

19 June 2024

National Immunisation Strategy Team  
Immunisation Strategy Section, Health Security and Emergency Management Division  
Interim Australian Centre for Disease Control, Department of Health and Aged Care

Via: [nis@health.gov.au](mailto:nis@health.gov.au)

Dear National Immunisation Strategy Team,

### Submission to the Public Consultation on the National Immunisation Strategy 2025-2030

Lung Foundation Australia (LFA) welcome the opportunity to provide feedback on the next National Immunisation Strategy (NIS). We note that the consultation paper was informed by engagement with the Australian Health Protection Principal Committee and key stakeholders in 2023 and 2024. As a Commonwealth of Australia Health Peak Body, we work to support the principles outlined in the National Preventive Health Strategy (NPHS) which includes improving immunisation coverage. As the leading lung health organisation in Australia, we are proud to work to prevent lung disease and improve outcomes for the 1 in 3 Australians who are currently living with a lung condition. We are supported in our work by passionate consumers, health professionals (including expert respiratory physicians on our Board and in our advisory groups), and a network of researchers.

We strongly support the update of the NIS, and believe this consultation is happening at a pivotal time. Given our Health Peak status, and the importance of this consultation in producing a modernised, ambitious and clear NIS, we are providing written feedback rather than through the survey portal. We also want to highlight that in the coming months we hope to share further information we have gathered from our recent community survey (n=3,000+) which can provide insights into the support of the community for certain policy priorities (alongside key information on attitudes, behaviours and knowledge).

We affirm our broad support for the proposed priorities and opportunities for action outlined in the NIS consultation paper. We are encouraged that an Action Plan and Implementation Framework will follow the strategy and hope to provide feedback on these.

Our recommendations for the NIS 2025-30 are:

- Recommendation 1: Adults living with a lung disease should be included as a priority population within the NIS
- Recommendation 2: Implement evidence-informed targets for specific vaccines and groups of people
- Recommendation 3: Utilise health peaks for consumer and HCP engagement
- Recommendation 4: Data linkage for at-risk groups
- Recommendation 5: The Australian Centre for Disease Control is appropriately resourced to prepare for emerging infectious disease and emergencies requiring rapid and/or targeted vaccination

Vaccination accessibility and control of respiratory infection in the community is critical for Australians living with a lung disease. Given our strong role in immunisation and as a Health Peak, we hope to be able to provide advice and feedback on the Action Plan that will follow in development, and broadly hope that the Government seize this opportunity to develop a strong and clear NIS and associated Action Plan to drive improvements in health. We look forward to further opportunities for consultation and collaboration.

Sincerely,

A handwritten signature in black ink, appearing to be 'Mark Brooke', with a stylized flourish extending to the right.

**Mark Brooke**  
Chief Executive Officer  
Lung Foundation Australia

**cc:**

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## About Lung Foundation Australia

Lung Foundation Australia (LFA) is Australia's peak lung health body and national charity. Founded in 1990, we are the trusted point-of-call for the 1 in 3 Australians living with a lung disease.

We work to improve lung health and reduce the impact of lung disease and lung cancer. To do this, we: deliver information and tele-health support; facilitate access to exercise maintenance and peer support programs; coordinate education for health professionals; provide research grants; and advocate for policy change. Our nurses provide support for Australians living with lung cancer, chronic obstructive pulmonary disease (COPD), bronchiectasis, and silicosis, while our social worker supports those living with lung cancer, and occupational lung disease.

In partnership with Australians with lived experience of lung disease, health professionals, and like-minded organisations, we advocate for:

- Reducing risk factors and improving early diagnoses,
- Equitably available best-practice treatment and care,
- Strengthened government policy, programs, and strategy,
- Improved research investment and data infrastructure.

## Immunisation for lung health and LFA's role

As a Commonwealth of Australia Health Peak Body, we are proud to support the National Preventive Health Strategy 2021-2030 desired immunisation policy achievements.<sup>1, p.63</sup> Vaccination against respiratory infection is vital to protect lung health in people living with, and without, lung disease.

We focus our efforts on five vaccine-preventable diseases (VPD) that are caused by respiratory infections (COVID-19, influenza, pneumococcal disease, pertussis, and RSV). We affirm that all Australians should be supported to receive clinically recommended COVID-19, influenza, pertussis, pneumococcal disease, and RSV vaccination (and the immunisation product for infants). The five VPD put Australians living with a lung disease at increased risk of symptom exacerbation and lung function deterioration. They can also lead to other lung infections and lung diseases in people with, or without, lung disease. COVID-19, influenza, and RSV are causes of viral pneumonia<sup>2</sup>, pertussis can lead to bacterial pneumonia<sup>3,4</sup>, and RSV can cause bronchiolitis and bronchitis.<sup>5</sup> Further, severe pneumonia in childhood can cause bronchiectasis<sup>6</sup>, and impaired lung growth during childhood caused by a range of adverse exposures, including early-life respiratory infections, is associated with an increased risk of COPD.<sup>7</sup> While not a respiratory infection, we note the growing evidence on the heightened risk<sup>8</sup> and severity<sup>9</sup> of vaccine-preventable shingles for people living with COPD.

Australians living with certain lung diseases are a clinically at-risk group for influenza, pneumococcal disease and RSV. Australians living with severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, COPD and chronic emphysema are included on the National Immunisation Program (NIP) for influenza vaccination<sup>10</sup>, with those with suppurative lung disease, bronchiectasis, cystic fibrosis and chronic lung disease in preterm infants included for pneumococcal.<sup>11</sup> Australians living with COPD, severe asthma, and interstitial and fibrotic lung disease, however, are not included for pneumococcal, despite the advice of the Australian Technical Advisory Group on Immunisation (ATAGI).<sup>12</sup> ATAGI advice for the recently released RSV vaccine for Australians aged 60 years and over includes suppurative lung disease, bronchiectasis, cystic fibrosis, COPD and chronic emphysema, and severe asthma as conditions for which RSV vaccination is recommended.<sup>13</sup> While not currently clinically recommended, we note the growing evidence on the heightened risk of pertussis for people living with COPD<sup>14,15</sup> and the risk of pertussis for COPD exacerbations.<sup>15</sup>

While LFA's work in immunisation is broad, we want to highlight a handful of our efforts:

- Our tele-health Respiratory Care Nurse (RCN) program nurses advise COPD and bronchiectasis clients to keep their recommended vaccinations up-to-date. Data is captured on pneumococcal vaccination status pre-and post the program's three calls over a six-month period and 12 months after the program. Advice is provided in line with the Australian and New Zealand Guidelines for the management of COPD<sup>16</sup> and the Thoracic Society of Australia and New Zealand position statement on chronic suppurative lung disease and bronchiectasis.<sup>17</sup> The program data (available on request) demonstrate that the RCN program improves pneumococcal vaccination coverage. Our nurses advise COPD clients aged under 70, who are not eligible for pneumococcal vaccination under the NIP that private health insurance may subsidise the cost, as a means of further encouraging uptake.
- Our website provides [vaccination information](#) for consumers and healthcare professionals (HCP), with an in-depth section for [COVID-19](#). Information on vaccination policy and programs are provided through newsletters to both audiences, supported by social media content, and periodic webinars ([for example](#)). We deliver a social media campaign in April (supported by a [press release](#)) encouraging vaccination in the lead-up to winter along with a '[Protect your mob](#)' campaign produced by a First Nations creative agency. For those living with COPD and their carers, our My COPD Checklist ([online](#) and hardcopies provided to HCP), is a self-management checklist that includes vaccination.
- We use consumer information to inform our immunisation advocacy, which is often obtained from surveys and from consumers sharing their stories with us. Our [Cost-of-Living Pressures on People Living with a Lung Condition survey](#), conducted in January 2024, found that vaccine affordability is an issue for over a third of Australians living with a lung disease. Our independently-administered 'Lived Experience Survey of Australians living with a lung disease', conducted in April-May 2024, asked respondents several questions on vaccination experiences and perspectives. The results of this internal-only survey will be shared with the Department of Health and Aged Care in due course. Our [COVID-19: A roadmap for recovery](#) report, released in 2022, drew on findings from a survey of our lung disease community and the general population that included questions on vaccination intentions post pandemic.
- We are proactively consulting with consumers to better understand gaps, needs and opportunities for policy change (and associated community support for policy change). Our recent Adult Vaccination Survey, conducted in May-June 2024 (n=3,352; 1,364 Australians living with a lung disease and 1,988 not living with a lung disease), is the first survey we have conducted that is solely focused on vaccination. The survey captured experiences of VPD and vaccination perspectives and preferences. Data analysis has just commenced, with an initial report of key findings set for public release in August. Preliminary findings are included in the feedback for this consultation.
- We provide consumer-informed submissions to the Pharmaceutical Benefits Advisory Committee for the consideration of vaccines to be listed on the NIP. Consumer perspectives are obtained through surveys that obtain data on consumer experiences of the VPD and support for listing.
- We aim to elevate the importance of immunisation through advocating for related policy change in our federal and state and territory election and budget asks. For example, our 2024-2025 Pre-budget Submission to the Australian Government calls for policy reform and campaigns to address the vaccine fatigue that has followed the COVID-19 pandemic and notes the absence of national adult vaccination targets.

## Consultation feedback

Lung Foundation Australia support the proposed vision and mission of the NIS. We believe that the six proposed priority areas to achieve the proposed vision are sound—we make the following recommendations for refinement:

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*Recommendation 1: Adults living with a lung disease should be included as a priority population within the NIS*

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Given that three out of the four VPD on the NIP schedule for adults (with the potential for RSV to be included on the NIP in the future) are respiratory infections that affect people living with a lung disease more than people living with other medical conditions – there is an argument that people living with lung disease should be included as a priority population for vaccination resourcing and targeting. Respiratory VPD are a leading associated cause of death for people living with lung disease. In 2022, influenza and pneumonia were the most common associated cause of death in Australians whose underlying cause of death was asthma and the third and fourth most common for people who died of COPD and lung cancer respectively.<sup>18</sup>

### Feedback on Priority Area 1:

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*Recommendation 2: Implement evidence-informed targets for specific vaccines and groups of people.*

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We contend that a key opportunity for the updated NIS is the inclusion of evidence-informed targets on adult vaccination. This would align with the National Preventive Health Strategy desired 2030 policy achievement to: “establish a benchmark and targets for adults at increased risk of vaccine preventable diseases due to age or underlying medical conditions and work towards meeting those targets by 2030”.<sup>1</sup> Therefore, we recommend that the wording must reflect action (e.g. *Implement*) not ‘consideration’.

Targets and benchmarks help: focus efforts and allocate resources efficiently; create a sense of accountability among healthcare funders and providers; demonstrate the importance of vaccination and the benefits of herd immunity to the community; and identify sub-populations where improvement is needed. Targets can guide and assess efforts to address Australia’s subpar adult vaccination rates and support community and healthcare provider engagement and public health infrastructure development.

There is also strong support for adult targets in the Australian lung disease community and in the adult general population. Lung Foundation Australia’s recent Adult Vaccination Survey (see above) asked participants to respond on a Likert scale to the statement: ‘There should be national targets for adult vaccination coverage, as there are for childhood vaccinations’. A strong majority of respondents agreed or strongly agreed with the statement (83.4%). Agreement among people living with a lung disease was only slightly higher compared to those living without a lung disease, with the youngest age group (18–29-year-olds) the age group most supportive of adult targets (86.7%, 81.2%, and 89.8% respectively).

Further, as noted in the consultation paper, the [NSW Immunisation Strategy 2024-2028](#) includes adult vaccination targets – their 75% influenza immunisation coverage target for adults aged 65 years and over would be a good start for the NIS 2025-30. Comparable countries have vaccination targets for adults aged 65 years and over and for adults at increased risk of VPD—for example, Canada aims to achieve an 80% influenza vaccination coverage rate for both groups by 2025.<sup>19</sup> Further, they aim to achieve 80% coverage of one dose of a pneumococcal vaccine for adults aged 65 years and over.

### **Feedback on Priority Area 2:**

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*Recommendation 3: Utilise health peaks for consumer and HCP engagement*

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We strongly support the acknowledgement of using behavioural insights to inform communication strategies and tailor policy and practice but recommend the recognition of health peak and other key consumer organisations within this. We believe the community sector at large has a range of valuable insights and consumer perspectives that can help inform future efforts. As a consumer-driven organisation we are well placed to support consumer engagement in understanding, design, delivery, and evaluation of communication campaigns and other information resources.

When it comes to health professionals, in addition to resources such as the Sharing Knowledge About Immunisation project described in the consultation paper, we seek to emphasise opportunities to make vaccination information that is accurate and accredited accessible to a broad range of healthcare providers. The [Lung Learning Hub](#), an Australian Government funded collaborative initiative between Australia's leading respiratory health organisations (Lung Foundation Australia, The Thoracic Society of Australia and New Zealand, and Asthma Australia), is an established and trusted central source of training and education to arm primary healthcare professionals with the knowledge and skills to deliver best-practice respiratory healthcare. Given that the majority of VPD are respiratory infections, access to the advice of Australia's preeminent respiratory health specialists through the Lung Learning Hub would be of great benefit.

### **Feedback on Priority Area 3:**

We support and have no further feedback.

### **Feedback on Priority Area 4:**

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*Recommendation 4: Data linkage for at-risk groups*

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We strongly support the proposed opportunity for action to 'expand the use of high-quality data linkage to inform specific policy or programmatic questions'. Data linkage must be used to enable more effective monitoring of vaccination coverage by at-risk groups, including those living with lung conditions, to better understand and address gaps in coverage.

As noted in the consultation paper, the Person Level Integrated Data Asset (PLIDA) is linked with the Australian Immunisation Register (AIR) to provide the rates of COVID-19 vaccination uptake among different population groups. We note that the Department of Health and Aged Care publicly report COVID-19 vaccination status by culturally and linguistically diverse group status and for residential aged care residents and National Disability Insurance Scheme participants.<sup>20</sup> We strongly contend that this public reporting should be extended to influenza vaccination.

The National Centre for Immunisation Research and Surveillance suggest that AIR data linked with hospital discharge and disease registers data could provide vaccination coverage data for medically at-risk groups.<sup>21</sup> The creation of such linkages would allow a better understanding of the vaccination status of Australians living with lung conditions who are clinically recommended to receive certain vaccines. For Australians living with COPD, some coverage data is available from the Practice Incentives Program Quality Improvement Incentive that sees enrolled Australian general practices providing data on key improvement measures–influenza vaccination for people living with COPD is one of these measures. The 2023 report of over 5,800 practices showed that by July 2023, 61.9% of regular clients with COPD had an influenza vaccination recorded in their GP record within the previous 15 months (the rate varied between 45.2% and 72.8% across Australian Primary Health Networks).<sup>22</sup> Data such as this should be included in national dashboards (when they are created by the Australian Centre for Disease Control).

**Feedback on Priority Area 5:**

We support and have no further feedback.

**Feedback on Priority Area 6:**

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*Recommendation 5: The Australian Centre for Disease Control is appropriately resourced to prepare for emerging infectious disease and emergencies requiring rapid and/or targeted vaccination*

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In addition to our recommendation for appropriate resourcing for preparedness and response, we support and emphasise both the importance of consumer organisations' involvement in future responses, and the importance of adult vaccination targets being established and met to avoid re-emergence of eliminated VPDs.

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