

Position statement: Vaccination for adult lung health

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Contents

About Lung Foundation Australia	2
Key messages	3
Summary	3
Context and evidence informing recommendations	
Australian governments' vaccination policy and strategy	4
Impact of vaccine-preventable respiratory infection for adults.....	4
Adult respiratory vaccination access in Australia	6
Adult respiratory vaccination coverage rates	7
Lung Foundation Australia recommendations.....	8
References.....	10

About Lung Foundation Australia

Lung Foundation Australia 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.

Key messages

- Vaccination is a crucial public health measure because it helps prevent the spread of infectious disease, protects vulnerable populations, and reduces the burden on healthcare systems. For people living with a lung disease, vaccination is recognised as an evidence-based approach to protection against respiratory infection.
- The term vaccine-preventable disease means a disease that can be prevented or have its severity reduced through vaccination.
- Australia does not have targets for adult vaccination coverage in its national immunisation strategy like there are for children and adolescents – this means funding and an impetus to improve coverage is not prioritised.
- Since the height of the COVID-19 pandemic in 2022, adult COVID-19 and influenza vaccination uptake has declined. Several strategies are required to improve vaccination rates.
- Australia's National Preventive Health Strategy 2021-2023 desires a policy achievement by 2030 of immunisation having evolved to a focus on vaccinating along the life course.
- Australians living with severe asthma, cystic fibrosis, bronchiectasis, interstitial and fibrotic lung disease, suppurative lung disease, or COPD are identified as clinically vulnerable populations for COVID-19, influenza, pneumococcal disease and respiratory syncytial virus (RSV) vaccination.
- Respiratory infections can lead to other lung infections and lung diseases in people living with, or without, lung disease, particularly pneumonia as a complication of infection.
- Respiratory infections are a common cause of hospitalisation in older adults – a number of these hospitalisations are 'potentially preventable' through vaccination.
- Several vaccines clinically recommended for Australian adults due to age or at-risk conditions are not provided for free – of note, pneumococcal vaccines are not free for people (non-First Nations) aged under 70 living with severe asthma, interstitial and fibrotic lung disease and COPD.
- Adults who are not eligible for free respiratory vaccinations can purchase them, with price varying by the type of vaccine and the venue where they are administered. Private health insurance extras cover can subsidise vaccines that cost over \$41.30.
- Adult vaccinations have been predominately administered in general practice, however the COVID-19 pandemic led to an increased range of vaccine providers, with expanded pharmacy vaccination and certain Aboriginal and Torres Strait Islander health workers licensed to vaccinate.

Lung Foundation Australia's recommendations

1. Implement national adult vaccination targets.
2. Recognise Australians living with lung disease as a vaccination priority population.
3. Make clinically recommended vaccinations free.
4. Fund multi-strategy, co-designed community vaccination awareness/education.
5. Support primary care with vaccination information and service needs of adults.

Summary

Lung Foundation Australia affirm that vaccination against respiratory infection is vital to protect lung health in Australian adults living with, and without, lung disease. We focus on adult vaccination, because our lung disease clients are an older cohort, and because four of the five adult population-recommended vaccines are for protection against respiratory disease.

This document details our recommendations and provides overview information on vaccination policy and strategy, the impact of vaccine-preventable respiratory infection for adults, adult respiratory vaccination access and adult respiratory vaccination coverage rates.

Context and evidence informing recommendations

Australian governments' vaccination policy and strategy

Australian governments (federal, state and territory, and local) collaboratively administer the National Immunisation Program (NIP). Through the NIP, free vaccines are provided to Australians most at risk of vaccine-preventable disease due to age (children, adolescents, and older adults), priority group status (Aboriginal and Torres Strait Islander people), and health conditions (including pregnancy). The NIP follows a schedule that outlines which vaccines should be administered when. The National Partnership Agreement on Essential Vaccines sets out Australian governments' funding and responsibilities for the NIP. It has five benchmarks for vaccination coverage, four related to children and one to adolescents. These benchmarks are tied to payment for the states and territories.

The National Immunisation Strategy 2019-2024 (2025-2030 currently in development) details strategic priority areas to complement and strengthen the NIP. Some states and territories and local governments have their own immunisation strategies. Immunisation strategies are informed by the National Preventive Health Strategy 2021-2030 (NPHS). Improving immunisation coverage is a strategic direction of the NPHS and it comprises several desired immunisation policy achievements by 2030:

- 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
- 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
- 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.

Lung Foundation Australia affirm our support for the achievement of all policy priorities outlined in the National Preventive Health Strategy.

Impact of vaccine-preventable respiratory infection for adults

We focus our efforts on five respiratory vaccine-preventable diseases—COVID-19, influenza, pneumococcal disease, whooping cough, and respiratory syncytial virus [RSV]. Additionally, we note, that while not a respiratory condition, shingles (caused by reactivation of the chickenpox virus) disproportionately impacts people living with COPD. A retrospective cohort study of 9.8 million patients' health insurance claims data in the United States found that people with COPD are 2.8 times more likely to develop shingles than those without COPD.¹ Free shingles vaccination is available to Australians when they turn 65 (50 for First Nations Australians), but recommended from 50 years.

Vaccine-preventable respiratory infections cause morbidity and mortality for Australian adults and burden the healthcare system. COVID-19 alone caused 4,215 deaths in 2023 (all in Australians aged over 75)⁴ and in 2022-23, for Australians aged 15 and over, it cost the healthcare system \$1.7 billion.⁵ Pneumococcal disease for this age cohort cost \$53 million and whooping cough \$16 million (deaths for the other four conditions are not publicly available by age, while influenza and RSV are not differentiated from lower respiratory infection spending).

Respiratory infections can lead to other lung infections and lung diseases in people living with, or without, lung disease. COVID-19, influenza, and RSV are causes of viral pneumonia⁶, and whooping cough can lead to bacterial pneumonia.⁷ We note, that while whooping cough boosters for adults aged under 65 living with certain health conditions are not currently clinically recommended, there is growing evidence on the heightened risk of whooping cough for people living with COPD^{8,9}, and as a risk factor for COPD exacerbations.⁹

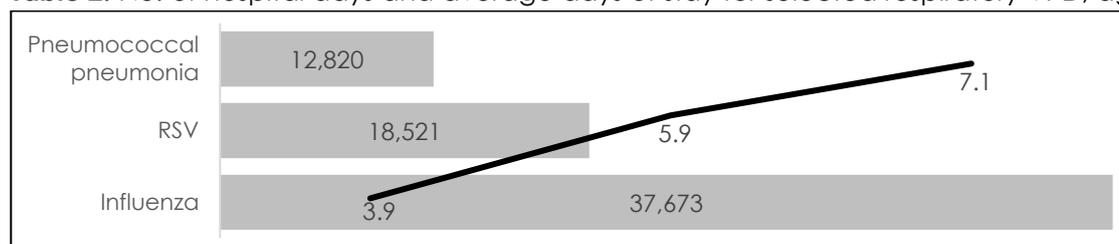
COVID-19, influenza, pneumococcal disease, whooping cough and RSV are nationally notifiable diseases; this means that all laboratory-confirmed cases are recorded by the National Notifiable Diseases Surveillance System. These notifications are an underestimate of respiratory infection prevalence because testing is not mandatory – this is particularly clear for COVID-19 notifications since the height of the pandemic. In 2024, for Australians aged 15 and over, there were almost 300,000 notifications for COVID-19, 230,000 for influenza and 67,000 for RSV. There were 19,536 and 1,870 notifications respectively for whooping cough and pneumococcal disease. Whooping cough notifications saw a huge increase in 2024 compared with previous years—2024 cases in those aged 15 and over were a 1660% increase on 2023 cases. Table 1 shows notifications for COVID-19, influenza and RSV over two years.¹⁰

Table 1. Notifications for COVID-19, influenza, and RSV in Australians aged 15 and over, 2023-24

	2023	2024	% change
COVID-19	775,298	299,822	↓61.3 %
Influenza	169,218	230,095	↑ 36%
RSV	53,363	67,248	↑ 26%

Respiratory infections are a common cause of hospitalisation in older adults and adults living with chronic health conditions, including lung disease. In 2022-23, for Australians aged 15 and over, there were 258,379 hospital days for COVID-19 – an average hospital stay per patient of 4.8 days.¹¹ Pneumococcal pneumonia has the highest average hospital stay per patient at over seven days, followed by RSV at six and influenza at four (Table 2).

Table 2. No. of hospital days and average days of stay for selected respiratory VPD, aged 15+, 2022-23



When hospitalisation occurs for disease, a determination can be made if a particular hospitalisation “could have potentially been prevented through the provision of appropriate individualised preventative health interventions and early disease management”.¹² These cases are called ‘potentially preventable hospitalisations’ (PPH).

In 2017-18 (most recent period that age-specific PPH data was available), vaccine-preventable pneumonia and influenza was the sixth most common PPH for Australians aged 15 and over.¹³ It was ninth most common for Australians aged 15 to 64 (18,466 hospitalisations). The average length of hospital stay for vaccine-preventable pneumonia and influenza for this age group was 6.6 days. For Australians aged 65 and over, vaccine-preventable pneumonia and influenza was the fourth most common PPH (33,001 hospitalisations), and the average length of hospital stay was 8.5 days.

Adult respiratory vaccination access in Australia

The Australian Technical Advisory Group on Immunisation, an independent agency, provide clinical immunisation recommendations to the Australian Government. The Government consider these, along with advice on cost-effectiveness, to determine what vaccines will be free to Australians through the NIP (COVID-19 vaccines are separate to the NIP). States and territories can also fund vaccines. Table 3 shows the recommendations and cost status for adult respiratory vaccination.¹⁴

Vaccines are available at general practice, pharmacies, community health centres, Aboriginal and Torres Strait Islander health services, and through workplace vaccination programs – however, not all providers have all vaccines or can administer to all people. Out-of-pocket costs for 'free' vaccinations are incurred by consumers in the case of non-bulk-billed general practice and pharmacy administration fees, however, the NIP Vaccinations in Pharmacy Program (commenced 2024) sees Program-enrolled pharmacies direct these fees to Government. Adults who are not eligible for respiratory vaccinations via the NIP can purchase them, with price varying by the type of vaccine and where they are administered. Some pharmacies and clinics advertise their costs online. A review of websites for this document found that the average cost of influenza vaccines is \$25, whooping cough booster \$60, pneumococcal \$250 (accounting for the three vaccines people aged under 70 with certain conditions receive) and RSV \$350. Vaccines that cost a minimum of \$41.30 can be claimed under certain private health insurers' extras cover.¹⁵

Table 3. Recommendations for adult respiratory vaccination and cost status by population group*

Clinical recommendation for adults	Vaccines free?
COVID-19	
Aged 75 and over every six months	✓
Aged 65 to 74 every 12 months	✓
Aged 18-64 with severe immunocompromise every 12 months	✓
Influenza	
Pregnant women	✓
All First Nations adults	✓
Aged 65 and over	✓
Aged under 65 with certain conditions including the lung diseases: severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, COPD	✓
All adults aged under 65	✗†
Pneumococcal disease	
Aged 70 and over	✓
First Nations adults aged 50 and over	✓
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	✗
Whooping cough	
Pregnant women (for the protection of newborns)	✓
Aged 65 and over if not had a booster in 10 years	✗
Healthcare workers, early childhood educators and carers every 10 years	✗
Household contacts of infants aged under 6 months if not had a booster in 10 years	✗
Respiratory syncytial virus (RSV)	
Pregnant women (for the protection of newborns)	✓
First Nations adults aged 60 to 74	✗
Aged 75 and over	✗
Aged 60-74 with certain conditions including the lung diseases: suppurative lung disease, bronchiectasis, cystic fibrosis, COPD	✗

* As at Feb 2025, excluding travel vaccination. † Qld & WA have provided periods of free influenza vaccination.

Adult respiratory vaccination coverage rates

Most vaccines administered to Australians are recorded by the Australian Immunisation Register (AIR). Reporting by vaccine service providers is mandatory (since 2021) for all COVID-19 and influenza vaccines, and all vaccines given under the NIP. Demographic data collected by AIR is age, sex, state/territory of residence and Aboriginal and Torres Strait Islander status.¹⁶ The National Centre for Immunisation Research and Surveillance publish influenza vaccination data against five age groups. Figure 1 (constructed from NCIRS 2024¹⁷) shows that following a spike in 2022, when almost half of Australians aged 15 and over received influenza vaccination, rates have declined, most markedly among people aged 50 to 64. The rate of COVID-19 vaccination that is up-to-date with clinical recommendations is likewise declining. As of February 12, 2025, 16% of adults aged 75 and over and a quarter of adults aged 65-74 were up-to-date with vaccination (Figure 2).¹⁸

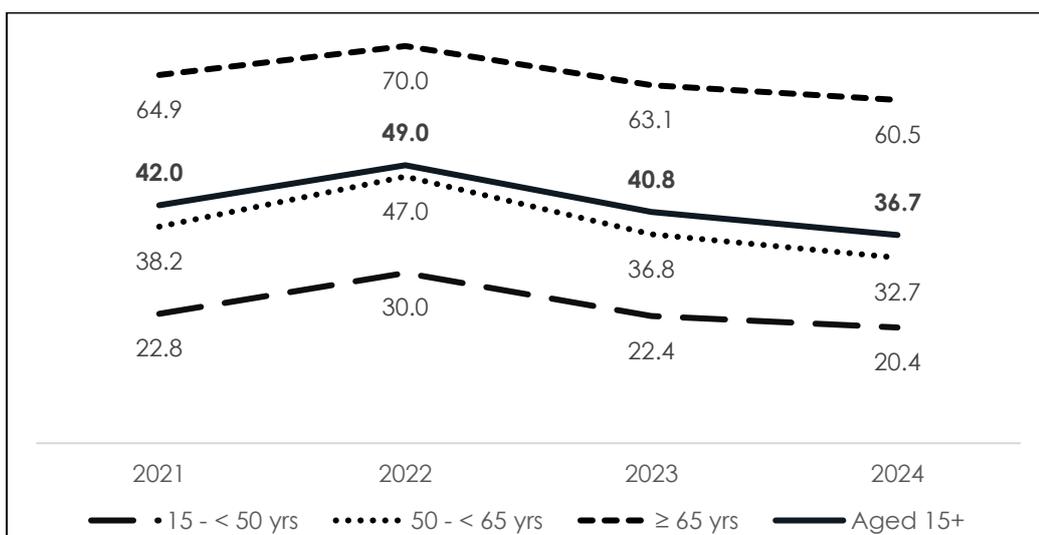


Figure 1. Percentage of Australians aged 15 and over who had influenza vaccination recorded on the AIR, 2021-2024

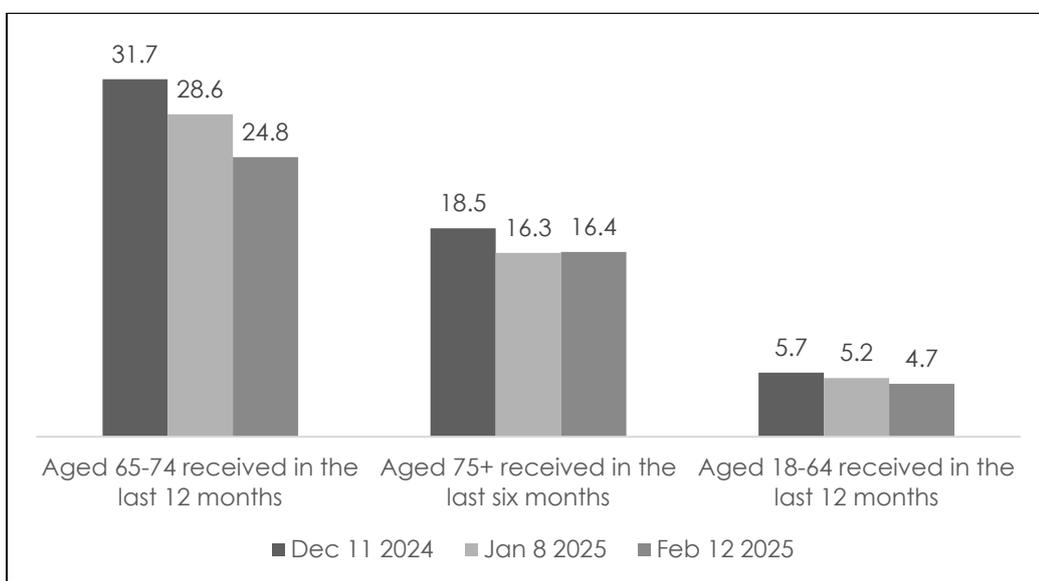


Figure 2. Percentage of Australian adults who have received a COVID-19 vaccine by age group and time period, as at February 12, 2025

For pneumococcal vaccination, in Australians turning 71 in 2023, 38% had received an adult vaccine.¹⁹ Analysis of AIR data to February 2 2024 found that one-fifth (20.8%) of adults aged 50 and over were up to date with whooping cough vaccination.²⁰ It is too early to determine RSV vaccination rates with vaccines only in market from early 2024.

Lung Foundation Australia recommendations

1. Implement national 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 (NIP), currently has five benchmarks for vaccination coverage, four related to children and one to adolescents.

Targets help: focus efforts and the allocation of resources; foster accountability for healthcare funders and providers; and demonstrate vaccination importance and the benefit of herd immunity. There is strong community support for adult targets, Australian Government strategy calls for it, experts recommend it, and Australian jurisdictions have already adopted their own targets. It is time for Australia to adopt aspirational targets for adult vaccination.

2. Recognise Australians living with lung disease as a vaccination priority population.

Australians living with lung disease are an at-risk group for respiratory vaccine-preventable disease (VPD), and this is reflected in vaccination recommendations. Respiratory VPD put them at increased risk of symptom exacerbation, lung function deterioration and death.

Vaccination data relating to medically at-risk groups is limited, however, robust data on influenza vaccinations shows suboptimal uptake for Australian adults living with chronic obstructive pulmonary disease (COPD). The Practice Incentives Program Quality Improvement Incentive of Australian General Practices showed that, as of July 2024, 58.4% of 493,786 regular clients with COPD had an influenza immunisation recorded in their GP record within the previous 15 months (the rate varied between 45% and 66.2% across Australian Primary Health Networks and by age-group at 22.7% for 15–64-year-olds and 68.3% for over 65s). This rate was an improvement on previous quarters but lower than the 61.9% rate in July 2023.² Recognising Australians living with lung disease as a priority population for vaccination resourcing and targeting is warranted.

3. Make clinically recommended adult respiratory vaccinations free.

A) The Government must consider the benefits of free vaccination beyond the metrics of cost-effectiveness calculations of reduced hospitalisation from VPD.

Several vaccines clinically recommended for Australian adults due to age or at-risk conditions are not free on the NIP. Amidst a cost-of-living crisis, reducing barriers for people getting their vaccinations is vital, and cost is a known barrier to uptake. Free vaccines are a small investment with massive returns, preventing or reducing costly disease and promoting public health.

B) Fund free pneumococcal vaccination for Australian adults aged under 70 living with COPD, severe asthma, and interstitial and fibrotic lung disease.

The Australian Technical Advisory Group on Immunisation clinically recommend pneumococcal vaccination for adults living with these lung conditions³, but these conditions are not included in the NIP for adults of all ages. Australians living with these conditions who are aged 70–79 years (50 years and over for First Nations Australians) receive pneumococcal vaccination through the NIP, but those who are younger have to pay. Private pneumococcal vaccines can cost over \$250.

C) Ensure COVID-19 vaccinations remain free for as long as they are clinically recommended.

Charging for COVID-19 vaccination would disproportionately impact low-income individuals, leading to unequal protection and potential outbreaks in underserved communities.

4. Fund multi-strategy, co-designed community vaccination awareness/education.

There is significant community confusion about adult vaccination recommendations and costs. As a consumer-driven organisation, Lung Foundation Australia is well placed to support consumer engagement in understanding, design, delivery, and evaluation of communication campaigns and other information resources. Further, given that the majority of VPD are respiratory infections (4 of the 5 vaccinations on the adult NIP schedule are for respiratory infections), our voice is authoritative. 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 uptake.

5. Support primary care with vaccination information and service needs of adults.

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.

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