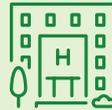


# Adult vaccination in South Australia

## Vaccine-preventable illness is costly

Vaccine-preventable pneumonia and influenza hospitalisations for South Australians 15+ in 2023-24 cost **\$55 million**.<sup>†</sup>



The average length of hospital stay for these avoidable hospitalisations was **6.7 days**.<sup>†</sup>

## Adult vaccination rates are too low...

### Coverage rates (%) for select age-based clinically recommended adult vaccinations

	SA	ACT	NSW	NT	QLD	TAS	VIC	WA	Aust.
COVID-19 up-to-date 65-74	27	40	24	13	24	38	27	25	26
COVID-19 up-to-date 75+	15	22	13	6	14	22	14	14	14
Influenza 15+	42	48	36	27	37	44	40	37	38
Influenza 65+	67	66	58	35	60	68	62	60	61
Shingles 50-64*	1.9	3.7	2.2	2.1	2.2	2.4	2.2	1.6	2.2
Shingles 65+*	51	50	43	24	50	51	45	45	46
Pneumococcal 70+	50	45	38	25	44	52	41	42	42
Whooping cough up-to-date 65+ <sup>^</sup>	24	30	24	24	27	28	23	22	25

Note: Respiratory Syncytial Virus (RSV) vaccination is recommended 75+. Coverage rates are not yet published, as vaccines only became available in 2024.

## ...with rates even lower for some groups

Influenza vaccination rates for South Australians aged 65+ are **lowest** in the Outback North and East area of South Australia (rates between 40-60%).



Aboriginal and Torres Strait Islander South Australians have **lower** comparable adult vaccination rates than non-Indigenous South Australians, except shingles 50-64.

Vaccination is vital for lung health. Higher rates of adult vaccination would:

- **reduce** pressure on hospitals and health system costs; and
- **improve** the productivity, equity, and health of South Australians.

<sup>†</sup> AIHW 2025. \* Shingles is not a respiratory infection like the other five infections are, but it disproportionately affects people with **Chronic Obstructive Pulmonary Disease**. <sup>^</sup> The reporting of whooping cough vaccination for adults is not mandatory, so these are likely under-estimates. Rates from **NCIRS 2024**; **NCIRS 2025**. As at end of 2024 for COVID-19, shingles, pneumococcal and whooping cough; 1 March-31 August 2025 for influenza.

# Recommendations to improve **adult vaccination** rates in South Australia

We surveyed over 3,300 Australians to better understand adult vaccination. There were **277 South Australian** respondents. Survey findings informed our 5 recommendations for Australian governments:



## Implement adult vaccination targets

**79%** of South Australians agree there should be adult vaccination targets, like there are for children. State Immunisation Strategies must include adult targets and a plan to achieve them.



## Recognise lung disease as a priority population for vaccination

**63%** of South Australians with lung disease are very worried about contracting a respiratory infection, compared with 15% not living with lung disease. This warrants targeted vaccination resourcing.



## Invest in community awareness and education

**85%** of South Australians agree that government should increase investment in vaccination information. Consumer-led peak bodies are well-placed to deliver effective campaigns.



## Support primary care to provide adult vaccination

**69%** of South Australians prefer vaccination from General Practice. State support for programs like the **Lung Learning Hub** would enable vaccination upskilling for primary care providers.



## Make recommended vaccinations free

**36%** of South Australians say it is difficult to afford all the adult vaccinations recommended for them. Victoria and Western Australia's funding of RSV vaccination in their aged care homes is good policy.

“

*I think it is really confusing to know what vaccines are available and which ones I need and when.*

30-49-year-old female from South Australia



Scan the QR code to access Lung Foundation Australia's immunisation information and resources