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Submission to the Senate Community Affairs Legislation Committee inquiry into the provisions of the *Australian Centre for Disease Control Bill 2025* and the *Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025*

Submitted by:

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Date: September 24, 2025

Introduction: QUT Faculty of Health Expertise

The Queensland University of Technology (QUT) Faculty of Health is pleased to provide this submission on the provisions of the *Australian Centre for Disease Control Bill 2025* and the *Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025*. As an institution with significant expertise and research capabilities in infectious diseases, infection control, and public health, QUT is well-positioned to contribute meaningfully to this important legislative process.

QUT's research excellence in infectious disease and public health is demonstrated through our multidisciplinary capabilities spanning: the Centre for Immunology and Infection Control (CIIC) with expertise in immunology, infectious diseases, virology and vaccine testing; the Respiratory Virus Research Group examining respiratory viruses including SARS-CoV-2 (the virus responsible for COVID-19); the Statistical and Genomic Epidemiology Laboratory developing novel bioinformatics programs for complex disorder analysis; and Neuroimmunology and Infection Research focusing on brain and eye immunity. The School of Public Health and Social Work, together with the Centre for Healthcare Transformation, provides additional strengths in health services research, health economics, implementation science, and evidence-based practice translation. These capabilities position QUT as a significant contributor to Queensland's internationally recognised infectious disease research excellence, with end-to-end capabilities spanning basic understanding through to clinical trials, policy outcomes, and healthcare system transformation across tropical and vector-borne diseases, respiratory infections, pathogenesis and immunity, prevention and control, and community health.

Support for the Australian Centre for Disease Control Bills

QUT Faculty of Health broadly supports both Bills and welcomes the opportunity for Australia to finally join other countries around the world who have Centres for Disease Control. We believe that the permanent establishment of the Australian Centre for Disease Control (CDC) is in our national interest and is vital and essential in protecting Australian citizens and residents.

The establishment of an independent, transparent, and trusted Australian CDC represents a significant milestone for public health in Australia. After decades of advocacy from public health experts and exposure of significant gaps during the COVID-19 pandemic, these Bills provide the legislative framework to create a world-class public health agency that can safeguard Australia's health.

Addressing Data Challenges Revealed by COVID-19

The COVID-19 pandemic revealed significant problems in effective collation and sharing of health data that is critical in preventing, managing and controlling communicable diseases. The

fragmented nature of Australia's federated health system created barriers to timely, comprehensive surveillance and coordinated responses across jurisdictions.

We support the legislation's emphasis on making the CDC a data-driven organisation, delivering a contemporary, nationally coordinated approach to public health data to enable more accurate and faster detection of risks, more consistent responses across borders and a strong foundation for national public health planning. The proposed national surveillance and outbreak system, supported by standardised data collection and the *Data Availability and Transparency Act 2022*, will provide essential capabilities for future pandemic preparedness.

The Critical Challenge of Declining Vaccination Rates

Vaccine hesitancy has increased significantly in recent years, compounded by the challenges of the COVID-19 pandemic. Since 2020, vaccination rates have declined substantially, falling well below the critical 95% target needed for community protection:

- One-year-old vaccination coverage has dropped from 94.8% in 2020 to 91.6% in 2024
- Two-year-old vaccination coverage has declined from 92.1% in 2020 to 89.4% in 2024
- Five-year-old vaccination coverage has fallen from 94.9% in 2020 to 92.7% in 2024

For the first time since 2014, fewer than 90% of two-year-olds are fully vaccinated. Aboriginal and Torres Strait Islander children have experienced even steeper declines, with coverage declining by 4.5% since 2020 at 24 months of age.

Adolescent vaccination has also declined significantly, with HPV coverage at age 15 dropping by 5 percentage points in girls (to 81%) and 7 percentage points in boys (to 78%) since 2020. These concerning trends leave communities vulnerable to outbreaks of preventable diseases such as measles, whooping cough, and meningitis.

Recommendation: International Best Practice in Public Communication and Education

We recommend that the primary legislation be amended to ensure the CDC is specifically tasked with understanding international best practice around education and communication with the public to ensure we turn the tide on falling vaccination rates. The revised explanatory memorandum should specify that this responsibility includes the following measures:

1. Evidence-based communication strategies that address vaccine hesitancy through trusted channels and culturally appropriate messaging
2. Proactive counter-misinformation efforts that provide clear, accessible information about vaccine safety and effectiveness
3. Community engagement programs that work with healthcare providers, schools, and community leaders to rebuild vaccine confidence
4. Targeted interventions for communities with persistently low vaccination coverage
5. Research into the drivers of vaccine hesitancy to inform tailored approaches for different populations

Addressing Medical Misinformation in the Current Global Context

Recent changes to the USA administration are concerning and demonstrate why Australia needs to have its own CDC with clear strategies to handle medical misinformation. The appointment of vaccine-sceptic Robert F. Kennedy Jr. as US Health Secretary, his firing of CDC vaccine advisory committee members, and his history of spreading medical misinformation pose significant risks to global public health cooperation and may amplify misinformation in Australia.

We recommend that the primary legislation be amended to ensure the CDC is specifically tasked and equipped with robust capabilities to:

- Monitor and rapidly respond to health misinformation
- Provide authoritative, evidence-based counter-messaging
- Maintain public trust through transparency and scientific integrity

- Collaborate internationally while maintaining independence from political interference
- Protect vulnerable populations from the harms of misinformation

First Nations Health Prioritisation

We strongly support the First Nations prioritisation embedded within the primary Bill, including the requirement for at least one Aboriginal or Torres Strait Islander member on the Advisory Council. The CDC's commitment to Closing the Gap reform priority four—shared access to data and information at a regional level—is essential for addressing health inequities and ensuring culturally appropriate responses to public health challenges affecting First Nations communities.

Strengthening Research Coordination and Priority Setting

We would like to see the CDC's voice strengthened in setting research priorities through enhanced coordination with the National Health and Medical Research Council (NHMRC) and Medical Research Future Fund (MRFF). Recent improvements in alignment between NHMRC and MRFF through the establishment of new advisory committees provide a foundation, but the CDC should play a central role in:

1. Identifying research gaps in communicable disease prevention, detection, and control
2. Setting evidence-based research priorities that address emerging public health threats
3. Facilitating translation of research findings into policy and practice
4. Coordinating national research responses to health emergencies
5. Building research capacity in public health surveillance and outbreak investigation

The CDC's data-driven approach and operational experience will provide valuable insights to guide strategic research investment and ensure that Australia's world-leading health and medical research capabilities are optimally directed toward national health security priorities. Accordingly, we recommend that the primary legislation be amended to ensure the CDC is specifically tasked with making that research coordination and priority-setting contribution.

Conclusion

The Australian Centre for Disease Control Bills represent a historic opportunity to strengthen Australia's public health infrastructure and pandemic preparedness. QUT Faculty of Health strongly supports this legislation and stands ready to contribute our expertise in infectious diseases, infection control, and public health to support the CDC's mission.

The challenges of declining vaccination rates, emerging infectious diseases, and global health misinformation require urgent, coordinated national responses that only an independent, well-resourced, domestic and sovereign CDC can provide.

Australia's health security depends on our collective commitment to evidence-based health practice, and the Australian CDC will be essential to achieving this goal.