Communicable Diseases Agency Singapore

Prepare • Prevent • Protect

Annual Report FY2025

Executive Summary

Safeguarding Tomorrow

Singapore's Defence Against Communicable Diseases

At a Glance –
CDA's Annual Report FY2025

FY2025 marked the Communicable Diseases Agency's inaugural year as Singapore's public health authority for communicable diseases. Over the course of the year, the agency made significant progress across its five key functions – Prepare, Detect, Prevent, Respond and Enable – strengthening Singapore's preparedness for future outbreaks and safeguarding the health of our population.

Year in **Numbers**

67% uptake

Increased pneumococcal vaccination uptake among adults aged 65 years and above from 23 per cent in 2020 to more than 67 per cent in 2025

95% coverage

Maintained more than 95 per cent coverage for measles (Dose 1) and diphtheria (primary series) vaccines in children aged two years

1st human challenge study

Launched Singapore's 1st human challenge control study

88,000 tests

Completed over 88,000 laboratory tests on more than 52,000 specimens to identify or further characterise pathogens

56,500 samples

Maintained more than 56,500 samples in the National Infectious Disease Biorepository as of March 2026

6,300 professionals

Engaged over 6,300 medical professionals to improve infectious disease prevention and management in Singapore

445 staff

CDA's total staff strength as of 31 Mar 2026: 445

01 *Preparing in Advance*

Every effective response begins with years of preparation

In its inaugural year, the Communicable Diseases Agency (CDA) invested in the capabilities and resources needed to anticipate, detect and respond to infectious disease threats – from pandemic preparedness planning and operational readiness to research governance and emerging technologies.

In July 2025, CDA launched the Singapore Pandemic Preparedness and Response Framework, to provide a disease-agnostic, modular system for outbreak response. Drawing on Singapore's decades of experience in responding to infectious disease outbreaks, the Framework translates lessons from past outbreaks into a structured, modular system that can be activated regardless of the pathogen involved.

CDA also safeguarded Singapore's borders with the drafting of the Supplementary Agreement to the Johor Bahru–Singapore Rapid Transit System Link Bilateral Agreement and Cross-Border Railways (Border Control Co-location) Act 2026, to ensure the nation's public health interest through cross-border legal and operational frameworks.

Comprehensive strategy and strong governance for research and innovation are another cornerstone of long-term preparedness. In September 2025, CDA established the National Infectious Disease Research Strategy Committee, bringing together perspectives from researchers across basic science, clinical research, social science and artificial intelligence to shape Singapore's future infectious disease research strategy through to its completion in 2027.

CDA also developed standards and a national framework to support ethical, high-quality research that informs policy and emergency response.

CDA is investing in new ways of working, building future capabilities to improve disease preparedness and response. This includes exploring new technologies, such as artificial intelligence, and multi-disease surveillance dashboards.

To bolster operational capabilities, CDA established the CDA Operations and Coordination Centre to monitor and manage disease notifications and public health incidents, as well as began developing a competency framework for contact tracing to build contact tracing capabilities during peacetime.

02 *Always on the Lookout*

Detecting emerging infectious disease threats early

Throughout FY2025, CDA invested in the systems and expertise needed to detect emerging threats earlier and assess their public health significance. Spanning laboratory science, digital technologies, epidemiological surveillance, and international collaboration, this work has built a more comprehensive and connected understanding of infectious disease risks within Singapore and beyond our shores.

In FY2025, CDA embarked on the development of a five-year National Surveillance Strategy for Communicable Diseases, to define Singapore's core surveillance priorities, align surveillance efforts across sectors, and identify opportunities to harness advances in technology.

CDA also expanded the sentinel National Surveillance Programme for Acute Respiratory Infection, with more than 30 additional primary care clinics joining the programme in FY2025. More than 15,000 respiratory specimens were tested to monitor respiratory viruses under the programme.

In April 2025, CDA launched an improved and more user-friendly version of the Communicable Disease Live & Enhanced Surveillance (CDLENS) System, Singapore's key platform for the electronic notification of notifiable diseases, to reduce the reporting burden of infectious disease cases.

In FY2025, CDA performed around 88,000 laboratory tests on more than 52,000 specimens to identify or further characterise pathogens.

As Singapore's National Influenza Centre and World Health Organization (WHO) Coronavirus Network (CoViNet) Reference Laboratory, CDA submitted over 320 influenza isolates and specimens to the WHO Collaborating Centre, and more than 5,000 viral sequences to GISAID.

International surveillance networks enable countries to identify emerging health threats before they reach their borders. CDA contributed to global surveillance efforts through its participation in international surveillance networks, including the WHO's Epidemic Intelligence from Open Sources Coordination Group.

CDA's Antimicrobial Resistance Coordinating Office also serves as Singapore's national coordinating centre for the WHO Global Antimicrobial Resistance and Use Surveillance System and the Western Pacific Region Antimicrobial Consumption Surveillance System.

CDA also deepened bilateral partnerships through Memoranda of Understanding signed with the Chinese Center for Disease Control and Prevention, and Germany's Robert Koch Institute, enhancing Singapore's access to international expertise, real-time disease intelligence, and surveillance best practices.

03 *Prevention, by Design*

Protecting Singapore before diseases spread

Throughout FY2025, CDA strengthened Singapore's prevention ecosystem by reinforcing multiple layers of protection – from vaccination and infection prevention control to coordinated national strategies that reduce the risk of future infectious disease threats.

The National Adult Immunisation Schedule was updated in September 2025 to include the recombinant herpes zoster vaccine (Shingrix) and 20-valent pneumococcal conjugate vaccine (PCV20).

To inform future immunisation policies, CDA collaborated on two seroprevalence studies, which will help to shape future vaccination recommendations for healthcare workers.

Maintaining consistently high infection prevention and control (IPC) standards across Singapore's healthcare system is the foundation of effective infection prevention. A key priority for CDA in FY2025 was strengthening infection prevention practices across healthcare institutions through common standards, surveillance and practical guidance.

In FY2025, CDA completed the second cycle of the national IPC Peer Review Programme across all 11 public acute hospitals. It also introduced the National IPC Guidelines for Water Management in Acute Healthcare Facilities in March 2026, expanded the Healthcare-Associated Infection Point Prevalence Survey (HAI-PPS) to community hospitals, and completed the third national HAI-PPS in acute care hospitals, with findings informing national IPC priorities and policies.

Beyond hospitals, CDA strengthened infection prevention in nursing and social welfare homes by establishing a protocol for practical guidance on infection prevention and outbreak management.

To engage professional medical communities, CDA launched a webinar series for medical practitioners in FY2025 to provide timely updates on rapidly evolving communicable disease threats, reaching over 1,600 medical practitioners in total.

CDA worked with various partners to conduct the HIV Workplace Outreach Programme, engaging more than 60,000 working adults and 10,000 companies to address HIV-related stigma and promote prevention awareness.

Many infectious diseases emerge through the interaction between people, animals and the environment, making coordinated action across sectors essential. CDA launched Singapore's One Health Masterplan to better align public health efforts and cross-sector collaboration across government agencies.

CDA also launched Singapore's Second National Strategic Action Plan on Antimicrobial Resistance, a national roadmap for collective action across human, animal and environmental health sectors.

04 *When it* *Matters Most*

Responding decisively when every moment counts

Throughout FY2025, CDA responded to a wide range of infectious disease threats. From investigating outbreaks, coordinating multi-agency responses, and providing laboratory and clinical expertise, CDA translated preparedness into decisive public health action whenever it mattered most.

Air-borne diseases: CDA adopted a more flexible and patient-centred approach to tuberculosis control in FY2025. A risk-based Directly Observed Therapy model was introduced for patients with drug-sensitive tuberculosis, while patients who are assessed to have lower risk may receive treatment through Video Observed Therapy or Self-Administered Therapy.

CDA also strengthened tuberculosis cluster investigations through expanded use of Whole Genome Sequencing.

Beyond tuberculosis, CDA investigated more than 35 respiratory cluster outbreaks in nursing homes.

Food- and vector-borne diseases: In 2025, CDA investigated 49 gastroenteritis outbreaks, keeping Singapore's foodborne illness rate at 16.8 cases per 100,000 population, compared to 22.8 in the previous year.

CDA jointly implemented a coordinated, tiered response under Singapore's One Health approach to guide targeted public health response measures when local Zika cases were detected in June 2025.

CDA also worked closely with key stakeholders to manage the cereulide contamination incident in infant milk products between January and March 2026.

Zoonotic diseases: Following reports of Nipah virus infection in South Asia in January 2026, CDA implemented risk-stratified border health measures with various partners. The measures were progressively adjusted as the regional situation evolved, ensuring that Singapore's response remained proportionate to the assessed level of risk.

CDA also detected Singapore's first two cases of mpox clade 1b in March 2026, confirming the first case within 24 hours after laboratory findings.

HIV, hepatitis, and sexually transmitted infections: CDA rolled out HIV self-testing kits to more than 100 sites nationwide, with average monthly demand exceeding 800 kits, and updated the Primary Care Recommendations for People Living with HIV.

CDA also established the National Hepatitis C Programme Steering Committee in FY2025, laying the foundations to improve hepatitis C prevention, diagnosis and care.

In FY2025, CDA convened the Infectious Diseases Clinical Advisory Committee, which provides clinical guidance on matters of national importance. CDA also completed 60 clinical review requests in consultation with the Committee and established a rigorous framework for developing evidence-based clinical guidance and recommendations.

05 *In for the* *Long Run*

Investing today for tomorrow's health security

Throughout FY2025, CDA continued strengthening the foundations that will safeguard Singapore's long-term health security – through international collaborations, scientific research and clinical studies.

In FY2025, CDA hosted delegations from the World Health Organization, Chinese Center for Disease Control and Prevention, Beijing Health Commission, and the Robert Koch Institute to exchange knowledge and expertise.

CDA also represented Singapore at international forums, including the World Health Assembly, World Health Summit, and International Association of National Public Health Institutes Annual Meeting.

On the regional front, CDA advanced collaboration for infectious diseases by securing commitments for Singapore to lead as the head of the Singapore delegation at the 2026 ASEAN One Health Network meeting, as well as to co-chair and host the 2027 gathering.

Sound public health decisions depend on robust scientific evidence. The National Infectious Disease Biorepository – Singapore's first national infrastructure for the collection, preservation, and management of microbial specimens – came under the strategic governance of CDA in FY2025. It maintains 56,514 specimens as of March 2026.

As Singapore's national coordinating body for infectious disease research funding, CDA awarded eight Catalyst Grants and 10 Short-Term Fellowships, supporting S$500,000 in infectious disease research.

In FY2025, CDA continued to support the INVEST randomised clinical trial, enrolling 720 participants across 24 hospital sites in 10 countries.

CDA also led the Singapore Platform for Controlled Human Infections with SARS-CoV-2, Singapore's first controlled human infection study.

In addition, CDA has established the CDA Research Laboratory, which serves as a unified platform for infectious disease research. Four research projects were approved in FY2025, covering infectious disease surveillance, vaccine effectiveness, and emerging zoonotic diseases.

Overall, CDA researchers published 86 publications and completed 33 research projects in FY2025, informing global health policy, national public health operations, clinical practices, and health service delivery.

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