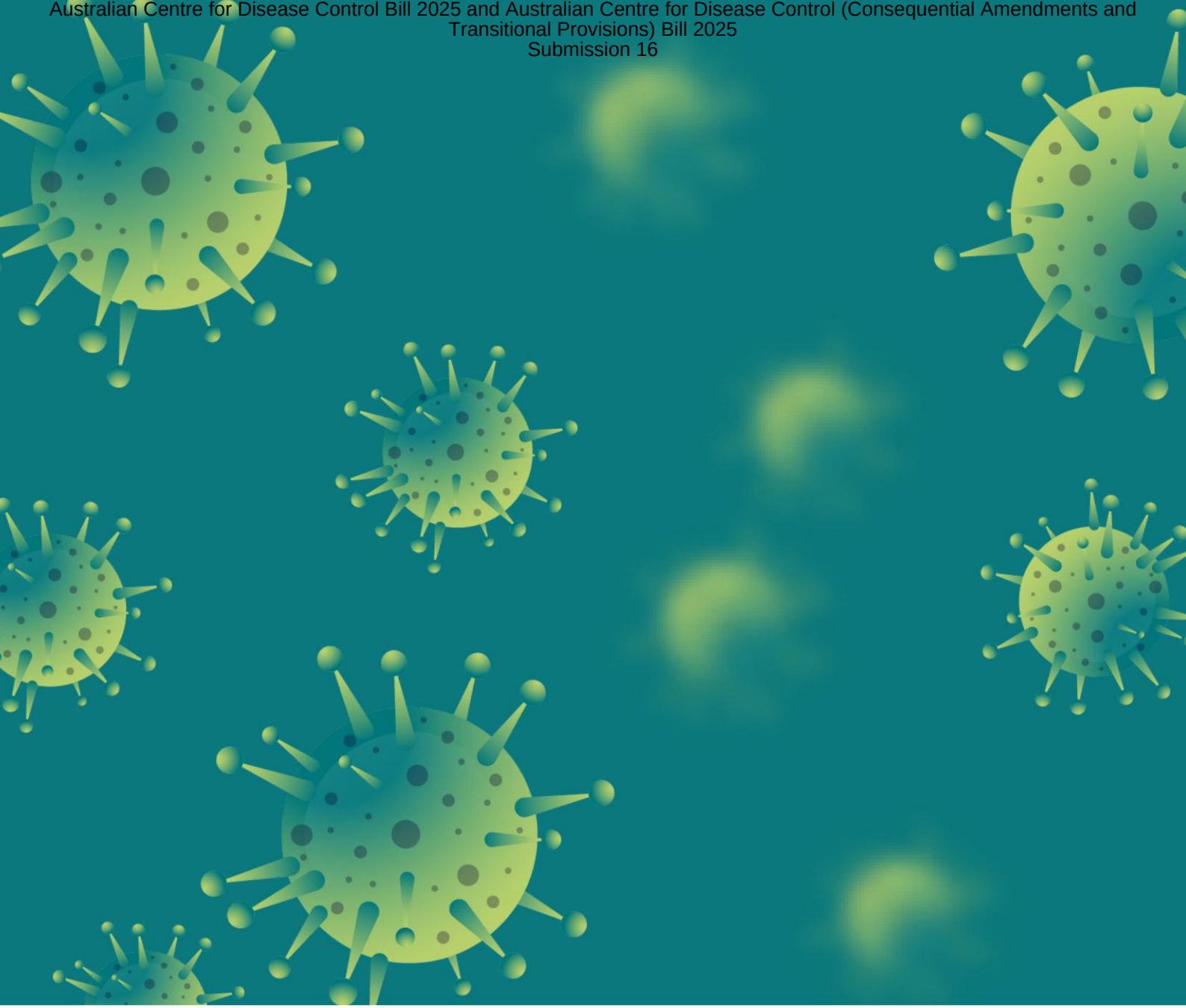

ACIPC

Australasian College
for Infection Prevention and Control

Australian Centre for Disease Control (CDC) Bill 2025

Submission by the Australasian College for Infection Prevention and Control (ACIPC)

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About ACIPC

The Australasian College for Infection Prevention and Control (ACIPC) is the peak body for infection prevention and control in the region, providing leadership, education, and evidence-based practice for a healthy community. The College supports members and Infection Prevention and Control (IPC) in the broader community through activities including education, IPC advocacy, collaboration with health associations and international IPC organisations, and communication with members and stakeholders.

Submission on the Australian Centre for Disease Control Bill 2025

The Bill establishes the Centre and Director-General with broad responsibilities across public health matters such as health emergency management, biosecurity, health protection, health promotion, preventative health, disease control, environmental health, and health effects of climate change

Gaps in the Australian Centre for Disease Control Bill

- While the Bill repeatedly refers to “public health matters” and “disease control,” there is no specific reference to Infection Prevention and Control (IPC) as a core function.
    - As a signatory to the International Health Regulations (2005), Australia is required to maintain core capacities for surveillance, IPC, and response to public health emergencies. Embedding IPC within the Australian CDC aligns with these obligations and ensures national compliance with international standards for outbreak prevention, detection, and response.
    - At the 77th World Health Assembly 2024, Member States adopted the WHO Global Action Plan and Monitoring Framework for IPC (2024–2030). This framework outlines specific actions, indicators, and targets to strengthen IPC nationally. It recognises IPC as essential to outbreak containment, antimicrobial resistance mitigation, and health system resilience. Australia must align its CDC structure with this framework to ensure strategic consistency and international accountability.
- IPC is not defined as a distinct activity or mandate. This absence creates a critical gap, leaving IPC vulnerable to fragmentation, reduced accountability, and insufficient prioritisation within the health system.

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- Without specific legislative recognition, IPC will be perceived as a reactive or peripheral function rather than a core, integrated capability of the CDC. Embedding IPC within the legislation ensures continuity, strategic alignment, and operational integration as a foundational element of disease prevention and health system resilience.
    - IPC is a foundational capability in emergency preparedness and response. Integration into the CDC will enable coordinated outbreak containment and cross-sectoral engagement during public health emergencies. Including real-time surveillance aligned with IHR and WHO IPC framework requirements.

Implications

- The absence of explicit IPC provisions will limit the CDC's ability to prioritise or resource national IPC programs, standards, or surveillance systems as it applies to all settings where infectious disease transmission occurs, including aged and disability services, custodial environments and education settings.
- This contrasts with international practice (e.g., US CDC, ECDC, Korean CDC, Africa CDC), where IPC is a named and structured functions, ensuring strategic alignment and operational readiness central to outbreak response, workforce development and surveillance.
- Under-resourcing: Without explicit recognition IPC will continue to be marginalised, resulting in persistent and critical gaps in specialist workforce capacity, technical expertise and knowledge. This undermines the strategic continuity and effectiveness of disease control across the health system.
- Fragmentation and inconsistencies in IPC practices across jurisdictions and health settings.

Proposed Amendments

1. Section 5 – Definitions

Add a new paragraph under 'public health matters':

"(i) infection prevention and control, including surveillance of healthcare-associated infections, development of standards and guidelines, and promotion of best practice in all community, health and aged care settings."

2. Section 11 – Functions of the Director-General

Insert a new function, e.g. after 11(j):

"(i) leading, coordinating and supporting national activities in infection prevention and control, including surveillance, outbreak management, education, and promotion of evidence-based practice."

3. Section 12 – Objectives

Include IPC explicitly in the Director-General's considerations:

"(e) the importance of infection prevention and control in protecting patients, clients, healthcare workers, and the community."

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4. Section 30 – Appointment of Advisory Council members

Include IPC expertise, qualifications or experience as a criterion for an appointed member

"4(i) infection prevention and control"

Outcomes if Adopted

- Establishes IPC as a core national function of the CDC.
- Standardises IPC and public health and pandemic responses across Australian health and community sectors.
- Provides a clear mandate and strategic oversight for IPC resourcing, workforce development, surveillance activity, and patient and community safety.
- Aligns Australia with recognised international best practice, IHR (2005) core capabilities for IPC and emergency response, and the WHO Global Action Plan and Monitoring Framework for IPC (2024 – 2030).
- A national IPC strategy extending beyond healthcare-associated infections will address broader community transmission risks and support whole-of-system resilience.

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ACIPC Position Statement: Advocacy for Inclusion of IPC in the Australian CDC

Executive Summary

The Australasian College for Infection Prevention and Control (ACIPC) is the leading body for IPC professionals across Australasia. As the peak body representing members working in infection prevention and control (IPC) we support the development of the Australian Centre for Disease Control (Australian CDC). However, the College is concerned about the lack of IPC expertise within the proposed Australian CDC. The College recommends the Australian CDC includes formal representation and permanent inclusion of IPC as a speciality.

Introduction

The COVID-19 pandemic has highlighted the crucial leadership role of IPC professionals in outbreak response, emphasizing their importance in patient care, outbreak management, quarantine enforcement, and vaccine administration. It has also exposed a critical gap in the integration of infectious disease control between community and healthcare settings.

While the formation of the Australian CDC is vital for the country's public health system, the absence of formal IPC inclusion in its proposed structure will only reinforce this significant disconnect between settings, severely hindering system responsiveness.

About ACIPC

ACIPC plays a pivotal role in influencing IPC practices across diverse sectors. As the voice for IPC professionals, we support our members, key practitioners, and decision-makers by providing leadership, education, and evidence-based guidance. Membership spans a wide range of professionals, including nurses, dentists, veterinarians, industry experts, scientists, academics, educators and policymakers. We work together to advance infection prevention standards and reduce the burden of infections across all sectors.

Opportunities for the Australian CDC

To optimise the effectiveness of the Australian health system, it is essential that IPC is recognised and embedded within the Australian CDC. This will enhance preparedness and response capabilities for future pandemics, allow the development of an integrated national surveillance system, and lead to improvements in indoor air quality.

Specialisation in IPC

Professionally, IPC is a well-established speciality discipline. It incorporates clinical and public health focuses that strengthen health and community systems to support consumer and employee safety, quality improvement, prevention of antimicrobial resistance, and improve outbreak preparedness and responses.

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The COVID-19 pandemic highlighted significant challenges in infection prevention and control (IPC) responses, particularly due to the fragmented efforts of local public health units and the Australian Commission on Safety and Quality in Health Care (ACSQHC) working in isolation. To address these issues, IPC expertise and strategy development must be integrated across the entire health system and coordinated by a dedicated, specialised IPC branch within the Australian Centre for Disease Control (CDC), staffed with qualified IPC professionals.

Meeting National Frameworks

The National Safety and Quality Health Service (NSQHS) Standards and the Aged Care Standards provide a national framework outlining the level of care consumers can expect from health service organisations. These standards incorporate quality assurance mechanisms designed to ensure high levels of safety and improve outcomes from preventable diseases.

Despite these frameworks, there is currently considerable variability in the design, structure, and resourcing of IPC programs across Australian jurisdictions. Achieving compliance with national standards requires a consistent IPC framework that is embedded into routine practice and subject to regular assessment. This framework should be developed and overseen by the Australian CDC.

To reduce jurisdictional variability and bring consistency to IPC programs nationwide, it is essential to establish national benchmarks and provide tools and resources that are evaluated against the NSQHS Standards. This responsibility should lie with the Australian CDC.

National IPC Surveillance Program – Reducing Healthcare Associated Infections (HAIs) and Antimicrobial Resistance

Australia remains one of the few Organisations for Economic Co-operation and Development (OECD) countries that does not have a national surveillance system, which is a significant safety and quality issue for the Australian Health Care System. Available data on the prevalence and burden of (HAIs) within Australia remains an estimation, with no standardised surveillance system able to provide robust data. Current estimates of the costs associated with HAI are approximately $37,359 per case, and with estimates of 165,000 – 200,000 HAIs annually, the current approach to HAI surveillance is disjointed, inefficient and costing the health system significantly while impacting on care.

The most advanced Australian surveillance program is the Victorian Hospital Acquired Infection Surveillance System (VICNISS), which should serve as a model for a national surveillance system. The VICNISS coordinating centre operates under the guidance of the Infectious Diseases and IPC professionals to provide structured guidance on IPC frameworks. Similarly, the United States Centre for Disease Control and Prevention, National Healthcare Safety Network (NHSN) provides an excellent model for healthcare surveillance incorporating education and support for IPC programs and professionals, that provides consistent and standardised training, education and data collection. The European Centre for Disease Prevention and Control structure also facilitates a standardised approach to healthcare surveillance.

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Having reliable data on the prevalence of HAIs within Australia will allow for the prioritisation for the allocation of resources and IPC innovations to reduce preventable infections, benchmarking of target rates, and the ability to undertake cost benefit analysis.

It is crucial that a coordinated validated National HAI surveillance program is embedded across all types of healthcare facilities and settings to provide a nationally driven approach that integrates HAI surveillance, policy and implementation efforts more effectively. Embedding national surveillance in the Australian CDC would improve community outcomes and be consistent with the International Health Regulations (IHR) framework for surveillance.

Safer indoor air

Improving indoor air quality (IAQ) in all settings is a critical IPC strategy to protect the health and wellbeing of people. There is an urgency to improve IAQ to create healthier environments as the poor IAQ has a significant impact on chronic illness and the transmission of pathogens through the air, including COVID-19 and influenza.

Including IPC within the Australian CDC would enable intervention to improve IAQ to have a whole of community approach that extends beyond healthcare settings, impacting education, disability, and workplace settings. IAQ is an accessibility issue that must be addressed. Governments must set performance standards for IAQ through a coordinated approach that will lower the risk of infection of pathogens that transmit through the air in all settings. This role can be performed by the IPC specialty with the Australian CDC.

Enhanced preparedness and response capability for future pandemics

While the Infection Prevention and Control Expert Group (ICEG) was formed at the beginning of the COVID-19 pandemic to inform the Australian Health Protection Principal Committee (AHPPC), the ICEG had no authority to implement guidelines at a local level. The lack of coordinated IPC advice resulted in conflicting and inconsistent information being provided by different levels of government.

The need to rapidly establish ICEG also highlighted the fact that national pandemic and infection prevention preparedness was deficient. It emphasised the need for a permanent group within the Australian CDC to lead and drive policy independently of politicians, and to maintain core capabilities for responses consistent with the International Health Regulations (IHR) framework for public health emergencies.

Recommendations

ACIPC recommends the Australian CDC includes IPC experts to ensure:

- future pandemic preparedness
- expert IPC guidance during future pandemics

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- a comprehensive national IPC infrastructure
- an effective national surveillance program for Healthcare Associated Infections (HAIs)
- infectious disease prevention and control is optimal across the entire community
- healthcare facilities and community settings can implement standardised IPC protocols and guidelines
- a One Health approach for broader disease prevention.