

COVID-19 vaccination is changing:

What primary care needs to know

From 1 October 2026, COVID-19 vaccination in Australia transitioned from the National COVID-19 Vaccine Program (NCVP) to the National Immunisation Program (NIP), bringing COVID-19 vaccination into the routine framework used for other nationally funded vaccines^{1,2}. However, the change in funding arrangements should not be interpreted as COVID-19 becoming less important. COVID-19 continues to cause serious illness, hospitalisation and death, particularly among older adults and people with underlying conditions that increase their risk of severe disease.

Under the NIP, funded COVID-19 vaccination focuses on people at highest risk of severe disease¹. Free COVID-19 vaccines are available every six months for adults aged ≥ 75 years, and every 12 months for adults aged 65–74 years, Aboriginal and Torres Strait Islander people aged 50–74 years, and adults aged ≥ 18 years with severe immunocompromise^{1,2}.

For people outside these NIP-funded groups, vaccination will still be an option following an individual risk-benefit discussion with their healthcare professional (HCP)⁴, although they will need to purchase the vaccine privately.



COVID-19 vaccination remain an important part of respiratory disease prevention

COVID-19 continues to be a leading contributor to respiratory infection-related deaths in Australia, with 2,227 deaths attributed to COVID-19 in 2025⁵. Maintaining protection against severe disease therefore remains important. Vaccination and previous infection provide protection, but this protection can decrease over time since the last dose⁶. Recent Australian data shows that older adults who received a COVID-19 vaccine more than 12 months ago were almost twice as likely to die from COVID-19 as those vaccinated within the previous 3 months^{7, 8}. This highlights the importance of continued administration of COVID-19 doses.

The benefits of vaccination are particularly relevant for older adults and people with underlying medical conditions that increase the risk of severe COVID-19. Chronic respiratory conditions, including COPD, severe asthma, bronchiectasis and cystic fibrosis, are among conditions associated with increased risk of severe outcomes from COVID-19^{4, 9}.

Although chronic respiratory disease alone does not qualify people for NIP-funded COVID-19 vaccination, HCPs can consider discussing a dose with these patients based on their individual circumstances and a risk-benefit assessment⁴. This provides an opportunity to incorporate COVID-19 vaccination into routine respiratory disease prevention alongside other measures such as influenza, RSV, pneumococcal and pertussis vaccination¹⁰.



A new opportunity for primary care

The transition of COVID-19 vaccines to the NIP also provides a practical prompt for HCPs. For people aged 65 years and over and First Nations people aged 50 years and over who are eligible for a funded COVID-19 vaccination, next-due and overdue vaccinations will appear on their Immunisation History Statement alongside other routine vaccinations. However, the Australian Immunisation Register (AIR) cannot identify people aged 18 years and over with severe immunocompromise who are eligible for funded COVID-19 vaccinations, so their vaccination status will not be prompted in the same way^{1, 11}.

Checking vaccination status during routine consultations, chronic disease reviews, medication reviews and post-hospitalisation follow-up can help identify patients who may benefit from a vaccination. A clear HCP recommendation can also play an important role in supporting vaccine uptake^{12, 13}.

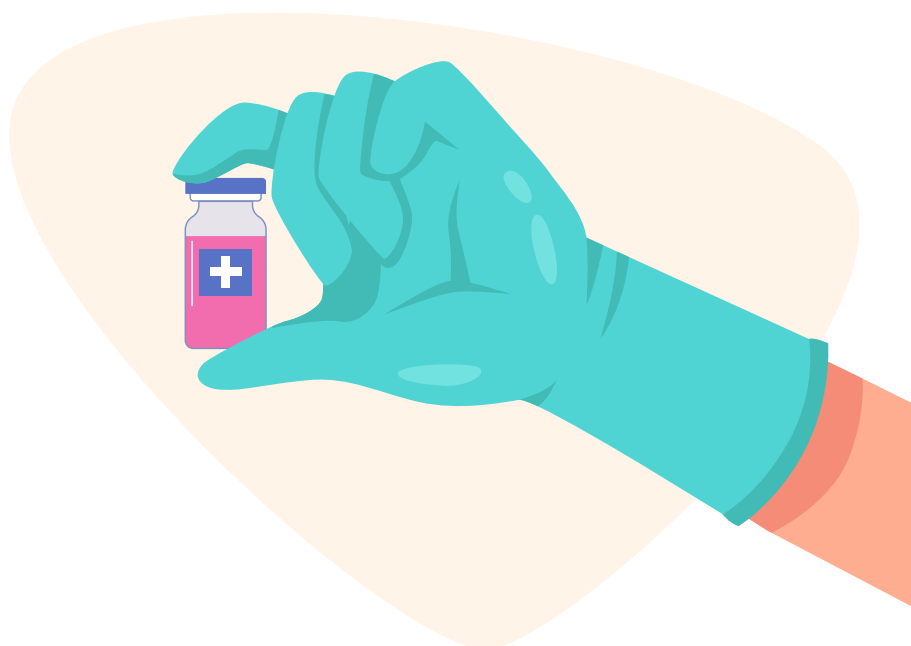
For patients who have already received another respiratory vaccine, COVID-19 vaccination does not necessarily need to mean another separate appointment. COVID-19 vaccines can generally be administered during the same visit as other vaccines, including influenza vaccine, when appropriate^{4, 14}.

Supporting conversations about COVID-19 vaccination

National changes to funding arrangements may prompt questions from patients about whether COVID-19 vaccination is still necessary. HCPs can use these conversations to reinforce that the program's focus and funding structure is changing, rather than the importance of COVID-19 vaccination.

For patients who are no longer eligible for a funded COVID-19 vaccination, the cost of a private vaccination may be an important consideration. HCPs can acknowledge cost as a legitimate barrier and support patients to weigh the potential benefits of vaccination alongside their individual risk of severe COVID-19.

Simple, patient-centred conversations can help address common concerns, including previous COVID-19 infection, vaccination fatigue and perceptions that influenza or other respiratory vaccines are now more important¹⁵. Understanding a patient's age, concomitant medical conditions, previous vaccination history and individual circumstances can help HCPs provide personalised advice and support share decision-making about vaccination¹⁶.



Practical resource for HCPs

To support HCPs through the transition, Lung Foundation Australia has developed a new **“Adult COVID-19 Vaccination: A guide for primary care”** resource. The resource provides a concise overview of current COVID-19 vaccination recommendations, NIP-funded eligibility and high-risk groups for whom further vaccination can be considered. It also includes practical prompts to support conversations with patients about COVID-19 vaccinations.

The guide is designed as a point-of-care resource to help HCPs **check vaccination status, assess individual risk and confidently recommend COVID-19 vaccination when appropriate.**

As COVID-19 vaccination moves into the routine NIP framework, this is an opportunity to keep COVID-19 part of everyday respiratory health conversations and help patients maintain protection against severe disease.

Adult COVID-19 Vaccination:

A guide for primary care

Check whether your adult patients are due for COVID-19 vaccination. COVID-19 continues to cause severe respiratory illness, hospitalisation and death, particularly in older adults and people with medical conditions that increase their risk of severe disease. Protection from vaccination and prior infection may decrease over time.¹

Check your patient's Immunisation History Statement, assess individual risk and recommend COVID-19 vaccination when appropriate.

Patient group	Recommendation	Frequency	National Immunisation Program Funding
Adults ≥75 years	Recommended	Every 6 months	Funded
Adults 65-74 years	Recommended	Every 12 months; consider every 6 months	Funded (only every 12 months)
Aboriginal and Torres Strait Islander adults 50-74 years	Recommended	Every 12 months; consider every 6 months for medically at-risk	Funded (only every 12 months)
Adults ≥18 years with severe immunocompromise*	Recommended	Every 12 months; consider every 6 months	Funded (only every 12 months)
Adults 18-64 years with medical conditions increasing risk of severe COVID-19 with a medical risk condition but without severe immunocompromise**	Can be considered	Every 12 months	Not NIP funded (must be purchased privately)
Adults 18-64 years	Can be considered	Every 12 months	Not NIP funded (must be purchased privately)

*** What counts as severely immunocompromised?**

Examples include:

- Haematological malignancies
- Recent transplantation
- Certain cancer, autoimmune or inflammatory conditions
- HIV infection or iatrogenic errors of immunity
- Chronic kidney disease on dialysis

Examples are not exhaustive. Not all immunosuppressive therapies are considered severely immunocompromising. Refer to the Australian Immunisation Handbook for full criteria.

****COVID-19 and chronic respiratory disease**

Chronic respiratory conditions including **COVID-19, severe asthma, cystic fibrosis, and bronchiectasis** are medical risk conditions associated with an increased risk of severe COVID-19.^{1,2}

Although COVID-19 vaccination is not recommended or funded solely on the basis of chronic respiratory disease, further doses can be considered based on individual circumstances and risk-benefit assessment.

Use routine respiratory and chronic disease appointments as an opportunity to discuss COVID-19 vaccination.



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