Australian Centre for Disease Control

Annual Report

2025–2026

Publication information

Acknowledgement of Country

The Australian Centre for Disease Control acknowledges and honours Aboriginal and Torres Strait Islander peoples – the Traditional Owners and Custodians of the lands and waters on which we live and work. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples across this country. We recognise their ongoing connection to Country, culture and community, and we commit to working in genuine partnership towards improving health outcomes for all.

Cover artwork

Health and Connection

Artist: Jason Douglas (Dalmarri)

This artwork was created through a collaborative session between Australian Centre for Disease Control staff and Aboriginal artist Jason Douglas from Dalmarri.

It represents the journey of communities, staff and knowledge working together to protect health. The work reflects shared responsibility, the pathways through which diseases move, and the ways preparedness, care and collective action interrupt those pathways to keep communities safe.

At its centre are 4 concentric circles representing layers of protection, knowledge and preparedness. Surrounding pathways, lines and symbols reflect disease, control, research and the movement of people and information across teams and communities. The inner circles represent CDC staff, connected with partners and communities across the country.

Throughout the artwork, symbols of gathering, pathways, waterholes, shields, campsites and bush medicine reflect the enduring knowledge and practices of First Nations peoples in understanding, preventing and responding to disease.

Grounded in connection to people and place, the artwork reflects a future where strong systems, clear pathways and collective action support the health and wellbeing of all communities.

Publication details

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The report is also available on our website (https://www.cdc.gov.au/)

Letter of transmittal

Dear Minister

I, as the accountable authority for the Australian Centre for Disease Control (CDC), am pleased to present the annual report for the financial year 2025–26.

This report has been prepared for the purposes of section 46 of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), which requires that an annual report be given to the entity's responsible Minister for presentation to the Parliament.

This report also includes additional requirements that are specified in the enabling legislation, the *Australian Centre for Disease Control Act 2025* (CDC Act).

This report includes the entities audited annual financial statements as required by subsection 43(4) of the PGPA Act. It also includes the entities annual performance statements as required under section 39 of the PGPA Act.

In accordance with section 10, and as required by subsection 17AG(2), of the *Public Governance, Performance and Accountability Rule 2014* (PGPA Rule), I certify that:

1. the agency prepared fraud and corruption risk assessments and fraud and corruption control plans
2. the agency had appropriate mechanisms to prevent, detect, investigate, record and confidentially report suspected fraud and corruption
3. We took all reasonable measures to appropriately deal with fraud relating to the agency.

Yours sincerely

Professor Zoe Wainer

Director-General

Australian Centre for Disease Control

Date: 14/10/26

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1. Director-General's review

Welcome to the 2025–26 Annual Report for the CDC. This period covers the commencement of the CDC on 1 January 2026 as a new national public health institution with a clear purpose: to help Australia see risks earlier so that we can act earlier, and more effectively.

Since commencement, the CDC has focused on building the foundations of a modern national public health agency while supporting governments, health professionals and communities to understand and respond to emerging public health risks.

Over our first six months, we worked every day to bring together evidence, expertise and intelligence from across Australia and around the world. We monitored emerging health threats, assessed risks, provided advice to governments and strengthened the partnerships that enable coordinated public health action. This included supporting Australia's response to outbreaks and emerging infectious disease threats, sharing trusted public health information, and helping decision-makers act with confidence when uncertainty was high.

During our first six months, the CDC strengthened national surveillance, epidemiological analysis and public health coordination in response to the largest national diphtheria outbreak reported in Australia, where notifications increased sharply from February 2026. We brought together information from jurisdictions, laboratories, genomic surveillance and immunisation systems to support evidence-based decision-making and nationally consistent public health action.

We also supported Australia's response to the emergence of Andes virus hantavirus among passengers from the MV Hondius, working with international counterparts and Australian jurisdictions to assess risks, provide advice to governments and support the safe repatriation and quarantine of affected travellers.

At the same time, we monitored and assessed the outbreak of Ebola disease caused by Bundibugyo virus in the Democratic Republic of the Congo, providing regular situation updates, nationally consistent advice and risk assessments to support preparedness and informed decision-making.

Following the detection of high pathogenicity avian influenza A(H5N1) clade 2.3.4.4b in migratory birds in southern Australia, the CDC supported the national response through human health risk assessment, preparedness activities, laboratory coordination, public communications and collaboration across governments and sectors.

Much of this work happened quietly and often before issues reached public attention. Through surveillance, epidemiology, risk assessment, scientific analysis and collaboration with states and territories, researchers, clinicians and international partners, we worked to identify potential risks early, understand their implications and support proportionate responses. These activities reflect a core principle of public health: the earlier we understand a risk, the greater our opportunity to prevent harm.

The success of a public health agency is often measured by what does not happen: the outbreak contained before it spreads, the risk identified before it grows, the health threat anticipated before it becomes a crisis. While we are still in our earliest stages, our first six months have reinforced the importance of trusted advice, strong partnerships, transparent communication and a relentless focus on preparedness.

Strong partnerships have underpinned the CDC's leadership in supporting Australia's response to blood-borne viruses and sexually transmissible infections through policy, funding and research initiatives in our first six months. From stewarding the national response to rising rates of syphilis and congenital syphilis, to supporting implementation of expanded access to HIV prevention and treatment for populations who are unable to access Medicare-funded services, the CDC is partnering to deliver surveillance, programs, and research.

As we continue to build Australia's national public health capability, we remain focused on helping Australia prevent what we can and prepare for what we cannot, whilst providing the trusted public health advice that enables governments, communities and individuals to act earlier and with confidence. Australia is stronger and safer when someone is always looking ahead.

I acknowledge all agency staff whose work and dedication have contributed to the success of the CDC's first six months.

Professor Zoe Wainer

Director-General

Australian Centre for Disease Control

14/10/26

2. Overview of the Australian Centre for Disease Control

The CDC is Australia's national public health institute.

Established under the *Australian Centre for Disease Control Act 2025* (CDC Act), the purpose of the CDC is to strengthen Australia's national capability to prevent, detect and respond to disease and other public health challenges.

The CDC Act sets out the functions and powers of the Director-General and supporting role of CDC staff in the performance of the Director-General's functions.

The CDC brings together experts in epidemiology, surveillance, data science and public health practice to support evidence-informed decision-making across the health system. Through analysis of relevant public health data (both national and international), the CDC will identify emerging risks and provide expert advice. The CDC helps support governments, health services and communities to better protect the health of Australians. The CDC's advice function helps translate complex public health evidence into practical guidance for decision-makers. This includes synthesising information from surveillance systems, laboratories, jurisdictions, international partners and scientific literature to support timely and proportionate responses to emerging threats. Through its advice, the CDC contributes to nationally consistent approaches while respecting the responsibilities of states and territories within Australia's federated health system.

The CDC's role is to support and strengthen this system through national data, analysis, intelligence and collaboration across jurisdictions and the broader public health community. The CDC also supports the development and delivery of nationally coordinated public health policies and programs, working with jurisdictions and the Commonwealth to translate evidence into practical action to address priority health risks. The CDC operates within Australia's federated health system where states and territories retain primary responsibility for public health delivery and emergency management.

3. How the CDC Adds Value

The CDC strengthens Australia's ability to identify health threats early, understand their likely impact, and support coordinated action before risks escalate. By bringing together surveillance data, epidemiological expertise, public health intelligence and scientific advice from across jurisdictions, the CDC helps governments make informed decisions, improves national consistency in public health responses and provides trusted information to health professionals and the public.

The value of this work is often unseen. Effective public health action means outbreaks are contained more quickly, risks are identified earlier, and communities are better protected from avoidable harm.

During its first six months of operation, the CDC supported national responses to Australia's largest recorded diphtheria outbreak, provided risk assessments and advice relating to the emergence of Andes virus hantavirus infection among international travellers, monitored international Ebola outbreaks to support preparedness, and contributed to national planning and response activities following the detection of highly pathogenic avian influenza A (H5N1) in Australia. These activities demonstrate how the CDC translates public health intelligence and expertise into practical support for governments, health services and communities.

During this period the CDC also continued the Australian Government's efforts to strengthen Australia's response to blood-borne viruses and sexually transmissible infections through major policy, funding and implementation achievements. The CDC supported the launch of the Fourth National Hepatitis B Strategy 2025–2030 and the Sixth National Hepatitis C Strategy 2025–2030, establishing a renewed national framework to drive progress towards the elimination of viral hepatitis as a public health challenge by 2030.

In addition, the CDC continued to support and coordinate the national response to syphilis, including implementation of new Australian Government budget measures to urgently address rising rates of congenital syphilis through targeted investment in culturally safe antenatal care, testing and treatment initiatives. The CDC also contributed to addressing emerging environmental health threats through the publication of evidence reviews, including on microplastics, participation in parliamentary inquiries, and continued implementation of the National Climate and Health Strategy.

Together, these activities demonstrate the CDC's role in translating evidence into coordinated action that protects and improves the health of Australians and strengthens the nation's preparedness for both communicable and non-communicable public health risks.

Organisational structure on 1 January 2026.

3.1. Transparency on public health advice

Transparency is central to the CDC's role as a trusted public health institution. Public confidence in health advice is strengthened when evidence, reasoning and recommendations are made available. Transparency enables governments, health professionals, researchers and communities to understand emerging risks, supports consistent decision-making across jurisdictions, and helps maintain trust during periods of uncertainty.

The CDC's publication framework is intended to ensure that public health advice can be considered and understood while balancing requirements relating to privacy, national security and other protected information.

During its first six months, the CDC routinely provided advice to government, published surveillance reports, risk assessments, guidance and health information products, and supported transparent communication about emerging health risks. Although no final and settled public health advice was required to be published under sections 20 to 22 of the CDC Act by 30 June 2026, this is because the CDC has continued to proactively publish public health information, advice and evidence-based resources in support of its commitment to transparency. These efforts to make public health information more accessible have negated the need to publish separately under ss20 to 22 of the CDC Act.

During the reporting period, six pieces of public health advice were exempted from publication. These exemptions were applied in accordance with the legislative framework. Consistent with its statutory obligations, the CDC continues to make public health information and advice publicly available wherever appropriate.

Exemptions under sections 20–22 of the Australian Centre for Disease Control Act 2025	
Advice reference	**Reason(s)**
Advice no.1 of the reporting period (not published)	• subpara (a)(vi) of the definition of exempt material (section 45 of the Freedom of Information Act 1982) • subpara (b)(i) of the definition of exempt material (Australian Centre for Disease Control Act 2025) • subpara (a)(viii) of the definition of exempt material (section 47 of the Freedom of Information Act 1982)
Advice no.2 of the reporting period (not published)	• subpara (a)(vi) of the definition of exempt material (section 45 of the Freedom of Information Act 1982) • subpara (b)(i) of the definition of exempt material (Australian Centre for Disease Control Act 2025) • subpara (a)(viii) of the definition of exempt material (section 47 of the Freedom of Information Act 1982)
Advice no.3 of the reporting period (not published)	• subpara (a)(vi) of the definition of exempt material (section 45 of the Freedom of Information Act 1982) • subpara (a)(viii) of the definition of exempt material (section 47 of the Freedom of Information Act 1982) • subpara (b)(i) of the definition of exempt material (Australian Centre for Disease Control Act 2025)
Advice no.4 of the reporting period (not published)	• subpara (a)(i) of the definition of exempt material (section 33 of the Freedom of Information Act 1982)
Advice no.5 of the reporting period (not published)	• subpara (a)(vi) of the definition of exempt material (section 45 of the Freedom of Information Act 1982) • subpara (a)(i) of the definition of exempt material (section 33 of the Freedom of Information Act 1982)
Advice no.6 of the reporting period (not published)	• subpara (a)(vi) of the definition of exempt material (section 45 of the Freedom of Information Act 1982) • subpara (a)(i) of the definition of exempt material (section 33 of the Freedom of Information Act 1982) • subpara (a)(iii) of the definition of exempt material (section 37 of the Freedom of Information Act 1982) • subpara (b)(i) of the definition of exempt material (Australian Centre for Disease Control Act 2025)

Extensions under sections 20–22 of the *Australian Centre for Disease Control Act 2025*	
Advice reference	**Reason(s)**
N/A	N/A

3.2. Pandemic preparedness and coordination

a. Australia's pandemic preparedness

Context

Pandemics remain a significant risk to human health, economic stability and social wellbeing. COVID-19 demonstrated that preparedness must be sustained before a crisis and is a shared responsibility across governments, health systems, communities, researchers and industry.

As Australia's national public health institute, the CDC has a strategic and enabling role in helping the nation understand, monitor and strengthen preparedness over time. It is one part of a broader system involving the Department of Health, Disability and Ageing (DHDA), the National Emergency Management Agency and other Australian Government agencies, state and territory governments and public health authorities, health-care providers, research institutions, industry and communities. The DHDA leads Australian Government health response operations, supported by established arrangements including the National Health Emergency Response Arrangements and the Australian Government Crisis Management Framework. Within this system, the CDC assesses capability, identifies risks and gaps, supports evidence-informed planning and advises on national readiness.

Under section 77A(a) of the *CDC Act*, the CDC is required to include an assessment of Australia's pandemic preparedness in its annual report. This first assessment outlines work undertaken during the reporting period to better understand, monitor and support preparedness across Australia, providing an initial baseline for future reporting and continuous improvement.

Overall assessment

Australia maintains strong foundational pandemic preparedness capabilities, including established surveillance, laboratory, public health, emergency management and health-system arrangements. Preparedness maturity is, however, uneven across capabilities and sectors. Further work is needed to strengthen national assessment and monitoring, clarify shared responsibilities, embed equity and community perspectives, and translate lessons and plans into sustained implementation.

Key risks include capability degradation between emergencies, workforce and supply-chain constraints, fragmented data and governance arrangements, variable readiness across jurisdictions and sectors, and gaps in interoperability and surge capacity. This first assessment under section 77A(a) of the CDC Act establishes an initial qualitative baseline. Future annual reports will assess increases or decreases in

capability against this baseline as the evidence base and assessment approach mature.

Work undertaken in 2025-26

During the reporting period, the CDC advanced an 'always on' approach to preparedness, recognising that investment before a crisis helps reduce the health, social and economic impacts of emergencies. A major focus was development of a draft Pandemic Preparedness Strategic Framework to provide a consistent national structure for identifying capabilities, responsible stakeholders, gaps and priorities for improvement and investment. The framework is intended to complement, not replace, operational response arrangements maintained by the DHDA and partners.

The CDC reviewed Australian and international frameworks, synthesised lessons from the Commonwealth COVID-19 Response Inquiry and other emergencies, mapped proposed capabilities and accountabilities, and tested the approach with internal subject-matter experts across the CDC and DHDA. The mapped capabilities span surveillance and early warning, laboratories, infection prevention and control, data and intelligence, risk communication and community engagement, emergency management and coordination, workforce, medical countermeasures, border health and governance.

What the work indicates

Initial mapping indicates substantial capability and established arrangements in many areas, but evidence is not yet sufficiently consistent to support a comprehensive national maturity rating. Priorities for further assessment include system interoperability, sustainable workforce and surge capacity, equitable preparedness for priority populations, cross-sector implementation and clearer measures of readiness and improvement. Organisation-wide workshops and targeted consultations helped refine the draft approach and identify operational considerations, emerging risks and existing strengths. The work also reinforced that future pandemics would affect communities differently and that effective preparedness requires trust, accessible risk communication and meaningful engagement with communities likely to be disproportionately affected.

Monitoring and future assessment

Preliminary work commenced on a proportionate approach to monitoring preparedness over time. This will build on and avoid duplicating existing arrangements, particularly Australia's annual reporting under the International Health Regulations (2005) through the State Party Self-Assessment Annual Report (SPAR), coordinated by the DHDA as Australia's National IHR Authority. SPAR provides an

established baseline across many core capacities. The CDC will consider how SPAR results, relevant domestic assessments and targeted evidence on capabilities not fully covered by SPAR can support future reporting, identify priorities and demonstrate change over time.

The CDC will seek to test and refine the strategic framework with the DHDA, other Australian Government agencies, states and territories, technical and research partners, industry and communities throughout 2026-27. It will also clarify how the framework complements existing plans and accountability mechanisms and develop an initial monitoring and reporting approach. These steps will strengthen the evidence available for future assessments under section 77A(a), but do not yet constitute a comprehensive national maturity assessment.

Conclusion

Australia maintains strong foundational preparedness capabilities, but continued work is needed to mature national assessment and monitoring, strengthen equity considerations, clarify shared accountability and support consistent cross-sector implementation. Future CDC annual reports will build on this initial baseline and provide progressively more detailed assessments of strengths, gaps, risks and priorities for improvement.

b. The impact of climate change on health of Australians

Section 77A(b) of the CDC Act establishes a requirement for the CDC's annual report to include an assessment of the impacts of climate change on health for Australians, including as compared to any previous such periods. This report constitutes the first annual assessment of climate impacts on Australians' health from the CDC.

The CDC is – with input from the Australian Institute of Health and Welfare (AIHW) – developing a bespoke reporting framework to enable robust annual assessments of the health impacts of climate change in Australia in future years. It is anticipated that the first assessment using this new reporting framework will be included in the CDC's annual report for 2026–27.

In this first reporting period, the CDC presents key findings and assessments associated with health and wellbeing from Australia's first National Climate Risk Assessment which was published in September 2025 (ACS 2025). The findings provide a baseline of data and findings for health impacts associated with climate change over recent years and do not provide an assessment of impacts recorded or extrapolated for the preceding year.

Key impacts of climate change on health for Australians as sourced from the national assessment

Australia's climate has already warmed by an average of over 1.5°C since records began in 1910, resulting in increased frequency and intensity of extreme weather events across Australia (Bureau of Meteorology 2024). Climate hazards such as extreme heat, bushfires, storms and flooding are already having adverse impacts on both physical and mental health and wellbeing in Australia. These impacts are unevenly distributed, with many marginalised groups disproportionally affected *(Cissé et al. 2022)*.

The available evidence indicated that

- Extreme heat currently represents the clearest quantified climate-related health burden in Australia, with heatwaves associated with an estimated 1,418 excess deaths, almost 68,000 excess emergency department presentations and more than 130,000 excess General Practitioner (GP) attendances over 11 years from 2007–2017.
- Flooding is identified as the second highest cause of deaths from exposure to climate-related hazards after heatwaves, while floods, cyclones and bushfires also contribute substantial longer-term morbidity through respiratory and cardiovascular disease, mental ill health, disruption to chronic disease management and pressure on health services.
- Bushfire smoke is another major source of mortality and disease burden: compared with a low bushfire year, the 2019 bushfire scenario was associated with around 900 attributable deaths and the loss of an additional 18,600 disability-adjusted life years.
- Climate-sensitive communicable diseases are an additional emerging concern, with Australian data showing relationships between climatic conditions, disease incidence and pathogen genetic variation.

Sources for reporting

Content used for the CDC Annual Report has been sourced from two reports:

1. The Health and Wellbeing Technical Report (HWTR) prepared by the Australian Climate Service for the National Climate Risk Assessment.
2. The Air Quality and Communicable Diseases Technical Report (AQCDTR) prepared by the CSIRO for the Australian Climate Service as part of the National Climate Risk Assessment.

Findings are drawn only from the reports and retain the reported estimates, confidence intervals and caveats. Where the reports do not provide a confidence

interval or effect estimate, none has been added. The technical reports combine new National Climate Risk Assessment analysis with findings from cited Australian studies.

Heat-related impacts

- During the 2007–2017 study period, there were 739,639 deaths nationally during the warm season (October to March). Mortality increased by 2% during heatwaves (RR 1.02; 95% CI 1.01–1.03), with 1,418 excess deaths (95% CI 723–2,113). The HWTR notes that heat-attributable deaths may be understated because deaths in which heat played a role can often be attributed to underlying health conditions. *[HWTR, p.38–39] (Varghese et al. 2020; Longden et al. 2020; Coates et al. 2022)*
- Emergency department (ED) presentations increased by 2.9% (95% CI 1.5–4.2%) during low-intensity heatwaves and by 3.4% (95% CI 1.2–5.5%) during severe/extreme heatwaves. This corresponded to 67,974 excess ED presentations during 2007–2017; 82% occurred during low-intensity heatwaves, which are more frequent than severe/extreme heatwaves. Heatwaves place considerable strain on emergency services. *[HWTR, p.39] (Beaty et al. 2021)*
- GP attendances increased by 4% (95% CI 3–4%) during severe/extreme heatwaves, with an estimated 130,915 excess GP attendances during the study period. There was no significant increase in GP attendance risk during low-severity heatwaves. *[HWTR, p.39] (PEAN 2021)*
- Heat-health outcomes varied by remoteness. The increase in mortality risk during heatwaves was greatest in very remote areas (7.5% increase), followed by outer regional areas (3.4%) and major cities (2.3%). GP attendance during severe/extreme heatwaves was highest in inner regional areas (4.6%) and major cities (4.4%) – perhaps more a reflection of higher availability in these areas than higher need. *[HWTR, p.39]*
- In the report's Australian event examples, the 2009 Adelaide heatwave was associated with a 140% increase in direct heat-related admissions and a 37% increase in total mortality among people aged 15–64 years. During the January 2014 Victorian heatwave, metropolitan ambulance caseload increased 25%, all cause public hospital ED presentations increased 7%, and ED presentations among people aged 75 years and older increased 23%. *[HWTR, p.37] (Nitschke et al. 2011a; AIHW 2024; Department of Health 2014)*
- For Adelaide, ambulance callouts increased by 5% (95% CI 3–6%) during low-intensity heatwaves and by 8% (95% CI 6–11%) during severe/extreme heatwaves. National ambulance callout data were not available for the study. *[HWTR, p.39] (Varghese et al. 2021)*

Flooding

- The National Climate Risk Assessment highlights floods as the second highest cause of deaths from climate-related hazards in Australia, after heatwaves.
- Severe and immediate health effects identified from floods include drowning, physical trauma, electrocution from downed power lines, waterborne diseases and hypothermia from prolonged exposure to cold floodwaters. *[HWTR, pp.99; 110–112, 114]*
- Snakes and spiders which have been displaced by floodwater also pose an immediate threat to human life. *[HWTR, pp110] (Du et al. 2010).*
- Floodwater can also have a delayed impact on health whereby exposure can lead to skin infections, gastroenteritis, and/or water- and vector-borne disease (Hunter 2003), and respiratory problems associated with mould in water damaged homes. Flooding can also disrupt healthcare access and strain health services. *[HWTR, pp.110–112, 114]*

Bushfires and air quality

- Bushfires can cause burns, smoke inhalation, physical injury and heat-related illness. Bushfire smoke is associated with respiratory and cardiovascular problems, including asthma, bronchitis, heart attacks and strokes, and can increase asthma medication use, ED attendances and hospital admissions for respiratory illness. Some health effects from prolonged smoke exposure may persist for years. *[HWTR, p.59]*
- Bushfires are a key contributor to air pollution in Australia, producing airborne particles with a diameter of 2.5 micrometres or less (PM2.5) that are small enough to enter the lungs and bloodstream. The National Assessment reviewed impacts observed in high bushfire activity years of 2009, 2019 and 2020 in comparison to a low bushfire activity year in 2015.
- As compared with 2015, the population-weighted annual average for PM2.5 exposure was 31% higher in 2019 (8.6 µg/m^3) and 15% higher in 2020 (7.6 µg/m^3). *[HWTR, p.68]*
- The estimated burden of disease attributable to bushfire smoke (measured in disability adjusted life years or DALYs) was 22% higher in the 2019 scenario (around 18,600 additional DALYs, or 0.4% of total burden of disease), 11% higher in the 2020 scenario (around 9,200 additional DALYs, or 0.2% of total burden), and 5.9% higher in the 2009 scenario (around 4,900 additional DALYs, or 0.1% of total burden). *[HWTR, p.69]*
- Deaths attributable to bushfire smoke (estimated as deaths attributable to air pollution relative to 2015) were around 900 in the 2019 scenario (0.6% of total

deaths in Australia), 450 in the 2020 scenario (0.3%), and 240 in the 2009 scenario (0.2%). *[HWTR, p.69–70]*

- In the 2019 scenario, the proportion of disease burden attributable to air pollution was 10.3% for coronary heart disease, 9.0% for chronic obstructive pulmonary disease (COPD), 11.1% for lung cancer, 10.4% for stroke, 18.2% for type 2 diabetes and 6.6% for lower respiratory infections. Each was higher than in the 2015 comparison scenario. *[HWTR, p.71]*
- Most of the total disease burden attributable to bushfires occurred in Australians aged 65 years and older. In this age group, coronary heart disease contributed the greatest attributable burden, followed by type 2 diabetes, COPD and lung cancer. *[HWTR, p.70]*

Communicable disease

Climate change is expected to affect the emergence and transmission of numerous communicable diseases in Australia and worldwide. Climate sensitive communicable diseases include:

- vector-borne diseases
- water-borne diseases
- zoonotic diseases
- food-borne diseases
- soil-borne diseases. [NCRA pp.136-137]

Routinely collected pathogens of concern: there is a clear temperature influence to incidence for many communicable diseases. Notifiable disease data for influenza (2008-2019) found a strong association between annual influenza incidence and the annual population density-weighted maximum surface air temperature nationally, excluding ACT ($r=0.785$; $p<0.002$) and a strong association between methicillin-resistant Staphylococcus aureus (MRSA) incidence and the annual population density-weighted maximum surface air temperature over north Australia ($r=0.638$; $p<0.005$).

Zoonotic spillover (an infectious pathogen moving from animals into humans) has occurred across a wide range of Australian animal hosts. Viruses were identified with previous spillover across 11 animal orders – eight mammalian and three avian – with spillover risk linked to the environmental conditions, including climate conditions, that shape where animal hosts, pathogens and people overlap. [AQCDTR, pp.81–83].

Pathogenic mutation – analysis of influenza genomes from 2000-2020 identified 674 variants associated with maximum temperature and 663 associated with minimum temperature. Analysis of Japanese encephalitis genomes from 2000-2022 identified 612 genetic features associated with El Niño or La Niña conditions. These analyses

provide emerging evidence of associations between climatic conditions, communicable disease patterns and pathogen genetic variation, highlighting the need for improved genomic, temporal and geographic data to better understand these relationships. [AQCDTR, pp.96–100].

Tropical cyclones

- The National Assessment identifies that tropical cyclones can cause physical injuries, deaths caused by strong winds, debris, storm surges, and flooding. These events can also lead to water and vector borne disease. *[HWTR, pp.84]*
- Health risks are compounded by damage to critical infrastructure, the built environment, and the vulnerability of populations. Tropical cyclones can damage hospitals and clinics, interrupt routine medical care and medicines, and increase demand for primary care after an event because of infectious diseases, chronic condition management and mental health needs. *[HWTR, pp.94–96; 110]*
- Tropical cyclones can significantly affect mental health, particularly for individuals with pre-existing mental health conditions (Woodlands et al. 2023). Survivors may experience trauma from the event itself and the loss of loved ones, homes and possessions (Mitchell, Maheen and Bowen 2024). The stress and uncertainty following a cyclone can lead to depression and anxiety, especially if individuals face prolonged displacement or financial hardship. *[HWTR, pp.94–95]*

Mental health

- The National Assessment identifies mental health impacts driven by climate change across multiple hazards. Extreme heat can aggravate psychiatric conditions and has been linked to higher rates of suicide and mental-health-related hospital admissions. Bushfires are associated with Post Traumatic Stress Disorder (PTSD), anxiety and depression, while floods and cyclones can cause acute and longer-term anxiety, depression, PTSD and psychosocial stress, particularly following loss, displacement and prolonged recovery. *[HWTR, pp.37, 59, 95, 111, 114]*

Chronic and non-communicable disease

- Heatwaves can worsen pre-existing heart disease, diabetes and respiratory illness. Cyclones and floods can interrupt ongoing management of chronic conditions by damaging health infrastructure, disrupting access to medicines and services, and increasing demand for primary care. *[HWTR, pp.37, 94–95, 111]*
- The National Assessment identifies that climate change will result in disproportionate impacts and vulnerability. Health impacts are shaped by exposure, vulnerability and capacity to respond. The report identifies greater risks

for groups including older people, children, people with disabilities or pre-existing illness, people with insecure or poor-quality housing, lower income and marginalised communities, First Nations peoples, and culturally and linguistically diverse communities. *[HWTR, pp.4, 95–96, 110–114]*

Other impacts

It is known that climate change is affecting, or will affect, the health of people in Australia via a variety of channels not considered here. Climate change will affect health through a range of impacts on air quality beyond bushfire smoke – for example, through increased ozone pollution or changed pollination patterns. Climate change will also affect health through impacts on food and water security, as well as food safety. As part of work to meet its statutory responsibility to undertake annual reporting on the impacts of climate change on the health of Australians, the CDC will continuously monitor the full range of impacts of climate change on Australians' health, with a focus on quantifying impacts of greatest concern.

References

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4. Performance report

4.1. Annual performance statements

4.1.1. Statements of preparation

As the accountable authority of Australian Centre for Disease Control, I present the 2025–26 Annual Performance Statements, as required under paragraph 39(1)(a) of the *PGPA Act* and *CDC Act*. In my opinion, the annual performance statements:

- accurately present the entity's performance in the reporting period, and
- comply with subsection 39(2) of the *PGPA Act*.

Professor Zoe Wainer

Director-General

Date: 14/10/26

4.1.2. Overview

CDC has one outcome:

Outcome 1 – Protect and promote the health of all Australians through nationally coordinated public health data and delivery of evidence-informed expert advice; and strategic program development and implementation; to detect, prepare for, prevent, and enable responses to public health threats and disease.

And one program:

Program 1.1 – Analyse, understand and advise to support health protection planning and preparedness.

Support timely and consistent national public health planning and action including through the collection, analysis, and sharing of public health information and data. Strengthen national prevention and preparedness for, and protection from, public health threats and disease; including through strategic partnerships, engagement and by providing transparent, expert advice to inform decision-making and community awareness.

Table 1. Performance measures 2025–26

Performance measures	Target results	Actual result year end	Variance/ Executive commentary
Transparent and accountable public health advice / Legislative compliance	100% of final and settled public health advice provided under Section 20 of the CDC Act is published within the timeframe specified in Section 21 of the CDC Act, subject to any exemptions under Section 22 of the CDC Act.	100% effective in fulfilling public health advisory role	While no final and settled public health advice met the statutory publication requirements under sections 20-22 of the CDC Act during the reporting period, the CDC actively fulfilled its broader public health advisory role. Throughout its first six months of operation, the CDC provided advice to governments, supported public health decision-making, published surveillance reports, guidance materials, risk assessments and public information products, and maintained transparency through regular publication of evidence-based information. The result therefore reflects the specific legislative

Performance measures	Target results	Actual result year end	Variance/ Executive commentary
			publication provisions rather than the volume of advice provided or the extent of CDC's public communications activity. Achieved.
Establish accountability and governance frameworks.	Executive Committee established by 28 February 2026. Audit and Risk Committee established by 30 April 2026. Risk Management Framework established by 30 June 2026.	Executive Committee established 20 Jan 2026 Audit and Risk Committee established 21 April 2026. Enterprise Risk Framework endorsed 29 June 2026.	Achieved

4.1.3. Analysis of performance

In the first six months of CDC operation, both 2025–26 Performance Measures have achieved planned performance. This provided the foundations for transparent decision-making, risk management and organisational accountability, supporting the CDC's ability to operate as a trusted national public health institution.

The CDC has a legislated obligation under the CDC Act to have regard to the need for transparency in the performance of all its functions (Section 12(1)(c)).

While the measure relating to transparent and accountable public health advice reports no final and settled public health advice required to be published under sections 20 to 22 CDC Act, the CDC publishes a volume of public health advice and information outside of the requirements of s20.

Six pieces of public health advice given to government agencies have been exempted from publication in accordance with section 22 in the legislative framework.

This result does not indicate an absence of public health advice or public communication activity. Since commencement of the CDC Act, the CDC has published a broad range of trusted public health information and advice through its public-facing website, including situation and surveillance reports, disease prevention advice, guidance for health professionals, guidelines and case definitions, national strategies and frameworks, evidence reviews and peer-reviewed research. In addition to other information and advice, the CDC publishes interactive and supporting products, including applications and tools such as the National Occupational Respiratory Disease Registry monthly data and the National Notifiable Disease Surveillance System (NNDDS) data visualisation tool. All of this material supports ministers, government agencies, health professionals and the public in responding to public health risks.

4.2. Report on financial performance

4.2.1. Financial performance

The CDC's departmental appropriation for 2025–26 was $35.105 million, with a further $10.969 million of funding provided for capital purchases. Total departmental expenditure for 2025–26 was $25.815 million, predominately covering employee benefits, and shared services and property costs.

In addition, the CDC oversaw $67.031 million of administered expenditure.

Further information on the CDC's financial performance is available in the tables below and in the audited financial statements and accompanying notes at Appendix 7.1.

Table 2. Resource statement 2025–26

	Actual available appropriation for 2025–26 $'000	Payments made in 2025–26 $'000	Balance remaining in 2025–26 $'000
Departmental			
Annual appropriation – ordinary annual services	35,607	21,827	13,780
Prior year appropriations – ordinary annual services	7,521	0	7,521
Other services – equity injections	10,969	0	10,969
Administered			
Annual appropriation – ordinary annual services	95,899	50,875	45,024
Total resourcing and payments	149,996	72,702	77,294

Table 3. Expenses per Outcome 2025–26

	Budget[1] 2025–26 $'000	Actual expense 2025–26 $'000	Variance 2025–26 $'000
Outcome 1: Protect and promote the health of all Australians through nationally coordinated public health data and delivery of evidence-informed expert advice; and strategic program development and implementation; to detect, prepare for, prevent, and enable responses to public health threats and disease.			
Program 1.1			
Departmental expenses	26,343	25,815	528
Net expenses not requiring appropriation in the budget year	(43)	(47)	4
Administered expenses	80,100	67,031	13,069
Total for Outcome 1	106,400	92,799	13,601
Average staff levels (number)[2]	126	113	13

[1] The reporting period commenced on the CDC's establishment date of January 1 2026 and ended 30 June 2026. Its inaugural Budget chapter appears in the Health, Disability and Ageing Portfolio Estimates Statements 2025-26.
[2] The reported ASL numbers are the average staff levels for the period of 1 July 2025 to 30 June 2026. The ASL for the period of the CDC's establishment approximately doubled these values.

5. Management and accountability

5.1. Corporate governance

During the reporting period, Mr Paul McCormack served as Acting Director-General and Accountable Authority from 1 January 2026 to 28 February 2026. On 1 March 2026, Professor Zoe Wainer commenced as Director-General and assumed the role of Accountable Authority under the PGPA Act. Overall accountability for the CDC rests with the Director-General, who is responsible for the agency's governance, performance, and proper use and management of public resources.

The CDC published its 2025–26 Corporate Plan on 12 June 2026. It outlined the CDC's vision and mission, objectives, key activities and performance criteria for the next 4 years.

The corporate plan is available on the website www.cdc.gov.au

Strong corporate governance underpins the CDC's role as a trusted national public health authority. To support the Director-General as accountable authority, the CDC has established senior governance committees that provide advice, assurance and oversight on strategy, risk, performance and the delivery of high-priority initiatives. These arrangements will be reviewed and refined as the agency matures.

The key governance committees and their roles are outlined below.

Table 4. Key governance committees and roles

Senior governance and assurance committees	Advice and recommendations
Executive Committee	The senior management committee of the entity, comprising the Director-General and Deputy Directors-General. It operated in an advisory capacity to support the Director-General, as the Accountable Authority, to discharge their functions under the Act and other public administration legislation. The Committee provided strategic leadership, coordination and management oversight, and supported whole-of-agency alignment on priorities, performance and risks, including oversight of matters related to the Corporate Plan and Portfolio Budget Statements.
Audit and Risk Committee (ARC)	An independent committee that provided advice and assurance to the Director-General on the appropriateness of the CDC's financial reporting, systems of internal control, performance reporting, and risk oversight and management arrangements, in accordance with the PGPA Act and related policy requirements.
Data Governance Committee or Data, Analytics and Digital Subcommittee	The Data, Analytics and Digital Subcommittee provided the oversight and assurance for CDC data practices, including governance of CDC-owned and managed data assets and oversight of CDC use of external data. It operates within the authorising environment set by the CDC Act and supports ethical, lawful and transparent data use.

5.1.1. Fraud and corruption control and prevention

The CDC is committed to maintaining robust fraud and corruption control arrangements. We have implemented all reasonable measures to prevent, detect and respond to fraud and corruption, consistent with section 10 of the PGPA Rule.

The CDC's Fraud and Corruption Control Plan outlined our approach to preventing, detecting, reporting and investigating fraud and corruption. It also sets out actions to address harm caused by fraudulent activity, recover any proceeds, support external scrutiny and accountability, and ensure staff complete annual mandatory fraud awareness training. The plan aligns with the Commonwealth Fraud and Corruption Control Framework 2024, Resource Management Guide 201, the CDC's Risk Management Framework and the Accountable Authority Instructions.

The CDC recognises the Australian community's expectation that Commonwealth entities and officials manage public resources responsibly. We remain committed to protecting public resources and maintaining high standards of integrity. During 2025–26, no suspected or actual instances of fraud or corruption were detected.

Certification of Fraud and Corruption Control Arrangements

I, Zoe Wainer, certify that I am satisfied that for 2025-26, the CDC has:

- Prepared a fraud and corruption control plan and associated risk assessment
- appropriate prevention, detection, investigation and reporting mechanisms that meet the CDC's needs
- taken all reasonable measures to appropriately deal with fraud and corruption relating to the CDC.

Professor Zoe Wainer
Director-General
Australian Centre for Disease Control
Date: 14/10/26

5.2. Audit and risk committee

The CDC ARC Charter is available on the CDC website at:
https://www.cdc.gov.au/resources/publications/audit-and-risk-committee-charter

Table 5. Membership of the ARC 2025–26

Member name, qualifications, knowledge, skills or experience	Number of meetings attended	Total number of meetings held	Total annual remuneration (GST inc.)	Additional information (including role on committee)
Chair, Mr Bruce Hunter Mr Hunter has extensive experience in the Public and Private Sectors, having been a former Deputy Secretary in the Australian Public Service and partner of 2 global consulting firms (McKinsey & Company and EY). Mr Hunter has advised the highest levels of Government on strategic reform, operating models, governance and financial management, both locally and internationally. Mr Hunter is Fellow Certified Practicing Accountant, a Certified Advisory Board Chair, and completed the Advanced Management Programme at INSEAD, France.	1	1	$6,875	Nil
Dr Wendy Southern PSM Dr Southern previously held the roles of Deputy Director-General of the Australian Security Intelligence Organisation and Deputy Secretary at both the Department of Health and the Department of Immigration and Border Protection. Her responsibilities spanned across strategic policy, program management, organisational governance, transformation, and corporate management. She currently serves on the ARC of the National Archives of Australia, Department of Home Affairs, Department of Finance, the Australian Federal Police, and the Parliamentary Budget Office. She is also a member of the National Archives of Australia Advisory Council and the National Suicide Prevention Office Advisory Board.	1	1	$2,750	Nil

Member name, qualifications, knowledge, skills or experience	Number of meetings attended	Total number of meetings held	Total annual remuneration (GST inc.)	Additional information (including role on committee)
Ms Erin Cockram Erin Cockram is an experienced finance and assurance professional with more than 20 years of expertise across audit, accounting, financial management, risk, governance, and internal controls in both public and private sector environments. Erin has experience as a CFO within government and in her current role within the Department of Employment and Workplace Relations (DEWR) AS Finance Branch, she provides strategic financial leadership and oversight, bringing strong analytical, compliance, and assurance capabilities.	1	1	Nil	Nil

5.3. External scrutiny

The CDC and its activities are subject to external scrutiny. During the reporting period:

- There were no judicial decisions or decisions of administrative tribunals during the year that had, or may have, a significant impact on operations.
- There were no reports on CDC during the reporting period by the Commonwealth Ombudsman or the Office of the Australian Information Commissioner.

5.4. Management of human resources

5.4.1. Managing and developing employees

The CDC recognises that its people are central to achieving its strategic objectives and delivering on its public health mission. During the reporting period, the agency continued to build a capable, diverse and engaged workforce through strategic workforce planning, targeted recruitment, onboarding and employee development initiatives.

The CDC invested in learning and development to strengthen workforce capability and support organisational growth. Employees were provided with access to mandatory training, technical and professional development opportunities, leadership programs and on-the-job learning, supported through regular

performance and development conversations as well as partnerships with external organisations.

The agency is committed to maintaining a safe, healthy and inclusive workplace. Work health, safety and wellbeing remained a priority, with employees supported through wellbeing initiatives, flexible working arrangements, workplace consultation and access to employee support services.

5.4.2. Workplace agreements

The CDC's employment arrangements are governed by the DHDA Enterprise Agreement, which applies to CDC employees. Where appropriate, the agency also utilises Individual Flexibility Arrangements (IFAs) and determinations made under section 24(1) of the *Public Service Act 1999* to meet specific business and employee needs. The agency did not utilise Australian Workplace Agreements or common law contracts for APS employees during the reporting period.

These arrangements support the CDC's ability to attract, retain and reward a highly skilled workforce while providing flexibility to address individual circumstances and operational requirements.

The CDC provides a range of non-salary benefits to support employee wellbeing, engagement and productivity, including:

- flexible working arrangements, including hybrid and remote working options
- access to paid leave entitlements in accordance with the Enterprise Agreement and legislation
- study assistance and learning and development opportunities
- access to the Employee Assistance Program (EAP) and wellbeing initiatives;
- workplace adjustments and support for employees with disability
- cultural, diversity and inclusion initiatives
- access to salary packaging arrangements and superannuation benefits in accordance with Australian Government employment conditions.

These benefits supported the agency's commitment to fostering a safe, inclusive and high-performing workplace.

Table 6. Public Service Act 1999 Employment arrangements 2025–26

Employment arrangements	SES	Non-SES	Total
Enterprise Agreement	0	268	268
Australian Workplace Agreement	0	0	0
Common Law Contracts	0	0	0
Determinations under subsection 24(1) of the *Public Service Act 1999*	8	1	9
Total	**8**	**269**	**277**

5.4.3. Employee statistics

Table 7. All ongoing employees

Location	Man or Male	Man or Male	Man or Male	Woman or Female	Woman or Female	Woman or Female	Non-binary	Non-binary	Non-binary	Prefers not to answer	Prefers not to answer	Prefers not to answer	Uses a different term	Uses a different term	Uses a different term	Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	8	0	8	18	2	20	1	0	1	0	0	0	0	0	0	29
QLD	4	0	4	13	2	15	0	0	0	0	0	0	0	0	0	19
SA	4	1	5	10	5	15	0	0	0	0	0	0	0	0	0	20
TAS	2	0	2	1	1	2	0	0	0	0	0	0	0	0	0	4
VIC	7	0	7	27	3	30	0	0	0	0	0	0	0	0	0	37
WA	2	0	2	2	0	2	0	0	0	0	0	0	0	0	0	4
ACT	38	2	40	86	20	106	0	0	0	0	0	0	0	0	0	146
NT	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	2
Total	**66**	**3**	**69**	**158**	**34**	**192**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**262**

Table 8. All non-ongoing employees

Location	Man or Male	Man or Male	Man or Male	Woman or Female	Woman or Female	Woman or Female	Non-binary	Non-binary	Non-binary	Prefers not to answer	Prefers not to answer	Prefers not to answer	Uses a different term	Uses a different term	Uses a different term	Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
NSW	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
QLD	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TAS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIC	1	0	1	3	1	4	0	0	0	0	0	0	0	0	0	5
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	1	2	6	0	6	0	0	0	0	0	0	0	0	0	8
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Total	**2**	**1**	**3**	**11**	**1**	**12**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**15**

5.4.4. APS employee statistics

Table 9. Public Service Act 1999 Ongoing employees

Classification	Man or Male	Man or Male	Man or Male	Woman/ Female	Woman/ Female	Woman/ Female	Non-binary	Non-binary	Non-binary	Prefers not to answer	Prefers not to answer	Prefers not to answer	Uses a different term	Uses a different term	Uses a different term	Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0	2
SES 1	3	0	3	3	0	3	0	0	0	0	0	0	0	0	0	6
EL 2	12	0	12	12	0	12	0	0	0	0	0	0	0	0	0	24
EL 1	16	2	18	51	9	60	0	0	0	0	0	0	0	0	0	78
APS 6	17	1	18	63	19	82	0	0	0	0	0	0	0	0	0	100
APS 5	10	0	10	20	5	25	1	0	1	0	0	0	0	0	0	36
APS 4	2	0	2	5	0	5	0	0	0	0	0	0	0	0	0	7
APS 3	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
APS 2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	3	0	3	3	1	4	0	0	0	0	0	0	0	0	0	7
Total	**66**	**3**	**69**	**158**	**34**	**192**	**1**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**262**

Table 10. Public Service Act 1999 Non-ongoing employees

Classification	Man or Male	Man or Male	Man or Male	Woman or Female	Woman or Female	Woman or Female	Non-binary	Non-binary	Non-binary	Prefers not to answer	Prefers not to answer	Prefers not to answer	Uses a different term	Uses a different term	Uses a different term	Total
	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	Full-time	Part-time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 1	2	0	2	2	1	3	0	0	0	0	0	0	0	0	0	5
APS 6	0	0	0	6	0	6	0	0	0	0	0	0	0	0	0	6
APS 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 4	0	1	1	2	0	2	0	0	0	0	0	0	0	0	0	3
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
Total	**2**	**1**	**3**	**11**	**1**	**12**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**15**

Table 11. Public Service Act 1999 Employees by full-time and part-time status

Classification	Ongoing	Ongoing	Ongoing	Non-ongoing	Non-ongoing	Non-ongoing	Total
	Full-time	Part-time	Total Ongoing	Full-time	Part-time	Total non-ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	2	0	2	0	0	0	2
SES 1	6	0	6	0	0	0	6
EL 2	24	0	24	0	0	0	24
EL 1	67	11	78	4	1	5	83
APS 6	80	20	100	6	0	6	106
APS 5	31	5	36	0	0	0	36
APS 4	7	0	7	2	1	3	10
APS 3	1	0	1	0	0	0	1
APS 2	1	0	1	0	0	0	1
APS 1	0	0	0	0	0	0	0
Other	6	1	7	1	0	1	8
Total	**225**	**37**	**262**	**13**	**2**	**15**	**277**

Table 12. Public Service Act 1999 Employment type by location

Location	Ongoing	Non-ongoing	Total
NSW	29	1	30
QLD	19	1	20
SA	20	0	20
TAS	4	0	4
VIC	37	5	42
WA	4	0	4
ACT	146	8	154
NT	1	0	1
External Territories	0	0	0
Overseas	2	0	2
Total	**262**	**16**	**277**

Table 13. Public Service Act 1999 Indigenous employment

Employment basis	Total
Ongoing	*4*
Non-ongoing	*0*
Total	**4**

Table 14. Public Service Act 1999 Employment salary ranges by classification level (minimum/maximum)

Classification	Minimum salary	Maximum salary
SES 3	0	0
SES 2	295,921	359,203
SES 1	232,938	281,034
MO 4	192,612	212,009
MO 3	176,624	184,927
SPA 2	176,426	183,562
Legal 2 EL 2	169,100	182,680
MO 2	157,964	166,437
EL 2	149,077	176,499
Legal 1 EL1	130,387	154,622
EL 1	124,951	142,509
MO 1	112,161	144,353
Legal 1 APS 6	101,679	112,198
APS 6	101,679	114,709
Legal 1 APS 5	0	94,111
APS 5	90,830	98,228
Legal 1 APS 4	0	88,229
APS 4	84,740	89,538
APS 3	74,795	82,905
APS 2	64,723	70,629
APS 1	57,497	62,195

5.4.5. Performance pay

Public Service Act 1999 Employment Performance Pay by Classification Level

The CDC did not have arrangements for performance pay during 2025/26.

5.5. Executive remuneration

Table 15. Information about remuneration for key management personnel

		Short-term benefits	Short-term benefits	Short-term benefits	Post-employment benefits	Other long-term benefits	Other long-term benefits	Termination benefits	Total remuneration
Name	Position Title	Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long-term benefits	Termination benefits	Total remuneration
Zoe Wainer	Director-General	164,314	0	1,381	10,006	1,067	0	0	176,768
Paul McCormack	Deputy Director-General	192,299	0	2,047	33,189	4,777	0	0	232,312
Emily Harper	Deputy Director-General	127,248	0	1,460	19,054	(35)	0	0	147,727

Table 16. Information about remuneration for senior executives

		Short-term benefits	Short-term benefits	Short-term benefits	Post-employment benefits	Other long-term benefits	Other long-term benefits	Termination benefits	Total remuneration
Total remuneration bands	Number of senior executives	Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long-term benefits	Average termination benefits	Average total remuneration
$0 - $220,000	7	111,081	0	0	18,790	4,098	0	0	133,970
$220,001 - $245,000	1	190,793	0	0	27,585	3,522	0	0	221,901

5.6. Purchasing

The CDC has reviewed its internal procurement policies and confirm that its procurement activities comply with the Commonwealth Procurement Rules. No instances of non-compliance were identified

Further information on the CDC's procurement activities is available on Austender: [https://www.tenders.gov.au/senateorder/list].

5.7. Consultancy and non-consultancy contract expenditure

5.7.1. Reportable consultancy contracts

The CDC engages consultants to provide specialist expertise and undertake independent research or assessments in relation to carrying out defined reviews or evaluations; or providing independent advice, information, or creative solutions to assist the agency in decision making.

The CDC considers the skills and resources required for the task, the skills available internally, and the cost-effectiveness of engaging external expertise. Decisions to engage consultants are made in accordance with the PGPA Act and related regulations, including the Commonwealth Procurement Rules and internal policies.

From 1 January 2026 to 30 June 2026, 6 new reportable consultancy contracts were entered into involving total actual expenditure of $0.135 million. In addition, 8 ongoing reportable consultancy contracts were active during the period that transition to the CDC through the machinery of governance process, involving total actual expenditure of $0.816 million.

Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website.

Table 17. Expenditure on reportable consultancy contracts

Reportable consultancy contracts	Number	Expenditure $'000 (GST inc.)
New contracts entered into during the reporting period	6	$135
Ongoing contracts entered into during a previous reporting period	10	$816
Total	**18**	**$951**

Table 18. Organisations receiving a share of reportable consultancy contract expenditure

Name of organisation	Organisation ABN	Expenditure $'000 (GST inc.)
Indigenous Professional Services	32 608 918 252	$394
Commonwealth Scientific and Industrial Research Organisation	41 687 119 230	$258
Grosvenor Performance Group Pty Ltd	47 105 237 590	$120
Maddocks	63 478 951 337	$82
SLR Consulting Australia Pty Ltd	29 001 584 612	$52

5.7.2. Reportable non-consultancy contracts

Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.

Table 19. Expenditure on reportable non-consultancy contracts

Reportable Non-Consultancy Contract	Number	Expenditure $'000 (GST inc.)
New contracts entered into during the reporting period	52	$3,356
Ongoing contracts entered into during a previous reporting period	76	$31,962
Total	**125**	**$35,318**

Table 20. Organisations receiving a share of reportable non-consultancy contract expenditure

Name of organisation	Organisation ABN	Expenditure $'000 (GST inc.)
National Aboriginal Community Controlled Health Organisation	89 078 949 710	$11,325
University of New South Wales	57 195 873 179	$6,259
Monash University	12 377 614 012	$2,940
Promoting Health4all Pty Ltd	63 684 721 426	$2,850
St Vincent's Institute of Medical Research	52 004 705 640	$2,550

5.8. Strategic commissioning framework

The CDC workforce leads the delivery of its core activities. Consistent with the APS Strategic Commissioning Framework, contractors and consultants are used sparingly, and only where specialist skills or advice are required, or where services cannot be sourced within the APS. In 2025–26, this included support for building corporate systems and information and communications technology capability.

5.9. Australian National Audit Office (ANAO) access clauses

The CDC did not enter into any contracts that the precluded access by the Auditor-General in 2025–26.

5.10. Exempt contracts

The CDC did not enter into any contracts that were exempt from publication on the AusTender website in 2025–26.

5.11. Small business

The CDC supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website.

The CDC supports small and medium sized enterprises through its procurement practices by complying with the Commonwealth Procurement Framework, implementing the Indigenous Procurement Policy noting that many Indigenous businesses are also small and medium enterprises, using standardised contracts for low-risk procurements, using credit cards for procurements valued below $10,000, and complying with the Government's Supplier Pay On-Time or Pay Interest Policy.

6. Other mandatory information

6.1. Grants

Funding is provided through grant programs across the clinical and community sectors. Funding provided through grants in 2025–26 supported:

- the operation of the National High Security Quarantine Laboratory and World Health Organization Collaborating Centre for Reference and Research on Influenza at the Peter Doherty Institute for Infection and Immunity,
- the delivery of the Royal College of Pathologists of Australasia Quality Assurance Program for high-risk biological agents,
- peak bodies representing communities impacted by blood borne viruses (BBV) and sexually transmissible infections (STI) for implementation of the Australian Governments National BBV and STI Strategies, through targeted, accessible and culturally safe programs with the aim of reducing the incidence of BBVs and STIs and improving health outcomes for priority populations,
- technical and research organisations including universities for the development of new research in the BBV and STI field, to ensure that the CDC continues to deliver evidence-based policies and programs, and
- surveillance grants, supporting the CDC's mission to detect and prevent public health threats.

Information on grants awarded by the CDC during the period is available at www.cdc.gov.au/resources/publications/agency-contracts-2025-26-financial-year and on the Australian Government's grant information system, GrantConnect, at www.grants.gov.au.

6.2. Disability reporting

Australia's Disability Strategy 2021-2031 (the Strategy) is the overarching framework for inclusive policies, programs and infrastructure that will support people with disability to participate in all areas of Australian life. The Strategy sets out where practical changes will be made to improve the lives of people with disability in Australia. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers. All levels of government have committed to deliver more comprehensive and visible reporting under the Strategy. A range of reports on progress of the Strategy's actions and outcome areas will be published and available at https://www.disabilitygateway.gov.au/ads.

Disability reporting is included the Australian Public Service Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at http://www.apsc.gov.au.

6.3. Freedom of information

The CDC's Information Publication Scheme statement, pursuant to Part II of the *Freedom of Information Act 1982*, is available at Information Publication Scheme (IPS) | Australian Centre for Disease Control

6.4. Legal Services and expenditure

The table below outlines the agency's legal services expenditure for 2025-26, in compliance with paragraph 11.1(ba) of the Legal Services Directions 2017.

Table 21. Legal services expenditure for 2025-26

Description	2025-26 cost $'000 (excluding GST)
Total external legal services expenditure	290.365
Total internal legal services expenditure	287.947

7. Appendices

Information required by other Acts or instruments to be included in the annual report must be included in one or more appendices to the report.

Appendices may also be used to provide supplementary information or to present tables required in the annual report. This is at the discretion of the accountable authority.

7.1. Financial Statements (including independent audit report)

Australian National Audit Office

INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Opinion

In my opinion, the financial statements of the Australian Centre of Disease Control (the Entity) for the period 1 January 2026 to 30 June 2026:

(a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and

(b) present fairly the financial position of the Entity as at 30 June 2026 and its financial performance and cash flows for the period 1 January 2026 to 30 June 2026.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2026 and for the period 1 January 2026 to 30 June 2026:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Director-General is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Director-General is also responsible for such internal control as the Director-General determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

In preparing the financial statements, the Director-General is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Director-General is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

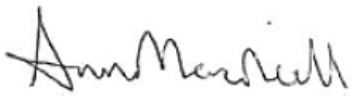
My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Ann MacNeill

Executive Director

Delegate of the Auditor-General

Canberra

12 October 2026

Statement by the Accountable Authority and Chief Financial Officer

In our opinion, the attached financial statements for the period ended 30 June 2026 comply with subsection 42(2) of the Public Governance, Performance and Accountability Act 2013 (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the Australian Centre for Disease Control will be able to pay its debts as and when they fall due.

Signed.....

Prof Zoe Wainer
Director-General

9 October 2026

Signed.....

Dan Webb
Chief Financial Officer

9 October 2026

Australian Centre for Disease Control
Statement of Comprehensive Income
for the period ended 30 June 2026

	Notes	2026[1] $'000	Original Budget[1] $'000
NET COST OF SERVICES			
Expenses			
Employee benefits	1.1A	**18,642**	19,738
Suppliers	1.1B	**6,603**	6,054
Depreciation and amortisation	3.2A	**514**	497
Finance costs	1.1C	**56**	54
Total expenses		**25,815**	26,343
Own-source income			
Own-source revenue			
Other revenue	1.2A	**556**	-
Total own-source income		**556**	-
Net (cost of)/contribution by services		**(25,259)**	(26,343)
Revenue from Government	1.2B	**35,105**	26,300
Surplus/(Deficit) attributable to the Australian Government		**9,846**	(43)
Total comprehensive income/(loss)		**9,846**	(43)

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. Its inaugural Budget chapter appears in the Health, Disability and Ageing Portfolio Additional Estimates Statements 2025–26.
The Department of Health, Disability and Ageing's Portfolio Budget Statements and financial statements report, respectively; the budget and expenditure for the functions carried out before the Australian CDC's establishment.

The above statement should be read in conjunction with the accompanying notes.

Australian Centre for Disease Control
Statement of Financial Position
as at 30 June 2026

	Notes	2026[1] $'000	Original Budget[1] $'000
ASSETS			
Financial assets			
Cash and cash equivalents	3.1A	115	-
Trade and other receivables	3.1B	33,555	7,473
Total financial assets		33,670	7,473
Non-financial assets			
Buildings (right-of-use assets)	3.2A	2,740	10,148
Total non-financial assets		2,740	10,148
Total assets		36,410	17,621
LIABILITIES			
Payables			
Suppliers	3.3A	2,108	-
Other payables	3.3B	1,156	-
Total payables		3,264	-
Interest bearing liabilities			
Leases	3.4A	2,787	2,691
Total interest bearing liabilities		2,787	2,691
Provisions			
Employee provisions	6.1A	9,544	7,473
Total provisions		9,544	7,473
Total liabilities		15,595	10,164
Net assets		20,815	7,457
EQUITY			
Contributed equity		10,969	7,500
Retained surplus/(Accumulated deficit)		9,846	(43)
Total equity		20,815	7,457

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. Its inaugural Budget chapter appears in the Health, Disability and Ageing Portfolio Additional Estimates Statements 2025–26.
The Department of Health, Disability and Ageing's Portfolio Budget Statements and financial statements report, respectively; the budget and expenditure for the functions carried out before the Australian CDC's establishment.

The above statement should be read in conjunction with the accompanying notes.

Australian Centre for Disease Control
Statement of Changes in Equity
for the period ended 30 June 2026

	Notes	2026[1] $'000	Original Budget[1] $'000
CONTRIBUTED EQUITY			
Opening balance as at 1 January		-	-
Transactions with owners			
Contributions by owners			
Equity injection - Appropriations		10,969	7,500
Total transactions with owners		10,969	7,500
Closing balance as at 30 June		10,969	7,500
RETAINED EARNINGS			
Opening balance as at 1 January		-	-
Comprehensive income			
Surplus/(Deficit) for the period		9,846	(43)
Total comprehensive income		9,846	(43)
Closing balance as at 30 June		20,815	(43)
TOTAL EQUITY			
Opening balance as at 1 January		-	-
Comprehensive income			
Surplus/(Deficit) for the period		9,846	(43)
Total comprehensive income		9,846	(43)
Transactions with owners			
Contributions by owners			
Equity injection - Appropriations		10,969	7,500
Total transactions with owners		10,969	7,500
Transfers between equity components		-	-
Closing balance as at 30 June		20,815	7,457

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. Its inaugural Budget chapter appears in the Health, Disability and Ageing Portfolio Additional Estimates Statements 2025–26.
The Department of Health, Disability and Ageing's Portfolio Budget Statements and financial statements report, respectively; the budget and expenditure for the functions carried out before the Australian CDC's establishment.

The above statement should be read in conjunction with the accompanying notes.

Accounting Policy
Equity Injections
Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.

Restructuring of Administrative Arrangements
Net assets received from or relinquished to another Government entity under a restructuring of administrative arrangements are adjusted at their book value directly against contributed equity.

Australian Centre for Disease Control

Cash Flow Statement

for the period ended 30 June 2026

	Notes	2026[1] $'000	Original Budget[1] $'000
OPERATING ACTIVITIES			
Cash received			
Appropriations		21,927	26,300
GST received		135	-
Other		366	-
Total cash received		22,428	26,300
Cash used			
Employees		16,926	19,738
Suppliers		4,377	6,054
Interest payments on lease liabilities		56	54
Section 74 receipts transferred to OPA		487	-
Total cash used		21,846	25,846
Net cash from operating activities		582	454
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment		-	7,500
Total cash used		-	7,500
Net cash used by investing activities		-	(7,500)
FINANCING ACTIVITIES			
Cash received			
Contributed equity		-	7,500
Total cash received		-	7,500
Cash used			
Principal payments of lease liabilities		467	454
Total cash used		467	454
Net cash from/(used by) financing activities		(467)	7,046
Net increase in cash held		115	-
Cash and cash equivalents at the beginning of the reporting period		-	-
Cash and cash equivalents at the end of the reporting period	3.1A	115	-

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. Its inaugural Budget chapter appears in the Health, Disability and Ageing Portfolio Additional Estimates Statements 2025–26.
The Department of Health, Disability and Ageing's Portfolio Budget Statements and financial statements report, respectively; the budget and expenditure for the functions carried out before the Australian CDC's establishment.

The above statement should be read in conjunction with the accompanying notes.

Australian Centre for Disease Control
Administered Schedule of Comprehensive Income

for the period ended 30 June 2026

	Notes	2026 [1] $'000	Original Budget[1] $'000
NET COST OF SERVICES			
Expenses			
Suppliers	2.1A	59,505	53,580
Grants	2.1B	7,526	26,520
Total expenses		67,031	80,100
Net cost of services		(67,031)	(80,100)
Total comprehensive loss		(67,031)	(80,100)

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. Its inaugural Budget chapter appears in the Health, Disability and Ageing Portfolio Additional Estimates Statements 2025–26.
The Department of Health, Disability and Ageing's Portfolio Budget Statements and financial statements report, respectively; the budget and expenditure for the functions carried out before the Australian CDC's establishment.

The above schedule should be read in conjunction with the accompanying notes.

Australian Centre for Disease Control
Administered Schedule of Assets and Liabilities

as at 30 June 2026

	Notes	2026 [1] $'000	Original Budget[1] $'000
ASSETS			
Financial assets			
Trade and other receivables	4.1A	1,541	-
Total financial assets		1,541	-
Total assets administered on behalf of Government		1,541	-
LIABILITIES			
Payables			
Suppliers	4.2A	15,882	-
Grants	4.2B	311	-
Total payables		16,193	-
Total liabilities administered on behalf of Government		16,193	-
Net assets		(14,652)	-

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. Its inaugural Budget chapter appears in the Health, Disability and Ageing Portfolio Additional Estimates Statements 2025–26.
The Department of Health, Disability and Ageing's Portfolio Budget Statements and financial statements report, respectively; the budget and expenditure for the functions carried out before the Australian CDC's establishment.

The above schedule should be read in conjunction with the accompanying notes.

Australian Centre for Disease Control
Administered Reconciliation Schedule

for the period ended 30 June 2026

	Notes	2026 [1] $'000
Opening assets less liabilities as at 1 January		-
Net (cost of)/contribution by services		
Expenses		
Payments to entities other than corporate Commonwealth entities		(67,031)
Transfers (to)/from the Australian Government		
Appropriation transfers from Official Public Account		
Net GST appropriations		1,504
Annual appropriations		
Payments to entities other than corporate Commonwealth entities		50,875
Closing assets less liabilities as at 30 June		(14,652)

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. The Department of Health, Disability and Ageing's financial statements report the expenditure for the functions carried out before the Australian CDC's establishment.

Accounting Policy

Administered Cash Transfers to and from the Official Public Account

Revenue collected by the entity for use by the Government rather than the entity is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the entity on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Australian Centre for Disease Control
Administered Cash Flow Statement
for the period ended 30 June 2026

	Notes	2026 [1] $'000
OPERATING ACTIVITIES		
Cash received		
GST received		1,465
Total cash received		1,465
Cash used		
Suppliers		46,310
Grants		7,534
Total cash used		53,844
Net cash used by operating activities		(52,379)
Cash from Official Public Account		
Appropriations		50,875
GST appropriation		2,969
Total cash from official public account		53,844
Cash to Official Public Account		
Return of GST appropriation to the Official Public Account		1,465
Total cash to official public account		1,465
Net increase/(decrease) in cash held		-
Cash and cash equivalents at the beginning of the reporting period		-
Cash and cash equivalents at the end of the reporting period		-

1. The reporting period commenced on the Australian Centre for Disease Control's establishment date of 1 January 2026 and ended on 30 June 2026. The Department of Health, Disability and Ageing's financial statements report the expenditure for the functions carried out before the Australian CDC's establishment.

Overview

The Australian Centre for Disease Control (Australian CDC) is Australia's national public health authority. The Australian CDC protects the health of Australians through disease surveillance, expert analysis and the provision of independent, evidence-informed advice.

The role of the Australian CDC is to help improve Australia's health system by:

- providing independent public health advice at a national level
- focusing on disease surveillance, analysis and preparedness
- supporting coordinated responses to health threats
- working in partnership with states, territories, researchers and international bodies
- operating within a clear governance and transparency framework

This role complements the work of other health agencies and partners across the system.

The Australian CDC was established through the *Australian Centre for Disease Control Act 2025* (CDC Act) on 1 January 2026. The CDC Act sets out the functions and powers of the Australian CDC.

The Financial Statements of the Australian CDC are for the period 1 January 2026 to 30 June 2026.

Prior to establishment, the Australian CDC's functions were carried out by the interim Centre for Disease Control within the Department of Health, Disability and Ageing. Expenditure for the period 1 July 2025 to 31 December 2025 are recorded in the Department of Health, Disability and Ageing's Financial Statements for the year ended 30 June 2026. Refer Note 8.2 for further information.

The continued existence of the Australian CDC in its present form and with its present program is dependent on Government policy and on continuing funding by Parliament for the Australian CDC's administration and programs.

Basis of Preparation of the Financial Statements

The financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013* .

The financial statements have been prepared in accordance with:

a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015* (FRR);
b) Australian Accounting Standards and Interpretations – including Simplified Disclosures for For-Profits and Not-for-Profit Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars and values are rounded to the nearest thousand dollars unless otherwise specified.

New Australian Accounting Standards

Adoption of New Australian Accounting Standard Requirements
The Australian CDC adopted all new, revised and amending standards and interpretations that were issued by the AASB prior to the sign-off date and are applicable to the current reporting period. The adoption of these standards and interpretations did not have a material effect, and are not expected to have a future material effect on Australian CDC's financial statements.

No accounting standard has been adopted earlier than the application date as stated in the standard.

Taxation

The Australian CDC is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Events After the Reporting Period

There are no events after the reporting period affecting the financial statements.

Financial Performance

This section analyses the financial performance of the Australian CDC for the for the period ended 30 June 2026.

1.1 Expenses

	2026 $'000
1.1A: Employee benefits	
Wages and salaries	12,697
Superannuation	
Defined contribution plans	527
Defined benefit plans	1,856
Leave and other entitlements	3,562
Total employee benefits	18,642

Accounting Policy
Accounting policies for employee related expenses is contained in the People and relationships section.

1.1B: Suppliers	
Goods and services supplied or rendered	
Audit fees	61
Contractors and consultants	1,193
Contracted services	2,122
IT services	1,724
Property	336
Travel	603
Other	472
Total goods and services supplied or rendered	6,511
Goods supplied	23
Services rendered	6,488
Total goods and services supplied or rendered	6,511
Other suppliers	
Workers compensation expenses	92
Total other suppliers	92
Total suppliers	6,603

1.1C: Finance costs	
Interest on lease liabilities	56
Total finance costs	56

The above lease disclosures should be read on conjunction with the accompanying note 3.4A

Accounting Policy
All borrowing costs are expensed as incurred.

1.2 Own-Source Revenue and Gains

	2026 $'000
1.2A: Other revenue	
Resources received free of charge	
Remuneration of auditors	61
Recovery of costs	495
Total other revenue	556

Accounting Policy
Resources Received Free of Charge
Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

1.2B: Revenue from Government	
Appropriations	
Departmental appropriations	35,105
Total revenue from Government	35,105

Accounting Policy
Revenue from Government
Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the Australian CDC gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

Income and Expenses Administered on Behalf of Government

This section analyses the activities that the Australian CDC does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

2.1 Administered - Expenses

	2026 $'000
2.1A: Suppliers	
Goods and services supplied or rendered	
Contracts for service	54,200
Contractors	2,942
Travel	15
Committee related expenses	6
Other	2,342
Total goods and services supplied or rendered	59,505
Goods supplied	-
Services rendered	59,505
Total goods and services supplied or rendered	59,505
2.1B: Grants	
Private sector	
Profit and Not-for-profit organisations	7,526
Total grants	7,526

Accounting Policy

The Australian CDC administers a number of grant and subsidy schemes on behalf of the Government. Grant and subsidy liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When the Government enters into an agreement to make these grants and services but services have not been performed or criteria satisfied, this is considered a commitment.

Financial Position

This section analyses The Australian CDC's assets used to conduct its operations and the operating liabilities incurred as a result. Employee related information is disclosed in the People and Relationships section.

3.1 Financial Assets

	2026 $'000
3.1A: Cash and cash equivalents	
Cash on hand or on deposit	115
Total cash and cash equivalents	115

Accounting Policy

Cash and cash equivalents

Cash is recognised at its nominal amount. Cash and cash equivalents includes cash on hand and cash held in respect to employee salary sacrifice arrangements.

3.1B: Trade and other receivables	
Goods and services receivables	
Goods and services	1,400
Total goods and services receivables	1,400
Appropriation receivables	
Appropriation receivable	32,155
Total appropriation receivables	32,155
Total trade and other receivables (gross)	33,555
Total trade and other receivables (net)	33,555

Accounting Policy

Financial assets - Impairment

Financial assets are assessed for impairment at the end of each reporting period. No indicators of impairment were identified.

3.2 Non-Financial Assets

3.2A: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles

	Buildings	Total
	$'000	$'000
As at 1 January 2026		
Gross book value	-	-
Accumulated depreciation, amortisation and impairment	-	-
Total as at 1 January 2026	-	-
Additions		
Right-of-use assets	3,254	3,254
Depreciation on right-of-use assets	(514)	(514)
Total as at 30 June 2026	2,740	2,740
Total as at 30 June 2026 represented by		
Gross book value	3,254	3,254
Accumulated depreciation, amortisation and impairment	(514)	(514)
Total as at 30 June 2026	2,740	2,740
Carrying amount of right-of-use assets	2,740	2,740

No property, plant and equipment and intangibles are expected to be sold or disposed of within the next 12 months.

At 30 June 2026 the Australian CDC had no contractual commitments for the acquisition of non-financial assets to be completed in the 2026-27 financial year.

3.2 Non-Financial Assets

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring. The Australian CDC does not have any Property, Plant and Equipment (PP&E) assets and use of PP&E is paid for under the shared services Memorandum of Understanding (MOU) with the Department of Health, Disability and Ageing as a supplier expense.

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases costing less than $2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located.

Lease Right of Use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

An impairment review is undertaken for any right of use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Lease ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations

Following initial recognition at cost, property, plant and equipment **(excluding ROU assets)** are carried at fair value (or an amount not materially different from fair value) less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date.

The regularity of independent valuations depended upon the volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the entity using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2026
Right-of-use-asset	Lease Term

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

Impairment

All assets were assessed for impairment at 30 June 2026. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the entity were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

3.3 Payables

	2026 $'000
3.3A: Suppliers	
Trade creditors and accruals	2,108
Total suppliers	2,108

Trade creditors and accruals are expected to be settled within 90 days

3.3B: Other payables	
Salaries and wages	976
Superannuation	180
Total Other Payables	1,156

Employee payables are usually settled within 13 days.

Accounting Policy
Financial liabilities are recognised and derecognised upon 'trade date'. The Australian CDC's financial liabilities are measured at nominal amounts. No fair value measurement disclosures are required.

3.4 Interest Bearing Liabilities

	2026 $'000
3.4A: Leases	
Lease liabilities	2,787
Total leases	2,787
Maturity analysis - contractual undiscounted cash flows	
Within 1 year	1,074
Between 1 to 5 years	1,858
Total Undiscounted Leases	2,932
Discount	(145)
Total leases	2,787

Total cash outflow for leases for the period ended 30 June 2026 was $523,000.

The Australian CDC in its capacity as lessee has entered into a sub-lease arrangement with Department of Health, Disability and Ageing from 1 January 2026 to 28 February 2029.

Accounting Policy
For all new contracts entered into, the Australian CDC considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss.

Assets and Liabilities Administered on Behalf of the Government

This section analyses assets used to conduct operations and the operating liabilities incurred as a result the Australian CDC does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

4.1 Administered - Financial Assets

	2026 $'000
4.1A: Trade and other receivables	
Other receivables	
GST Receivable	1,541
Total trade and other receivables (gross)	1,541

4.2 Administered - Payables

	2026 $'000
4.2A: Suppliers	
Trade creditors and accruals	15,882
Total Suppliers	15,882

Trade creditors and accruals are expected to be settled within 90 days.

4.2B: Grants	
Non-profit organisations	311
Total grants	311

Grant payables are expected to be settled within 12 months.

Funding

This section identifies the Australian CDC's funding structure.

5.1 Appropriations

5.1A: Annual appropriations

Annual Appropriations for 2026

	Annual Appropriation $'000	Adjustments to appropriation[1] $'000	Total appropriation $'000	Appropriation applied in 2026 (current and prior years) $'000	Variance[2] $'000
Departmental					
Ordinary annual services	249	35,358	35,607	21,827	13,780
Other services					
Equity Injections	-	10,969	10,969	-	10,969
Total departmental	249	46,327	46,576	21,827	24,749
Administered					
Ordinary annual services	7,852	88,047	95,899	50,875	45,024
Total administered	7,852	88,047	95,899	50,875	45,024

1. Adjustments to appropriations represents section 75 transfer of current year appropriation from the Department of Health, Disability and Ageing totaling $45.8 million for Departmental and $88.0 million for Administered, and PGPA Act section 74 receipts totalling $0.5 million for Departmental.

2. The Departmental ordinary annual service variance is a result of the 2025-26 total comprehensive income and timing difference between recognition and payment of expenditure. The equity injection variance is a result of no capital expenditure being incurred in 2025-26.
The Administered ordinary annual service variance is a reflection of the Australian CDC's establishment phase and progressive embedding of its enabling functions.
Refer Note 8.3 for further details.

5.1B: Unspent annual appropriations

	2026 $'000
Departmental	
Appropriation Act (No. 3) 2024-2025	7,521
Appropriation Act (No. 1) 2025-2026	13,401
Appropriation Act (No. 5) 2025-2026	264
Appropriation Act (No. 2) 2025-2026	7,500
Supply Act (No. 2) 2025-2026	3,469
Cash at Bank	115
Total departmental	32,270
Administered	
Appropriation Act (No. 1) 2025-2026	37,172
Appropriation Act (No. 5) 2025-2026	7,852
Total administered	45,024

5.2 Net Cash Appropriation Arrangements

	2026 $'000
Total comprehensive income/(loss) - as per the Statement of Comprehensive Income	**9,846**
Plus : depreciation of right-of-use assets[1]	**514**
Less : lease principal repayments[1]	**467**
Net Cash Operating Surplus/ (Deficit)	**9,893**

1. The inclusion of depreciation/amortisation expenses related to ROU leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 *Leases* , which does not directly reflect a change in appropriation arrangements.

People and Relationships

This section describes a range of employment and post employment benefits provided to our people and our relationships with other key people.

6.1 Employee Provisions

	2026 $'000
6.1A: Employee provisions	
Leave	9,544
Total employee provisions	9,544

Accounting policy

Liabilities for short-term employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts. Other long-term employee benefits are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

Leave

The liability for employee benefits includes provision for annual leave and long service leave (LSL). The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the entity's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.
The liability for LSL has been determined by the best estimate based on the CDC staff profile. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation. The Australian CDC applies the shorthand method for calculation of LSL liabilities.

Superannuation

The CDC staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government. The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes. The Australian CDC makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. The entity accounts for the contributions as if they were contributions to defined contribution plans. The liability for superannuation recognised as at 30 June represents outstanding contributions.

6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity. The Australian CDC has determined the key management personnel to be the Director-General and Deputy Directors-General. Key management personnel remuneration is reported in the table below:

	2026 $'000
Short-term employee benefits	489
Post-employment benefits	62
Other long-term employee benefits	6
Total key management personnel remuneration expenses[1]	557

1. The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Australian CDC.

The total number of key management personnel that are included in the above table are 3.

6.3 Related Party Disclosures

Related party relationships:

The Australian CDC is an Australian Government controlled entity. Related parties for the Australian CDC are the Key Management Personnel, the Portfolio Ministers, and other Australian Government entities.

Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Significant transactions with related entities include the purchase of services in relation to the memorandum of understanding for shared services, including property lease and ICT development, and the payment and refund of taxes.

No payments were made outside of the normal course of business

Giving consideration to relationships with related entities and transactions entered into during the reporting period by the Australian CDC, it has been determined that there are no related party transactions to be separately disclosed.

Managing Uncertainties

This section analyses how the the Australian CDC manages financial risks within its operating

7.1 Contingent Assets and Liabilities

Quantifiable Contingencies

As at 30 June 2026, the Australian CDC had no quantifiable contingencies.

Unquantifiable Contingencies

As at 30 June 2026, the Australian CDC had no unquantifiable contingencies.

Significant Remote Contingencies

As at 30 June 2026, the Australian CDC had no significant remote contingencies.

Accounting policy

Contingent liabilities and contingent assets are not recognised in the statement of financial position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

7.2 Financial Instruments

	2026 $'000
7.2A: Categories of financial instruments	
Financial assets at amortised cost	
Cash and cash equivalents	115
Goods and services receivables	1,400
Total financial assets at amortised cost	1,515
Total financial assets	1,515
Financial Liabilities	
Financial liabilities measured at amortised cost	
Trade creditors and accruals	2,108
Total financial liabilities measured at amortised cost	2,108
Total financial liabilities	2,108

Accounting Policy

Financial assets

In accordance with AASB 9 *Financial* Instruments, the Australian CDC classifies its financial assets in the following categories as financial assets measured at amortised cost.

The classification depends on both the entity's business model for managing the financial assets and contractual cash flow characteristics at the time of initial recognition. Financial assets are recognised when the entity becomes a party to the contract and, as a consequence, has a legal right to receive or a legal obligation to pay cash and derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

Financial Assets at Amortised Cost

Financial assets included in this category need to meet two criteria:

1. the financial asset is held in order to collect the contractual cash flows; and
2. the cash flows are solely payments of principal and interest (SPPI) on the principal outstanding amount.

Amortised cost is determined using the effective interest method.

Effective Interest Method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period. The Australian CDC did not impair any of its financial assets

Financial liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Amortised Cost

Financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

7.3 Administered - Financial Instruments

	2026 $'000
7.3A: Categories of financial instruments	
Financial assets at amortised cost	
Trade and other receivables	1,541
Total financial assets at amortised cost	1,541
Total financial assets	1,541
Financial Liabilities	
Financial liabilities measured at amortised cost	
Trade creditors	15,882
Grants payables	311
Total financial liabilities measured at amortised cost	16,193
Total financial liabilities	16,193

Other Information

8.1 Current/Non-Current Distinction for Assets and Liabilities

8.1A: Current/non-current distinction for assets and liabilities

	2026 $'000
Assets expected to be recovered in:	
No more than 12 months	
Cash and cash equivalents	115
Trade and other receivables	33,555
Total no more than 12 months	33,670
More than 12 months	
Land and buildings	2,740
Total more than 12 months	2,740
Total assets	36,410
Liabilities expected to be settled in:	
No more than 12 months	
Suppliers	2,108
Other payables	1,156
Leases	988
Employee provisions	4,100
Total no more than 12 months	8,352
More than 12 months	
Leases	1,799
Employee provisions	5,444
Total more than 12 months	7,243
Total liabilities	15,595

8.1B: Administered - current/non-current distinction for assets and liabilities

Assets expected to be recovered in:	
No more than 12 months	
Trade and other receivables	1,541
Total no more than 12 months	1,541
Total assets	1,541
Liabilities expected to be settled in:	
No more than 12 months	
Suppliers	15,882
Grants	311
Total no more than 12 months	16,193
Total liabilities	16,193

8.2 Restructuring

8.2A: Restructuring

	Department of Health, Disability and Ageing[1]
	$'000
FUNCTIONS ASSUMED	
Assets recognised	
Appropriation receivable[2]	7,521
Total assets recognised	7,521
Liabilities recognised	
Employee provisions	7,521
Total liabilities recognised	7,521
Net assets/(liabilities) recognised	-
Income assumed	
Recognised by the gaining entity	556
Total income assumed	556
Expenses assumed	
Recognised by the gaining entity	25,815
Recognised by the losing entity	24,205
Total expenses assumed	50,020

8.2B: Administered - restructuring

	Department of Health, Disability and Ageing[1]
	$'000
FUNCTIONS ASSUMED	
Expenses assumed	
Recognised by the gaining entity	67,031
Recognised by the losing entity	72,061
Total expenses assumed	139,092

1. The Australian CDC was established on 1 January 2026. Prior to that, the functions were carried out by the interim Centre for Disease Control within the Department of Health, Disability and Ageing. 2025-26 appropriations transferred from the Department of Health, Disability and Ageing are disclosed in Note 5.1 Appropriations.

2. Transfer of prior year appropriations for the cost of employee entitlements from the Department of Health, Disability and Ageing under Machinery of Government provisions.

8.3 Budget Variance Commentary

Explanation of Major Variances to Budget

The tables below provides commentary on significant variances between the Australian CDC's original budget estimates, as published in the 2025–26 Portfolio Additional Estimates Statements (PAES), and the actual financial statements for the year ended 30 June 2026.

Variances are considered significant where they are central to the agency's activities and meet one or more of the following criteria:

- the variance between budget and actual is greater than +/- 10 per cent and greater than +/- $1 million of the original budget for a line item;
- the item is below this threshold but is considered important to the reader's understanding of the financial statements; or
- variances relating to the statement of financial position or cash flow statement arise from the factors explained for net cost of services variances.

Unless a variance is individually significant, no additional commentary has been provided

8.3A: Departmental budget variance commentary

Variance explanation	Impacted line items
At the time the budget was published, the machinery of government transition from the Department of Health, Disability and Ageing was ongoing. Estimated appropriation transfers to the Australian CDC had been calculated, and it was agreed that 75 per cent of these amounts would transfer on establishment, with the remaining balance to be agreed and transferred shortly after establishment. The amounts published in PAES reflect these 75 per cent balances.	
Statement of Comprehensive Income and Cash Flow Statement As the Australian CDC was established on 1 January 2026, it remained in an establishment phase throughout 2025–26. Expenditure was lower than budgeted because the agency was still building its operating capability during the period, including progressing recruitment, finalising operating arrangements and bedding down enabling functions. Delays in filling positions resulted in employee expenses being lower than budgeted. This also reduced the level of associated supplier expenditure, as some planned activities, services and enabling support were either deferred, scaled to the Australian CDC's actual staffing profile, or will be delivered later than originally anticipated.	Comprehensive Income: Employee Benefits Suppliers Finance costs Other revenue Revenue from Government Cash Flow: Appropriation Other Cash Receipts Employees Suppliers
Statement of Financial Position and Statement of Changes in Equity When the PAES budget was prepared, it was assumed that the 2025–26 annual appropriations would be fully spent by the end of the financial year. As a result, the budget included balances only for trade and other receivables, non-financial assets, leases and employee provisions. Appropriations utilised were lower than the original budget as a result of the reasons referenced above, resulting in higher trade receivables in the form of appropriation receivables. Timing differences between the incurring of expenditure and the payment of cash resulted in year-end balances for cash, debtors, creditors and employee payables. Funding for the establishment of the Australian CDC included $10.969 million in capital appropriation, predominantly for the fit-out of new premises. This funding was not required during 2025–26, as the Australian CDC sublet an existing fully fitted-out tenancy. The value of the funding transfer that is shows as Contribution by owners - restructure was not considered in the development of the original budget.	Financial Position: Cash Trade receivables Buildings Suppliers Employee payables Employee provisions Change in Equity: Equity injection Restructuring Surplus Cash Flow: Purchase of property Contributed equity

8.3 Budget Variance Commentary

8.3B: Departmental budget variance commentary

Variance explanation	Impacted line items
At the time the budget was published, the machinery of government transition from the Department of Health, Disability and Ageing was still underway. Estimated appropriation transfers to the Australian CDC had been calculated, with 75 per cent of those amounts agreed to transfer on establishment and the remaining balance to be agreed and transferred shortly after establishment. The amounts published in PAES therefore reflected the initial 75 per cent transfer balances.	
Administered Schedule of Comprehensive Income Administered expenditure was lower than budgeted because the Australian CDC remained in an establishment phase throughout 2025–26. During this period, the agency was continuing to build its operating capability, finalise operating arrangements and embed enabling functions required to support delivery of its administered activities.	Suppliers Grants
Administered Schedule of Assets and Liabilities When the budget was prepared, it was assumed that the 2025–26 annual appropriations would be fully spent by the end of the financial year. Consequently, the budget did not include balances for any assets or liability accounts. Actual results differed because some cash payments occurred after the related expense or obligation was recognised. These timing differences resulted in year-end balances for trade receivables, supplier payables and grant payables that were not reflected in the original budget profile.	Trade receivables Suppliers Grants

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7.2. Other legislative requirements

7.2.1. *Environment Protection and Biodiversity Conservation Act 1999*

The principles of ecologically sustainable development (ESD), outlined in section 3A of the *Environment Protection and Biodiversity Conservation Act 1999*, are that:

- decision making processes should effectively integrate both long term and short term economic, environmental, social and equity considerations
- if there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation
- the present generation should ensure the health, diversity and productivity of the environment is maintained or enhanced for the benefit of future generations
- the conservation of biological diversity and ecological integrity should be a fundamental consideration in decision making
- improved valuation, pricing and incentive mechanisms should be promoted.

The CDC contributes to the principles of ecologically sustainable development by incorporating environmental considerations into its operations and decision-making processes. During the reporting period, the CDC sought to minimise the environmental impacts of its activities through sustainable workplace practices, including the use of digital systems to reduce paper consumption, waste reduction and recycling initiatives, energy-efficient office practices, and the use of virtual collaboration technologies to reduce travel where appropriate. The CDC continues to review opportunities to improve its environmental performance and support the Australian Government's broader sustainability objectives.

The CDC applies the principles of the EPBC Act where possible and appropriate. This includes encouraging ecologically sustainable practices, such as:

- use of videoconferencing to reduce official travel;
- paper-light and electronic records management practices;
- recycling and waste minimisation initiatives in office locations;
- energy-efficient workplace arrangements; and
- alignment with Australian Government sustainability and emissions reduction initiatives.

7.2.2. Work, Health and Safety Act 2011

The CDC is committed to protecting the health, safety and welfare of its workers, contractors and visitors. We recognise that providing a safe and healthy workplace supports employee wellbeing, strengthens organisational culture and contributes to effective performance. Through mandatory work health and safety training, risk management processes, workplace consultation and wellbeing initiatives, we foster a culture of safety and continuous improvement. These measures assist us to meet our legislative obligations while maintaining a workplace that is safe, inclusive and health-conscious.

- The CDC undertook a number of health and safety initiatives in 2025-26, including the following:
- 4 staff of staff attended first aid training and 6 have been appointed to the role of First Aid Officers.
- All staff were required to undertake workstation assessments of their remote workplace set-up.
- All staff had access to an influenza vaccination program with access to COVID-19 booster vaccinations. Staff were able to access vouchers for free vaccination at participating pharmacies.
- Employees had access to a range of health, safety and wellbeing initiatives, including work health and safety resources, first aid services, rehabilitation support, wellbeing programs and confidential counselling through the Employee Assistance Program (EAP), which was also available to immediate family members. The CDC has 3 Harassment Contact Officers.
- CDC Staff are required to complete mandatory Safety Essentials every 12 months. Staff can access advice and guidance in relation to work health and safety injury and illness matters from the CDC intranet site, or through the shared services arrangement with the DHDA. No investigations were conducted, and no notices were issued under the WHS Act 2011 during 2025–26.

Employee Census

CDC Staff participated in the 2026 Australian Public Service Census, achieving a 93% response rate. The census provides valuable insights into employee experiences across areas such as engagement, leadership, communication, wellbeing and organisational culture, and will inform initiatives to strengthen workforce capability and support the CDC's continued development as Australia's national Centre for Disease Control.

The results reflected a workforce that is highly committed to the CDC's purpose and demonstrates strong levels of engagement, collaboration and psychological safety. The

census also identified opportunities to further strengthen learning and development, workforce capability, organisational change management and cross-CDC collaboration as the agency continues to mature.

8. Aids to access

8.1. Abbreviations and acronyms

AASB	Australian Accounting Standards Board. The national body responsible for developing and maintaining accounting standards in Australia.
ACS	Australian Climate Service
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
ANAO	Australian National Audit Office
APSC	Australian Public Service Commission
APS	Australian Public Service
AQCDTR	Air Quality and Communicable Diseases Technical Report
ARC	Audit and Risk Committee
BBV	Blood-borne Virus
CDC	Australian Centre for Disease Control
CCD	Commonwealth Climate Disclosure
CI	Confidence Interval
COPD	Chronic Obstructive Pulmonary Disease
CPRs	Commonwealth Procurement Rules
CSIRO	Commonwealth Scientific and Industrial Research Organisation
DALY	Disability-Adjusted Life Year
DEWR	Department of Employment and Workplace Relations
DHDA	Department of Health, Disability and Ageing
EAP	Employee Assistance Program
ED	Emergency Department
EL	Executive Level
EPBC Act	Environment Protection and Biodiversity Conservation Act 1999
EY	Ernst & Young
FBT	Fringe Benefit Tax
FOI	Freedom of Information
FRR	Financial Reporting Requirements
GP	General Practitioner
GST	Goods and Services Tax
HIV	Human Immunodeficiency Virus
HWTR	Health and Wellbeing Technical Report
IFA	Individual Flexibility Arrangement
IHR	International Health Regulations

IPS	Information Publication Scheme
MRSA	Methicillin-resistant Staphylococcus aureus
NACCHO	National Aboriginal Community Controlled Health Organisation
NEMA	National Emergency Management Agency
NNDSS	National Notifiable Diseases Surveillance System
NSW	New South Wales
NT	Northern Territory
PGPA Act	Public Governance, Performance and Accountability Act 2013
PGPA Rule	Public Governance, Performance and Accountability Rule 2014
PM2.5	Particulate Matter 2.5 micrometres or less
PSM	Public Service Medal
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
RR	Relative Risk
SA	South Australia
SES	Senior Executive Service
SME	Small and Medium Enterprise
SPAR	State Party Self-Assessment Annual Report
SPA	Senior Professional Appointment
STI	Sexually Transmissible Infection
TAS	Tasmania
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

8.2. Glossary

AASB	Australian Accounting Standards Board. The national body responsible for developing and maintaining accounting standards in Australia.
Administered Activities	Activities that the CDC manages on behalf of the Australian Government but does not control.
Administered Expenses	Expenses incurred on behalf of the Australian Government and reported separately from departmental expenses.
Amortisation	The systematic allocation of the cost of an intangible asset over its useful life.
Appropriation	Authority provided by Parliament to spend public money for specific purposes.
Appropriation Receivable	Funding approved by Parliament that is due to be received by an entity.
Asset	A resource controlled by an entity from which future economic benefits are expected to flow.
Audit Opinion	The Auditor-General's conclusion on whether the financial statements fairly present the entity's financial position and performance.
Avian Influenza	Avian Influenza is a viral disease of birds found worldwide. Avian influenza strains are described as low pathogenicity (LPAI) or high pathogenicity (HPAI). Most LPAI strains of avian influenza virus cause minimal disease in wild birds and poultry. However, some LPAI strains can evolve into HPAI strains when they spread among poultry and can result in widescale death of poultry and wild birds.
Blood-borne Viruses (BBV)	Viruses that are transmitted through blood and other bodily fluids, including hepatitis B, hepatitis C and HIV.
Cach and Cash Equivalents	Cash on hand and short-term, highly liquid investments readily convertible to known amounts of cash.
Chronic Disease	The term applied to a diverse group of diseases, such as heart disease, cancer and arthritis, that tend to be long-lasting and persistent in their symptoms or development. Although these features also apply to some communicable diseases (infections), chronic disease is usually confined to non-communicable diseases.
Climate-sensitive Diseases	Diseases whose occurrence, transmission or spread is influenced by climatic and environmental conditions.
Communicable Disease	An infectious disease transmissible (as from person to person) by direct contact with an infected

	individual or the individual's discharges or by indirect means.
Contingent Liability	A potential obligation arising from past events whose existence depends on future events outside the entity's control.
Contributed Equity	Funding provided by the Australian Government that is recognised directly in equity rather than as revenue.
COVID-19	Coronavirus disease 2019. An illness caused by the SARS-CoV-2 virus that was first identified in December 2019. Formerly known as 2019-nCoV.
Data Governance	The framework of policies, processes and oversight arrangements that ensure data is used responsibly, securely and effectively.
Depreciation	The systematic allocation of the cost of a tangible asset over its useful life.
Disease Surveillance	The systematic collection, analysis and interpretation of health data to detect and monitor diseases and public health threats.
Employee Provisions	Amounts recognised for employee entitlements such as annual leave and long service leave.
Epidemiology	The study of the distribution, causes and control of diseases and health conditions within populations.
Equity Injection	Capital funding provided by the Australian Government to invest in an entity's assets or capability.
Evidence-informed Decision-making	The use of the best available evidence, data and expertise to support policy, program and operational decisions.
FBT	Fringe Benefits Tax. A tax paid on certain benefits provided to employees or associates.
Federated Health System	Australia's system of government in which responsibility for health is shared between the Commonwealth, state and territory governments.
Financial Instrument	A contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.
Financial Year	The 12-month period from 1 July to 30 June.
FRR	Public Governance, Performance and Accountability (Financial Reporting) Rule 2015. The financial reporting requirements for Commonwealth entities.
General Practitioner	A medical practitioner who provides primary care to patients and their families within the community.
Genomic Surveillance	The monitoring of pathogens through genetic sequencing to identify variants, transmission patterns and emerging risks.

Health Protection	Activities aimed at preventing or reducing risks to public health from infectious diseases, environmental hazards and other threats.
Influenza (flu)	Caused by the influenza virus, which is easily spread from person to person and is not the same as the common cold. The flu is a serious disease as it can lead to bronchitis, croup, pneumonia, ear infections, heart and other organ damage, brain inflammation and brain damage, and death.
Japanese Encephalitis	Japanese encephalitis is caused by the Japanese encephalitis virus (JEV). It is spread through bites from mosquitos, which become infected through biting infected pigs and waterbirds.
Medicare	A national, government-funded scheme that subsidises the cost of personal medical services for all Australians and aims to help them afford medical care.
National Preparedness	The capability of governments, health systems and communities to prevent, respond to and recover from public health emergencies.
One Health	An approach recognising the interconnectedness of human, animal and environmental health.
Pandemic	A pandemic is a worldwide spread of a new disease, such as a new influenza virus, or the coronavirus that causes COVID-19.
Pandemic Preparedness	Activities undertaken before a pandemic occurs to strengthen the capacity to prevent, detect, respond to and recover from large-scale infectious disease outbreaks.
Primary Care	Provides the patient with a broad spectrum of care, both preventive and curative, over a period of time and coordinates all of the care the person receives.
Public Health Advice	Evidence-based information, recommendations and assessments provided to support decision-making on public health matters.
Public Health Intelligence	Information derived from surveillance, monitoring, analysis and risk assessment used to identify and understand public health threats.
Public Health Risk Assessment	A systematic process used to evaluate the likelihood and consequences of a public health threat.
Public Health Threat	Any biological, environmental or other hazard that could adversely affect the health of a population.
Risk Assessment	The process of identifying, analysing and evaluating risks to support informed decision-making.
Surge Capacity	The ability of a health system or organisation to rapidly increase resources and services during emergencies.

Sexually transmitted Infection (STI)	Infections primarily spread through sexual contact.
Syphilis	Syphilis is a serious infection caused by the Treponema pallidum bacterium. It has a complex disease progression, and early symptoms are often unnoticed. Left untreated, it can have significant health effects in several organ systems. In pregnant women it can lead to birth complications, congenital syphilis, and miscarriages. Syphilis is treatable with long-acting penicillin injections.
Transparency	The practice of making information, decisions and evidence publicly available to promote accountability and trust.
World Health Organisation (WHO)	The WHO is a specialised agency of the United Nations (UN). Its primary role is to direct and coordinate international health within the UN system. The WHO has 194 member states, including Australia.
Zoonotic Disease	A disease that can be transmitted between animals and humans.

8.3. List of requirements

This table is required by section 17AJ(d) of the PGPA Rule and is set out in Schedule 2 of the PGPA Rule.

The following table must be included within the annual report as an aid to access. The 'Part of report' column should be completed with section references to assist the reader.

PGPA Rule reference	Part of report	Description	Requirement	Section
17AD(g)	-	Letter of transmittal	-	
17AI	Letter of transmittal	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory	(ii)
17AD(h)	-	Aids to access	-	
17AJ(a)	Table of contents	Table of contents (print only)	Mandatory	(iii)
17AJ(b)	Index	Alphabetical index (print only)	Mandatory	Section 8.4
17AJ(c)	Glossary	Glossary of abbreviations and acronyms	Mandatory	Section 8.2
17AJ(d)	List of requirements	List of requirements	Mandatory	Section 8.3
17AJ(e)	Publication information	Details of contact officer	Mandatory	(i)
17AJ(f)	Publication information	Entity's website address	Mandatory	(i)
17AJ(g)	Publication information	Electronic address of report	Mandatory	(i)
17AD(a)	-	Review by accountable authority	-	
17AD(a)	Director-General's review	A review by the accountable authority of the entity	Mandatory	Section 1
17AD(b)	-	Overview of the entity	-	
17AE(1)(a)(i)	Overview of the Australian Centre for Disease Control	A description of the role and functions of the entity	Mandatory	Section 2
17AE(1)(a)(ii)	How the CDC adds value	A description of the organisational structure of the entity	Mandatory	Section 3

PGPA Rule reference	Part of report	Description	Requirement	Section
17AE(1)(a)(iii)	Transparency on public health advice	A description of the outcomes and programmes administered by the entity	Mandatory	Section 3.1
17AE(1)(a)(iv)	Corporate governance	A description of the purposes of the entity as included in corporate plan	Mandatory	Section 5.1
17AE(1)(aa)(i)	Corporate governance	Name of the accountable authority or each member of the accountable authority	Mandatory	Section 5.1
17AE(1)(aa)(ii)	Corporate governance	Position title of the accountable authority or each member of the accountable authority	Mandatory	Section 5.1
17AE(1)(aa)(iii)	Corporate governance	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory	Section 5.1
17AE(1)(b)	How the CDC adds value	An outline of the structure of the portfolio of the entity	Portfolio departments - mandatory	Section 3
17AE(2)	-	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change	Not Applicable	-
17AD(c)	-	Report on the Performance of the entity	-	
-	-	Annual performance statements	-	
17AD(c)(i); 16F	Annual performance statement	Annual performance statements in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule	Mandatory	Section 4.1
17AD(c)(ii)	-	Report on Financial Performance	-	
17AF(1)(a)	Report on financial performance	A discussion and analysis of the entity's financial performance	Mandatory	Section 4.2
17AF(1)(b)	Financial performance	A table summarising the total resources and total payments of the entity	Mandatory	Section 4.2.1
17AF(2)	-	If there may be significant changes in the financial results during or after the previous or current reporting period,	Not Applicable	-

PGPA Rule reference	Part of report	Description	Requirement	Section
		information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results		
17AD(d)	-	Management and Accountability	-	
-	-	Corporate Governance	-	
17AG(2)(a)	Fraud and corruption control and prevention	Information on compliance with section 10 (fraud and corruption systems)	Mandatory	Section 5.1.1
17AG(2)(b)(i)	Fraud and corruption control and prevention	A certification by accountable authority that fraud and corruption risk assessments have been conducted and fraud and corruption control plans have been prepared	Mandatory	Section 5.1.1
17AG(2)(b)(ii)	Fraud and corruption control and prevention	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud and corruption that meet the specific needs of the entity are in place	Mandatory	Section 5.1.1
17AG(2)(b)(iii)	Fraud and corruption control and prevention	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud and corruption relating to the entity	Mandatory	Section 5.1.1
17AG(2)(c)	Corporate governance	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	Section 5.1
17AG(2)(d) – (e)	-	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance	Not Applicable	-

PGPA Rule reference	Part of report	Description	Requirement	Section
	-	Audit Committee	-	
17AG(2A)(a)	Audit and risk committee	A direct electronic address of the charter determining the functions of the entity's audit committee	Mandatory	Section 5.2
17AG(2A)(b)	Audit and risk committee	The name of each member of the entity's audit committee	Mandatory	Section 5.2
17AG(2A)(c)	Audit and risk committee	The qualifications, knowledge, skills or experience of each member of the entity's audit committee	Mandatory	Section 5.2
17AG(2A)(d)	Audit and risk committee	Information about the attendance of each member of the entity's audit committee at committee meeting	Mandatory	Section 5.2
17AG(2A)(e)	Audit and risk committee	The remuneration of each member of the entity's audit committee.	Mandatory	Section 5.2
	-	External Scrutiny	-	
17AG(3)	External scrutiny	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny	Mandatory	Section 5.3
17AG(3)(a)	-	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity	Not applicable	-
17AG(3)(b)	-	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman	Not applicable	-
17AG(3)(c)	-	Information on any capability reviews on the entity that were released during the period	Not applicable	-
	-	Management of Human Resources	-	
17AG(4)(a)	Managing and developing employees	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives	Mandatory	Section 5.4.1
17AG(4)(aa)	Employee statistics	Statistics on the entity's employees on an ongoing and	Mandatory	Section 5.4.3

PGPA Rule reference	Part of report	Description	Requirement	Section
		non-ongoing basis, including the following: (a) statistics on full-time employees (b) statistics on part-time employees (c) statistics on gender (d) statistics on staff location		
17AG(4)(b)	APS employee statistics	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: Statistics on staffing classification level Statistics on full-time employees Statistics on part-time employees Statistics on gender Statistics on staff location Statistics on employees who identify as Indigenous	Mandatory	Section 5.4.4
17AG(4)(c)	Workplace agreements	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the *Public Service Act 1999*	Mandatory	Section 5.4.2
17AG(4)(c)(i)	APS employee statistics	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c)	Mandatory	Section 5.4.4
17AG(4)(c)(ii)	APS employee statistics	The salary ranges available for APS employees by classification level	Mandatory	Section 5.4.4
17AG(4)(c)(iii)	Workplace agreements	A description of non-salary benefits provided to employees	Mandatory	Section 5.4.2
17AG(4)(d)(i)	Performance pay	Information on the number of employees at each classification level who received performance pay	If applicable, Mandatory	Section 5.4.5
17AG(4)(d)(ii)	-	Information on aggregate amounts of performance pay at each classification level	Not applicable	-
17AG(4)(d)(iii)	-	Information on the average amount of performance payment,	Not applicable	-

PGPA Rule reference	Part of report	Description	Requirement	Section
		and range of such payments, at each classification level		
17AG(4)(d)(iv)	-	Information on aggregate amount of performance payments	Not applicable	-
	-	Assets Management	-	
17AG(5)	-	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	Not applicable	-
	-	Purchasing	-	
17AG(6)	Purchasing	An assessment of entity performance against the Commonwealth Procurement Rules.	Mandatory	Section 5.6
	-	Reportable consultancy contracts	-	
17AG(7)(a)	Reportable consultancy contracts	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST)	Mandatory	Section 5.7.1
17AG(7)(b)	Reportable consultancy contracts	A statement that "During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of $[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of $[specified million]"	Mandatory	Section 5.7.1
17AG(7)(c)	Reportable consultancy contracts	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged	Mandatory	Section 5.7.1

PGPA Rule reference	Part of report	Description	Requirement	Section
17AG(7)(d)	Reportable consultancy contracts	A statement that Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."	Mandatory	Section 5.7.1
	-	Reportable non-consultancy contracts	-	
17AG(7A)(a)	Reportable non-consultancy contracts	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST)	Mandatory	Section 5.7.2
17AG(7A)(b)	Reportable non-consultancy contracts	A statement that "Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website."	Mandatory	Section 5.7.2
17AD(daa)	Consultancy and non-consultancy contract expenditure	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts	Mandatory	Section 5.7
17AGA	Consultancy and non-consultancy contract expenditure	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts	Mandatory	Section 5.7
	-	Australian National Audit Office Access Clauses	-	
17AG(8)	-	If an entity entered into a contract with a value of more than $100,000 (inclusive of GST) and the contract did not provide the Auditor-General with access to	Not applicable	-

PGPA Rule reference	Part of report	Description	Requirement	Section
		the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.		
	-	Exempt contracts	-	
17AG(9)	-	If an entity entered into a contract or there is a standing offer with a value greater than $10,000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters	Not applicable	-
	-	Small business	-	
17AG(10)(a)	Small business	A statement that "[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."	Mandatory	Section 5.11
17AG(10)(b)	Small business	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory	Section 5.11
17AG(10)(c)	-	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that "[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."	Not applicable	-
	-	Financial Statements	-	

PGPA Rule reference	Part of report	Description	Requirement	Section
17AD(e)	Financial Statements	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory	Section 7.1
	-	Executive Remuneration	-	
17AD(da)	Executive remuneration	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory	Section 5.5
17AD(f)	-	Other Mandatory Information	-	
17AH(1)(a)(i)	-	If the entity conducted advertising campaigns, a statement that "During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website."	Not applicable	-
17AH(1)(a)(ii)	-	If the entity did not conduct advertising campaigns, a statement to that effect.	Not applicable	-
17AH(1)(b)	Grants	A statement that "Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website]."	If applicable, Mandatory	Section 6.1
17AH(1)(c)	Disability reporting	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory	Section 6.2
17AH(1)(d)	Freedom of information	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory	Section 6.3
17AH(1)(e)	-	Correction of material errors in previous annual report	Not applicable	-
17AH(2)	Other legislative requirements	Information required by other legislation	Mandatory	Section 7.2

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