



Public Pathology
AUSTRALIA



Australian Centre for Disease Control Submission

Community First. Always.



For further information, please contact Public Pathology Australia on:

Email: contact@publicpathology.org.au

Phone: +61 7 3102 4094

Fax: +61 7 3112 6838

Web: www.publicpathology.org.au

Mail: Suite 154, 4/16 Beenleigh Redland Bay Road, Loganholme QLD 4129

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Background

Public Pathology Australia

Public Pathology Australia is the national peak body for public pathology in Australia.

Public pathology is the foundation of pathology in Australia. Public pathology represents a core part of Australia's public hospital and health care services. Unlike other pathology providers, public pathology providers operate for the benefit of the public health system and its patients.

Public Pathology Australia members are the major government owned and operated pathology services in each State and Territory in Australia. They provide the vast majority of pathology services in Australia's public hospitals and service several private hospitals. Public pathology also provides community-based collection services for patients upon referral from GPs and Specialists under the Medicare Benefits Schedule (MBS).

In addition to diagnostic services, our members conduct research and teaching in the areas of new and existing diseases, tests and treatments, and collaborate closely with colleagues in all areas of patient care, with many pathologists also performing clinical roles. Their laboratory testing and medical consultation services play a crucial role in timely clinical diagnosis, in monitoring therapy and in prevention of disease in individuals and the community.

Value of Public Pathology

Provides comprehensive access for all patients



Helps protect our communities



Provides high quality, integrated care



Undertakes research, education and training



Provides expertise in complex medicine



Operates for the benefit of the public health system and its patients



Submission

Public Pathology Australia provides the following responses to the questions raised in the 'Role and Functions of an Australian Centre for Disease Control' consultation paper.

Functions of the CDC

1. What decision-making responsibilities, if any, should the CDC have?

The CDC must have decision making responsibilities in order to lead responses to current and emerging health threats.

The CDC must be responsible for developing national guidelines for disease management including response plans, testing protocols and overseeing education. The CDC should have an action arm with funded capacity to provide or coordinate teams managing or assisting with particular threats and conducting implementation studies to inform strategies on diseases management.

To inform its decision-making abilities, the CDC must establish a national data portal capturing significant surveillance data and have the capacity to analyse the data in order to make evidence based decisions.

The pandemic highlighted the critical role of the public pathology services in testing and the Public Health Laboratory Network (PHLN) in providing public health microbiology leadership on testing guidelines. Public pathology services established testing for COVID-19 before commercial assays were available, upscaled to provide high volume testing, implemented rapid testing, ensured testing was conducted close to local communities and provided genomic testing for epidemiological surveillance. It is critical to maintain these functions to inform CDC's decision making and response.

Should the CDC directly take on any existing responsibilities, or provide a coordinating and/or advisory function only? And if so, would that be sufficient for responding to health emergencies?

The CDC should not only be advisory but have a coordination function and action arm. It should bring together the major health agencies including AHPCC, PHLN and CDNA etc to a single centralised hub and spoke agency with jurisdictional links.

The CDC should be an independent agency which coordinates and enhances existing surveillance activities. It should directly take on some responsibilities and be seen as an important action arm for response to public health issues which is independent of but acts in concert with other government agencies. Its strength would be in coordinating data from a diversity of sources in a consistent way to inform action. It is very important that adequate and secure funding is provided to successfully manage outbreaks and their response, particularly those affecting the whole country and our local region. This might mean a funded primary health prevention campaign (e.g. campaign to reduce the overuse of antibiotics targeted at the general public), or a funded response to an outbreak of a particular pathogen in a location in humans or animals (e.g. Hendra virus, or a large multi-state outbreak of a food borne illness). The CDC could provide coordination, provide expert teams on the ground to work with local experts and fund contact tracing, testing and data management and supplement capacity of State based responses.

The proactive, well established network of public health laboratories in the PHLN must be maintained and appropriately funded. Laboratories should remain owned and operated by the States and Territories but funding for public health testing should be transparent and secure. This should include funding for tests referred to the public pathology sector from the private pathology sector which are often unfunded.

2. What functions should be in and out of scope of the CDC?

The CDC should have a wide, graduated scope of functions starting with pandemic preparedness and response, management of communicable infectious diseases and antibiotic microbial resistance (AMR) in the first instance. Then moving to biosecurity, other threats, chronic diseases, immunisation and preventative health. Too broad a remit in the initial phases may undermine its effectiveness and public confidence.

Within the scope of the new CDC is coordinating public health and communicating diagnostic laboratory priorities and ensuring capacity is present at all times in preparedness for new threats. The COVID-19 pandemic response exemplifies the primacy of laboratories, both diagnostic and public health, in any health response. In the Test, Trace, Isolate (TTI) intervention, testing provided the information for tracing and intervention. The CDC must support laboratories specifically which are currently unfunded for many public health functions.

The new CDC should champion a funding model that provides ongoing, secure funding for laboratories to conduct nationally important public health diagnostic and surveillance work. Current funding models which are based on short-term surge responses are unsustainable. Public pathology laboratories should continue to be the foundation of public health testing as they can be directed by Government and are not influenced by financial imperatives.

Items which would be considered in scope include:

- Leading national health promotion and disease prevention with enhanced communication of national strategies and financial support to each jurisdiction to increase capacity to implement the improvements required, e.g. laboratory funding for AMR, blood-borne viruses and sexually transmitted infections, tuberculosis, mycology, biosecurity, infection control and genomics;
- Scanning for and preparing for potential threats emerging in other countries that might be imported to Australia (e.g. Ebola), coordinating with similar international bodies, conducting test development and facilitating roll out across the jurisdictions;
- Analysis, enhancement and communication of existing AMR data (e.g. enhance programs like AURA/Orgtrx/CARAlert, and make data more accessible to users);
- Managing and directly responding to community outbreaks e.g. in aged care facilities which are the responsibility of the federal government but lack the funding and capacity to manage certain issues;
- Providing equipment, personal protective equipment (PPE), expertise and emergency staffing;
- Overseeing cancer registries and screening;
- Leading national responses to improved health outcomes for disadvantaged groups;
- Research funding for disease transmission and management with a focus on translation into practice.

Activities which should be considered out of scope for the CDC are the ordinary functions of hospitals, primary care and state based public health functions.

What should the role of the CDC be in promoting or coordinating a One Health framework?

The CDC should lead a One Health approach to public health matters. The CDC should coordinate functions and information to avoid duplication and create a single centre for data, guidance and responses to health threats.

The CDC should coordinate existing data surveillance programs (e.g. AURA Neisseria network, CarAlert) and commission and fund additional data collection where it does not exist or is lacking, e.g. disease and antimicrobial resistance surveillance in animals, or enhanced screening and responding to particular threats like carbapemase resistant enterobacteriales.

A networked CDC that utilises the existing capacity across Australia would be most beneficial. This should involve adequate funding to support local public health laboratories to respond to local and national outbreaks. This funding should be proportionate and not confined to a select number of institutions.

The recent Japanese Encephalitis Virus response epitomises the need for a national One Health approach. Animal and human laboratories collaborated well but organisational structures confound. There could be better integration and support between human and animal laboratories, for example in sharing of animal samples for testing. Testing of surveillance mosquito collections is an example where testing "falls between" human and animal organisations. Furthermore, human diagnostic labs may supplement vet laboratory capacity for LSD & FMD testing (analogous to the corollary during the COVID-19 pandemic).

3. What governance arrangements should be implemented to ensure public confidence in the CDC?

The CDC must be independent of Government and political bias. It should have a central coordinating body in Canberra with direct links to all States and Territory Public Health Departments.

The CDC should be governed by a Board of experts and strong jurisdictional representation and links.

While public health laboratories should remain owned and operated by the States and Territories, the Commonwealth should provide block funding to these laboratories to undertake agreed national surveillance and response tasks.

Public pathology services should remain the foundation for national surveillance and response as these services have the expertise in test development and are not influenced by financial imperatives.

How can the CDC balance the need for the CDC to be responsive and accountable to governments, while also providing trusted, authoritative, and evidence-based advice?

Independence is crucial. The CDC must have an appropriate level of long term funding. The CDC must be independent of political cycles and interference and funded to do what is needed.

National, States and Territories should agree on data collection and strategies and these should be reported by CDC without government embargo.

What aspects of independence do you believe are important to the successful function of the Australian CDC?

The CDC needs to be a fully independent body with representation from each jurisdiction but governed and managed by experts.

Independent reporting of data in real time with transparency even if the data does not reflect favourable on a particular sector is important to the success and credibility of the CDC.

Long term secure funding is necessary for long term planning and delivery by a secure workforce without influence from electoral cycles.

How should the CDC be organisationally structured to best meet the needs of Australia's federated society?

The CDC should have a hub and spoke structure. It should have a central base in Canberra and spokes to each jurisdiction, plus a workforce that can mobilise and assist with local investigations or actions.

The CDC must have not only a repository of data but have a dedicated workforce and additional temporary surge capacity workforce trained to be put in action wherever it is needed. Equitable support of expertise development will help ensure jurisdictional responses are relevant and agile.

Why do we need a CDC? A coordinated and national approach to public health.

4. How can the CDC best support national coordination of the Australian public health sector?

The CDC should build on and enhance what already exists and not attempt to duplicate it. The CDC should utilise the bodies that already work and coordinate their work and workforce e.g. CDNA, PHLN, etc.

The CDC must develop the capacity to respond to current or impending health threats and not only collect and compile surveillance data which is already done and should be improved. While local responses should remain the remit of the States and Territories, the CDC could assist with uplift of capacity and national guidelines. Where a jurisdiction differs from the CDC developed national guidelines, it should clearly articulate the reasons for that variance.

How can the CDC ensure effective collaboration and exchange of information with relevant stakeholders, including engagement with the private sector?

The CDC should develop and share the platforms for information sharing.

The CDC should identify and develop relationships with peak bodies and organisations including Public Pathology Australia, Royal College of Pathologists of Australasia and NPAAC and coordinate functions and information to avoid duplication, and create a single centre for data, guidance and responses to health threats.

The identified pathology peak bodies should be consulted with directly during a pandemic or epidemic. Where States or Territory require additional surge capacity from the private pathology sector, it is imperative that arrangements are transparent, not in favour of a particular pathology provider and not veiled by commercial in confidence clauses as this resulted in inconsistent funding arrangements across the jurisdictions during the COVID-19 pandemic.

5. What lessons could be learned from Australia's pandemic response?

There were mixed messages throughout the pandemic from the different public health bodies and more consistent messaging would be helpful. One of the major lessons learnt has been the importance of having surge capacity for our public health workforce, capacity to rapidly develop and implement testing capacity in the laboratories and our testing workforce.

During the pandemic, a lack of clarity regarding roles and responsibilities of pathology peak bodies and health agencies arose. This should be resolved by the CDC with input from the pathology peak bodies.

During the pandemic there was also a duplication of validation studies and research across laboratories. While tests need to be locally validated, broader sharing of validation studies can expedite this process. There was also a need to centrally manage the distribution of isolates. There is a need for greater translational research to inform policy in real time.

How can the CDC best ensure linkages with all sectors relevant for preparedness and response – including primary care and the animal and environmental health sectors?

Identifying and developing relationships with peak bodies and organisations who manage and work in primary care and the animal and environmental health sectors should help with linkages in the first instance. To best ensure linkages, appropriate representation on CDC advisory groups from all areas is important and CDC liaisons could be identified or embedded in each sector.

Are there any national, state and territory or international reviews that would be of assistance in designing the CDC?

Please see:

<https://www.gov.uk/government/publications/public-health-england-approach-to-surveillance/public-health-england-approach-to-surveillance>

<http://apha.defra.gov.uk/vet-gateway/surveillance/index.htm>

A Data Revolution

6. What are the barriers to achieving timely, consistent and accurate national data?

The barriers to achieving timely, consistent and accurate national data include different data collection methodology and repositories; incomplete reporting into datasets such as Notifiable Conditions System (NoCS); lack of communication of data between jurisdictions; and lack of data sharing and transparency.

7. What existing data sources are important for informing the work of the CDC, and how could existing data bodies (national, state and territory) be utilised and/or influenced by the CDC?

There are many pathology data collections including those for infectious diseases and antimicrobial surveillance (e.g. AURA, AGAR, NAUSP, APAS, Neisseria network, Salmonella, Ozfoodnet, Shigella, Austrakka, ASHM and blood borne viruses surveillance, syphilis, national diseases surveillance network, immunisation surveillance and registries).

There is a need to identify and coordinate these data sources to collate a national perspective. Coordination with other registries may also be beneficial e.g. renal transplant linkages.

Infrastructure that supported close to real time reporting of COVID-19 via State Health dashboards should be maintained and used for reporting other pathogens of significance.

Is there data currently not collected in Australia which should be considered?

There is a lack of AMR data from primary care and private practice. Mandatory AMR reporting from all institutions would bridge this gap. Passive antimicrobial susceptibility data from all laboratories, not just self-selected ones, could be collected. Consistent data on AMR in animals as for in humans; epidemiology of diseases and disease vectors and changes over time; and zoonotic risks are also not collected.

What else is needed to ensure that Australia is able to identify emerging risks to public health in a timely way?

Collection of data for all One Health trends will allow early notification system of new issues that arise; ongoing scanning for potential threats internationally; interaction with international agencies; close interaction and collaboration with near neighbours and countries with strong travel links will enable timely risk identification.

Would the development of a national data plan with an agreed scope and/or an evidence-based health monitoring framework be useful?

Yes, a national data plan inclusive of as much as can be practicably collected is crucial. There must be appropriate processes to ensure data security, ethical use of data, and appropriate coverage of data (such that under-resourced areas are equally represented).

Important areas include:

- The systematic collection of pertinent data;
- The orderly consolidation and evaluation of these data;
- The prompt dissemination of the results to those who needed to know and to those who provided the information
- Rapid and widespread dissemination of surveillance information, free of bureaucratic restraints, to all with an interest in the program and to those with operational responsibilities.
- Application of control measures (from DA Henderson Am J Epidemiol. 2016;183(5):381–386).

8. What governance needs to be in place to ensure the appropriate collection, management and security of data?

An agreed and independently verified secure data portal which allows appropriate access to data by contributors is required. There is a need for a national legal framework for data sharing between States, Federal Government and One Health agencies. Those contributing data should be able to do so easily, securely and also have access to the data sets.

9. How do we ensure the CDC has the technical capability to analyse this data and develop timely guidance?

Adequate, specific and secure longitudinal long term funding and employment of people with the appropriate qualifications in data analysis and technical expertise in subject matter is required. Advisory bodies should assist in determining priorities and commissioning data analysis in areas of interest could assist.

Infectious disease data is based on laboratory results. Inclusion of clinical/public health microbiologists in the CDC structure is mandatory to ensure appropriate data interpretation and analysis.

10. How can the CDC ensure collaboration with affected populations to ensure access to, and the capability to use, locally relevant data and information, particularly as it relates to First Nations people?

The CDC must ensure that data collected is provided back to communities regularly and in a clear way. Where possible, the CDC should provide training and develop local expertise in data collection, preparation and communication. The CDC must be inclusive of First Nations people and organisations.

National, consistent and comprehensive guidelines and communications

11. How can the CDC establish itself as a leading and trusted national body that provides guidance to governments based on the best available evidence, and participates in generating that evidence?

The CDC must be independent yet collaborative, provide high quality information which informs government on strategic direction; have the ability and funding to act on surveillance (for example can stand up an investigation/response team for a particular problem; can commission and coordinate specific projects with equal resource division to all jurisdictions; support development of state capacity for local diseases response. The CDC must utilise and build on current information and expert opinion.

To what extent should the CDC engage with the media, public messaging and health communications directly or via other existing structures such as Australian and state and territory health departments?

The CDC must be seen independent from the states and territories and communicate directly and widely in all relevant forums.

What could the CDCs broader role be in increasing health literacy to support sustained improvements in health outcomes?

Consumer liaison through every possible means including media and social media to spread the message and guidance on all issues including AMR, infection, pandemics and chronic conditions is important.

The CDC should oversee public health campaigns to promote health. These should be shared with State Public Health Departments for deployment including State Health empowering State Education Departments to provide the developed material to education providers in primary and secondary schools.

12. To what extent should the CDC lead health promotion, communication and outreach activities?

It should be a primary role of the CDC to lead health promotion and provide material and guidance to the States to implement it locally. The CDC should ensure that data collected is provided back to communities regularly and in a clear way. Where possible, the CDC should provide training and develop local expertise in data collection, preparation and communication.

13. Are there stakeholders outside of health structures that can be included in the formulation of advice?

The following non-health stakeholders can be included: schools, universities, community centres and religious organisations, volunteer organisations (e.g. Lifeline, self-help organisations such as AA), shelters and businesses. Many have been involved in previous responses to disasters with food and accommodation provision, logistics, transport, community awareness and education etc.

What kind of mechanisms could be developed to support broader consultation on decisions when needed?

The CDC should identify and develop relationships with bodies involved in health care in the broadest terms to identify how best to utilise their workforce, data and contacts to the best advantage. The CDC could identify or develop and train community liaisons who would be integrated with State and Territory Public Health.

National Medical Stockpile

14. What has your experience, if any, been of accessing supplies from the National Medical Stockpile (either before or during COVID-19), and can you identify any areas on which the CDC could expand or improve?

The National Medical Stockpile (NMS) was not easily accessible to public pathology providers. They were directed to State Government Medical Stockpiles even when it was communicated to the NMS that the States did not have the appropriate supplies.

The CDC should advise on priorities for the NMS, which should include crucial antimicrobials and other drugs which might be in short supply during a global pandemic. As the TGA and other agencies already in communication with global suppliers, they may be better positioned to manage the NMS, although they may need additional resources to do this. There should be a review and development of the capacity to locally produce essential medications, personal protective equipment and other essential items in the event of supply chain disruption is important but this may not be the role of CDC.

World-Class Workforce

15. How could a CDC work to ensure that our public health workforce is prepared for future emergencies, both in Australia and abroad?

We already have the expertise required in Australia; however it needs to be focussed and funded to provide what is needed in an emergency or surge.

There is a need to invest in a dedicated workforce with capacity to respond to local and regional/international emergencies which is essential to provide surge capacity with appropriate expertise, for example in pathology testing. While responses should be Australian focussed, supporting and participating in regional and international responses is necessary from a humanitarian point of view and helps develop international expertise and provides real life experience to Australian CDC.

16. How could the CDC support and retain the public health workforce in reducing the burden of non-communicable disease?

The CDC should help develop nationally consistent messaging; review and analyse national data; and facilitate communication with state and territory programs. The CDC could develop public health training modules that covers a wider remit than purely communicable diseases.

Rapid Response to Health Threats

17. What role could the CDC play in greater national and international collaboration on One Health issues, including threat detection?

It should be the CDC's role to have close collaboration with international bodies such as WHO, ECDC, PHAC and any other similar bodies.

18. What are the gaps in Australia's preparedness and response capabilities?

There has been a lack of a single coordinated response and clear national leadership which gave room for parochial jurisdictional interests and duplication of effort during the pandemic.

The gaps in Australia's preparedness and response capabilities include a lack of availability and funding for a surge workforce; gaps in supply of crucial materials (e.g. vaccines at the start of the current pandemic, PPE, PCR testing kits, swabs, some essential medicines).

Could the role of the National Incident Centre be modified or enhanced?

The National Incident Centre should be amalgamated into the CDC.

What functions should a national public health emergency operations centre deliver to strengthen Australia's coordination of health emergencies?

The national public health emergency operations centre should train staff to lead or assist responses to health emergencies. It should develop one set of guidance for a national response to an emergency, aid with data sharing to understand trends, provide expertise and workforce to travel to areas of threat, and closely collaborate with international partners to tie into an international response.

19. How can the CDC position Australia, mindful of global, regional and local expertise, to be better prepared for future pandemics, health emergencies, and other public health threats?

The CDC must ensure we have adequate planning in place, surge staffing plans and training (explore volunteer roles in preparation for paid deployment in contact tracing, call centres, delivery, logistics).

Public health laboratories should be appropriately funded. Appropriate levels of equipment purchased during the current pandemic should be retained.

The CDC should closely collaborate with international bodies like WHO, CDC, ECDC and PHAC and any other similar bodies.

What could our contribution to global preparedness look like?

Australia should closely collaborate and share data with international organisations in a formal way (e.g. AMR surveillance); participate and contribute to funding for international disease surveillance activities and responses; and support on the ground responses in outbreak areas to gain expertise and understanding of threats.

International Partnerships

20. What role should the CDC undertake in international engagement and support internationally, regionally or domestically?

The CDC should have close collaboration with international bodies like WHO, CDC, ECDC and PHAC and any other similar bodies, and share data with these organisations. Also refer to response to question 19.

International engagement, coordination and intelligence sharing are central to the role of all international CDCs. What additional objectives should the CDC include? (for example, leadership, technical engagement and capacity building, or other issues?)

Objectives such as capacity building between international organisations would be worthwhile and a natural outcome of collaboration. Also refer to response to question 19.

How can the CDC be utilised to strengthen pandemic preparedness internationally?

Refer to response to question 19.

Leadership on Preventative Health

21. How can the CDC foster a holistic approach across public health, including the domains of health protection, and promotion and disease prevention and control?

The CDC can invest in and support public health campaigns and work closely with health protection divisions and integrate work and workforce.

22. What role could the CDC have in implementing the goals of the National Preventive Health Strategy?

The CDC should provide data to support decision making and action to support the National Preventive Health Strategy.

23. Should the CDC have a role in assessing the efficacy of preventive health measures?

The CDC should have a role in assessing the efficacy of preventative health measures but that can be developed over time.

Wider Determinants of Health

24. How could the CDC work in partnership with at-risk populations and associated health sectors, including First Nations people, people with a disability and older Australians, to ensure their voices are included in policy development?

The CDC should identify and collaborate with interest groups and organisations that support and understand at risk groups and employ staff from these groups to further the agenda.

The CDC should provide education, training and funded positions within the disability, aged care and Indigenous communities in each jurisdiction to support health promotion activities.

How could the CDC meet the intent of Closing the Gap?

During the pandemic, additional resources were provided for COVID testing (e.g. Kirby GeneXpert testing). Retaining this infrastructure and training the local workforce could support testing and surveillance for other diseases (e.g. STIs, blood borne viruses, syphilis, influenza) and develop local knowledge of diseases. General health promotion could be supported in this framework.

25. How can the CDC best deliver timely, appropriate, and evidence-based health information to culturally diverse and/or at-risk populations?

The CDC should ensure that these communities are represented in data collections and that the data is available to inform local decision making and action.

26. How should the CDC engage across sectors outside its immediate remit (including portfolios with policy responsibility for wider determinants of health, culture, and disability)?

The CDC should communicate relevant surveillance data and develop state of the art data collection repositories that can be used by other agencies.

Research Prioritisation

27. Should the CDC have a role in advising on (or directly administering) funding or prioritisation of public health and medical research?

The CDC should advise on research areas and fund research in areas of specific focus. The CDC should have funds available for practical implementation research projects (e.g. evaluating surveillance strategies for efficacy and cost effectiveness to inform national implementation of a surveillance program).

The CDC Project

28. How could the success of a CDC be measured and evaluated?

The success of the CDC in managing health threats can be measured and evaluated by conducting knowledge surveys of health issues in the community; meeting targets for improvement, and by benchmarking against other similar countries.

