

PERTUSSIS REPORT

7 March–3 April 2026

This report summarises pertussis (whooping cough) notifications for the four-week period 7 March–3 April 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 8 April 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 significantly lower in the four-week period 7 March–3 April 2026 compared to the prior four weeks.
- Case numbers and hospitalisations are significantly lower in the current four-week period compared to the same period last year.

In the past four surveillance weeks (weeks 10–13, 7 March–3 April 2026):

- there were 90 cases (76 confirmed and 14 probable) notified in EpiSurv, compared with 154 cases for the prior four weeks (weeks 6–9) This comprises 28, 19, 21 and 22 cases, respectively in weeks 10–13;
- 10 cases were hospitalised, compared with 24 cases in weeks 6–9; no deaths were reported;
- 11 cases (12.2%) were aged less than 1 year, of which eight were hospitalised;
- notification rates were highest among infants aged less than 1 year (19.1 per 100,000, 11 cases), followed by children aged 1–4 years (9.2 per 100,000, 22 cases);
- the ethnic group with the highest notification rate was Pacific peoples (2.7 per 100,000, 10 cases), followed by Māori (1.8 per 100,000, 17 cases), and European or Other (1.7 per 100,000, 52 cases);

- rates were highest in the Midland | Te Manawa Taki Region (3.0 per 100,000, 31 cases). The Northern | Te Tai Tokerau (1.6 per 100,000, 33 cases), South Island | Te Waipounamu (1.4 per 100,000, 18 cases) and Central | Te Ikaroa (0.8 per 100,000, 8 cases) regions all had lower rates.

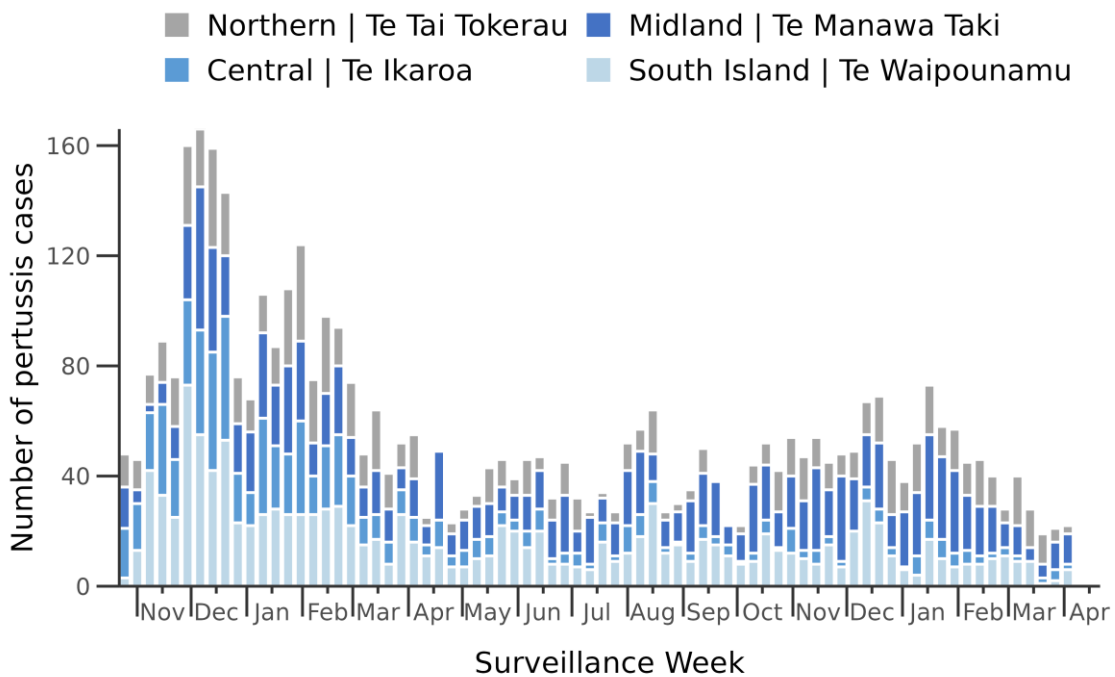
From the beginning of the current national epidemic on 19 October 2024 to 3 April 2026:

- a total of 4294 confirmed, probable and suspect cases of pertussis were notified;
- overall, 402 cases (9.6%) were hospitalised¹ and there has been one death;
- of the 378 cases (8.8%) aged less than 1 year, 196 (52.5%) 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 3 April 2026

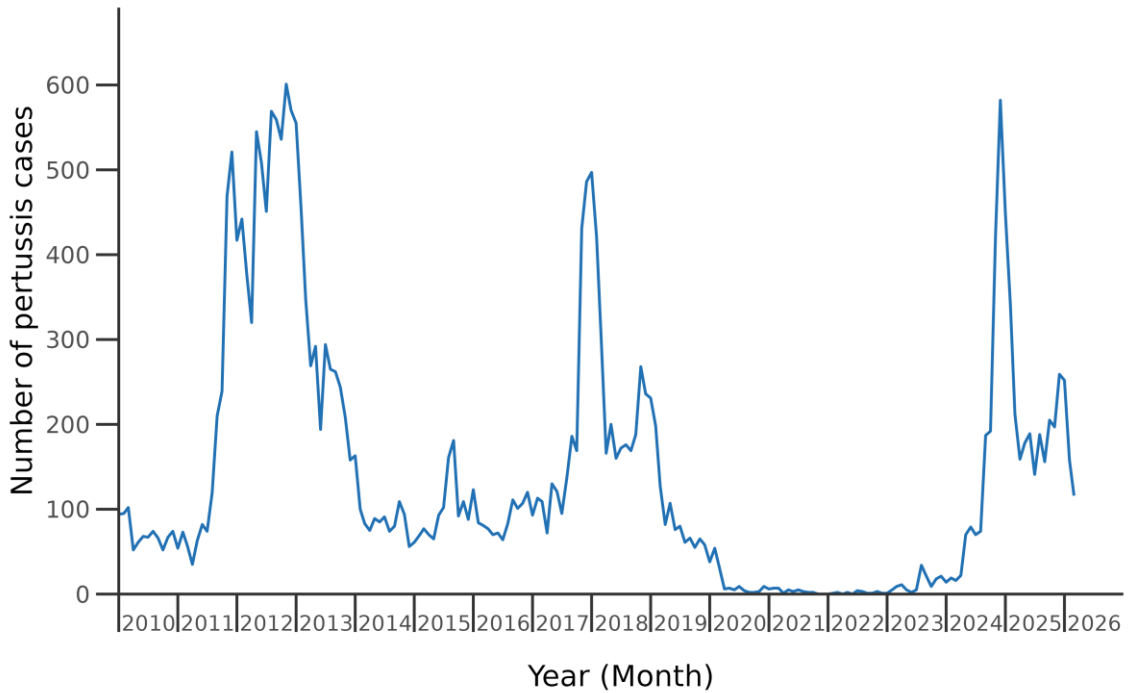


Note: includes confirmed, probable, and suspect cases only. Cases still under investigation are excluded.

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–March 2026



Note: Data for April are not presented as the month is not yet complete.

Cases by age

In the past four weeks, notification rates were highest among infants aged less than 1 year, followed by children aged 1–4 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	
	7 March–3 April 2026			19 October 2024–3 April 2026	
	Cases ¹	Rate ²	Hospitalised ³	Cases ¹	Hospitalised ³
<1	11	19.1	8 (80.0%)	378	196 (52.5%)
1–4	22	9.2	2 (9.5%)	868	75 (8.8%)
5–9	19	5.8	0 (0.0%)	781	22 (2.9%)
10–14	7	2.0	0 (0.0%)	570	15 (2.7%)
15–19	6	1.7	0 (0.0%)	299	13 (4.5%)
20–64	20	0.6	0 (0.0%)	1231	58 (4.8%)
65+	5	0.6	0 (0.0%)	166	23 (14.5%)
Unknown	0	–	0 (0.0%)	1	0 (0.0%)
Total	90	1.7	10 (11.5%)	4294	402 (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.

Cases by Ethnicity

In the past four weeks, the ethnic group with the highest notification rate was Pacific peoples (2.7 per 100,000), followed by Māori (1.8 per 100,000) and European or Other (1.7 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			
	7 March–3 April 2026		19 October 2024–3 April 2026			
	Cases ¹	Rate ²	Cases ¹	Hospitalised ³	Cases <1yr	Hospitalised ³ <1yr
Māori	17	1.8	1447	200 (14.0%)	228	123 (54.7%)
Pacific peoples	10	2.7	271	61 (22.9%)	44	29 (65.9%)
Asian	7	0.7	155	14 (9.5%)	13	4 (30.8%)
European or Other	52	1.7	2397	126 (5.4%)	93	40 (44.0%)
Unknown	4	-	24	1 (4.5%)	0	0 (0.0%)

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.

Cases by district

Taranaki District reported the highest rate (6.1 per 100,000) in the last four weeks, followed by Bay of Plenty (4.0 per 100,000) (Table 3).

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

District	Past 4 weeks			National epidemic to date	
	7 March–3 April 2026			19 October 2024–3 April 2026	
	Cases ¹	Rate ²	Hospitalised	Cases ¹	Hospitalised
Northland	3	-	0	312	26
Waitematā	19	2.8	2	224	39
Auckland	1	-	0	155	24
Counties Manukau	10	1.5	3	240	48
Waikato	9	1.9	0	302	32
Lakes	2	-	0	183	24
Bay of Plenty	11	4.0	1	594	47
Tairāwhiti	1	-	0	84	5
Taranaki	8	6.1	2	141	24
Hawke's Bay	0	-	0	207	20
Whanganui	2	-	0	44	9
MidCentral	0	-	0	157	11
Capital, Coast and Hutt Valley	5	1.0	0	319	18
Wairarapa	1	-	1	32	4
Nelson Marlborough	4	-	0	190	5
West Coast	1	-	0	85	6
Canterbury	11	1.7	1	571	37
South Canterbury	2	-	0	28	9
Southern	0	-	0	426	14

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.

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 71 cases of pertussis in infants aged <2 months. Of these, eight (11.3%) were born to mothers who had received antenatal vaccination against pertussis during pregnancy.

Among cases aged 2–11 months, 75.2% (221/294) 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 2024–3 April 2026

Age Group	Hospitalised		Not Hospitalised	
<2mths ¹	60		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	6	77	37

Note: table excludes eight 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 outbreak¹.
¹an 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.