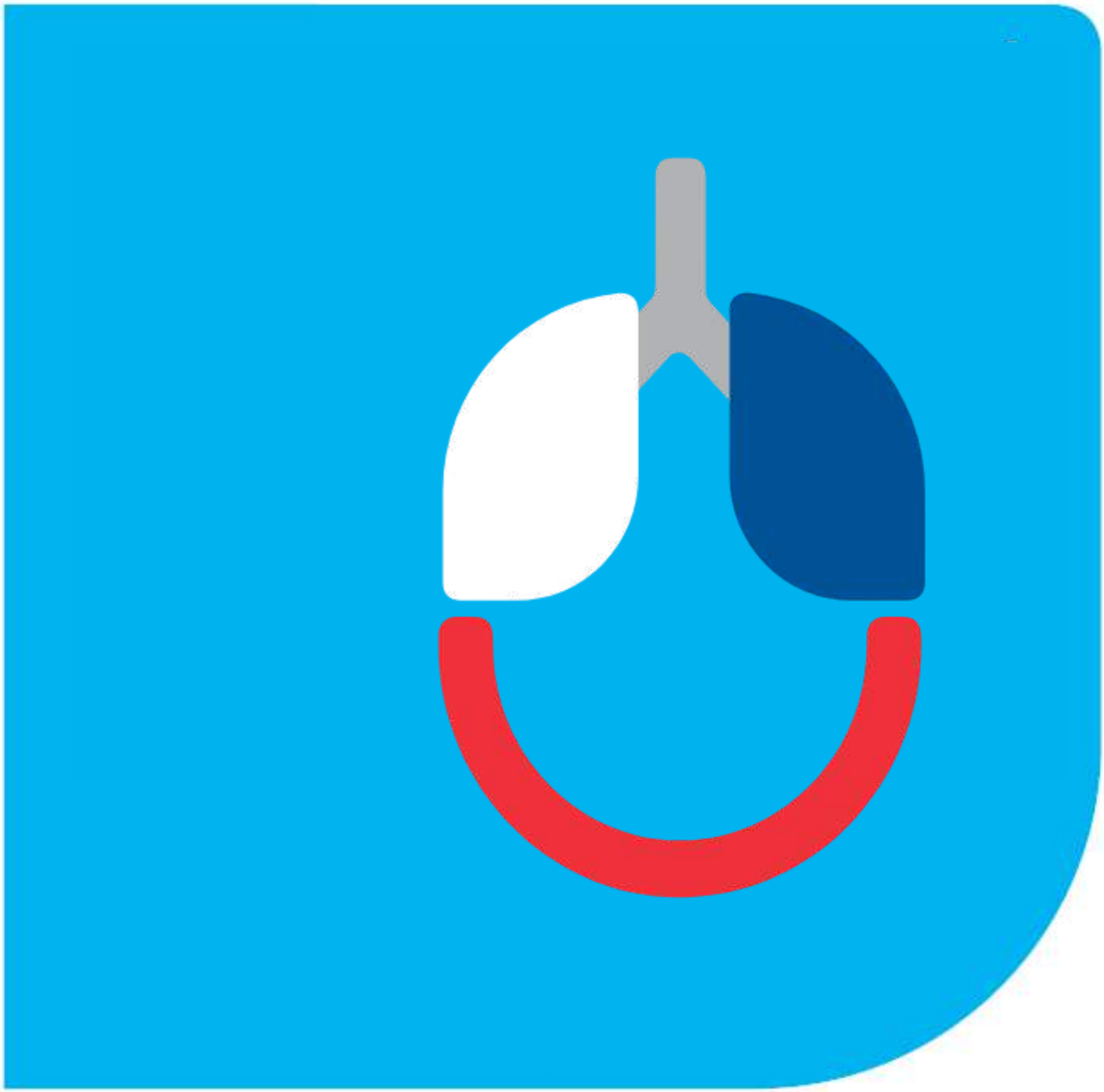
Taskforce for Lung Health

Protection within reach: improving vaccine uptake among people with lung conditions in England



Developed by:

The Taskforce for Lung Health is a collaboration of the largest ever group of organisations and individuals who have come together to improve lung health in England.

The Taskforce has over 50 members including patients, carers, healthcare professionals, the voluntary sector and professional associations.

The Taskforce for Lung Health receives financial support from both pharmaceutical and med-tech companies. However, contributing companies have no editorial control over Taskforce activities, decisions, or publications. The Taskforce for Lung Health retained full editorial control over the content of this report. A full list of contributing companies in 2026 can be found at www.taskforceforlunghealth.org.uk.

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Executive summary

Vaccination is one of the simplest ways to keep people with lung conditions well, ease winter pressure on the NHS and deliver the shift from sickness to prevention. Yet too many people living with lung conditions are missing out on that protection.

Our survey of 2,288 adults with a range of lung conditions set out to understand why, and what would help.

The answer is encouraging: **most survey respondents were not opposed to vaccination.** Many simply didn't see themselves as being at risk. Despite living with a lung condition, respondents were evenly divided on whether they were concerned about becoming seriously ill. Among those who hadn't been vaccinated, just under 1 in 5 (19%) pointed to personal beliefs such as distrust or concerns about side effects.

When asked what would help, people described a service that fits around their lives: timely reminders, clear information about what they can have, the chance to have several vaccines in one visit, and booking and walk-in appointment options that are easy to use. Many would like the opportunity to be vaccinated at their local pharmacy as well as their GP surgery.

But one size does not fit all. Younger respondents preferred to book through the NHS app, while older respondents preferred to book through their GP surgery. People from lower socioeconomic backgrounds were significantly less likely to want to book a vaccine appointment online. Services need to reflect how different people want to engage, or existing variations in uptake will widen.

The NHS starts from a position of strength. More than 8 in 10 respondents saw the NHS as a trusted source of vaccine information (84%). Respondents trusted their GP, their pharmacist and the NHS far more than social media or AI chatbots, and most turn to their GP first. The NHS must use that trust to reach people with clear, timely and personal messages, and then make the next step easy.

With vaccine commissioning moving to Integrated Care Boards (ICBs) in April 2027, now is the time to get this right. **The Taskforce for Lung Health is calling for a respiratory Modern Service Framework (MSF) to prioritise vaccination as a core mechanism for the NHS' shift to a preventative model of care and ensure that everyone living with a lung condition has the same chance to be protected, wherever they live.**

Executive summary

Based on these findings, the Taskforce for Lung Health recommends to:

Establish respiratory vaccination as a national prevention priority:

- Ministers commit to the development and implementation of a respiratory MSF ahead of the transfer of vaccine commissioning responsibility in April 2027
- Maintain respiratory vaccination as a clear priority within NHS prevention and winter planning programmes
- Measure and publish vaccine uptake rates among people with lung conditions, broken down by condition
- Make vaccination recommendations a routine part of all respiratory care

Improve access to and convenience of respiratory vaccinations:

- Improve appointment convenience and flexibility
- Ensure vaccination invitations, reminders, and booking systems reflect how different groups prefer to engage
- Commit to expanding the role of community pharmacies to deliver a wider range of respiratory vaccinations as Advanced Services in the Community Pharmacy Contractual Framework

Strengthen communication and engagement:

- Provide clearer information about vaccine eligibility and benefits
- Use targeted engagement to reach underserved communities



Respiratory infections in people living with lung conditions are a major cause of avoidable illness, hospital admission and winter pressure on the NHS.[1,2]

At a time when the Government's 10 Year Health Plan for England is seeking to shift the NHS from treating sickness to preventing it, vaccination should be an essential component of respiratory care.[1]

Respiratory infections such as flu, COVID-19, RSV and pneumonia can have serious consequences for people living with lung conditions. Vaccination plays a vital role in reducing respiratory infections, exacerbations and avoidable hospital admissions.[1] In England, the 2025/26 flu vaccination programme is estimated to have prevented ~100,000 people from hospitalisation and ~7,000 deaths.[3]

Yet vaccine uptake among adults at higher risk remains too low. In 2025/26, fewer than half (47%) of people under 65 with chronic respiratory disease had a flu vaccine.[4] Only a third (33.7%) of under-65s in clinical risk groups in the most deprived areas were vaccinated, compared with almost half (46.0%) in the least deprived,[4] and this gap has widened in recent years.[5]

The Government has recognised that disparities in vaccination coverage persist and has committed to understanding and addressing the barriers that influence vaccine uptake.[6]

This report shows that many people with lung conditions are still missing out on the protection vaccination provides. Despite being at increased risk of serious illness, many respondents did not consider themselves likely to become seriously ill from a respiratory infection. Some were unsure which vaccines they were eligible for, while others faced barriers relating to a lack of information or time pressures. Together, these findings point to missed opportunities to protect people living with lung disease.

As responsibility for vaccine commissioning shifts to Integrated Care Boards (ICBs) from April 2027, there is an opportunity to improve uptake and reduce inequalities. Without clear national direction, however, there is a risk that existing variation in access, awareness and uptake becomes embedded across local systems. A respiratory MSF would help drive consistent, high-quality care across the respiratory pathway, from prevention and vaccination through to diagnosis, treatment and ongoing support.

This report provides important insight into how people with a range of lung conditions think about vaccination, the barriers they face and the support they need. It highlights practical opportunities to improve uptake through better information, more convenient services and stronger engagement through trusted healthcare professionals and community pharmacy teams.

This report is based on a YouGov commissioned by the Taskforce for Lung Health of 2,288 people in England (aged 18+) living with either asthma, COPD, bronchiectasis and/or pulmonary fibrosis. Fieldwork was undertaken between 13 April and 10 May 2026. The survey was carried out online. The figures have been weighted and are representative of those with each condition by age, gender, social grade, region and ethnicity (where possible). The research explored attitudes towards flu, COVID-19, RSV and pneumonia vaccination, alongside preferences towards vaccine reminders, bookings and appointments.

Improving vaccine uptake among people with lung conditions presents a significant opportunity to reduce avoidable illness, ease pressure on the NHS and keep people well.



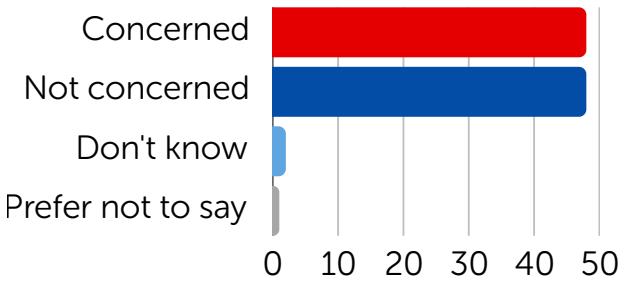


Survey findings

Vaccine uptake

Being at increased risk does not necessarily translate into concern or vaccination uptake.

Despite living with a lung condition and being at increased risk of serious illness, **respondents were evenly divided on their level of concern about becoming seriously ill from a respiratory infection**



> **I have complex health issues and am immunocompromised so need to keep on top of vaccines"**
> - Survey respondent

> **[I'm] too young and not ill enough"** - Survey respondent

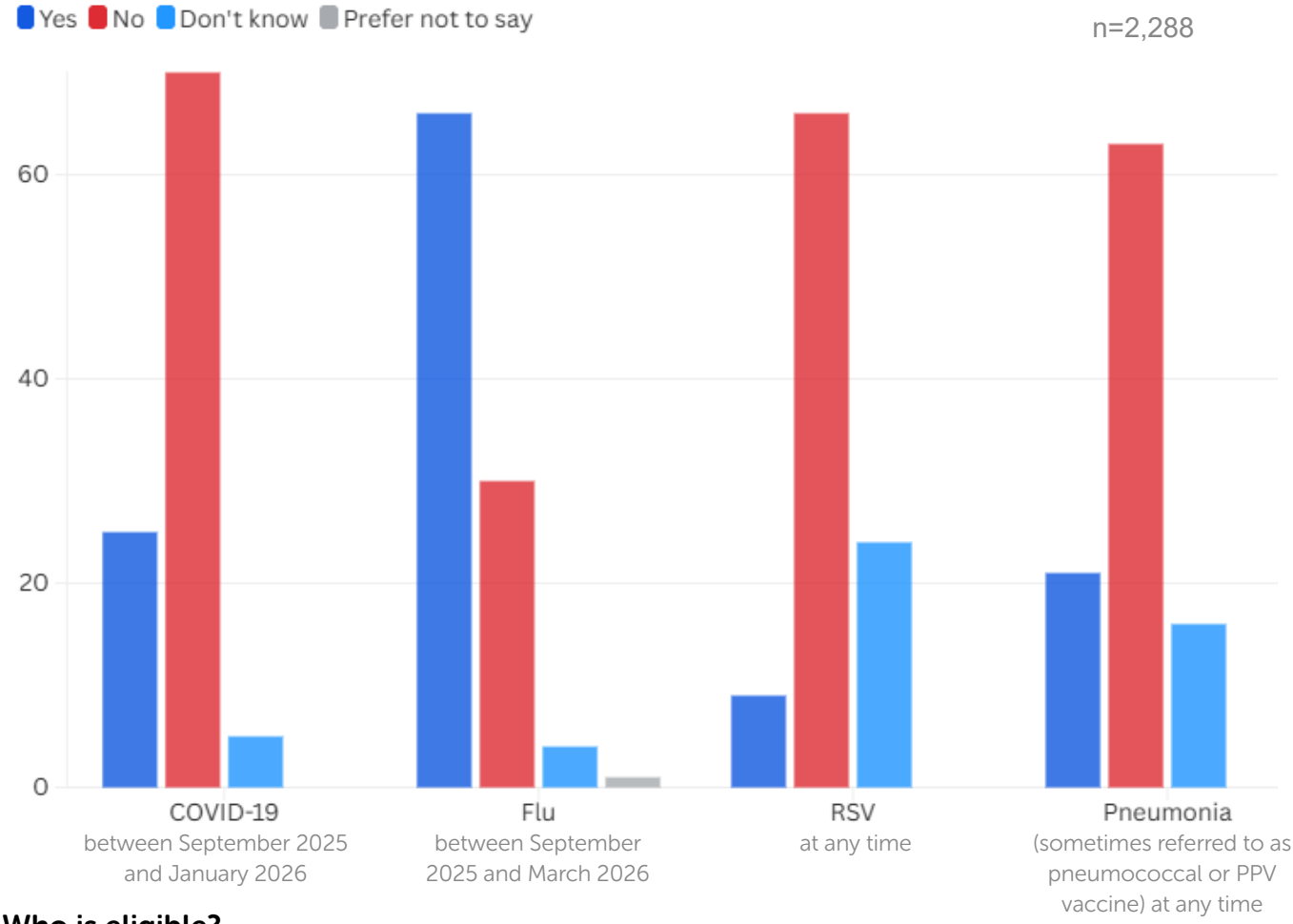
> **It's not something I'm worried about so I rarely take up the offer"**
> - Survey respondent



Many respondents also reported not receiving respiratory vaccinations. In the 2025-26 winter season, 66% of survey respondents reported having had a flu vaccine and 25% for the COVID-19 vaccine. Self-reported uptake for pneumonia was 21% and 9% for RSV. Survey responses were not filtered by vaccine eligibility. Not all respondents would have qualified for a free NHS vaccine, which may partly explain lower uptake. Flu and COVID-19 vaccines are offered every season, while pneumonia and RSV vaccines are usually given only once. The last two figures therefore cover vaccination at any point, possibly years ago, which people may find harder to remember.

Vaccine uptake

Have you received any of the following vaccinations during the time frames listed (free NHS or private vaccine)?



Who is eligible?

As of November 2026, eligibility for respiratory vaccines depends on age, condition and, for asthma, how the condition is treated:

- **COVID-19:** people aged 75 and over, care home residents and people with a weakened immune system. Having a lung condition alone does not qualify for eligibility.
- **Flu:** everyone aged 65 and over, and younger adults with conditions that affect breathing such as asthma (needing a steroid inhaler or steroid tablets), COPD, bronchiectasis or pulmonary fibrosis.
- **RSV:** at the time of the survey, people aged 75 and over, care home residents or pregnant women. Since then, eligibility has expanded to include people aged 65–74 with a long-term lung condition such as COPD or poorly controlled asthma.
- **Pneumonia:** everyone aged 65 and over, and younger adults with a long-term lung condition such as COPD, bronchiectasis or pulmonary fibrosis. Asthma qualifies only if it needs frequent or continuous steroid tablets.

Information seeking and trust

The NHS is trusted, and can use that trust.

People with lung conditions in this survey trusted the healthcare service for vaccine information. More than 8 in 10 survey respondents trusted the NHS in general, their GP surgery team and their local pharmacy. These are also the sources they turn to: a message or discussion with their GP practice was the most common way respondents checked whether they were eligible for a vaccine (53%), followed by the NHS app (23%) and the NHS website (20%). Only 1% of those eligible for a vaccination relied on social media or AI chatbots for vaccine information.

Most trusted soruces for vaccine information*

- NHS in general (84%)
- GP surgery team (84%)
- Local pharmacy (82%)

Least trusted sources for vaccine information*

- Social media (73%)
- AI chatbots (56%)

Respondents aged 18–34 years were more likely than respondents aged over 55 years to trust information from AI chatbots (17% vs. 5%) and social media (6% vs. 2%), but neither emerged as a trusted source of vaccine information overall.

Confidence in healthcare professionals being able to answer health questions or concerns about vaccinations was high (86%), although it was slightly lower in respondents who had not received a vaccine despite being eligible (80%), and in those from ethnic minorities (80%) or lower socioeconomic backgrounds (81%).

Eligibility information is not always getting through. Despite this trust, many respondents did not know which vaccines they could have. Almost half of respondents did not know whether they were eligible for an RSV vaccine (49%), as did 40% for the pneumonia vaccine, 23% for COVID-19 and 10% for flu, suggesting that eligibility information may not be reaching people effectively.

Respondents were asked to rate their level of trust in each source from a scale of 'strongly trust' to 'strongly distrust.' Percentages provided are the net trust scores for the most trusted sources of vaccine information and the net distrust scores for the least trusted sources of vaccine information.

Information seeking and trust

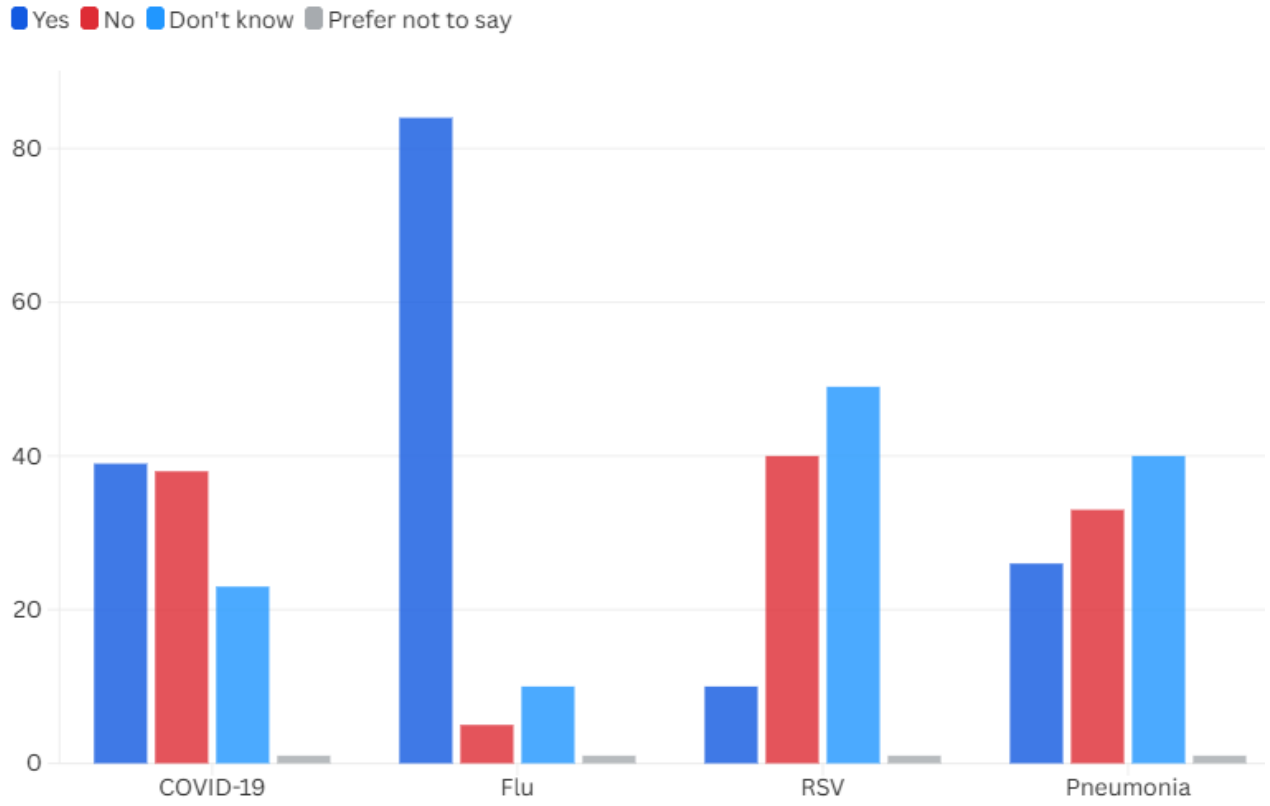
Changes to eligibility add to the uncertainty. Almost half of respondents (47%) were unaware of the autumn 2025 changes to COVID-19 eligibility, rising to 63% among those aged 18–34 and 53% among people from ethnic minority backgrounds.

This suggests that improving eligibility awareness is not simply a matter of a one-size-fits-all approach increasing visibility. As vaccination programmes evolve, eligibility information must be communicated through trusted healthcare channels in ways that are clear, timely and actionable.

Uncertainty across all vaccines was particularly high among respondents from lower socioeconomic backgrounds, ethnic minorities and those aged 18-24.*

> **"Never knew I could have them"**
> - Survey respondent

Which of the following free vaccinations are you eligible for?



Survey responses were not filtered by clinical vaccine eligibility and should be treated as indicative.
*COVID-19: White vs ethnic minority: 22% vs 27%; higher vs lower socioeconomic background: 20% vs 27%; 18-24 age group: 35% unsure. RSV: White vs ethnic minority: 48% vs 51%; higher vs lower socioeconomic background: 45% vs 53%; 18-24 age group: 58% unsure. Flu: White vs ethnic minority: 9% vs 12%; higher vs lower socioeconomic background: 8% vs 19%; 18-24 age group: 31% unsure. Pneumonia: White vs ethnic minority: 38% vs. 51%; higher vs lower socioeconomic background: 38% vs 42%; 18-24 age group: 59% unsure.

Vaccine delivery and access

Vaccine invitations and reminders

Most eligible respondents reported receiving an invitation or reminder from an NHS service, although rates varied by vaccine type, from 90% for flu vaccination, 80% for COVID-19 vaccination, 62% for RSV vaccination and 58% for pneumonia vaccination.

Vaccination booking and delivery preferences vary by age

Respondents across age groups generally preferred to receive reminders when they became eligible for a new vaccination or on an annual basis, and the three most popular places to receive a vaccination was at their GP surgery (74%), local community pharmacy (48%), or at a regular check-up appointment (18%). Respondents could select up to three options.

Respondents from lower socioeconomic backgrounds were significantly less likely to prefer digital booking routes (49% preferred the NHS App vs. 60% from higher socioeconomic backgrounds and 26% preferred the NHS website vs. 32% from higher socioeconomic backgrounds).

The findings reinforce the need for flexible vaccination services that reflect different preferences and routes of access to maximise uptake.

There were some notable differences in preferences observed between age groups:

Respondents under 55 years old were more likely to:* (57% of respondents)	**Respondents over 55 years old were more likely to:*** (43% of respondents)
Which, if any, of the following ways would you prefer to be reminded about your vaccinations?	
Prefer text message/WhatsApp reminders about vaccinations (71%)	Prefer text message/WhatsApp reminders (70%) about vaccinations while respondents over 75 also showed a strong preference for email reminders (60%)
How frequently would you like to be reminded about vaccinations you are eligible for?	
Want to be reminded primarily when eligible for new vaccination (47%) or once per year (36%)	Want to be reminded primarily when eligible for a new vaccination (60%) or once per year (28%)
Which, if any, of the following ways would you prefer to book a vaccination?	
Prefer to book through the NHS app (63%)	Prefer to book through their GP surgery (56%)
Where, if anywhere, would you prefer to receive your vaccinations?	
Prefer to receive vaccinations at their GP surgery (70%) or local community pharmacy (46%), but also showed interest in workplace vaccination (13%)	Prefer to receive vaccinations at their GP surgery (78%) or local community pharmacy (51%)

*Numbers may surpass 100% as respondents were able to select more than one answer.

Vaccination decision-making

Why people chose to be vaccinated:*
For most respondents, the decision to be vaccinated was linked to the protection of health and recommendations from healthcare professionals.

More than 84% of respondents who received a vaccine were likely to recommend each respiratory vaccine to others. The flu vaccine received the strongest endorsement (95% likely to recommend, 87% for COVID-19, 84% for RSV and 89% for pneumonia).

You said that you have been vaccinated for either COVID-19, Flu, RSV or pneumonia. What, if anything, influenced your decision to be vaccinated?

Health protection

- Reduce risk of becoming seriously unwell (52%)
- Avoid worsening lung health (32%)
- Wanting to protect others (25%)

Free on the NHS

- Vaccination being available free of charge influenced decisions (35%)

Healthcare influence

- Received an invite from a GP practice (47%)
- Received a reminder from the NHS app (24%)
- Being offered the vaccination at an appointment (14%)
- Recommended by a healthcare professional; GPs, nurses, respiratory specialist teams and pharmacists (16%)

*Numbers may surpass 100% as respondents were able to select more than one answer.

Vaccination decision-making

Why people chose not to be vaccinated:*

For many respondents, the decision not to be vaccinated for a vaccine they were eligible for, was driven less by opposition to vaccines than by inertia and practical or information barriers.

> **I intend to have it, just not got around to it"**
> - Survey respondent

> **I think vaccines are effective but that over vaccination can have an adverse effect on my health."**
> - Survey respondent

> **[I've] already had four of these, surely [that is] enough now"**
> - Survey respondent

> **It was too far to access"** - Survey respondent

You said that you have not been vaccinated for either COVID-19, Flu, RSV or pneumonia. What, if anything, influenced your decision not to be vaccinated?

Nothing in particular
21% of non-vaccinated respondents
- Respondents could not identify a specific reason for not being vaccinated

Personal beliefs
19% of non-vaccinated respondents
- Concerns about side effects and previous negative experiences
- Belief that vaccination was not needed
- Distrust of vaccines, the NHS or government advice
- Needle anxiety, particularly among younger adults

Medical reasons
13% of non-vaccinated respondents
- Not eligible for a free NHS vaccine
- Concerns about interactions with existing health conditions or medication
- Reluctance to receive additional injections alongside other treatments

Lack of information
12% of non-vaccinated respondents
- Uncertainty about eligibility
- No invitation or reminder received
- Unclear where or how to access vaccination

Time pressures
9% of non-vaccinated respondents
- Planned to get vaccinated but did not get around to it
- Did not have time
- Postponed and did not rebook

Lack of access
4% of non-vaccinated respondents
- Could not get a convenient appointment
- Difficult booking process
- Inconvenient location
- Vaccine unavailable at the time

*Numbers may surpass 100% as respondents were able to select more than one answer.

Demographic differences

The survey identified several differences in confidence, trust, and barriers to respiratory vaccination across different communities

These findings reflect wider, long-standing inequalities in vaccine uptake; national data shows that people in more deprived areas and some ethnic minority groups are much less likely to be vaccinated.[4,5]

Lower confidence and trust

Confidence that healthcare professionals could answer questions about vaccination was slightly lower among respondents from ethnic minority backgrounds (80% vs. 87% white respondents) and those from lower socioeconomic backgrounds (81% vs. 89% from higher socioeconomic backgrounds). These groups also reported lower levels of trust in some healthcare information sources about vaccines (6 percentage points lower for the NHS in general, 5 percentage points for GP surgeries and between 6-7 percentage points lower for local pharmacies across both groups).

Different groups face different barriers

Barriers to vaccination varied across population groups. Respondents from ethnic minority backgrounds were slightly more likely to report information-related barriers, including a lack of information (17% vs 12% white respondents) and significantly more likely to cite time pressures (18% vs 7% white respondents). In contrast, respondents from lower socioeconomic backgrounds were more likely to cite personal beliefs (22% vs 16% higher socioeconomic backgrounds) or slightly more likely to state that "nothing influenced my decision" (23% vs 19% higher socioeconomic backgrounds) as reasons for not being vaccinated, suggesting vaccine inertia is stronger within some communities.

Efforts to improve vaccination uptake should prioritise groups experiencing lower confidence and greater barriers to access, ensuring that future vaccination services reduce rather than widen existing health inequalities.

People told us what would help

When asked what would help them decide to get vaccinated in future, respondents mostly asked for practical changes. While 17% of survey respondents said they would get vaccinated next year without needing anything to change, most pointed to ways of making vaccination easier to remember, easier to access and easier to understand. The most common answers were:

What, if anything, would help you most when deciding whether to be vaccinated next year?

Convenience

- Reminders to get vaccinated (27%)
- Receiving multiple vaccinations in a single appointment (12%) or during a routine appointment (9%)
- Easier booking options (11%)
- More convenient locations, including walk-in options (11%), extended opening hours (7%) and vaccination closer to home/work (7%)

Clearer information

- About vaccine cost/free eligibility (18%)
- About eligibility for vaccination (11%), especially in the form of a single website that tells me which vaccines I am eligible for (9%)
- About how vaccines work (3%) and their potential side effects (6%)
- Illustrating the benefits for people with lung conditions (5%)

> **Appointments are only made suitable for the doctor and not for my convenience"**
> - Survey respondent

> **Have heard it can sometimes make you feel ill"**
> - Survey respondent

> **[I want to be] able to book appointment at time of being notified"**
> - Survey respondent

> **Not convinced Covid is still a risk"**
> - Survey respondent

*Numbers may surpass 100% as respondents were able to select more than one answer.



Policy recommendations

Policy recommendations

The findings show that many people with lung conditions trust their healthcare professionals. Crucially, they show that many people want to be protected, but too many are not being reached. The recommendations below set out how national and local action could close these gaps, from clearer eligibility information and more convenient services to stronger national standards for respiratory care.

Establish respiratory vaccination as a national prevention priority

Ministers commit to the development and implementation of a respiratory Modern Service Framework ahead of the transfer of vaccine commissioning responsibility in April 2027.

The Department of Health and Social Care and NHS England, or its successor body, should commit to developing a respiratory MSF, co-designed with patients, clinical leaders, ICBs, local government, life sciences, data partners and economists ahead of the April 2027 commissioning transfer. Without national direction and standards, the variation in vaccine access, awareness and trust found in this survey risks becoming embedded as local variation as ICBs take on commissioning responsibility.

Maintain respiratory vaccination as a clear priority within NHS prevention and winter planning programmes.

The Department of Health and Social Care and NHS England, or its successor body, should communicate respiratory vaccinations as a clear priority within NHS planning and winter preparedness programmes. Vaccination is a key preventative intervention that can reduce the risk of serious illness, support people with lung conditions to stay well and help alleviate seasonal pressures on the NHS.

Measure and publish vaccine uptake rates among people with lung conditions, broken down by condition

NHS England, or its successor body, and the UK Health Security Agency should publish vaccine uptake among people with chronic respiratory disease, broken down by ICB, condition, deprivation and ethnicity. The sooner this is published, the faster ICBs can take action to address variation and gaps in vaccination uptake.

Make vaccination recommendation a routine part of respiratory care

As our survey found that recommendations from healthcare professionals were strongly associated with vaccine uptake, healthcare professionals should routinely discuss vaccination with people living with lung conditions as a standard part of annual reviews, medication reviews and other respiratory care interactions. They should provide clear information on the benefits, safety, and relevance of vaccination to their patient's condition. Particular attention should be given to addressing concerns identified in the survey, including side effects, interactions with existing treatments and vaccine anxiety among younger adults.

Policy recommendations

Improve access to and convenience of respiratory vaccinations

Improve vaccination appointment convenience

Integrated Care Boards should ensure vaccination appointments are available through a range of delivery models, including evenings, weekends, and walk-in services where appropriate. Improving convenience, supported by an expanded role for community pharmacy, will help address practical barriers that prevent some people from receiving recommended vaccinations.

Ensure invitations, reminders and booking routes reflect how different groups prefer to engage

People with lung conditions should be able to access vaccine eligibility information, reminders and booking through a single, easy-to-use service. The planned MyVaccines addition to the NHS app[1] should support both patients and carers, helping ensure eligible vaccinations are not missed.

Expand the role of community pharmacies

The Department of Health and Social Care and NHS England, or its successor body, should expand opportunities for pharmacies to deliver a wider range of NHS respiratory vaccines as Advanced Services in the Community Pharmacy Contractual Framework. These vaccinations should include RSV and pneumonia alongside the existing flu and COVID-19 vaccination services.

Strengthen communication and engagement

Improve awareness of vaccine eligibility

The Department of Health and Social Care and NHS England, or its successor body, should ensure national vaccination campaigns give greater prominence to eligibility criteria and communicate any changes clearly and in good time. They should also support ICBs to deliver local campaigns tailored to their populations, and give healthcare professionals clear, timely guidance on vaccine eligibility ahead of each winter season and whenever eligibility changes. Eligibility for respiratory vaccines has changed several times in the past year, including the narrowing of COVID-19 eligibility in autumn 2025 and the more recent extension of RSV vaccination to people aged 65+ and all residents in care homes. Respondents told us they wanted clearer information about which vaccines they can have and whether they are free.

Build trust through targeted engagement

Integrated Care Boards should develop targeted engagement plans for communities where confidence in vaccines, awareness of eligibility and vaccine uptake is lower, including people from lower socioeconomic backgrounds and ethnic minorities. Communications should focus on building confidence in vaccines, improving awareness of eligibility and ensuring every patient interaction is used as an opportunity to discuss respiratory vaccination. This should include partnering with community organisations, including charities, faith and cultural groups, and peer networks, to help reach underserved communities and strengthen confidence in vaccination.

Policy recommendations

Most people with lung conditions are not opposed to vaccination. Many didn't see themselves as at risk, weren't sure what they could have, or simply never got round to it. No single fix will change that. But timely reminders, clear information, routine recommendations from trusted clinicians and more convenient services can turn good intentions into protection.

One size will not fit all. Services need to reflect how different people want to engage, and reach the communities where uptake is lowest, so that efforts to improve uptake narrow existing inequalities rather than widen them.

With vaccine commissioning moving to ICBs in April 2027, now is the moment to get this right. Without national direction, today's gaps in awareness, access and uptake risk becoming embedded as local variation. The Department of Health and Social Care and NHS England, or its successor body, should commit to a respiratory Modern Service Framework, with vaccination at its core, before the transfer of vaccine commissioning. That would mean everyone living with a lung condition has the same chance to be protected, wherever they live. It would also reduce avoidable hospital admissions, ease winter pressure on the NHS and help deliver the shift from sickness to prevention set out in the Government's 10 Year Health Plan.







Appendix

Methodology and survey limitations

The survey was conducted online, hosted by YouGov on behalf of the Taskforce for Lung Health, among 2,288 adults in England who self-reported a diagnosis of asthma, COPD, bronchiectasis and/or pulmonary fibrosis. Fieldwork took place between 13 April and 10 May 2026. The figures have been weighted and are representative of those with each condition by age, gender, social grade, region and ethnicity (where possible).

Findings are based on self-reported responses and may be influenced by recall bias and social desirability bias.

Diagnoses, vaccination status and eligibility were not clinically verified. In addition, the survey provides a snapshot of respondents' views and experiences at a single point in time and is not representative of all people living with lung conditions in England.

As an online survey, it is likely to under-represent people who are digitally excluded including people experiencing frailty and people who do not speak English. These groups can face some of the greatest barriers to vaccination.

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Data tables

Characteristic	Group	n=2,288 unless specified
Health condition	Asthma	85%
	COPD	13%
	Bronchiectasis	2%
	Pulmonary fibrosis	1%
Age	18-24	5%
	25-34	22%
	35-44	13%
	45-54	17%
	55-64	16%
	65-74	18%
	75+	9%
Social grade	ABC1	57%
	C2DE	43%
Disability/long-term condition	Yes	50% (n=2,274)
	No	50% (n=2,274)
Urban/rural	Urban	80%
	Town & fringe	10%
	Rural	10%
Religion	Follows a religion	47% (n=2,248)
	No religion	53% (n=2,248)
	Vaccinated for something	80% (n=2,070)
	Not vaccinated for something they were eligible for	38 (n=2,070)
Ethnicity	White	83%
	Ethnic minority	17%

The findings presented in this report are drawn from a broader dataset. Full survey data tables are available on request from the Taskforce for Lung Health Secretariat at taskforce@asthmaandlung.org.uk.

Acknowledgements

The Taskforce for Lung Health would like to thank its Taskforce members for their time, expertise and input in shaping this report. We are also grateful to Dartstone for their support in developing the report.

Most importantly, we thank the 2,288 people living with lung conditions who took part in the survey and shared their experiences of vaccination.

To contact the Taskforce for Lung Health, please email taskforce@asthmaandlung.co.uk.

The secretariat for the Taskforce for Lung Health is provided by Asthma + Lung UK.

Taskforce for Lung Health

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 01863614 with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man.