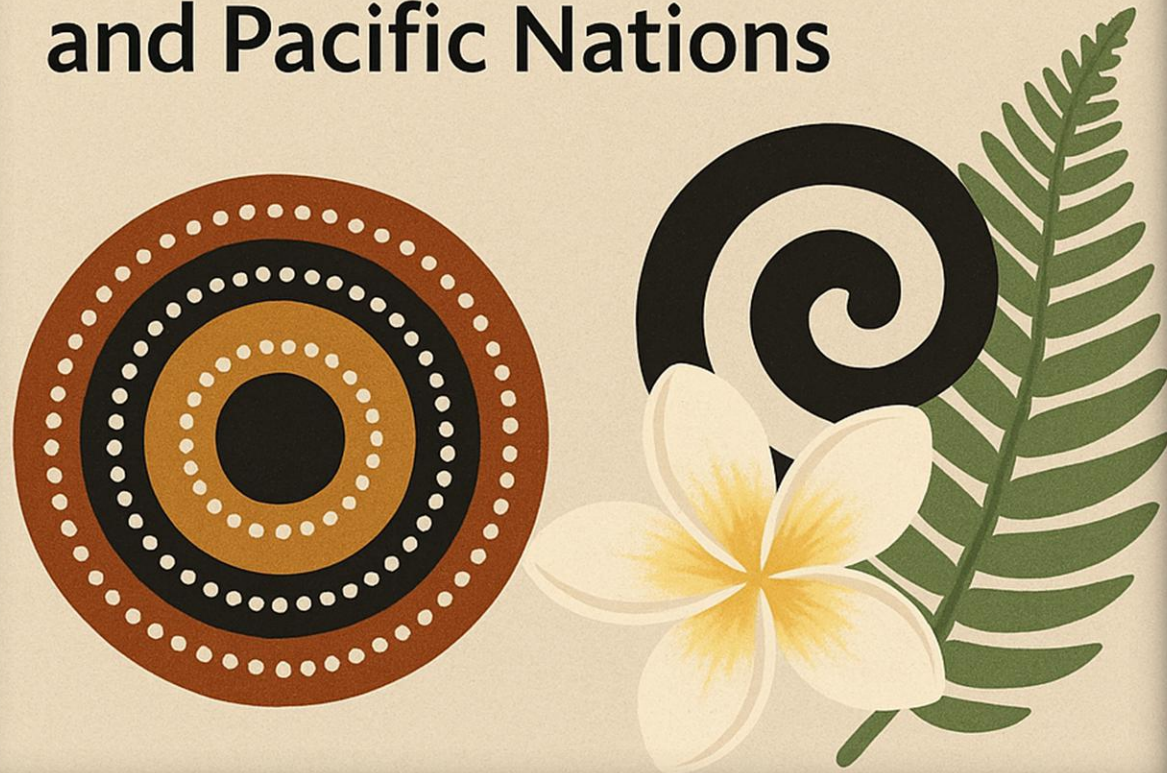


Infection Prevention and Control, Global Disruption, and Circles of Influence

Dr Peta-Anne Zimmerman



We acknowledge the Traditional Lands of the Aboriginal and Torres Strait Islander Peoples, Māori, and Pacific Nations



I acknowledge the Muwinina people,
Traditional Custodians of this land and
pay respect to Elders past and
present.

I extend that respect to Māori and
Pacific Island communities and their
enduring connection to place, story,
and culture.

May we engage in *talanoa* with
openness, care, and shared learning.

Disclosures

Griffith Graduate Infection Prevention and Control Program

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Australasian College for Infection Prevention and Control (ACIPC)

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Co-Director

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Mass Gathering Collaboration

Work group leader

“What if the world were to get slightly warmer...? One gene mutates...and suddenly, fungi can take control, not of millions, but billions.”

The Last of Us (Ep 1)

Global Disruption and Systemic Challenges

The Lancet estimates up to 14 million preventable deaths by 2030 as programs for HIV, tuberculosis, and malaria falter.

Political Disruption and Global Health Fragility




**WHEN SYSTEMS FRACTURE,
INFECTION SPREADS FASTER.**

- Conflict, instability, and funding withdrawals weaken IPC systems
- Governance gaps slow outbreak detection and response
- Health inequities widen in fragile and post-conflict settings

Conflict and the Collapse of Health Protection

- Armed conflict destroys health infrastructure and workforce capacity
- Refugee displacement increases disease transmission risk
- Supply chains for medical resources collapse under instability
- Health systems shift from prevention to survival



WAR DOESN'T JUST DESTROY CITIES. IT DISMANTLES IMMUNITY.



Climate Disruption

- Changing temperature and rainfall expand pathogen ranges, including vector borne disease
- Floods and storms disrupt sanitation, waste, and healthcare
- Heatwaves increase healthcare demand and strain systems including essential services such as electricity
- Pacific nations face amplified vulnerability and have been the first to feel global change

Inequities in Response and the Ripple Effect



- LMICs bear disproportionate infection burdens with limited infrastructure
- Global aid cuts and vaccine nationalism widen response gaps
- Underfunded systems amplify AMR, HAIs, and outbreak risk globally
- True protection requires equity, not charity

Global Governance

- Global health bodies shape standards, surveillance, and equity
- Fragmented governance creates response gaps and duplication
- LMICs bear disproportionate risks from global policy inertia
- Strong, coordinated governance underpins effective IPC everywhere



Systemic Fractures: When the Protectors Burnout

- Burnout and moral distress erode IPC resilience
- Emotional and ethical toll fuels workforce attrition
- Role ambiguity and governance gaps deepen systemic fractures
- Residential and acute care alike show signs of structural collapse



GARLIC CURES COVID-19



Systemic Fractures: The Weight of Misinformation and Neglect

- Misinformation erodes public trust and professional authority
- Chronic underfunding weakens systems and morale
- Ethical fatigue deepens as professionals are silenced
- Moral injury emerges when systems obstruct what's right

Circles of Influence

Rebuilding Trust, Evidence, and Hope

- Politics, polarisation, and power shape who receives protection
- IPC stands as both science and moral stance
- Amid disruption, we rebuild trust, evidence, and compassion
- Renewal begins with connection, not control



IPC as Defiance

- Born from disruption, sustained through fracture
- Defiance is holding the line when systems fail
- Compassion and evidence as resistance
- Renewal begins where others stop showing up...or listening



The Last of Us

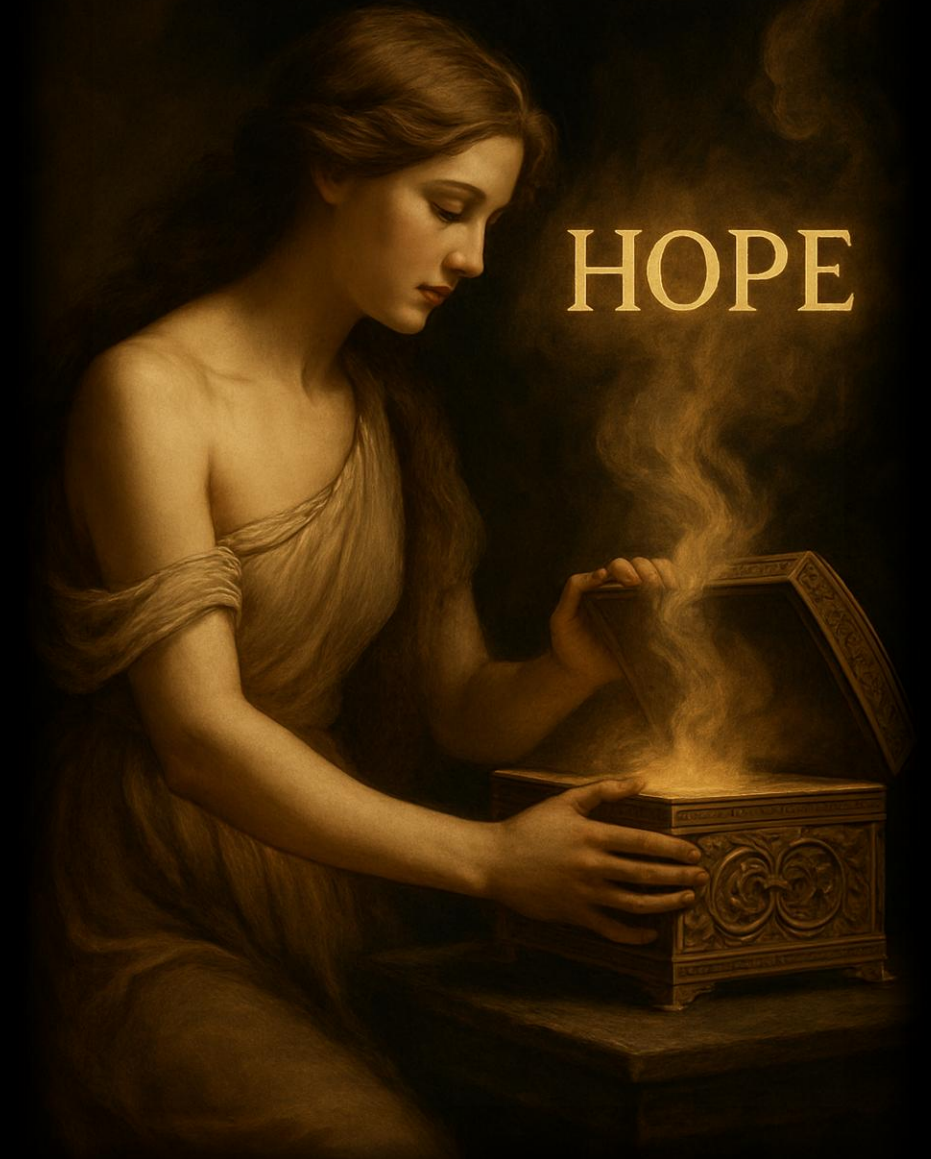
- The fractures remain but so do we
- Defiance becomes renewal through care
- Influence begins with small deliberate acts
- Hope is the most radical and somewhat novel infection of all



“So, if that happens?”

“We lose.”

The Last of Us (Ep 1)





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