

# Vital vaccines for Australian adults

Improving coverage to  
reduce the impact of  
respiratory disease





### **About Lung Foundation Australia**

Lung Foundation Australia is Australia's leading peak body for respiratory health and lung disease. Lung Foundation Australia funds life-changing research and delivers support services to enable Australians with lung disease, including lung cancer, to live their best lives.

### **Suggested citation**

Lung Foundation Australia. 2024. Vital vaccines for Australian adults: improving coverage to reduce the impact of respiratory disease. Milton: Lung Foundation Australia.

### **Corporate supporters**

Lung Foundation Australia's vaccination survey and report was supported by funds from GSK Australia, Moderna Australia, and Sanofi Australia. These companies were not involved in survey administration, or in the development, review or editing of this report.

# Executive summary

Australia's child vaccination coverage is world-leading. Our adult coverage is not. Heightened vaccine hesitancy, misinformation, and disinformation following the COVID-19 pandemic has compounded existing challenges. Renewed focus and commitment are required to boost adult vaccination rates and protect the health of Australians.

Vaccine-preventable disease (one that can be prevented or have its severity reduced through vaccination) is a leading cause of avoidable hospitalisation in adults and costs the healthcare system billions each year. For example, in 2020-21, pneumococcal disease in Australian adults had a healthcare cost of \$16 million and COVID-19 \$2.3 billion.

Lung Foundation Australia affirm that vaccination against respiratory infection is vital to protect the lung health of Australians living with, and without, lung disease. In 2024, we surveyed over 3,300 Australians to better understand barriers to adult vaccination, information needs, and support for potential policy measures. Respondents indicated strong support for increased government action, a desire for clear, individualised information, and simpler, more accessible, vaccine administration.

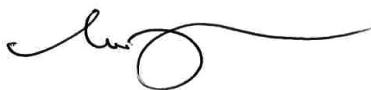
## We recommend that the Australian Government

- 1 Implement adult vaccination targets
- 2 Recognise Australians living with a lung disease as a priority population for vaccination
- 3 Invest in multi-strategy and co-designed vaccination awareness campaigns and community education
- 4 Support primary care to better meet the vaccination information and service needs of Australians
- 5 Make clinically recommended vaccinations free

This report summarises information about adult vaccination and provides new data for policymakers. Lung Foundation Australia will continue to advocate for change that improves lung health and reduces the impact of lung disease, including from exacerbations caused by vaccine-preventable disease.



**Mark Brooke**  
Chief Executive Officer



**Professor Lucy Morgan**  
Chair, Lung Foundation Australia



# Vaccine-preventable diseases and their impact



VPD = disease that can be prevented or have its severity reduced through vaccination

**Vaccination against five respiratory VPD is recommended for some or all adults:**

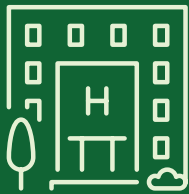
- 1 COVID-19
- 2 Influenza
- 3 Pneumococcal disease
- 4 Whooping cough
- 5 Respiratory syncytial virus (RSV)

A VPD (COVID-19) was the **third leading cause of death** in Australia in 2022.

This is the first time a VPD has been in the top 5 causes of death since 1970.



Respiratory VPD in Australian adults costs over **\$2 billion** a year.



**~51,500** avoidable hospitalisations annually for vaccine-preventable pneumonia and influenza in Australians aged 15 years and over

## Adult vaccination uptake is patchy and there are no national adult vaccination targets

Australian children fully vaccinated = **~93%** with a target of **95%**



Adult influenza vaccination dropping.



Adult COVID-19 vaccination dropping.



Australian adults receiving all recommended vaccinations = **?**



# Lung Foundation Australia's Adult Vaccination Survey

As a Commonwealth of Australia Health Peak Advisory Body, we support the desired immunisation policy achievements of the **National Preventive Health Strategy 2021-2030**, and the immunisation action of the **National Strategic Action Plan for Lung Conditions**. We focus our efforts on five vaccine-preventable diseases caused by respiratory infections – COVID-19, influenza, pneumococcal pneumonia, whooping cough, and respiratory syncytial virus (RSV).

*“Immunisation is important for people with a lung condition and for the health of the Australian population in general. For people living with a lung condition, immunisation is recognised as an evidence-based approach to preventing respiratory infections” - page 13, National Strategic Action Plan for Lung Conditions*

## Desired immunisation policy achievements of the National Preventive Health Strategy by 2030 include:

- Individuals and communities' understanding of the value of vaccines is increased
- Improved monitoring and uptake of influenza, pneumococcal and herpes zoster vaccination
- Access to immunisation services is available for all Australians, regardless of financial or geographical barriers, including increasing/utilising eligible providers who can administer National Immunisation Program (NIP) vaccines, thereby increasing access and uptake
- Immunisation coverage of priority populations, including Aboriginal and Torres Strait Islander people and difficult to reach groups, have improved through strategic targeting, engagement and culturally safe delivery
- Immunisation continues to evolve from a focus on infants and children to vaccinating along the life course
- Community confidence in the NIP is established and maintained through effective communication strategies
- Health workforce are trained to work with people from culturally, ethnically and linguistically diverse communities to ensure that services are delivered in a culturally appropriate and safe way
- 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.

The COVID-19 pandemic has changed the vaccination landscape. New technology, new vaccines and an expanded range of vaccination providers are positive developments, but increased consumer confusion and distrust threaten vaccine uptake. While there are challenges in child vaccination, the challenges in adult vaccination pre-date the pandemic and have been exacerbated by it. To provide timely information on adult vaccination, Lung Foundation Australia conducted a consumer survey.

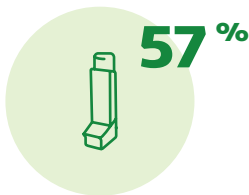
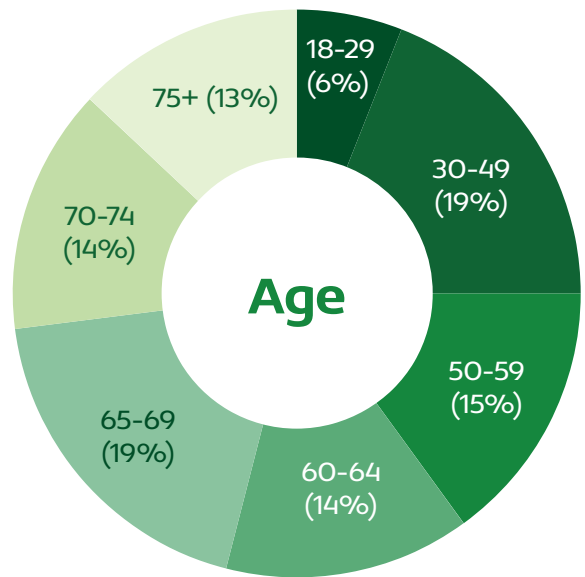
Our Adult Vaccination Survey received 3,352 responses. It ran between 30 April 2024 and 16 June 2024 and was promoted through direct communications with Lung Foundation Australia's database, targeted paid social media advertising, and the networks of other health advocacy non-government organisations.

# Survey demographics

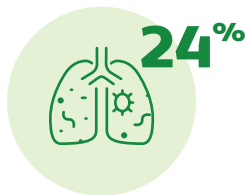


**41%**

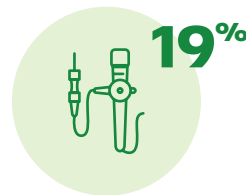
of respondents reported living with a lung disease, and 59% reported that they did not. The lung diseases reported were:



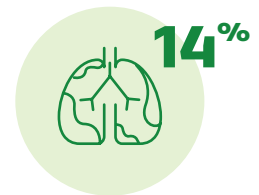
Asthma



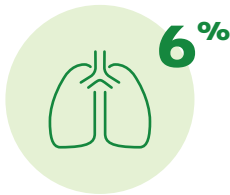
Chronic Obstructive Pulmonary Disease (COPD)



Bronchiectasis



Interstitial lung disease



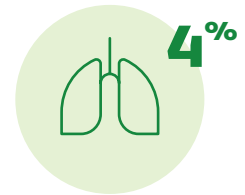
Lung cancer



Rare lung diseases



Occupational lung diseases



Other



of respondents living with a lung disease had more than one lung disease, with asthma the most common co-occurring disease.



of respondents living with a lung disease reported living with another chronic condition\*, most commonly arthritis, mental health conditions and heart disease.

Among those not living with a lung disease **50%**

reported living with other chronic conditions\*, most commonly arthritis, followed by mental health conditions, and diabetes. (\*arthritis, cancer, chronic kidney disease, diabetes, heart disease, mental health conditions)



Respondents were aligned with the Australian population percentages for state/territory of residence, residence in metropolitan, regional, or rural/remote areas, and identification as Aboriginal and/or Torres Strait Islander.



**79%** women, **20%** men, **1%** gender diverse or preferred not to say. This gender skew is a limitation, but a common outcome in non-targeted public health surveys.

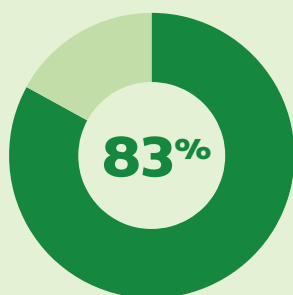
# Topline survey findings

## Belief in the value of adult vaccinations

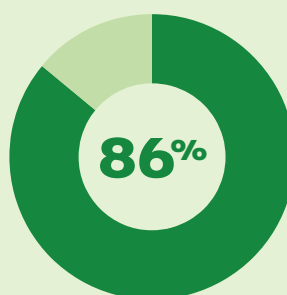
**87%** agreed that adult vaccinations improve the health of the population as a whole.

**85%** agreed that it is important for adults to receive all vaccinations recommended for them.

## Support for potential vaccination policy measures



National adult vaccination coverage targets.



Increased government investment in vaccination support and information.

## The top motivations for respondents to get their annual influenza vaccine are:

- #1** I want to protect my health (76%)
- #2** I want to protect my family and friends (61%)
- #3** I want to help protect the community as a whole (57%)



## The top barriers for respondents receiving vaccination are:

- #1** Out-of-pocket costs
- #2** Do not know which vaccines are free
- #3** Do not know which vaccines to get, or when



**75%** of respondents would like vaccination at a GP, **60%** at a pharmacy, **25%** at a community clinic and **22%** at their workplace through a vaccination program.

# Vaccine-preventable respiratory disease in Australian adults

Vaccine-preventable respiratory diseases cause unnecessary illness, health service use, and death in Australian adults. These diseases can cause lung damage, and serious lung infection in adults living with, and without, lung disease. Here we share key information and insights on the five vaccine-preventable diseases we explored through the community survey.

## COVID-19

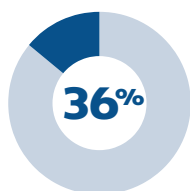
COVID-19 transmission is ongoing in Australian adults, particularly in those who are older or have underlying health conditions. Outbreaks in aged care remain a key concern. Despite the incidence and the impact on the Australian healthcare system, COVID-19 vaccination rates are sub-optimal. Rates in comparable countries are significantly higher.

Table 1: COVID-19 vaccination clinical recommendations and if vaccine is free for recommended groups

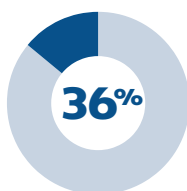
Clinical recommendations for adults	Free?
Aged 75+ every six months	✓
Aged 65-74; and 18-64 with severe immunocompromise every 12 months	✓

## Vaccination rates

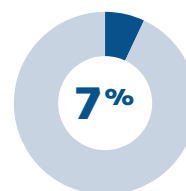
as of 10 July 2024



**Aged 75+ COVID-19 vaccine in the last six months**



**Aged 65-74 COVID-19 vaccine in the last 12 months**



**Aged 18-64 COVID-19 vaccine in the last 12 months**

## Survey findings

COVID-19 had, and continues to have, a significant impact on the 1 in 3 Australians who are living with a lung disease. Respondents told us:



*I had COVID in May of 2022. My COPD has worsened, and I now have asthma as well. I must be vigilant always as I dread another infection which would further exacerbate my lung health.*

**65-69-year-old living with asthma and COPD**



*My COVID infection masked my undiagnosed lung cancer and diagnosis took longer than it should have.*

**30-49-year-old living with lung cancer**



*COVID caused ongoing throat irritation and productive cough-it led me to a respiratory specialist and a diagnosis of bronchiectasis, also an ENT specialist and speech therapist for treatment.*

**65-69-year-old living with asthma and bronchiectasis**



# Influenza

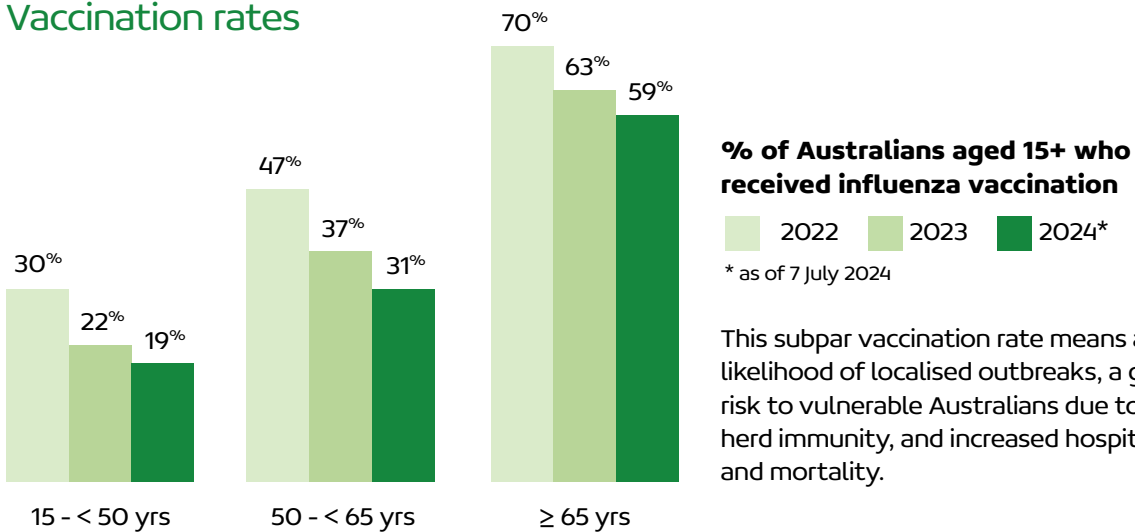
Influenza causes mild to severe illness and, at times, can lead to death. It primarily infects the nose, throat, and sometimes the lungs. Complications of influenza are pneumonia, bronchitis and worsening of chronic conditions. Since the peak of the COVID-19 pandemic, annual influenza vaccination in Australia has fallen.

Table 2: Influenza vaccination clinical recommendations and if vaccine is free for recommended groups

Clinical recommendations for adults	Free?
All First Nations adults	✓
All adults aged 65+	✓
Pregnant women	✓
Aged under 65 with certain conditions including the lung diseases: severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, COPD	✓
All adults aged under 65	✗*

\*Some Australian jurisdictions provide periods of free influenza vaccination

## Vaccination rates




This subpar vaccination rate means a greater likelihood of localised outbreaks, a greater risk to vulnerable Australians due to reduced herd immunity, and increased hospitalisation and mortality.

## Survey findings

For respondents who had influenza in the past two years:



**46%** reported needing healthcare professional support (either GP/nurse guidance at home, hospital in the home or hospitalisation).



it had a major impact on the ongoing physical health of **21%** of people living with a lung disease and **8%** of people not living with a lung disease.

“ I wish that I had previously been aware that influenza can cause severe neurological complications, you hear about respiratory but not neurological. Sometimes you don't know you're at risk until it's too late. **50-59-year-old not living with a lung disease** ”

# Pneumococcal disease

Pneumococcal is caused by a bacteria and can lead to several types of illness, from mild to severe. It can result in pneumonia, an infection of the lungs that causes chest pain, difficulty breathing and fatigue. The rise of antibiotic resistance makes prevention through vaccination even more vital.

Table 3: Pneumococcal vaccination clinical recommendations and if vaccine is free for recommended groups

Clinical recommendations for adults	Free?
Aged 70+ (50+ First Nations)	✓
Aged under 70 with certain conditions including the lung diseases: suppurative lung disease, bronchiectasis, cystic fibrosis	✓
Aged under 70 with certain conditions including the lung diseases: COPD, severe asthma, interstitial and fibrotic lung disease	✗

## Vaccination rates



**In Australians turning 71 years in 2022, 34% had received an adult pneumococcal vaccine.**

## Survey findings

For respondents who had pneumococcal disease, it resulted in a moderate to major impact on their ongoing physical health - moreso for people living with a lung disease compared to those who are not (58% and 36% respectively).



*I wish the pneumococcal vaccine was available on the adult schedule for people with lifelong asthma. I ended up extremely sick in ICU with pneumonia a few years ago which could potentially have been prevented.*

**30-49-year-old living with a lung disease**

# Whooping cough

Whooping cough is a highly contagious bacterial infection. While more commonly associated with young children, the disease can cause prolonged coughing fits in adults and pneumonia is a complication. Emerging evidence shows that people living with COPD are more at risk of contracting whooping cough, with the disease increasing their risk of COPD exacerbations.

Table 4: Whooping cough vaccination clinical recommendations and if vaccine is free for recommended groups

Clinical recommendations for adults	Free?
Pregnant women (for the protection of newborns)	✓
Aged 65+ if not had a booster in 10 years	✗
Aged 50+ as part of tetanus vaccination if not had a tetanus booster in 10 years	✗
Healthcare workers, early childhood educators and carers every 10 years	✗
Household contacts/carers of infants aged <6 months if not had a booster in 10 years	✗
International travellers	✗

## Vaccination rates



Adult vaccination rates for whooping cough are not easy to determine

## Survey findings



**43%**

of respondents aged 65 years or over claimed that they had received a whooping cough booster in the last 10 years, **46%** had not and **11%** were unsure.



*I was shocked at how easily my family caught whooping cough. I was petrified of passing it on to my infant granddaughter. Whooping cough vaccinations should be more easily available to family members of infants.*

**50-59-year-old not living with a lung disease**

## Respiratory syncytial virus (RSV)

RSV is a common respiratory virus that usually causes mild, cold-like symptoms. While it is often associated with infants and young children, RSV also affects adults, sometimes leading to severe respiratory illness. In 2024, a vaccine for RSV was approved for use in pregnant women, and in Australians aged 60 years and over.

Table 5: RSV vaccination clinical recommendations and if vaccine is free for recommended groups

Clinical recommendations	Free?
Pregnant women (for the protection of newborns)	⊗
Aged 75+ (60-74 First Nations)	⊗
Aged 60-74 with certain conditions including the lung diseases: suppurative lung disease, bronchiectasis, cystic fibrosis, COPD	⊗

## Vaccination rates



Vaccination rates for RSV are unknown - vaccination only became available in 2024

## Survey findings

- **7%** of respondents reported having had RSV, with 41% reporting that it had a moderate to major impact on their ongoing physical health. It is important to note that this prevalence rate is an likely underestimate due to lack of testing. RSV only became nationally notifiable in 2021.
- **5%** of respondents claimed that they had received the vaccine.



*I have never been so sick in my life, and I was not informed that I had RSV until I visited the GP to ask why I was still so sick.*

**60-64-year-old living with a lung disease**

Recommendation

1

# Implement adult vaccination targets

Australia has had childhood vaccination targets for many years. These targets are put in practice through benchmarks in the National Partnership on Essential Vaccines. This agreement, which sets out Australian Governments' funding and responsibilities for the National Immunisation Program, currently has five benchmarks for vaccination coverage, four related to children and one to adolescents. It is time for Australia to adopt aspirational targets for adult vaccination.

## Key survey finding



**83%**

agreed that there should be national targets for adult vaccination coverage.

## Targets help:



focus efforts and the allocation of resources.



foster accountability for healthcare funders and providers.

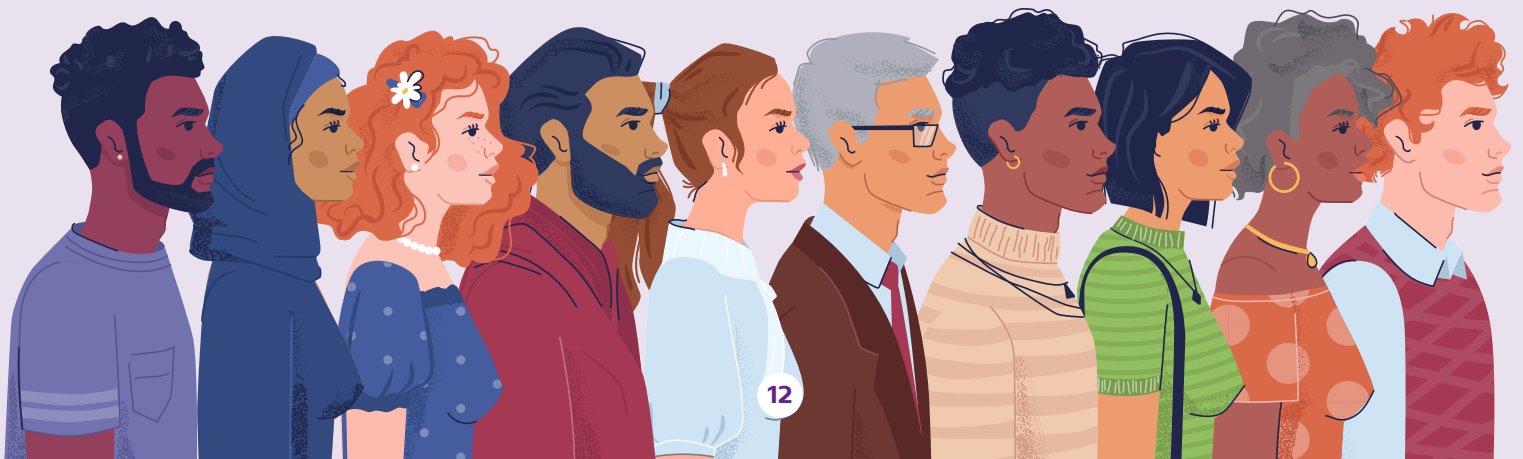


demonstrate vaccination importance and the benefit of herd immunity.



*“There should be mandatory [vaccination] information and targets for people aged over 65.”*

*65–69-year-old not living with a lung disease*



# Support for adult vaccination targets

A desired 2030 policy achievement of the **National Preventive Health Strategy 2021-2030** is to establish targets for adults at increased risk of vaccine-preventable due to age or underlying medical conditions.

## Examples of existing adult targets:

- The **New South Wales Immunisation Strategy 2024-2028** includes several adult vaccination targets, including a target of 75% annual influenza vaccination coverage for their residents aged 65 years and over.
- Canada aims to achieve an 80% influenza vaccination coverage rate in their residents aged 65 years and over and for adults at increased risk of influenza by 2025.

## Examples of expert support for adult targets:

- Immunisation Coalition 2021 policy white paper: Enhancing Adult Vaccination Coverage Rates in Australia
- **Grattan Institute 2023 report: A fair shot: How to close the vaccination gap**

*“Targets are the bedrock of accountable vaccination policy. Targets aren’t new – coverage and equity targets were introduced for childhood vaccines in 1997, and coverage targets were introduced for adolescent vaccines in 2009. They have helped achieve impressive gains. While targets alone do not achieve vaccine coverage and equity, they complement and motivate policies that do.” - page 24 , Grattan Institute report*



Australia must act now and establish clear and ambitious adult vaccination targets in the next National Immunisation Strategy. There is strong community support for targets, Australian Government strategy calls for it, experts recommend it, and Australian jurisdictions have already adopted their own targets. National targets will ensure consistency and drive accountability.

## Recommendation 2

# Recognise Australians living with a lung disease as a priority population for vaccination

Australians living with lung diseases are an at-risk group for COVID-19, influenza, pneumococcal disease and RSV, and this is reflected in vaccination recommendations. For the one in three Australians living with a lung disease, these vaccine-preventable respiratory infections put them at increased risk of symptom exacerbation, lung function deterioration and death. Recognising these Australians as a priority population for vaccination resourcing and targeting is warranted.

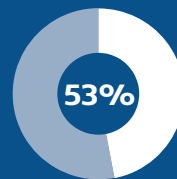
Over 2020 to 2022, **influenza and pneumonia were the most common associated cause of death** in Australians whose underlying cause of death was asthma and the third most common for people who died of COPD.

Associated causes of death are all causes involved in the death, other than the underlying cause of death.

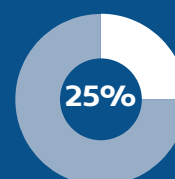


## Key survey finding

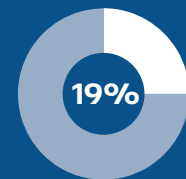
Quite or extremely worried about contracting a respiratory infection



Respondents living with a lung disease



Respondents living with other chronic conditions\*



Respondents not living with a lung disease or chronic conditions\*

\* arthritis, cancer, chronic kidney disease, diabetes, heart disease, mental health conditions

## Impact of respiratory infection on lung disease



3/4 of respondents had contracted either COVID-19, influenza, pneumococcal disease, whooping cough or respiratory syncytial virus in the last two years (75%).

For over

# 1 in 5

this infection/s had a major impact on their lung health.

“

*After contracting COVID-19 in 2022 my lung function deteriorated, and it took approximately six months for my lung function to return to the level it was at pre-COVID infection.*

*30-49-year-old living with asthma*

“

*RSV led to nine days in hospital and a noticeable acceleration of my IPF. Will know more about the ongoing effects when I have a spirometer test in July.*

*70-74-year-old living with interstitial pulmonary fibrosis*

“

*I had influenza A about a month ago, it affected my lung function to the point I ended up in hospital for six days on oxygen.*

*60-64-year-old living with COPD*

## Data linkage would improve understanding of vaccination rates in adults living with lung disease

The Australian Immunisation Register (AIR) is mandated to report all COVID-19 and National Immunisation Program vaccinations and the demographics of age, sex, state/territory of residence and Aboriginal and Torres Strait Islander status. We do not have good data on vaccination coverage in people living with certain medical conditions. AIR data linked with hospital discharge and disease registry data could provide vaccination coverage data for Australians living with lung disease.



Recommendation  
**3**

# Invest in multi-strategy and co-designed vaccination awareness campaigns and community education

Our survey found that Australians want vaccination information from a variety of sources and there is significant confusion about adult vaccination recommendations and costs. There is a clear need to invest in multi-strategy and co-designed awareness campaigns and community education. We encourage the Australian Government to engage with consumer-led health peak bodies to develop and disseminate tailored information to reduce inequities and improve vaccination coverage.

## Key survey findings

**86%** of respondents agreed that the government should increase investment in support and information for the community on vaccination.



The second and third most commonly reported barriers to receiving vaccinations (after cost) were:

**Do not know which vaccines are free**

**Do not know which vaccines to get or when**

**29%**

(45% for 18-49 years)

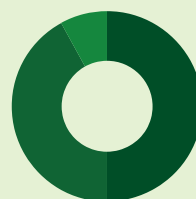
**27%**

(42% for 18-49 years)

## Whooping cough booster discussion:

Almost two-thirds (**65%**) of respondents claimed that a general practitioner or other healthcare provider had not talked to them about a whooping cough booster. This was the same for respondents aged 65 and over who are clinically recommended to receive a booster.

## Awareness of RSV:



**50%** know what health issues it can cause

**42%** heard of it but do not know much about it

**8%** had not heard of it before our survey



“

*I find it difficult to find out exactly what vaccinations I should have, except for COVID and flu. I don't know what's free or not and at what age. At the moment I'm a bit confused about what vaccines I should have at 67.*

*65-69-year-old living with a lung disease*

“

*I don't know what vaccines I need as an adult, the information available is very confusing. I just gave up trying to figure it out.*

*30-49-year-old not living with a lung disease*

“

*It's confusing when different states have different policies on vaccines, or different vaccines are available for different groups in different states (e.g. current availability for the new RSV vaccine).*

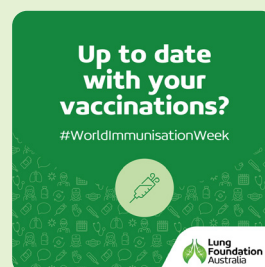
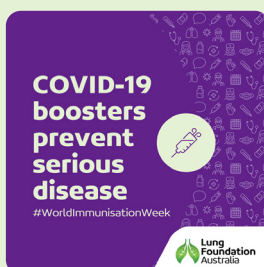
*30-49-year-old not living with a lung disease*

## Lung Foundation Australia's work in vaccination:

As the peak body for lung health we are proud to ensure strong consumer and clinical engagement in all our work. To support this, we facilitate a number of consumer advisory committees, alongside a broader network of passionate and engaged consumer representatives who generously provide insight into their lived experience, and support resource and campaign development.

Examples of how we have supported the community, and the government, in the provision of consumer-focused information and support includes, but is not limited to:

- Informing the community through social media on any major policy change including the latest vaccination recommendations.
- Providing consumer-informed submissions to the Pharmaceutical Benefits Advisory Committee when they are considering recommendations for a vaccine's inclusion on the National Immunisation Program (NIP).
- Vaccination information is provided through our email newsletters, our website and periodic webinars.
- Our Respiratory Care Nurse telephone program advises clients to keep their recommended vaccinations up-to-date and provides tips to talk to healthcare providers about vaccination, including those not funded on the NIP.
- Delivering a small social media campaign annually encouraging vaccination and sharing the latest information.
- We have also delivered a 'Protect your mob' vaccination campaign co-designed with a First Nations creative agency.



## Recommendation 4

# Support primary care to better meet the vaccination information and service needs of Australians

Adult vaccinations have predominantly been administered in general practice, but greater access and culturally safe healthcare during the COVID-19 pandemic proved the benefit of having an increased range of vaccine providers. Critical to improving adult vaccination rates is for vaccine providers to be upskilled and enabled to provide appropriate advice and services in an affordable and timely manner. As such, primary care must be better supported to meet the adult vaccination needs of the diverse Australian community.

### Policy support



Survey findings indicate that reform to vaccine administration in general practice is desired.

**85%** of respondents agreed that nurses should be able to give recommended vaccines at general practice without the patient needing an appointment with a doctor.

Travel vaccination provides an opportunity for healthcare providers to ensure that adult Australians are up-to-date with their recommended vaccinations, with **2 in 3 respondents** agreeing that vaccination is a normal part of their preparation before going on a holiday/travelling.



### Key survey findings

**76%** of respondents said they received information about vaccines/vaccination from a GP, and **28%** from a pharmacist.

**48%** of respondents would like information about the different vaccinations recommended for them from a consultation with a GP, followed by a letter from the health department (**45%**), a text message from a GP (**30%**), a letter from a GP (**25%**), or a consultation with a pharmacist (**24%**).

**75%** of respondents said they would prefer to receive vaccines at a General Practice, followed by **60%** at a pharmacy, **25%** at a council or community clinic and **22%** at their workplace through a vaccination program.

“

*People need time to have a discussion about vaccination when they visit a health professional. I don't get this at the GP or the pharmacist. Why can't there be bulk billed nurse immuniser run adult vaccination clinics? Also, my GP doesn't provide COVID vaccination so I can't get it at the same time as my flu vaccine - this is ridiculous and consequently I haven't had a booster for COVID.*

*50-59-year-old living with a lung disease*

“

*In my opinion if a GP can't do it [vaccination] and mine can't, the simplest and easiest way is booking through a pharmacy.*

*70-74-year-old not living with a lung disease*

“

*With my COPD diagnosis I thought it wise to talk to my GP about getting whooping cough vaccine. He basically said that adults never catch it, and I should not worry about it. I also want to know if getting the RSV vaccine would be useful for my COPD prognosis.*

*50-59-year-old living with a lung disease*

### Education and training for primary care professionals

The Lung Learning Hub is an Australian Government funded collaborative of Australia's leading respiratory health organisations - Lung Foundation Australia, The Thoracic Society of Australia and New Zealand, and Asthma Australia. It provides a tailored source of quality-assured and evidence-based respiratory health education and training for primary healthcare professionals to optimise patient outcomes. The suite of continuing professional development includes several activities focussed on vaccine-preventable respiratory disease. This could be expanded and further promoted to reach more healthcare professionals.

[www.lunglearninghub.com.au](http://www.lunglearninghub.com.au)



# Recommendation 5

## Make clinically recommended vaccinations free

Several vaccines clinically recommended for Australian adults due to age or at-risk conditions are not free on the National Immunisation Program. Amidst a cost-of-living crisis, the cost of vaccination is not one many Australians are willing to bear. Free vaccines are a small investment with massive returns, preventing or reducing costly disease and promoting public health.

### Policy support

**90%** of respondents agreed that **influenza vaccines** should be provided free for all Australians.

**90%** of respondents agreed that **COVID-19 vaccines** should remain free for all Australians.

### Pneumococcal disease vaccination

Information was provided in the survey on the age and lung disease recommendations and eligibility for free adult pneumococcal vaccination. For respondents living with COPD or interstitial lung disease (who are recommended to have pneumococcal vaccination, but not free until they are aged 70), **10%** aged under 70 said they could not afford it.

### Key survey findings



**40%** of respondents agreed that it was difficult to afford all the vaccinations recommended for them.

If the influenza vaccine was always available for free many respondents agreed that they would be more likely to get vaccinated (it is free for all Australians aged 65 years and over):

18-29	30-49	50-59	60-64
58%	42%	27%	24%

### RSV vaccination intention

For respondents aged 60 years and over (eligible to receive the RSV vaccine), **45%** claimed they would only receive it if it were free.



## Average cost of vaccines not included in the National Immunisation Program

COVID-19 vaccines	free
Influenza vaccines (annually)	~\$25
Whooping cough booster vaccines	~\$60
Pneumococcal vaccination for people aged under 70 living with COPD, ILD or severe asthma	~\$250
RSV vaccine for Australians aged 60 years and over	~\$350

“ Vaccinations should be free for all ages, especially for those with health issues. We spend so much money on medical appointments and medications as it is.  
*50-59-year-old living with a lung disease*

“ I had been out of work for nearly a year when I finally got a great job, then within a month I had caught a horrible flu, and my lungs are still recovering. I then got the flu vaccine free at work - I couldn't afford it before.  
*30-49-year-old not living with a lung disease*

“ Pneumococcal vaccine should be free for under 70 for people with fibrotic ILD especially if on immunosuppressants that deplete the immune system dramatically.  
*65-69-year-old living with interstitial lung disease*



# What would make it easier for you to get vaccinated? What are your information needs?

We asked Australians what would make it easier for them to get vaccinated and what their information needs were. This is what they told us:

*More transparency on what vaccinations I need or should think about getting and why it is important to get them. More after hours or weekend options as I typically work late and cannot get time off work.*

**18-29 female, metro VIC**

*Getting more vaccines at once like COVID and flu which I have done, makes it easier as less time to plan and [less] sore time. Cheaper or free vaccines would definitely reduce the barrier.*

**18-29 gender diverse, living with asthma, metro SA**

*It would be useful if My Health website listed information on what vaccines are available and recommended for me or allow for one free GP visit a year just to cover this information.*

**50-59 male, living with lung cancer, metro WA**

*Vaccination clinics run by nurse immunisers on a walk-in basis. Booking appointments and getting to them on time is challenging when living in a rural area.*

**30-49 female, rural/remote QLD**

*Nothing could be easier; I have a doctor's appointment and check if it's ok for my vaccination and the practice nurse gives the injection.*

**70-74 female, living with COPD, regional NSW**

*I need to know about current COVID-19 infections in my area and state so that I can take more precautions. I would like to know the costs for vaccinations that are not free.*

**65-69 female, living with interstitial lung disease, regional WA**

*Knowing when we are able to have certain vaccinations rather than having to ask a doctor or pharmacist. I recently found out that I can have whooping cough covered if I am pregnant which I did not know.*

**30-49 Aboriginal female, living with rare lung disease, rural/remote SA**

*Too much noise. By that I mean too much conflicting advice, disinformation and misinformation, distracts from my ability to make a reasoned choice.*

**60-64 male, regional QLD**

*Since being forced to have the COVID vaccine, even after the first dose made me sick for three months. I do not trust or want any more vaccines and have lost faith and trust in GPs/government and the health department.*

**30-49 female, regional VIC**

*More information regarding potential immune suppressed responses. But please help everyone get vaccinated – I get my COVID and flu shots without fail, but I need herd immunity just like lung disease patients.*

**30-49 female, regional TAS**

*I don't have a problem finding reliable vaccination information or getting vaccinated, but I think more needs to be done to counter disinformation.*

**65-69 male, ACT**

*I receive all the information from my GP and Nurse through email, and internet. I am very satisfied with the way I receive information and vaccination.*

**75+ male, living with asthma, metro VIC**

*The vaccine I'm struggling with at the moment is pneumococcal. Conflicting information from health professionals about timing and need for booster.*

**50-59 female, living with bronchiectasis, metro VIC**

*Workplace vaccination. I am enthusiastic about flu and COVID vaccination but most people I know don't think it's important enough to take time out of work for.*

**30-49 female, metro NT**

*It would be much easier to not to have to go to the GPs office for a vaccine as the waiting rooms are usually full of people suffering from the flu or COVID. It would be good to receive the vaccine in the home by a mobile nurse.*

**65-59 female, living with rare lung disease, metro NSW**

*It's hard living on the Disability Pension, whilst I wait for my lung transplant, and still affording all the vaccinations. Shingrix and RSV [vaccines] have cost me nearly \$1000.*

**50-59 female, living with COPD, metro QLD**

## **Lung Foundation Australia**

Level 4, 12 Cribb Street  
Milton QLD 4064

PO Box 1949, Milton QLD 4064

E: [enquiries@lungfoundation.com.au](mailto:enquiries@lungfoundation.com.au)

[www.lungfoundation.com.au](http://www.lungfoundation.com.au)

Free call 1800 654 301

