 2025 ([Fig. 2](#) and [Table S5](#)).

Research themes and study designs

The most frequent IPC themes explored were surveillance (n = 153, 18.2%), personnel (n = 92, 10.9%) and transmission-based precautions (n = 73, 8.7%). Further details are provided in the supplementary material ([Table S8](#)). Given the relatively low counts of individual research themes, definitive trends over time are difficult to assess.

However, over the past five years, there appears to be an increase in documents related to the themes of infection control programme, personnel and transmission-based precautions ([Table S12](#)). For validation of theme allocation, eight-five documents were cross-checked through a second independent reassessment and yielded a high degree of reliability, Kappa 0.93 (95%CI 0.88–0.97, SE 0.03).

Using Claude to identify study design, we found 378 documents (44.9%) that used an observational design. Of these, 186 (49.2%) were single-centred ([Tables 2](#) and [S10](#)). Reviews were the next most common design with 103 documents (11.9%). There were 10 randomised controlled trials, accounting for 1.2% of documents.

Discussion

This bibliometric review provides, to our knowledge, the first comprehensive mapping of Australian IPC research. This review establishes an important foundation for informing future research priorities, fostering collaborative research networks, and aligning identified evidence gaps in policy, guidelines, and clinical practice with targeted research agendas. Overall, the findings are encouraging, demonstrating a growing body of IPC literature in Australia, with strong collaboration among researchers. The scope of IPC topics investigated was broad; however, surveillance emerged as the predominant area of focus. Furthermore, the published literature was dominated by observational study designs, highlighting both the field's current methodological landscape and research approaches.

Two distinct periods of marked growth in publication output were identified, commencing in 2013 and again in 2020. Several factors may have contributed to these increases. These include a rise in the number of higher-degree research candidates undertaking IPC-related research, and greater institutional and governmental emphasis on IPC research activity, and a Centre for Research Excellence in IPC in the preceding years [8]. Publication output declined in 2022 to levels comparable with those observed in 2019, likely reflecting the diversion of research capacity and competing clinical and operational priorities during the preceding years of the COVID-19 pandemic. A substantial increase in documents was subsequently observed in 2025, which may represent a post-pandemic recovery and stabilisation of research activity toward a new baseline of IPC scholarship. Notably, this sustained growth in publication output since 2013 has occurred despite comparatively limited government investment in IPC research, with only 0.19% of total Australian government health research funding allocated to IPC research between 2014 and 2023 [9].

The IPC themes of surveillance, personnel, transmission-based precautions and infection control programs accounted for approximately half of all documents [10–13]. Surveillance, the most commonly researched theme, accounted for around one-fifth (18.2%) of all documents. The topic of surveillance includes data reporting within facilities, the use of electronic surveillance, algorithms, and the utility of administrative data. These documents span various settings, most commonly hospital and aged care settings [14,15]. Observational study designs were the

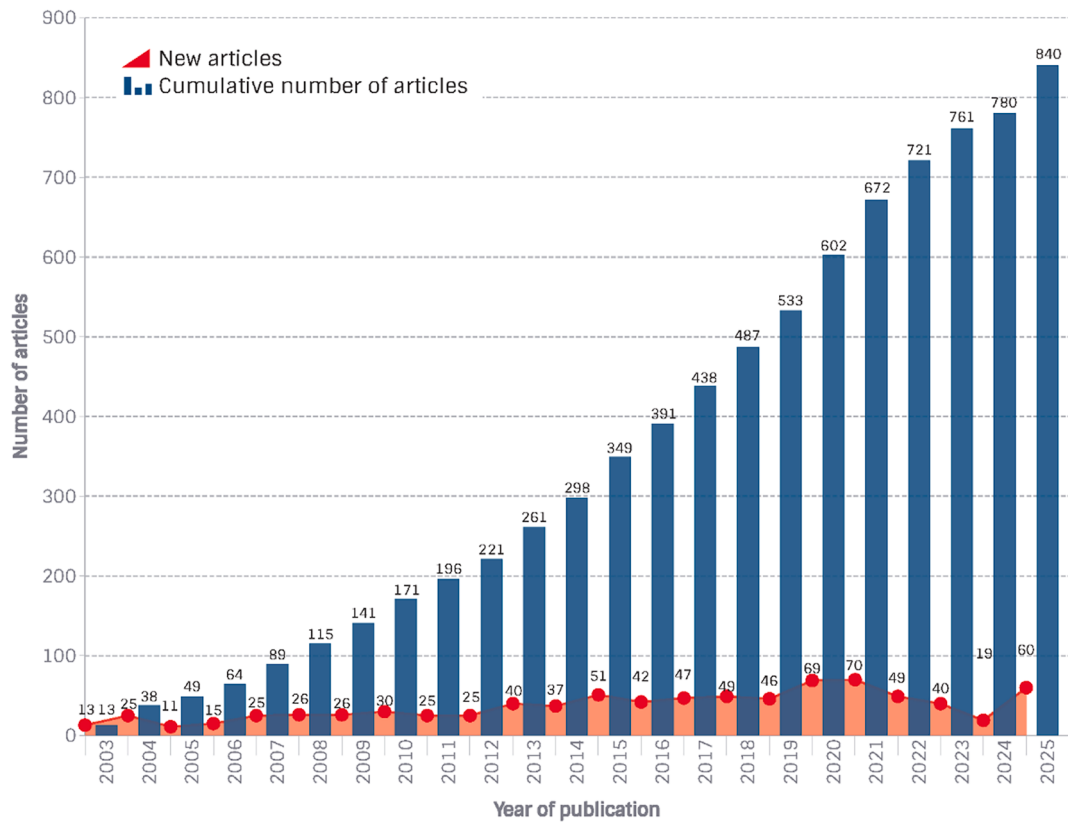


Fig. 2 Annual production of Australian research in infection prevention and control.

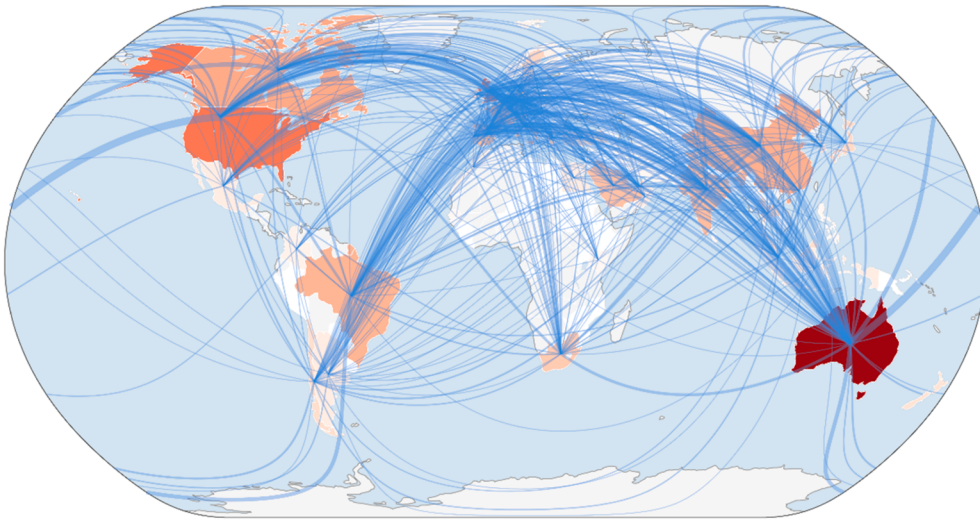


Fig. 3 International authorship collaboration map.

most common study design identified with these documents exploring a range IPC topics [16,17]. Observational studies, including cross-sectional studies and surveys, are generally easier, faster, and less costly to conduct. This may partly explain the large number of observational studies identified. It may also reflect limited funding available to support IPC research, as well as constraints in workforce research capacity and capability.

By examining how Australian IPC output has evolved, this bibliometric analysis provides insight into the maturity of Australian IPC research and the evidence base being generated by Australian researchers. It is important that research fills the gaps and needs of health services, consumers, healthcare workers and the IPC profession [13,18]. This includes helping to address gaps in evidence to inform guidelines and policy decisions.

In health research, many studies have been considered unnecessary [18]. Systematic reviews prior to conducting research, as well as undertaking the needs of consumers and stakeholders, help determine the need for (if any) further investigation, identify key gaps and inform new studies, including building on methodological challenges from previous work. Conducting new scientific research without adequately considering existing evidence can subject participants to avoidable and unjustified experimentation. Similarly, poorly conducted studies, which may include experimental and observational studies, may waste or divert resources from areas that are genuinely needed and potentially raise ethical concerns [18,19]. Although our review did not assess the methodological quality of the included documents, the growing volume of Australian IPC research highlights the importance of researchers critically evaluating the necessity and contribution of their work to the existing evidence base. This is particularly relevant for single-centre observational studies, which are often limited by the absence of controls, restricted generalisability, and susceptibility to observer and selection bias. We found that approximately half of the studies employing observational designs were conducted at a single centre.

In the field of IPC, guidelines are often informed by low-quality evidence, descriptive studies, expert opinion and non-randomised control trials [6]. Only 28 recommendations (1.5%) in the IPC globally have been derived from systematic reviews of RCTs, while 311 recommendations (16.8%) are supported by evidence from RCTs [6]. Of the publications identified in our review, 10 (1.2%) were RCTs, highlighting the need for a local focus on high quality trials to inform guidelines and policy.

We contend that this review highlights the potential benefits of establishing a formal IPC clinical trials network (CTN) in Australia. Investment in such research infrastructure is likely to address several of the limitations that we have identified in the Australian IPC research landscape. First, a network should connect the existing, fragmented IPC research collaborations, fostering sharing of skills and expertise. Second, through joint priority setting exercises, a CTN should lead to research addressing a wider variety of IPC themes. In particular, a move beyond surveillance to interventions. Third, a CTN should catalyse a move from observational studies to randomised trials. For IPC, these would often involve clustered randomisation. In addition, CTNs are likely to improve chances of obtaining competitive research funding and accelerate the translation of research findings to policy and practice, particularly given the federated structure of IPC in Australia [13,20].

The growth in IPC publications should translate into a larger evidence base to help update guidelines, assuming the research undertaken is aligned with known gaps and of sufficient quality. However, there have been very limited substantial updates to national IPC guidelines in Australia and internationally in recent years. We call on relevant parties, not only in Australia but globally, to consider using 'living' guidelines for certain IPC topics. Living guidelines are an emerging approach to the development of evidence-based recommendations, designed to remain up to date through the rapid incorporation of newly published research [21,22]. By continuously integrating the latest scientific evidence, this method helps ensure

recommendations remain current and relevant. A case example was their use during the COVID-19 pandemic [23,24].

Our review has limitations which should be considered when interpreting the results. Consistent with other bibliometric reviews, the database searched is limited to the Scopus® database. This is due to Scopus's compatibility with data analysis programs, as well as citation data. The use of Scopus as the single database, metadata and keywords contained in documents and keywords used in our search may influence the inclusion or exclusion of some documents in the initial search. However, this limitation would be applied consistently and would not discriminate against any author or document more than any other. Similarly, some peer-reviewed journals are not indexed in Scopus®. Citation counts are continually evolving and may change over time. Interpretation of citation data reported should be undertaken with these caveats. We therefore elected to limit the reporting of citation metrics in this paper, including for individual papers and authors. We did not assess the setting in which studies were conducted, for example hospital versus residential aged care.

Conclusion

This bibliometric review provides the first comprehensive examination of Australia's contribution to IPC research over the past two decades. By analysing 841 documents, this study demonstrates that Australian IPC research output has expanded substantially, with notable periods of growth. Despite this growth, the evidence base remains dominated by observational designs, with single-centred designs accounting for half. The findings highlight several opportunities to strengthen the national IPC research agenda. Greater methodological diversity—including more experimental and interventional studies—would help address the persistent reliance on low-quality evidence that underpins many IPC guidelines. Enhanced coordination of research efforts, potentially through a formal IPC clinical trials network, may also support more efficient use of resources, reduce unnecessary duplication, and foster high-impact collaborations. Furthermore, aligning research activity with identified evidence gaps and clinical needs will be essential to ensuring that future IPC scholarship meaningfully informs policy, guideline development, and frontline practice. As the field continues to evolve, adopting approaches such as living guidelines may help ensure that new evidence is rapidly translated into practice, supporting more responsive and evidence-informed IPC decision-making.

Ethics

As this work involved a review of existing publications, ethics approval was not required.

Authorship statement

BM: Conceptualization, Methodology, Writing- original draft preparation, Reviewing and Editing.

GM: Investigation, Writing- original draft preparation, Reviewing and Editing.

MC: Data curation, Formal Analysis, Visualisation, Reviewing and Editing.

AS: Writing, Reviewing and Editing.

PT: Conceptualization, Methodology, Data curation, Formal Analysis, Visualisation, Reviewing and Editing.

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Declaration of competing interest

An author has an Editorial affiliation with the journal. They played no role at all in the peer review or decision making process for this paper. The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.idh.2026.100450>.

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