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PERTUSSIS REPORT
4 April–1 May 2026

This report summarises pertussis (whooping cough) notifications for the four-week period 4 April–1 May 2026, and cumulative numbers since the onset of a national pertussis epidemic on 19 October 2024. It includes the distribution of cases by time, region, district, age group and prioritised ethnicity. Four-weekly rates are presented to enable comparisons between groups and over time. This report supplements the Pertussis dashboard which is updated weekly.

Data contained within this report is based on information recorded in EpiSurv as at 11am on 6 May 2026. Changes made to EpiSurv after this time will not be reflected here. Data presented may be further updated and should be regarded as provisional. Cases still under investigation are not included in this report. Because cases that are under investigation are still to be classified, case numbers may change in future reports.

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Summary

- A national pertussis epidemic was declared on 22 November 2024 following an increase in cases throughout New Zealand beginning on 19 October 2024.
- Case numbers and hospitalisations are similar in the four-week period 4 April–1 May 2026 compared to the prior four weeks.
- Case numbers and hospitalisations are similar in the current four-week period compared to the same period last year.

In the past four surveillance weeks (weeks 14–17, 4 April–1 May 2026):

- there were 105 cases (97 confirmed and 8 probable) notified in EpiSurv, compared with 91 cases for the prior four weeks (weeks 10–13) This comprises 9, 26, 39 and 31 cases, respectively in weeks 14–17;
- nine cases were hospitalised, compared with 10 cases in weeks 10–13; no deaths were reported;
- five cases (4.8%) were aged less than 1 year, of which three were hospitalised;
- notification rates were highest among children aged 1–4 years (10.4 per 100,000, 25 cases), followed by children aged 5–9 years (9.2 per 100,000, 30 cases);
- the ethnic group with the highest notification rate was European or Other (2.6 per 100,000, 78 cases), followed by Māori (2.0 per 100,000, 19 cases);
- rates were highest in the South Island | Te Waipounamu Region (5.0 per 100,000, 63 cases). The Midland | Te Manawa Taki (2.0 per 100,000, 21 cases), Northern (0.7 per 100,000, 15 cases) and Central | Te Ikaroa (0.6 per 100,000, 6 cases) regions all had lower rates;

- 38 cases were associated with two outbreaks: a school in Nelson Marlborough (28 cases) and an early childhood education centre in Canterbury (10 cases).

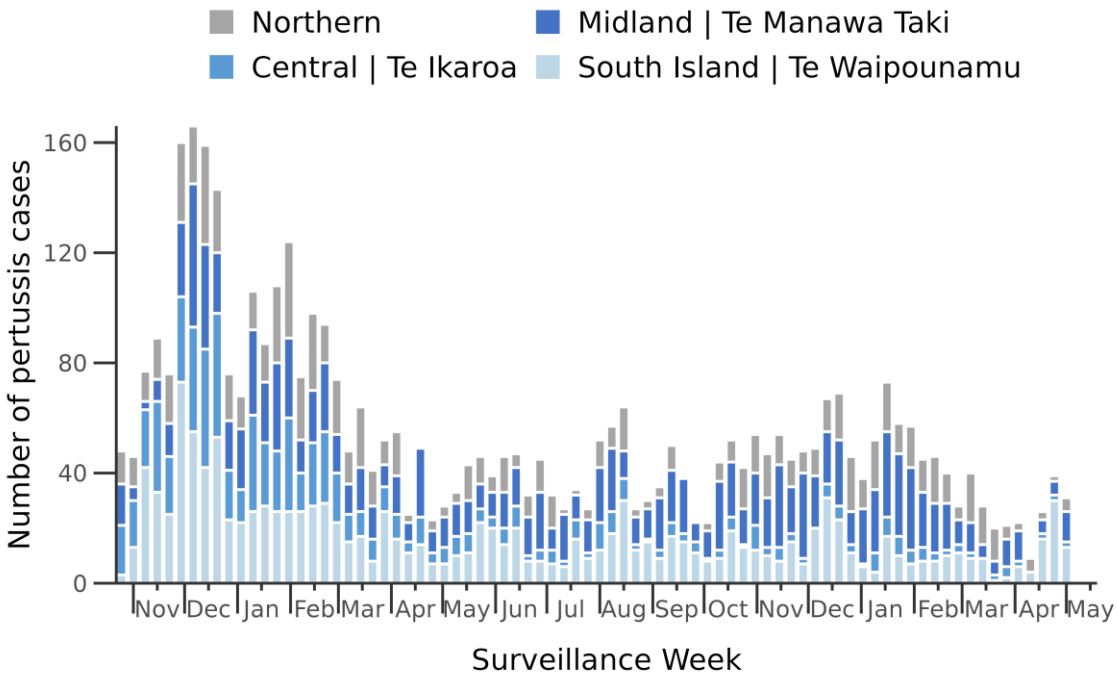
From the beginning of the current national epidemic on 19 October 2024 to 1 May 2026:

- a total of 4400 confirmed, probable and suspect cases of pertussis were notified;
- overall, 411 cases (9.6%) were hospitalised[1] and there has been one death;
- of the 383 cases (8.7%) aged less than 1 year, 199 (52.6%) were hospitalised.

Trends in pertussis cases

A national epidemic was declared on 22 November 2024 following a sustained increase in cases throughout New Zealand beginning on 19 October 2024 (Figure 1). Weekly case numbers peaked in December 2024.

Figure 1. Pertussis cases by week and region, 19 October 2024 to 1 May 2026

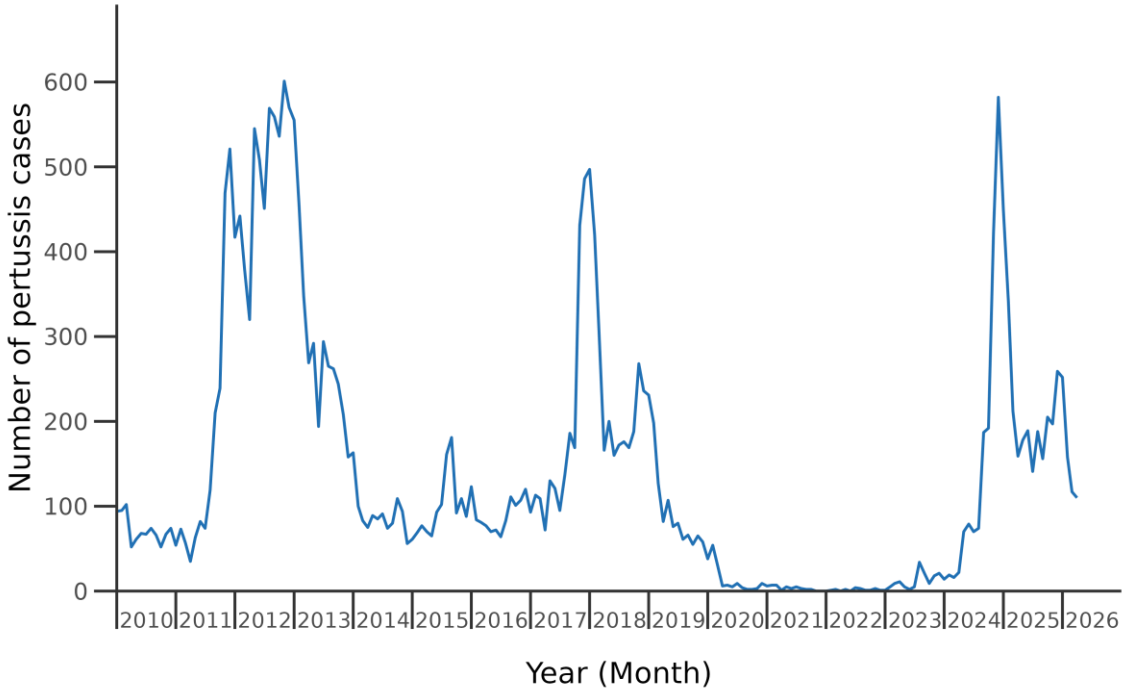


Note: includes confirmed, probable, and suspect cases only. Cases still under investigation are excluded.

[1] Hospitalised percentages are out of total cases where hospitalisation status was known

Figure 2 shows monthly pertussis cases since 2010. This shows the current epidemic with case numbers in December 2024 equalling or exceeding the highest months seen during the two previous epidemics in 2011–2013 and 2017–2019.

Figure 2. Pertussis cases by month, January 2010–April 2026



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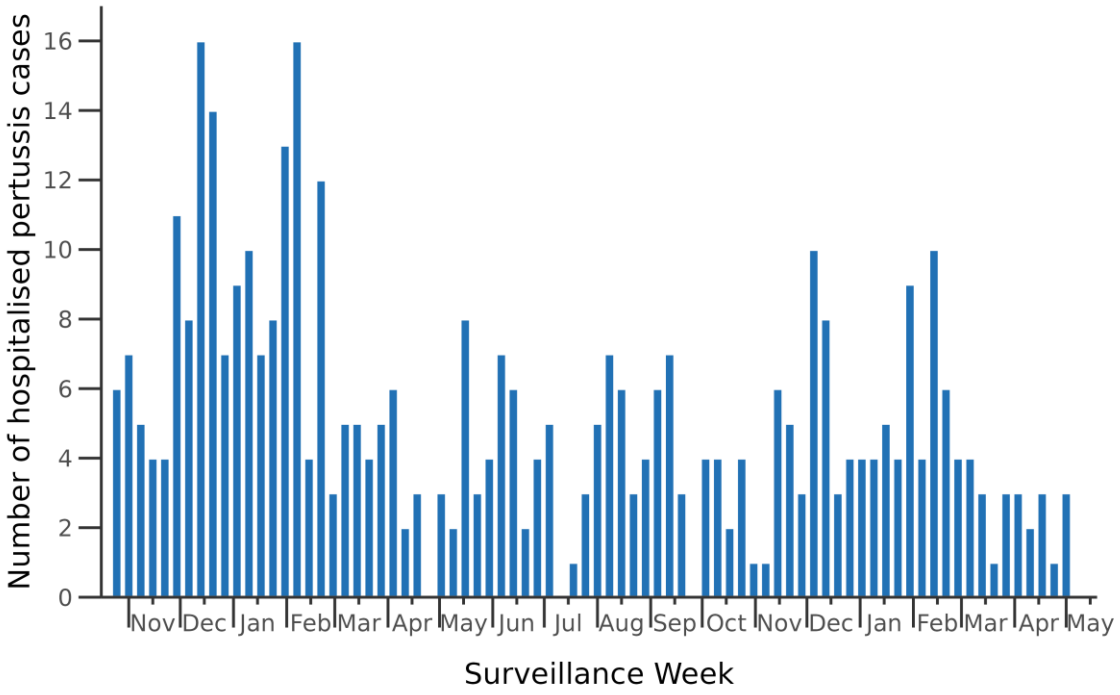
Trends in pertussis hospitalisations

Pertussis hospitalisations were highest in December 2024 through to February 2025 (Figure 3). In the past four weeks, nine cases were hospitalised, compared to 10 in the prior four-week period.

Figure 3. Pertussis hospitalisations by week, 19 October 2024 to 1 May 2026



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Cases by age

In the past four weeks, notification rates were highest among children aged 1–4 years, followed by children aged 5–9 years (Table 1). Infants aged less than 1 year are most vulnerable to severe disease, with a high proportion requiring hospitalisation. Among infants, those aged less than 2 months are at highest risk of severe disease and death.

Table 1. Number and rate of pertussis cases and hospitalisations by age group

Age Group (years)	Past 4 weeks			National epidemic to date	
	4 April–1 May 2026			19 October 2024–1 May 2026	
	Cases[1]	Rate[2]	Hospitalised[3]	Cases[1]	Hospitalised[3]
<1	5	8.7	3 (60.0%)	383	199 (52.6%)
1–4	25	10.4	3 (13.0%)	893	78 (9.0%)
5–9	30	9.2	1 (4.0%)	811	23 (2.9%)
10–14	15	4.3	0 (0.0%)	586	15 (2.7%)
15–19	3	–	0 (0.0%)	302	13 (4.4%)
20–64	24	0.8	2 (9.5%)	1,255	60 (4.9%)
65+	3	–	0 (0.0%)	169	23 (14.2%)
Unknown	0	–	0 (0.0%)	1	0 (0.0%)
Total	**105**	**2.0**	**9 (9.9%)**	**4,400**	**411 (9.6%)**

[1] Includes confirmed, probable and suspect cases only
[2] Four-week rate of pertussis cases per 100,000 population calculated using 2025 mid-year population estimates from Statistics New Zealand. Rate suppressed if based on fewer than five cases.
[3] Hospitalised percentages are out of total cases where hospitalisation status was known.

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Cases by Ethnicity

In the past four weeks, the ethnic group with the highest notification rate was European and Other (2.6 per 100,000), followed by Māori (2.0 per 100,000) (Table 2).

Hospitalisation rates for the epidemic to date were highest among Māori and Pacific peoples, both overall and for cases aged less than 1 year.

Further breakdowns of case numbers by age and ethnicity are available on the Pertussis dashboard.

Table 2. Number and rate of pertussis cases by ethnicity

Ethnicity	Past 4 weeks		National epidemic to date			
	4 April–1 May 2026		19 October 2024–1 May 2026			
	Cases[1]	Rate[2]	Cases[1]	Hospitalised[3]	Cases <1yr	Hospitalised[3] <1yr
Māori	19	2.0	1,467	204 (14.1%)	230	125 (55.1%)
Pacific peoples	1	-	272	62 (23.2%)	44	29 (65.9%)
Asian	4	-	159	14 (9.2%)	14	4 (28.6%)
European or Other	78	2.6	2,478	130 (5.4%)	95	41 (44.1%)
Unknown	3	-	24	1 (4.5%)		

Note: Ethnicity is prioritised. European or Other includes the MELAA category.
[1] Includes confirmed, probable and suspect cases only
[2] Four-week rate of pertussis cases per 100,000 population calculated using 2025 mid-year population estimates from Statistics New Zealand. Rate suppressed if based on fewer than five cases.
[3] Hospitalised percentages are out of total cases where hospitalisation status was known.

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Cases by district

Nelson Marlborough District reported the highest rate (21.2 per 100,000) in the last four weeks, followed by Canterbury and Northland (3.6 and 3.5 per 100,000 respectively) (Table 3).

Table 3. Number of pertussis cases, rate and hospitalisations by health district

District	Past 4 weeks			National epidemic to date	
	4 April–1 May 2026			19 October 2024–1 May 2026	
	Cases[1]	Rate[2]	Hospitalised	Cases[1]	Hospitalised
Northland	7	3.5	2	319	28
Waitematā	5	0.7	0	230	39
Auckland	1	-	0	156	24
Counties Manukau	2	-	1	242	49
Waikato	12	2.6	0	314	32
Lakes	0	-	0	183	24
Bay of Plenty	7	2.5	0	601	47
Tairāwhiti	0	-	0	84	5
Taranaki	2	-	1	143	25
Hawke's Bay	0	-	0	207	20
Whanganui	2	-	1	46	10
MidCentral	2	-	1	159	12
Capital, Coast and Hutt Valley	2	-	1	321	19
Wairarapa	0	-	0	32	4
Nelson Marlborough	35	21.2	0	225	5
West Coast	0	-	0	85	6
Canterbury	23	3.6	1	594	38
South Canterbury	0	-	0	28	9
Southern	5	1.4	1	431	15

[1] Includes confirmed, probable and suspect cases only.
[2] Four-week rate of pertussis cases per 100,000 population calculated using 2025 mid-year population estimates from Statistics New Zealand. Rate suppressed if based on fewer than five cases.

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Vaccination status of cases aged <12 months

Pertussis vaccination is funded in New Zealand during every pregnancy and as part of the childhood immunisation schedule. The primary series is given at 6 weeks, 3 months and 5 months. Together with the antenatal vaccine, this schedule aims to protect infants against pertussis infection, severe disease requiring hospitalisation, and death.

In the epidemic to date, there have been 72 cases of pertussis in infants aged <2 months. Of these, eight (11.1%) were born to mothers who had received antenatal vaccination against pertussis during pregnancy.

Among cases aged 2–11 months, 74.7% (222/297) had not received all of their age-appropriate pertussis vaccine doses (Table 4).

Table 4. Vaccination status of cases aged <12 months, by age and hospitalisation, 19 October 2024–1 May 2026

Age Group	Hospitalised		Not Hospitalised	
<2mths[1]	61		11	
	Not vaccinated for age[2]	Vaccinated for age[2]	Not vaccinated for age[2]	Vaccinated for age[2]
2–3mths	45	15	9	8
4–5mths	27	5	29	2
6–11mths	34	7	78	38

Note: table excludes nine cases where vaccination status is unknown and five cases where hospitalisation status is unknown.
[1] Vaccination information is not provided for infants <2 months as the first infant dose is offered at 6 weeks and protection takes 14 days to develop.
[2] A case is considered to be vaccinated for age if they have received at minimum: 1 dose for cases 2 to <4 months; 2 doses for cases 4 to <6 months and 3 doses for cases 6-<12 months.

Note: Vaccine doses given <14 days prior to date of illness onset are excluded from this analysis as protection is expected to take 14 days to develop.

Appendix – Case definition

Note: The pertussis case definition was revised on 18 December 2024. The suspect case definition was retired as part of this revision.

The case definition in place at the time of preparing this report is provided below. The current case classification used in Aotearoa New Zealand can be found on the Health New Zealand | Te Whatu Ora Communicable Disease Control Manual site.

Clinical criteria

A clinically compatible illness is characterised by a new onset cough without a clear alternative cause and one or more of the following features:

- paroxysms of coughing
- cough ending in vomiting
- inspiratory whoop
- apnoea or cyanosis (in infants aged under 12 months).

Epidemiological criteria

An epidemiological link is established when there is contact between two people at a time when one of them is likely to be infectious AND the other has an illness which starts within 5 to 21 days after this contact AND at least one case in the chain of epidemiologically linked cases (which may involve many cases) has laboratory definitive evidence of pertussis.

Laboratory criteria

Laboratory definitive evidence: Detection of *Bordetella pertussis* nucleic acid by polymerase chain reaction (PCR), OR Isolation of *B. pertussis*

Case classification

- **Confirmed**: a person who has laboratory definitive evidence; OR a person who has a clinically compatible illness AND who has an epidemiological link to a confirmed case.
- **Probable**: a person who has a clinically compatible illness AND either has a cough lasting 14 days or more OR exposure as part of an outbreak[1].

  [1]an institutional outbreak or community-wide outbreak (when there is limited access to testing)
- **Under investigation**: a person who has been notified, but information is not yet available to classify further.
- **Not a case**: a person who has been investigated and subsequently found not to meet the case definition.