Submission:

Senate Inquiry on the *Australian Centre for Disease Control Bill 2025* and related bills

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Heart Foundation

About the Heart Foundation

The National Heart Foundation of Australia (Heart Foundation) welcomes the opportunity to provide this submission to the Senate Inquiry into the *Australian Centre for Disease Control Bill 2025* and related legislation.

Cardiovascular disease remains the leading cause of death globally and causes one in four deaths in Australia.[1,2] For more than 65 years, the Heart Foundation has led the fight to save lives and improve the heart health of all people living in Australia. As a trusted, independent, not-for-profit organisation, we work across the spectrum of cardiovascular disease research, prevention, detection, care, and support. Our work is made possible through the generosity of our donors, and is delivered in partnership with health professionals, researchers, governments, and the community.

Executive summary

The Heart Foundation strongly supports the establishment of an Australian Centre for Disease Control (CDC) as a permanent, independent, and trusted national body to strengthen Australia's national health capability. The COVID-19 pandemic exposed significant vulnerabilities in Australia's pandemic preparedness including fragmented data systems, inconsistent guidelines, and stretched health and aged care services, as shown in the recent COVID-19 Response Inquiry.[3] We support this inquiry's recommendation to establish an Australian CDC with a mandate to address these vulnerabilities and to make sure Australia is ready to respond to national health emergencies, including communicable (infectious) disease threats and the rising non-communicable (chronic) disease burden.

However, the Heart Foundation is concerned that the current Bill and Explanatory Memorandum propose that non-communicable diseases, including cardiovascular disease, will not be a priority for the CDC until after the first review of the centre in 2028.[4,5,6] The new CDC has the potential to be a transformative health asset for the nation, but this will be difficult to realise if non-communicable diseases are de-prioritised during the critical first few years of its operation. Non-communicable diseases remain the leading causes of death, disability, and health system cost in Australia and include chronic conditions like cardiovascular disease, dementia, cancers and stroke.[7] It is estimated that about half of the Australian population are living with at least one chronic condition, and about one out of every five people with at least two or more.[8]

The Heart Foundation urges the Committee to recommend that the CDC's remit includes from the outset a strong and integrated focus on both communicable and non-communicable diseases. Delaying the CDC's focus on non-communicable diseases overlooks the known link between non-communicable and communicable diseases, particularly given the CDC's key role in coordinating national data. This link has been well-established, including with COVID-19.[9,10,11] The delay also overlooks the known link between non-communicable diseases and the determinants of health in priority populations.[12]

Consequently, delaying non-communicable diseases as a priority in CDC operations could create a blind spot in our national data capability that is crucial for government decision-making in a health emergency. It could also allow known systemic vulnerabilities to persist in our health system. These are known vulnerabilities that have already been identified during the COVID-19 Response Inquiry and that the CDC has been tasked to address.[3] Ensuring that non-communicable diseases are prioritised alongside communicable diseases in the CDC's remit from the outset is critical for our national pandemic preparedness and offers the best opportunity to deliver maximum health benefits for everyone in Australia.

Summary of recommendations

Drawing on lessons from the COVID-19 pandemic, the burden of disease evidence, and the Heart Foundation's experience as a leader in cardiovascular health, we recommend that the new Australian Centre for Disease Control (CDC):

1. Prioritise non-communicable diseases from inception of the CDC, removing the proposed multi-year delay. This will ensure that national health responses are informed by both communicable (infectious) and non-communicable (chronic) diseases, as well as their interactions.
2. Invest in integrated approaches to disease control in the CDC's national data, surveillance and research. This will ensure national health responses are informed by our knowledge and understanding of both communicable and non-communicable diseases, and their interactions.
3. Embed health equity strategies in all CDC activities including data collection, program design and public health messaging to ensure that the CDC can benefit everyone in Australia.

1. Strengthening Australia's national health capability requires a strong and integrated focus on both communicable and non-communicable diseases

1.1 Lessons from COVID-19 and other health threats support an integrated approach

Australia needs every tool it has available to tackle the dual burden of disease: communicable disease threats, such as COVID-19, influenza, acute rheumatic fever, and the ongoing, growing challenge of non-communicable diseases, especially cardiovascular disease. One powerful tool we have is drawing on our understanding about the well-established interactions between communicable and non-communicable diseases.

The COVID-19 pandemic demonstrated the need for integrated approaches in developing a national health response that includes both communicable and non-communicable health conditions. COVID-19 is a communicable disease that can cause chronic conditions or be more severe for those who have underlying chronic conditions, like cardiovascular disease.[13] COVID-19 is also itself a non-communicable condition that develops post-infection (long COVID). It is one of many examples of chronic, non-communicable, conditions that can be caused by or increase severity of infectious diseases.[14,15,16]

Since the 1970s, epidemiologists have recognised that better health outcomes could be achieved by removing siloes between non-communicable and communicable diseases in analysis methods and health responses.[17,18,19,20] We risk embedding these siloes in Australia's national health capability by delaying the CDC's priority on non-communicable diseases, as proposed in the Bill and Explanatory Memorandum. This means we could leave unnecessary evidence gaps and vulnerabilities in our preparedness if a response to an infectious disease threat is needed in the next few years. We could also miss the critical opportunity to best position the CDC to address Australia's biggest health challenges.

1.2 Cardiovascular disease should be an immediate priority for Australia's CDC

In Australia, cardiovascular disease causes one in four deaths, accounting for 12% of the total burden of disease and costing the health system $14.3 billion per year.[2] Understanding the link to communicable diseases is critical for preventing, managing and treating cardiovascular disease, and for protecting more than 1.3 million people who are estimated to be living with cardiovascular disease during an infectious disease threat.[8] For example:

- People with heart disease and other non-communicable diseases are at greater risk of severe outcomes from infectious diseases, including COVID-19 and influenza.[21,22]
- Infectious diseases can trigger or worsen cardiovascular conditions, as seen with long COVID, which increases the risk of heart attack, heart failure, and stroke for months after infection.[9,23,24]
- Rheumatic heart disease, a chronic non-communicable disease caused by a preventable and treatable infection, continues to disproportionately affect First Nations communities.[25]
- Cardiovascular disease has a greater prevalence, burden of disease, rate of hospitalisation and number of deaths among First Nations people, people living in lower socioeconomic areas, and people living in remote and very remote areas.[2]

The CDC should prioritise cardiovascular disease from the outset by:

- Embedding cardiovascular disease prevention, detection, and management into pandemic preparedness and response plans as a national priority.
- Ensuring national data systems capture the links between infectious diseases and cardiovascular outcomes.
- Supporting research and innovation to understand and address the long-term cardiovascular impacts of emerging infections.
- Prioritising equity, so that every person in Australia will benefit from improved heart health and protection from infectious disease threats.

RECOMMENDATION 1*:* Prioritise non-communicable diseases from inception of the CDC, removing the proposed multi-year delay. This will ensure that national health responses are informed by both communicable (infectious) and non-communicable (chronic) diseases, as well as their interactions.

2. Australia can maximise the CDC's impact on the nation's health resilience and capability through integrated data and surveillance systems

For Australia's CDC to effectively support our national capability to design, develop and rapidly deploy the best response to an infectious disease threat, it needs to be able to construct the most complete and relevant picture of Australia's population. This means understanding the potential impacts of any infectious disease threat on an estimated 12.5 million people living with at least one non-communicable, chronic condition.[8] It also means recognising how a new widespread infection can both worsen existing chronic conditions and give rise to new ones, and how the nation needs to respond.

Focussing only on communicable diseases in the CDC's crucial first few years risks embedding an evidence gap that could undermine its ability to inform a national health response and fulfil its intended purpose.[4,6] The Australian CDC should lead the development of national data systems that capture trends in both communicable and non-communicable diseases from day one of its operations, including the impact of these trends on priority populations. Taking an integrated approach from the outset, Australia's CDC could address vulnerabilities already identified in our health system, including gaps in surveillance, workforce capacity, and health equity.[3,26,27,28]

The COVID-19 pandemic highlighted the need for harmonised data collection and sharing so that emergency risks can be detected and addressed in national responses.[3] This included cardiovascular impacts of long-COVID and the disproportionate effect of COVID-19 on people living with cardiovascular disease, who experienced higher rates of severe illness, hospitalisation, and death.[9,15,22,23,24] Integrated data, surveillance, and programmatic action should embed cardiovascular disease prevention, detection, and management into pandemic preparedness response plans and routine public health activities. This should also include, where relevant, investment in research and surveillance to better understand the long-term cardiovascular impacts of emerging infections (such as long COVID) and support rapid translation of new evidence into policy and practice.

RECOMMENDATION 2: Invest in integrated approaches to disease control in national data, surveillance and research. This will ensure national health responses are informed by our knowledge and understanding of both communicable and non-communicable diseases, and their interactions.

3. The CDC must take a health equity and community engagement approach to ensure it can benefit everyone in Australia

Non-communicable diseases are known to have a greater negative impact on people living in lower socioeconomic areas and people living in remote and very remote areas.[7] Lessons from the COVID-19 pandemic also showed that these same groups can be disproportionately impacted by communicable diseases. Without prioritising health equity, these and other at-risk groups can be underrepresented in public health responses, particularly in public health communications.[3] With the proposed delay in prioritising non-communicable diseases, the CDC risks underserving priority populations in national public health responses and placing them at unnecessary increased risk in a national emergency.

The CDC must ensure its work is inclusive, including responding to the unique needs and challenges of First Nations peoples, culturally and linguistically diverse communities, people with disability, and those in rural and remote areas. Social, cultural and economic factors that support health equity should be well understood and embedded in all CDC activities, including data collection, program design, and public health messaging, to help close the gap in health outcomes.

RECOMMENDATION 3: Embed health equity strategies in all CDC activities including data collection, program design and public health messaging to ensure that the CDC can benefit everyone in Australia.

References

[1] World Health Organization. *Cardiovascular diseases.* 2025. www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)

[2] Australian Institute of Health and Welfare. *Heart, stroke and vascular diseases.* Accessed 25 Sept 2025. www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/about

[3] Australian Government Department of Prime Minister and Cabinet. *Commonwealth Government COVID-19 Response Inquiry.* 2024. www.pmc.gov.au/domestic-policy/commonwealth-government-covid-19-response-inquiry

[4] Parliament of Australia. *Australian Centre for Disease Control Bill 2025.* 2025. www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=r7369

[5] Parliament of Australia. *Australian Centre for Disease Control (Consequential Amendments and Transitional Provisions) Bill 2025.* 2025. www.aph.gov.au/Parliamentary_Business/Bills_Legislation/Bills_Search_Results/Result?bId=r7372

[6] Parliament of Australia. Minister's second reading speech, *Australian Centre for Disease Control Bill 2025.* parlinfo.aph.gov.au/parlInfo/search/display/display.w3p;db=CHAMBER;id=chamber%2Fhansardr%2F28849%2F0024;query=Id%3A%22chamber%2Fhansardr%2F28849%2F0024%22

[7] Australian Institute of Health and Welfare. Chronic conditions. Accessed 25 Sept 2025. www.aihw.gov.au/reports/australias-health/chronic-conditions

[8] Australian Bureau of Statistics. National Health Survey 2022. Accessed 25 Sept 2025. www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey/2022#data-downloads

[9] Xie Y, Xu E, Bowe B, Al-Aly Z. Long-term cardiovascular outcomes of COVID-19. *Nature Medicine.* 2022;28(3):583-590. doi:10.1038/s41591-022-01689-3

[10] Xu E, Xie Y, Al-Aly Z. Long-term neurologic outcomes of COVID-19. *Nature Medicine.* 2022;28(11):2406-2415. doi:10.1038/s41591-022-02001-z

[11] Centres for Disease Control and Prevention. Clinical overview of long COVID. Accessed 1 October 2025. www.cdc.gov/long-covid/hcp/clinical-overview/

[12] Naylor-Wardle J, Rowland B, Kunadian V. Socioeconomic status and cardiovascular health in the COVID-19 pandemic. *Heart.* 2021;107(5):358-365. doi:10.1136/heartjnl-2020-318425

[13] Australian Institute of Health and Welfare. COVID-19. Accessed 28 Sept 2025. www.aihw.gov.au/reports/australias-health/covid-19

[14] O'Connor SM, Taylor CE, Hughes JM. Emerging infectious determinants of chronic diseases. *Emerg Infect Dis.* 2006;12(7):1051-7. doi: 10.3201/eid1207.060037.

[15] Badawi A, Di Giuseppe G, Arora P. Cardiovascular disease risk in patients with hepatitis C infection: Results from two general population health surveys in Canada and the United States (2007-2017) *PLoS One.* 2018;13,e0208839. doi: 10.1371/journal.pone.0208839.

[16] Benfield T, Jensen JS, Nordestgaard BG. Influence of diabetes and hyperglycaemia on infectious disease hospitalization and outcome. *Diabetologia.* 2007;50,549–554. doi: 10.1007/s00125-006-0570-3.

[17] Goodman RA, Posner SF, Sperling LS et al. Infectious versus chronic conditions: time to dismantle silos in public health. *The Lancet Regional Health – America.*2025;48, 101149. doi.org/10.1016/j.lana.2025.101149.

[18] Choi BCK, Morrison H, Wong T et al. Bringing chronic disease epidemiology and infectious disease epidemiology back together. *J Epidemiol Community Health.* 2007;61(9):832. doi: 10.1136/jech.2006.057752.

[19] Barrett-Connor E. Infectious and chronic disease epidemiology: separate and unequal? *Am J Epidemiol.* 1979;109(3):245-9. doi: 10.1093/oxfordjournals.aje.a112679.

[20] Badawi A, Drebot M, Ogden NH. Convergence of chronic and infectious diseases: a new direction in public health policy. *Can J Public Health.* 2019;110(4),523–524. doi: 10.17269/s41997-019-00228-x

[21] Centres for Disease Control and Prevention. Flu and People with Heart Disease or History of Stroke. Accessed 26 Sept 2025. www.cdc.gov/flu/highrisk/heartdisease.html

[22] Pellicori P, Doolub G, Wong CM et al. COVID-19 and its cardiovascular effects: a systematic review of prevalence studies- external site opens in new window. *Cochrane database of systematic reviews.* 2021. doi:10.1002/14651858.CD013879.

[23] Hilser JR, Spencer NJ, Afshari K et al. COVID-19 Is a Coronary Artery Disease Risk Equivalent and Exhibits a Genetic Interaction With ABO Blood Type. Arterioscler Thromb Vasc Biol. 2024;44(11),2321-2333. doi:10.1161/ATVBAHA.124.321001.

[24] Zhang T, Li Z, Mei Q et al. Cardiovascular outcomes in long COVID-19: a systematic review and meta-analysis. Front Cardiovasc Med. 2025;12,1450470. doi:10.3389/fcvm.2025.1450470.

[25] Australian Institute of Health and Welfare. Acute rheumatic fever and rheumatic heart disease in Australia. Accessed 25 Sept 2025. www.aihw.gov.au/reports/indigenous-australians/arf-rhd/contents/about

[26] Basseal JM, Bennett CM, Collignon P et al. Key lessons from the COVID-19 public health response in Australia. *The Lancet Regional Health – Western Pacific.* 2022; 30,100616. doi: 10.1016/j.lanwpc.2022.100616.

[27] Shergold P, Broadbent J, Marshall I et al. Fault lines: an independent review into Australia's response to COVID-19. 2022. Australian Policy Online. Accessed 26 Sept 2025. apo.org.au/node/320067

[28] Australian Institute of Health and Welfare. Australia's health 2024 data insights: Enhancing communicable disease monitoring in Australia through data linkage. Accessed 26 Sept 2025. www.aihw.gov.au/reports/australias-health/disease-monitoring