

26 September 2025



The Thoracic Society of Australia and New Zealand's response to the Senate Community Affairs Legislation Committee inquiry into the Australian Centre for Disease Control Bill 2025 and Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025

*The Society operates in compliance with the Medicines Code of Australia.
Please see the TSANZ' (Thoracic Society of Australia and New Zealand)
Sponsorship Policy for [more information](#).*

Introduction

The Thoracic Society of Australia and New Zealand (TSANZ) is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. The TSANZ is the only peak body in Australia that represents all health professionals working in all fields of respiratory health.

TSANZ has over 1,800 members and is the only health peak body representing a range of professions (medical specialists, scientists, researchers, academics, nurses, physiotherapists, students, and others) across various disciplines within the respiratory medicine field in Australia and New Zealand. The TSANZ is a leading advocate and provider of evidence-based policy for the prevention and management of respiratory conditions in Australia and New Zealand, undertakes professional education and training, and is responsible for significant research administration.

As the leaders in lung health, we promote the:

- Highest quality and standards of patient care.
- Development and application of knowledge about respiratory health and disease.
- Highest quality air standards including a tobacco smoke free society and effective regulation of novel nicotine delivery systems.
- Collaboration between all national organisations whose objects are to improve the wellbeing of individuals with lung disease and to promote better lung health for the community.
- Professional and collegiate needs of the Membership.

Consultation Topic

The Senate's Community Affairs Legislation Committee is calling for submissions to its inquiry into the Australian Centre for Disease Control Bill 2025 and Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025.

The TSANZ response

TSANZ welcomes the introduction of legislation to establish a permanent Australian Centre for Disease Control (CDC). We acknowledge that this represents an historic step in strengthening Australia's preparedness and response to health challenges. However, we strongly advise explicit inclusion of **occupational health** within the scope of the CDC. Failure to include occupational health as a core function of the CDC risks Australia replicating past failures to adequately protect workers from preventable exposures and disease.

Throughout the Bill, the scope of the CDC is articulated through reference to "public health." While this is a broad term, in practice it has traditionally centred on infectious disease control, immunisation, and chronic disease prevention. **Occupational health** risks being overlooked unless explicitly named.

This concern is not theoretical. As TSANZ and our colleagues in occupational medicine have repeatedly highlighted, there are currently no occupational physicians embedded within federal or state health departments. The interim Australian CDC has also focused primarily on communicable disease control, rather than occupational exposures. This gap has left Australia under-prepared to respond to major occupational health crises, including silicosis and coal workers' pneumoconiosis.

Specific Legislative Example – Section 30(4)

Section 30(4) of the Bill outlines the expertise required for appointment to the CDC's Advisory Council. The listed areas include:

- public health matters
- clinical practice
- economics
- human rights
- data and statistics relating to public health matters
- emergency management
- communications
- other fields the Minister considers appropriate

We recommend that **occupational health** be explicitly listed as a separate category. This would ensure that expertise in hazardous workplace exposures, occupational disease including respiratory conditions, and the broader determinants of worker health is represented in decision-making. Relying on the Minister's discretion under subsection (h) risks this being overlooked.

Occupational health must be explicitly included in the Australian Centre for Disease Control Bill 2025. No federal or state health departments currently employ occupational physicians, and hospitals generally lack integrated occupational health units. With the exception of Western Australia, there are no occupational physicians employed by health and safety regulators. This has led to responses to occupational diseases such as silicosis being reactive, fragmented, and delayed as detailed in the Final Report of the National Dust Diseases Taskforce¹. The silicosis epidemic, in particular, was repeatedly raised by occupational and respiratory physicians, yet public health systems did not respond in a timely or coordinated manner, highlighting that "public health" expertise alone is insufficient to anticipate and manage occupational risks. Continuous specialist surveillance is also required, as occupational respiratory risks often emerge globally before appearing in Australia, and proactive monitoring depends on experts permanently embedded within the CDC who can identify and act on international signals. Furthermore, occupational exposures contribute significantly to chronic

¹ Australian Government Department of Health and Aged Care (2021) National Dust Disease Taskforce – Final Report. Canberra: Commonwealth of Australia. Available at: <https://www.health.gov.au/resources/publications/national-dust-disease-taskforce-final-report>

respiratory disease, cancer, and disability, adding to Australia's already substantial burden of non-communicable disease. Workers are frequently among the most vulnerable groups, including migrant and casual labourers who may lack legal protections, making explicit recognition of occupational health even more critical.

Recommendations

TSANZ strongly recommends the following amendments:

1. Terminology: Replace references to "public health" throughout the Bill with "public and occupational health."
2. Advisory Council Membership (Section 30(4)): Add an explicit requirement for expertise in occupational medicine/occupational health as a separate category for eligibility.
3. Standing Expertise within the CDC: Establish a permanent role for a Chief Occupational Medical Officer (COMO) within the CDC, supported by jurisdictional occupational health officers, to ensure national leadership and integration across states and territories
4. Integration with Existing Registries: Strengthen the CDC's connection to the existing resources including National Occupational Respiratory Disease Registry (NORDR) and Australian Mesothelioma Registry (AMR) and the Asbestos and Silica Safety and Eradication Agency (ASSEA) to ensure surveillance captures both exposures and outcomes, enabling prevention as well as monitoring

Concluding remarks

The creation of the Australian CDC is a welcome reform. To succeed, however, it must learn from past failures. Restricting its mandate to "public health" risks sidelining occupational health and repeating the costly mistakes of the silicosis, re-emergence of black lung, or occupationally acquired COVID.

TSANZ strongly urges the Committee to amend the Bill to explicitly incorporate **occupational health** as a core function of the CDC and build on existing expertise. Doing so will strengthen Australia's ability to prevent, detect, and rapidly respond to the full spectrum of health risks affecting our community, including those that arise in the workplace.

We would welcome the opportunity to provide further evidence and expertise to the Committee.

Yours faithfully,

Professor Natasha Smallwood
President
Thoracic Society of Australia and New Zealand