

## Australian National Centre for Disease Control (CDC) 2017

### AMA Position

1. The AMA calls for the immediate establishment of an Australian National Centre for Disease Control (CDC), with a national focus on current and emerging communicable disease threats, engaging in global health surveillance, health security, epidemiology and research.
2. Diseases and health threats do not respect borders. Australia must play a global role in combating infectious diseases and potential threats by establishing a national CDC.
3. A CDC is urgently needed to provide national leadership and to coordinate rapid and effective public health responses to manage communicable diseases and outbreaks. The current approach to disease threats, and control of infectious diseases, relies on disjointed State and Commonwealth formal structures, informal networks, collaborations, and the goodwill of public health and infectious disease physicians.<sup>1</sup>
4. An Australian CDC should be properly funded and resourced to research, manage, and provide rapid risk assessments of communicable diseases, scientific briefings, surveillance reports, policy advice, and public education about potential disease threats and prevention measures.
5. The prevention of epidemics, pandemics, and other threats, and the capacity to conduct national responses must be undertaken by an appropriately funded and staffed CDC.
6. Australia needs a national, authoritative decision making body delivering effective communication of technical and surveillance information, and working with States and Territories to manage the allocation of public health workforces and resources to tackle emerging and current threats.
7. An Australian CDC would work with other countries to build international public health capacity through expanding and managing communicable disease surveillance, prevention and control, environmental health, health awareness and promotion.
8. A CDC would prevent unilateral action by States to downgrade their capacity and capability in the area of communicable disease.
9. Australia is the only country in the Organisation for Economic Co-operation and Development (OECD) that does not have an established national authority delivering scientific research and leadership in communicable disease control.<sup>2</sup>
10. The establishment of a Centre for Disease Control is in the national interest, and the merits have been outlined in the Standing Committee on Health and Ageing Inquiry into health issues across international borders '*Diseases have no borders: Report on the inquiry into health issues across international borders*'.<sup>3</sup>
11. The National Health Security Agreement, which enables the *National Health Security Act 2007*, is not as effective as a dedicated CDC as it cannot undertake the range of research, leadership and management needed in communicable disease control. The AMA cites the inquiry into Canada's management of SARS, which noted the absence of national health goals and strategies, and the difficulties faced by public health professionals in trying to provide evidence-based advice on disease control from within large, process-orientated health bureaucracies.<sup>4</sup> It is likely that similar impediments currently limit Australia's ability to respond in the most efficient manner to national disease threats.

12. The AMA recognises that there may have to be legislative negotiation between the Commonwealth, States and Territories to enable the formation of a national CDC. The Commonwealth's external affairs responsibilities may play a role in this. Alternatively, a governance model similar to the the European Centre of Disease Prevention and Control (ECDC) may suit the various responsibilities of the Commonwealth, States and Territories for Australia.
13. The AMA supports the National Framework for Communicable Disease Control and the goal of a National Implementation Plan. However, a national CDC is the most effective agency to manage current and future communicable diseases.

## 1. National Centre for Disease Control

- 1.1. The AMA supports the establishment of a National Centre for Disease Control (CDC), with a mission and goal of preventing, protecting and managing the spread of communicable and infectious diseases and other health threats, whether they originate overseas or within Australia.
- 1.2. An Australian CDC would complement existing State and Territory disease control measures and structures by providing national leadership, coordination, research, and decision making.
- 1.3. The AMA recommends that the Centre for Disease Control would:
  - (a) initially be staffed using existing Commonwealth Health surveillance personnel and draw on expertise from across the country and internationally;
  - (b) operate under a Governing Council, comprised of nominated Commonwealth, State and Territory experts and advisers;
  - (c) provide more efficient and focussed coordination of research resources to further a national agenda of communicable disease management and control;
  - (d) enter into formal relationships with the National Health and Medical Research Council (NHMRC) and other national and international organisations to establish national and regional research priorities and coordinate evidence on emerging disease threats;
  - (e) co-ordinate with the Australian Institute of Health and Welfare (AIHW) on a shared information agenda on current and emerging disease threats to Australia; and
  - (f) advance public health knowledge and workforce development.
- 1.4. The Centre for Disease Control would undertake the following functions:
  - (a) surveillance of communicable diseases, nationally and internationally;
  - (b) coordinate Australia's response to epidemics, pandemics and other threats;
  - (c) provide expert advice to Government on infectious disease control management;
  - (d) oversee the development and implementation of the Australian Strategy on Antimicrobial Resistance, coordinating with State and Territory surveillance initiatives, and linking into international antimicrobial resistance (AMR) response initiatives;
  - (e) track global infections, diseases and other threats and provide timely data, analysis and advice on prevention and national security;

- (f) promote healthy and safe behaviours, communities and environment;
  - (g) promote and track vaccination levels within the community; and
  - (h) build vital relationships with other similar national disease control organisations, within the near and other geographic regions, to ensure the effective co-ordinated management of existing and emerging disease threats affecting the region. Such disease threats may involve diseases such as multi-resistant TB or potential new diseases such as SARS and avian influenza.
- 1.5. The CDC would be empowered to make decisions based on technical advice that would be implemented cross-jurisdictionally.
- 1.6. The CDC's responsibilities will be clearly defined and understood, allowing a single Centre to efficiently and effectively implement emergency and other plans, as required.

## **2. Background**

### **International Disease Control**

The USA first established its Centre for Disease Control in the aftermath of World War II to coordinate the management and control of the mosquito borne infection malaria in the United States. Since then, it has become the benchmark for disease control and prevention and provides world-wide resources, surveillance and research.

Most other developed countries, including industrialised nations such as China, India and Brazil, have established centres for scientific management and leadership of infectious diseases and other threats.

Those countries with centres for disease control also engage in global projects and leadership. There are many examples of CDCs that work to improve the health and well-being of people around the world and build public health capacity to prepare for, and respond to, infectious diseases and emerging health threats.

### **Management of communicable diseases**

Australia has not yet experienced fatal epidemics or other communicable disease threats that have caused serious health problems in other nations.

SARS, MERS, Ebola virus and Zika virus are examples of the current known threats facing Australia; threats which would result in morbidity and mortality. The actions needed to manage and control these diseases would severely stretch our current public health capabilities.

Australia may also face threats from emerging and vector-borne diseases, food and water-borne diseases, respiratory tract infections, vaccine-preventable diseases, and blood-borne viruses such as HIV, viral hepatitis and sexually transmitted diseases (STIs).

The threat of increasing antimicrobial resistance (AMR) has recently been assessed as a global threat to match climate change. This has resulted in strong national AMR strategies in many countries: Australia's AMR response remains fragmented and underdeveloped, reflecting a lack of central leadership and expertise and continuing reliance on ad hoc convening of committees of State and Territory experts who just do not have the allocated time to provide the required level of response.

There have been long-standing calls for a CDC (or Australian Centre for Disease Control (ACDC) as others have titled it)<sup>5</sup>. Following the 2009 H1N1 Influenza A pandemic, there was renewed advocacy for a CDC as the analysis of Australia's response revealed that swift and effective communicable disease responses required by the Commonwealth were not being provided.<sup>6</sup>

The need for a national CDC is further strengthened by the emerging problems of controlling communicable diseases within Australia's borders.

The outbreak of syphilis in northern Australia, specifically in some remote communities in Queensland (2011), occurred at a time when the rate of infectious syphilis in the Northern Territory (NT) was in rapid decline, and the gap between Indigenous and non-Indigenous infection rates was closing. The spread of syphilis from Queensland to the Northern Territory and Western Australia resulted in over 800 reported cases of infection. The syphilis outbreak was met with a cross-jurisdictional response.

Australia must have the leadership, technical expertise and supports in place to meet new and emerging threats, provide surveillance and risks assessments from larger outbreaks, and engage nationally with international disease control agencies. A CDC will provide this.

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## References

<sup>1</sup> Standing Committee on Health and Ageing Inquiry into health issues across international borders entitled *Diseases have no borders: Report on the inquiry into health issues across international borders*  
[http://www.aph.gov.au/Parliamentary\\_Business/Committees/House\\_of\\_Representatives\\_Committees?url=haa/internationalhealthissues/report.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=haa/internationalhealthissues/report.htm)

<sup>2</sup> McCall B, Young M, Cameron S, Givney R, Hall R, Kaldor J, Koehler A, Krause V, Selvey C, *The Time Has Come For An Australian Centre For Disease Control*, in *Australian Health Review*, 2013, 37, 300-303; cited from [www.publish.csiro.au/journal/ahr](http://www.publish.csiro.au/journal/ahr).

<sup>3</sup> Standing Committee on Health and Ageing Inquiry into health issues across international borders entitled *Diseases have no borders: Report on the inquiry into health issues across international borders*  
[http://www.aph.gov.au/Parliamentary\\_Business/Committees/House\\_of\\_Representatives\\_Committees?url=haa/internationalhealthissues/report.htm](http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=haa/internationalhealthissues/report.htm).

<sup>4</sup> McCall B, Young M, Cameron S, Givney R, Hall R, Kaldor J, Koehler A, Krause V, Selvey C, *The Time Has Come For An Australian Centre For Disease Control*, in *Australian Health Review*, 2013, 37, 300-303; cited from <http://www.publish.csiro.au/ahr>

<sup>5</sup> "Infectious diseases in Australia - the next decade", in *MJA* 196 (5), 19 March 2012.

<sup>6</sup> Dr Vicki Krause, comments in a letter from A/Prof Rob Parker, President NT AMA, to the Hon Sussan Ley MP, Minister for Health, 23 March 2016.