

IMMUNISATION COALITION
AUSTRALIA

**Australian Centre for
Disease Control Bill 2025
and Accompanying Overview
Submission**

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WHO WE ARE

As Australia's leading voice in whole-of-life immunisation, the Immunisation Coalition is proud to stand at the forefront of vaccine advocacy, education, and vaccination related information to both Healthcare Professions (HCPs) and the General Public. For 25 years, our not-for-profit independent organisation has combined scientific rigour with a commitment to public health, ensuring Australians are protected against vaccine-preventable diseases.

Our unmatched expertise is shaped and upheld by our dedicated Board of Directors, an Expert Scientific Advisory Committee, and a GP Education Committee. Together, these bodies steer our mission and vision to provide evidence-based information and support to HCPs, and to protect public health across all age groups.

Our Credentials Include:

- Registered with the Australian Charities and Not-for-profits Commission (ACNC).
- Comprised of leading experts and practitioners in immunisation and public health.
- Collaborators with renowned organisations such as Primary Health Networks (PHNs), the RACGP, PSA, Pharmacy Guide, APNA, MA, AGPN, government health departments, and other specialist bodies.

Our approach is driven by evidence, government recommendations and collaboration. We address vaccine hesitancy, promote immunisation, and provide timely, accurate, and evidence-based information direct to HCPs and the General Public. Through various media platforms, we are focused on increasing vaccination rates in risk populations and shift public attitudes post-pandemic towards immunization as a health benefit.

OUR SUPPORT FOR THE AUSTRALIAN CDC

The Immunisation Coalition strongly supports the establishment of the Australian Centre for Disease Control (CDC). We believe the Australian CDC will play an important role in not only responding to health emergencies, but also to provide national leadership, clear guidance and important coordination functions to support collaboration, consultation, and implementation of important health functions that results in more jobs in arms.

We believe a centralised CDC will enhance national coordination, ensuring that information, resources, and expertise are efficiently shared across states and territories; and will support the inclusion of trusted third parties to increase participation via broad cross-sector information dissemination. This coordination is crucial for mounting swift, unified responses during disease outbreaks, pandemics, or public health emergencies.

As a hub for ongoing research, data analysis, and surveillance, we believe the Australian CDC leadership will ensure that Australia not only supports the uptake of vaccines that protect Australians against preventable diseases, but also remains prepared for future outbreaks and pandemics.

AUSTRALIAN CENTRE FOR DISEASE CONTROL BILL 2025 AND ACCOMPANYING OVERVIEW SUBMISSION

Australian Centre for Disease Control Bill 2025

Overall, we support the proposed Bill, but offer the following constructive comments for consideration:

Director General's Role

The Director-General of the Australian Centre for Disease Control also serves as the Chair of the Advisory Council. This dual role could lead to conflicts of interest and may not align with common practices where the head of an organisation or government department does not chair advisory councils or panels.¹ Further consideration should be given to mitigate any bias or conflicts of risk.

Frequency of Meetings

The Advisory Council is required to convene at least two meetings each calendar year. Given the scope of the Australian CDC, we believe this to be insufficient, especially during the initial development stage of the Centre. We recommend a minimum 3, preferably 4 meetings per year to be more in line with the breadth and depth of health issues to be covered.²

Advisory Council Expertise

Given the importance of immunisation and declining vaccination rates, we recommend that immunisation be considered as a separate stand-alone criterion within the desired areas of expertise for the Advisory Council. This could help in clearly defining and prioritising immunisation-related activities.³

Review and Accountability

The bill mandates regular operational reviews, and the people conducting the review must not be employed by the Centre. This provision ensures some level of independence, but the effectiveness of these reviews will depend on the selection process and the criteria used for the reviewers. It is important this process is transparent and able to face in-depth scrutiny to protect the long-term integrity and authority of the Australia CDC in the eyes of the public.⁴

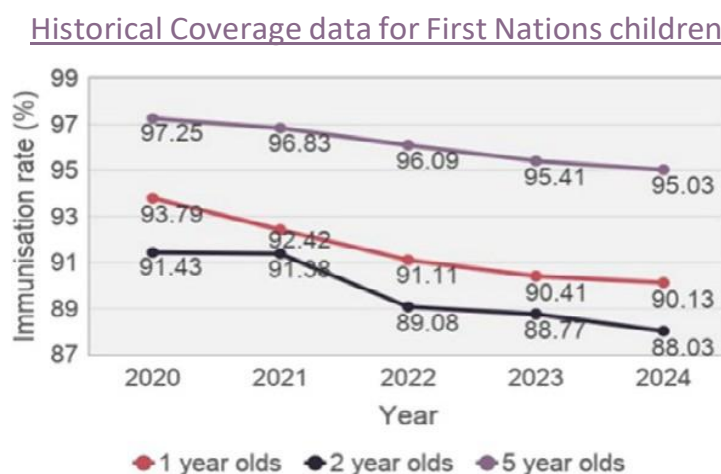
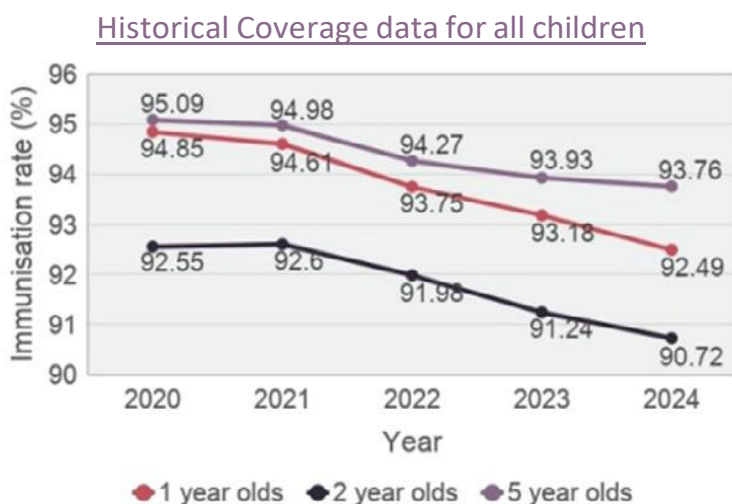
EXPLANATORY MEMORANDUM TO THE AUSTRALIAN CDC BILL 2025

Background

The Immunisation Coalition, with its long-standing experience in immunisation education, highlights the importance of effective communication to both healthcare providers and the public. Vaccine hesitancy has increased in recent years, compounded by the challenges of the COVID-19 pandemic. Since 2020, vaccination rates have declined, falling below the 95% target in children U5 years and for most vaccines as part of the Childhood Immunisation Program (graphs 1 & 2).⁵ Influenza vaccination rates for children U5 years, although recommended annually prior to the winter season, are now well below 30% nationally.

Importantly, the young generation of today are our adults and future parents of tomorrow. It is important they learn good vaccination behaviour early and that they are aware as older adults they were protected against harmful infectious diseases.

The economic impact of vaccine hesitancy includes not only illness but also the costs of rehabilitation and ongoing care. Effective education and communication are crucial to reversing this trend and easing the burden on the healthcare system while supporting new vaccine uptake in future health crises.



Figures 1&2: Childhood Immunisation Rate for fully immunised children up to 5 years old.
National figures All Australian Children and First Nations children. Source NCIRS 2024 report

Awareness and Education Initiatives

To address vaccine hesitancy, strategies must be adaptable, culturally sensitive, and delivered by trusted messengers/ organisations.

Drawing from our own experience with a vast array of educational activities, events, and social media campaigns, we believe success in increasing vaccination rates starts with information and fit-for-purpose education:

i. A broad outreach

Childhood vaccination rates are declining, with widening gaps, as identified by the Grattan Institute: The same trend is occurring among adults, although less so in older adults across some disease areas. CDC campaigns must reach wide audiences through trusted organisations, cultural groups, and community leaders, with a focus on areas where gaps are greatest. Small scale pilot programs should be explored to find key drivers, then scaled up.

ii. Strong engagement with healthcare professionals

A recommendation from a HCP is the best recommendation for invoking confidence and change, and effective campaigns depend on adequate support for health professionals.

This support includes:

- Feedback mechanisms so that issues can be identified early and engagement tools adjusted to reflect opportunities and challenges.
- Specific and standardised training and fit-for-purpose information across a range of healthcare professions.
- Evidence based campaigns and readily accessible information as required to support health professionals in addressing claims that increase vaccine hesitancy.

iii. Australian public awareness campaigns

There are significant gaps in available information to support decision-making. Our pilot projects and marketing campaigns reveal that, since COVID-19, there is less trust in government and greater reliance on healthcare professionals and recognised organisations.

A general public infectious disease centralised information hub should be developed and rolled out as a pilot to gain learnings for refinement and future scale up.

Additional Recommendations

Given the complex landscape, we strongly recommend the Australian CDC seek extensive input from external stakeholders on the development of an education and communication hub aimed at providing confidence in immunization across the ages. There needs to be more buy-in on the health benefits of immunisation. We are losing this battle to misinformation, disinformation and vaccine fatigue particularly, as more vaccines are coming to market.

Conclusion

The Immunisation Coalition supports the Australian CDC Bill 2025 and its accompanying Explanatory Memorandum. We acknowledge the challenges in developing and distributing information to support immunisation compliance and look forward to engagement with the government on matters that puts more jabs in arms.

APPENDIX – IC ACTIVITY SNAPSHOT

In 2024, the Immunisation Coalition provided infectious diseases educational and information services to:

Over 10,00 HCPs (mostly GPs, nurse immunisers and pharmacists)

Through May to July 2025 we have communicated the importance of influenza via social media to parents of young children, reaching:

500,000 individuals

1,800,000 social media post
engagement

Over 10,000 views on the IC
influenza landing page

We conducted two Pilot programs on influenza in:

- SA Aged Care Facilities
- SA Childcare Centres

The learnings gained in 2025 will be used to refine two further pilot programs in 2026, currently in the planning phase.

1 Australian Centre for Disease Control Bill 2025 (Cth) Pt 3 Div5 s 29

2 ibid Pt 3 Div5 s 38 (1)(a)

3 ibid Pt 3 Div 3 s 30 (4)

4 ibid Pt 6 s 78

5 Check with Marianne where this data comes from (Prof Kidd slides)

6 <https://grattan.edu.au/news/child-vaccination-in-australia-is-falling/> 12 Sept 2025



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