

An Australian CDC – Learning from a Literature Review of USA Publications

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Deborah J Hilton

Australia

<https://orcid.org/0000-0002-4667-7178>

Abstract

Objectives: It has long been said that Australia needs a national centre for disease control and Professor Bob Douglas, Foundation Director at the National Centre for Epidemiology and Population Health at ANU, raised this point. The Parliament of Australia Health Overview published in May 2023, states the Government announced \$3.2M for initial design and consultation work for the new entity, an Australian Centre for Disease Control (ACDC) and funding of 91.1 million from 2023–24 was allocated to continued establishment.

Methods: In order to understand the USA CDC system, operational structure and health disciplines the centre focuses upon, a literature review was performed on 29th April 2025, using the Pubmed MeSH terms; (“Centers for Disease Control and Prevention, U.S.”[Mesh]) AND “prevention and control”.

Results: 4,956 results were retrieved, and if the filter publication date [last year] was applied 123 manuscript retrievals were included. The topics focused upon included; COVID, drugs, sexual health topics, surveillance topics, chronic disease topics and other miscellaneous topics. In Australia, more specifically a focus should include pandemic and infectious diseases prevention and notifiable diseases coordination, cancer registry oversight, indigenous health, workplace health, diseases affecting Australians travelling overseas and factors affecting disabled or marginalised peoples.

In addition, other issues to consider while establishing an ACDC include; governance issues, technical specificities, document and guideline production. Some documents will be specific while others will be more all-encompassing.

Art that signifies our culture and heritage, aspects of health, wellbeing, disease, illness, community spirit or safety as per art created by artists represented by Jan Murphy Gallery, namely Ben Quilty or Sylvia Ken should also be included as part of the ACDC establishment as art plays a pivotal role in telling a yarn aesthetically painting a story conveying information and ideas to viewers in a different way as compared to information.

Conclusions: Understanding and learning from other countries with examples such as this is a useful priority and necessity, being of upmost importance in terms of learning about how to establish the operations and functioning of an ACDC adapting it to a focus upon relevant Australian issues.

Keywords: Centers for Disease Control, Prevention and Control, Pandemic Preparedness

Introduction

It has long been said that Australia needs a national centre for disease control (Kelly) and even historically decades ago there had been discussion about the need for an Australian Centre for Disease Control [ACDC] (Forsyth). Slevin and Weeramanthri in a manuscript in 2021 titled ‘does Australia need a Centre for Disease Control? A perennial question now needing an answer’ the authors state that Professor Bob Douglas, Foundation Director at the National Centre for Epidemiology and Population Health at ANU, raised this very point (Slevin and Weeramanthri). They state that an ACDC should not mirror the United States model. The COVID-19 pandemic is an example of when an ACDC would be useful for Australia. The pandemic created not only a focus on priorities in terms of infection prevention and control in society for healthcare services and professionals, but this also was a focus for non-health care services and

organizations (Dempsey). The authors stated that there was a paucity of research information on structures related to the infection practices at both the state and national level in Australia. COVID-19 is one example, but other communicable diseases will also be of vital importance for the center to manage. Disease surveillance also requires complex organization and coordination (Kelly). Kelly and colleagues report on human papilloma virus (HPV) surveillance within Australia from 2007 to 2009, being one such example of a successful free program implemented for girls and young women. In addition, they report on the success of superb cancer registries within Australia and that in future decades this will include an anticipated decrease in cervical cancer incidence.

The document titled; diseases have no borders, is relevant to the Australian context and describes the unique Australian health challenges that can be prioritized (Australian Government Department of Health and Aged Care). Various responsibilities that the ACDC duties may encompass include that of maintenance of the National Notifiable Disease List (NNDL), migrant and refugee health oversight and indigenous related health advice with one such example being providing advice on diseases such as rheumatic fever and vaccine related research. There will also be expert direction from the centre related to warnings of travel related information for Australians travelling overseas that should be included on the Smartraveller website as information becomes known and reviewed by experts at the centre.

Hence it may be useful to look at other overseas comparisons in terms of the scope of information and data collection that other countries perform as part of a centralised hub of information and services. It must be remembered though that an international focus and lens while beneficial, must also not distract from the specific country priorities, needs, issues and concerns that communities, scientists, authorities, and individuals have. In order to understand the scope of other countries CDCs, a literature review and discussion on the American system is the basis of this manuscript, focusing on how this maybe useful to consider in light of the ACDC planning and establishment.

The Parliament of Australia Health Overview published in May 2023, states the Government announced \$3.2M for initial design and consultation work for the new entity, an ACDC [Parliament of Australia, 2023]. Also, funding of 91.1 million over 2 years from 2023–24 was allocated to progress the establishment of an ACDC.

The Centre will be the most significant Public Health infrastructure for health in Australia this century. Governing statutory and regulation, decisions on independence and dependence with existing entities, and breath of jurisdiction and practice are key areas identified whereby decisions will be forthcoming. Potentially the Centre will impact millions of lives, with the possibility for ground breaking advances in disease control. Time will be needed in order for the establishment of procedures, policies, for resources to be gathered and for staff to be trained.

Methodology

In order to understand the USA CDC system, operational structure and health disciplines they focus upon, a literature review was performed on 29th April 2025 using the Pubmed MeSH terms; (“Centers for Disease Control and Prevention, U.S.”[Mesh]) AND “prevention and control”.

Results

4,956 results were retrieved, with 123 manuscript retrievals if the filter publication date [last year] was applied. The breath of topics covered included that related to the COVID pandemic, medications, HIV and sexual health, surveillance, chronic disease, housing and other hospital related and community issues.

Discussion

The proposed new centre will be a hub of information and this will focus upon a broad range of topic areas of importance to the Australian end users. While the American focus may have a differing lens, this information below on what was reported in the American literature review is useful to examine.

The American literature search in relation to COVID, uncovered various topics including epidemic measures, streamlining COVID guidance,

the nursing protocols, COVID testing, COVID response, national vulnerability indices, vaccination issues, vaccine approval and post authorisation safety (Yin et al.; Shrestha et al.; Kuehn; Ricks et al.; Wolkin et al.; Moro et al.). Meissner and colleagues while the title didn't specifically state COVID, they describe understanding FDA-Approved Labelling and CDC Recommendations for Use of Vaccines (Meissner et al.).

There were also publications focused upon over dose issues and funding initiatives, opioid guidance, prescribing and tapering laws and substance use (Mital et al.; Monnig et al.; Danielson et al.; Sullivan et al.; Roe et al.).

In relation to sexual health the literature included; syphilis, sexually transmitted infections, HIV/AIDS prevention research synthesis project, sex education in schools, multi-jurisdictional HIV prevention demonstration projects, HIV testing projects and substance use (Price; Harris; Nelson et al.; Koenig et al.; Koenig et al.; Szucs et al.; Hsieh et al.; Patel et al.).

Surveillance topics were also included such as the genomic surveillance program (Bart et al.), influenza surveillance (Zureick et al.) and the national syndromic surveillance program (Schmit et al.). Topics on chronic disease included: hypertension prevention and stroke statistics (Wang et al.), pharmacies & the National Diabetes Prevention program (Spence et al.). In 2006, there was the establishment of CDC's Division for Heart Disease and Stroke Prevention to address the nation's first and third leading causes of death (Collins et al.).

Other topics included: retrievals related to the history and data related to lead poisoning prevention (Allwood et al. and Sobin et al.), advance written approval process (Latzer et al. 2022), testing outcomes and topics (Panagiotakopoulos et al.; Cartwright et al.; Connors et al.; Bart et al.; Kuehn; Marano-Lee et al.; Marano-Lee et al.; Cuen et al.) a medical monitoring project associated with housing instability (Marcus et al.), a virtual partner services technical assistance pilot project (Davis et al.), firearm mortality (Price et al.); concussion (Kroshus et al.; Zhou et al. and Quick et al.), nursing home built environments (Goldman et al.), cancer prevention (White et al.; Wangen et al. and

Das), ebola vaccine (Malenfant et al.), neonates at risk of early onset sepsis (Hershkovich-Shporen et al.) hospital acquired infections (Haque et al. and Monegro et al.), maternal health (Dhudasia et al.) and monkey pox (Lin et al.).

Various authors have discussed the important issues related to an ACDC (Slevin and Weeramanthri). Kelly and colleagues in 2010 in a letter stated there is a call for the establishment of an Australian Centre, providing independent, evidence-based advice to governments (Kelly et al.). Workforce capacity building and sustainability would also be incorporated as a result of a strong commitment as such.

These results show that the range of illnesses and diseases, injuries, topics and issues of concern that the United States CDC has responsibility, authority and jurisdiction over is broad, all-encompassing and vast. The United States CDC, is now recognised nationally and internationally (McCall et al.). There has been successes and work within policy development, implementation of programs, knowledge advancement, workforce training and expertise with emergency response capability.

Implementation of the One Health approach is essential to fully address the stated goals of a future ACDC [Aust Gov Department Health and Aged Care; One Health]. The ACDC will be required to address the major causes of infectious and noncommunicable diseases in Australia (Smith et al.). In fact, the call for an ACDC has been a longstanding one (McCall et al.). In the absence of an independent expert agency for disease control there are concerns about the hazards Australia could encounter. One example is the 2009 H1N1 influenza A pandemic, where resources, coordination, surge capabilities and strategic intervention were called upon. The following year there were a number of febrile convulsions following influenza vaccine. The Horvath Report was written addressing these issues, and this type of activity would be well handled by an ACDC. Another year following, there was an outbreak of Hendra virus in Qld and New South Wales, which would again have been a disease which could have benefited from coordination, central allocation of resources, task management and information dispersion. The ACDC would work

in conjunction with the Communicable Diseases Network Australia [CDNA]. These authors also state that funding of the ACDC maybe unattainable, and that legislative requirements would allow the centre to function as an entity.

This not only makes the operational logistics complex and cumbersome for staff, but it requires extensive resources and financial infrastructure in order to carry out these varied responsibilities, duties and performance targets.

In addition to overseeing the routine maintenance of diseases and illnesses that routinely occur in society, the CDC also has a role during pandemics and other disease outbreaks of concern to escalate, move and prioritize action plans, resources and strategies.

In 2010, a publication by Brotherton and colleagues, states that the relevance of creating this Centre has increased over time (Brotherton et al.). The infrastructure and complexities are mentioned and the authors state that Human papilloma virus (HPV) surveillance is one relevant example. From 2007 to 2009, Australia delivered what remains the world's most widely targeted HPV vaccination programs. The outcome assessment of these programs is complex, and given monitoring occurs over varying time frames, with numerous entities involved, the establishment of an ACDC that is well resourced and independent will be valuable.

Public health has been described as an "intersection of science and politics" by former CDC Director William Roper (Collins et al.). There is a partnership between state chronic disease programs of testing, innovation and experience that combines with the CDC that has technical and financial backing. Even though the scientific knowledge has expanded, there remains a need for basic resources. There were advances in genome-based knowledge and technologies, cardiovascular disease prevention [that addresses obesity, diabetes, heart disease, physical inactivity, poor nutrition, and tobacco use], youth media campaigns, maternal, child, and adolescent health programs, well-integrated screening and evaluation for women across the nation and programs that involve community health by bringing together business, transportation, and city planning sectors. Not the least is the work in conjunction with the foundation charity.

The CDC will work to recognize, foster and apply health promotion competencies (Smith et al.). The International Union for Health Promotion and Education (IUHPE) in Australia has identified nine core health promotion competencies. These include; enabling change, health advocacy, mediating through partnership, communication, leadership, assessment, planning, implementation and lastly evaluation and research.

There is also a need for the CDC to give creed to health equity issues. This may include but is not limited to; Aboriginal and Torres Strait Islander people, rural and remote communities, people experiencing homelessness, mental health conditions, people with disabilities and/or from culturally and linguistically diverse backgrounds, those from low socio-economic backgrounds, young people, the elderly and/or those in aged care settings (Smith et al.).

A consultation paper based on 28 guiding questions aimed to gather feedback on the scope, functioning and monitoring of the proposed ACDC (Smith et al.). The Australian Health Promotion Association (AHPA®) provided feedback, as did many universities, health services, peak bodies and non government organizations across Australia. Health promotion was a consistent theme and there was a call for this to be a prominent topic to be addressed.

Historically in terms of infection prevention and control within Australia, there maybe state and national programs yet these institutions and their collaborations or lack thereof was apparent (Dempsey). This maybe a key area in which the new ACDC will be able to provide a leading light for consistent, streamlined and all-encompassing information and guidance in terms of planning and responding to future pandemics. The roles and legislative powers of States, Territories and the Commonwealth will be important in terms of future pandemic planning and action (Slevin and Weeramanthri).

As mentioned in the introduction, disease surveillance such as HPV surveillance has been successfully reported on within Australia (Kelly). The authors state that the new centre within Australia, will also play a key pivotal role as it continues

monitoring and overseeing the success of superb cancer registries within Australia and in future decades this will include an anticipated decrease in cervical cancer incidence. Sexual health surveillance will also involve surveillance related to type-specific HPV infections, genital warts and incident Pap smear abnormalities.

As mentioned in the introduction one role will be monitoring and reporting notifiable diseases and this can be clearly illustrated with the example of Hendra virus as reported by Allen and colleagues in their manuscript titled; 'Epidemiology of human contacts of equine Hendra virus infection in northern New South Wales, Australia, 2006–2023 (Allen). This cross-sectional study included three Local Health Districts in NSW [2006-2023] with all known human contacts which equated to 134, relating to 26 equine Hendra events. Notification to the NSW Notifiable Conditions Information Management System (NCIMS) allows epidemiological tracking, reporting of spillover effects and prevention work to proceed. I would envisage that the establishment of the ACDC may facilitate monitoring of situations like this when this also involves other states within Australia as a result of being a national entity.

The Centers for Disease Control and Prevention (CDC) and other institutes and departments have been focusing on comprehensive workplace health programs for over ten years (Matson et al.). The CDC utilizes science to improve workplace health, creating resources and tools that enhance productivity while striving to maintain workers in their workplace. This has included occupational safety and health and work improvements in terms of the environment. This includes diabetes and work, and other workplace solutions. Also included are fitness initiatives, environmental sustainability, no-tobacco policies, health promotion integrated initiatives and health protection. Models of operation were developed, infrastructure was considered and the evidence base was addressed. Symposiums were organized and papers were written and delivered. Score cards and centers for excellence fostered evaluation.

The ACDC will work to create evidence-based policies, based on concrete scientific research. While during COVID-19, a manuscript stated that

as of April 1, 2020, more than half of the world's population had prayed to end the coronavirus (Bentzen), it is important that scientific justification for any religiosity or other practice is necessary. In fact, systematic review research in 2024 reported on outbreaks of COVID-19 in indoor places of worship (Bert). There were 119 descriptions of COVID-19 outbreaks linked to churches, mosques, synagogues, and temples. Interestingly, due to no restrictive measures, or such measures not being followed at the time of the outbreak such as choir practices, these presented with the highest attack rate (up to 0.867). It was also stated by the authors that the impact of transmission in places of worship may be largely underestimated. Also, systematic review research shows that one third of SARS-CoV-2 infections are asymptomatic (Oran). So, in fact, during the pandemic, people who were voicing mantras, chanting, singing, and/or praying in churches, mosques or temples may not have realised they had COVID-19. Summed up therefore, praying or chanting for the global COVID-19 crises during that time, according to this science could have been detrimental so while the intention was good, the failure at times of religious organisations to understand science becomes apparent and is a downfall and in fact can make them seem hypocritical. Virus droplet airborne transmission may cause and contribute to an increase in cases. This example is where an ACDC could provide expert evidence based scientific guidance on topics impacting many persons.

Aboriginal peoples in Australia have utilised the environment including usage of native plants in food and medicine with over 1511 plant species have been recorded as having been used medicinally in Australia (Turpin). More specifically, the extensive literature review, found 135 medicinal plants native to Queensland being used to treat 62 different diseases, especially skin scores and infections.

In addition to being a center of excellence, a hub and repository of resources and technical information and expertise including that related to both modern and indigenous health, the latter of which is mentioned above, it will also be a superb opportunity to showcase indigenous art.

Hilton has reviewed literature on art and art therapy including the benefit during the COVID-19 pandemic (Hilton and Hilton). Hilton mentions that

at the Australian War Memorial, an artist represented by one of Australia's most famous leading art galleries being Jan Murphy Gallery, located in Brisbane (Jan Murphy Gallery), an artist represented named Ben Quilty is listed with exhibition details titled 'After Afghanistan' as he was the official war artist to visit Afghanistan with the Australian Army. Another artist, Sylvia Ken has a painting titled; Seven Sisters which won the 2019 Wynne Prize at the Art Gallery of NSW, and this world-renowned artist is again represented by the same prestigious gallery. On the Jan Murphy Gallery website, it states that Sylvia Ken is from the Amata community in the Anangu Pitjantjatjara Yankunytjatjara (APY) lands in South Australia. The painting takes place in this traditional landscape and the painting refers to this story, the landscape that the story takes place in, as well as the characters in the story. Just as the Australian War Memorial commissioned an artist, so to should the ACDC commission or purchase artworks with these two above mentioned as examples. Art should represent Australia's historical indigenous culture and heritage, or in particular signify health, wellbeing, disease, illness, community safety and personal worth including those with a more modern perspective.

Conclusion

Slevin and Weeramanthri states that an Australian version of the ACDC should not mirror the United States model (Slevin and Weeramanthri). While it is important to respect and take heed of this, there may be issues identified from the literature search that focused upon the US CDC that are relevant and will impact the establishment of an Australian version while not mirroring exactly the scope, function and capabilities.

Brotherton and colleagues in 2010 authored on the topic that Australia needs a national CDC [Brotherton et al.]. They discuss HPV vaccination programs and Australia's excellent cancer registries and how surveillance programs are complex with multiple stakeholders. In fact, one such example they report from the USA is the CDC whom have taken responsibility for coordinating HPV surveillance.

Understanding and learning from other countries with examples such as this is a useful priority and

necessity, being of utmost importance in terms of learning about how to establish the operations and functioning of an ACDC adapting it to a focus upon relevant Australian issues. The scale and scope maybe different as there are specific factors to consider particular to a country, so a USA review while raising issues of relevance, the reality is that the logistics may not be entirely replicated as facilities, resources and governing entities maybe on a more moderate scale in the Australian establishment when compared to countries like USA where the population and land size is much greater.

Australia is an entity in its own right with unique attributes and culturally specific considerations. Various of what has been mentioned in these publications above highlight considerations that must be pondered over so that once built and operational, people or organizations who walk the pathway to the building with the aim to equip themselves with health knowledge, know they are walking on the 'highway to health' rather than a 'highway to hell', the latter of which is the title of the famous song sung by the Australian rock and roll band ACDC.

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Author Details

Deborah J Hilton, Australia, **Email ID:** deborah.hilton@gmail.com