



26 September 2025

The Secretary
Senate Standing Committees on Community Affairs
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Submission to the inquiry into the Australian Centre for Disease Control Bill 2025 and related bill

This submission is made in response to the Senate Community Affairs Legislation Committee's invitation for comments on the Australian Centre for Disease Control Bill 2025 and the Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025. This submission highlights the role of dental professionals in Australia's public health system and provides recommendations to ensure the proposed Australian Centre for Disease Control (CDC) effectively addresses oral health matters.

Key recommendations

1. Accelerate the CDC's NCD mandate to include oral health more immediately, recognising dental disease as the nation's most prevalent chronic condition requiring early intervention.
2. Mandate the integration of comprehensive oral health data into national public health surveillance systems for holistic health analysis and targeted policy.
3. Embed oral health within a 'One Health' framework to strengthen antimicrobial stewardship and infection control across the health system.
4. Require formal consultation with key dental peak bodies to ensure that any public health and emergency guidelines are practical and effective in dental practice settings.

About the ADA

The ADA is the peak national body for dentists in Australia. Representing more than 17,000 members, the ADA provides a unified voice for the dental profession, offering expert advice and advocacy on all matters relating to oral health and dental practice. The ADA is committed to advancing the oral health of all Australians through evidence-based policy, professional development, and community education. As the authoritative source on dental care and policy, the ADA works closely with government, regulatory bodies, and other health organisations to shape a sustainable and accessible dental care system for the future.

The importance of dental input

While the proposed bills are a step towards strengthening Australia's public health response, it is important that the final legislation and the CDC's operations reflect the full spectrum of healthcare, including dental services. Dentists are key frontline health professionals, particularly in the areas of infection prevention and control (IPC) and play a vital role in managing and preventing communicable and non-communicable diseases.

Our recommendations are centred on ensuring the CDC's mandate and structure are comprehensive and inclusive of the dental profession.

Integrating oral health as a core function for a credible Australian CDC

The phased approach to establishing a CDC provides an opportunity to define its priorities and ensure its structure is adequately equipped to handle public health challenges, including the pervasive burden of dental disease. While the initial focus on communicable disease, biosecurity, and health protection is foundational, the timetable for the Centre's expansion into non-communicable diseases (NCDs) should be reviewed, with attention paid to accelerating the inclusion of oral health. Addressing dental disease, as Australia's most common chronic condition, should be integrated as a key function earlier in the CDC's establishment process, if possible, rather than deferred to a future expansion phase.

Dental disease often lacks effective national coordination and implementation in its current management across the federation. This results in significant avoidable costs and contributes to ongoing health inequities. The Australian CDC, with its remit for national surveillance, analysis, and evidence-based public health advice, offers a platform to address this structural gap.

We suggest using the CDC establishment process to confirm the Centre's immediate or near-term focus on addressing this high-prevalence NCD by including oral health within its initial public health surveillance and analytical functions. This adjustment would enable the CDC to leverage its national scope earlier to drive improved coordination and management of dental disease across states and territories.

Mandate for oral health in public health surveillance

The bills outline the CDC's function to collect, analyse, and share public health data. We recommend that the CDC integrate oral health data into its national surveillance systems. This is important because oral health is a key indicator of overall systemic health. For example, oral diseases are closely linked to conditions such as diabetes and cardiovascular disease. Including oral health data would provide a more holistic picture of the nation's health trends and facilitate targeted public health interventions.

Oral Health as an essential pillar of a 'One Health' approach to infection control and AMR

The proposed CDC presents an opportunity to embed oral health within national public health priorities, particularly regarding infection control and antimicrobial resistance (AMR). Inappropriate or unnecessary prescribing of antibiotics contributes directly to the global rise of AMR. The dental profession is a significant prescriber of antibiotics. A 'One Health' approach, which recognises the interconnectedness of human, animal, and environmental health, is gaining international recognition as essential for tackling complex issues like AMR. The Australian CDC should consider adopting this model to effectively integrate oral health surveillance and antibiotic stewardship, ensuring that dental practitioners have the guidance and support needed to optimise antibiotic use and reduce the spread of resistant bacteria.

This integration is vital because oral infections, if left untreated, can lead to serious systemic conditions requiring intensive antibiotic therapy. By prioritising oral health prevention and early intervention, the CDC can reduce the overall incidence of severe infections, thereby decreasing the demand for antibiotics in the first place. The 'One Health' framework is particularly relevant, as it acknowledges that oral diseases are influenced by factors such as diet and environmental exposures, which affect both human and animal populations. By incorporating oral health into its mandate, the CDC can lead a coordinated, cross-sectoral effort to address the root causes of disease and reinforce infection control measures across the entire health system.

A clear example of the intersection between a CDC's remit and oral health is diphtheria. As a nationally notifiable disease, diphtheria is firmly within the scope of a CDC's core functions, including surveillance, prevention, and

outbreak response. The presence of this disease and its direct impact on oral and pharyngeal health underscores the need for a CDC to have an integrated public health approach that includes oral health experts. It demonstrates that the mouth is not an isolated part of the body but a key entry point for infectious diseases and a site of their most dangerous manifestations.

Formal consultation with dental bodies

The bills provide for consultation with professional and peak bodies. We recommend that the CDC formally consult with key dental organisations, including the Australian Dental Association, when developing and publishing guidelines related to public health threats and emergencies. This would ensure that any IPC guidelines, public health campaigns, or emergency response protocols are practical and effective within dental practice settings.

The initial response of many state governments to the COVID-19 pandemic was to shut down dentistry. The ADA was instrumental in developing effective protocols for the management of dental disease throughout the pandemic. Practical and evidence-based guidelines formed by the ADA allowed the Australian public to obtain essential dental care throughout the pandemic, keeping unnecessary presentations to public hospitals for dental pain to a minimum. This example demonstrates the importance of the roles of peak bodies in forming appropriate public policy, and why engagement with key organisations is essential for the CDC.

Final remarks

The Australian Centre for Disease Control Bill 2025 is a moment to establish a robust and effective national health agency. It should draw on the expertise of all health professions. By incorporating the recommendations outlined herein, the proposed legislation can be strengthened to better protect and improve the health of Australians. We thank the committee for considering our submission and would be willing to provide further evidence at a public hearing if required.

Yours sincerely,



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