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PERTUSSIS REPORT
7 February–6 March 2026

This report summarises pertussis (whooping cough) notifications for the four-week period 7 February–6 March 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 11 March 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 are significantly lower in the four-week period 7 February–6 March 2026 compared to the prior four weeks. Hospitalisations are similar 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 6–9, 7 February–6 March 2026):

- there were 151 cases (126 confirmed and 25 probable) notified in EpiSurv, compared with 233 cases for the prior four weeks (weeks 2–5) This comprises 46, 40, 28 and 37 cases, respectively in weeks 6–9;
- 24 cases were hospitalised, compared with 22 cases in weeks 2–5; no deaths were reported;
- 21 cases (13.9%) were aged less than 1 year, of which 10 were hospitalised;
- notification rates were highest among infants aged less than 1 year years (36.4 per 100,000, 21 cases), followed by children aged 1–4 years (18.3 per 100,000, 44 cases);
- the ethnic group with the highest notification rate was Māori (7.6 per 100,000, 71 cases), followed by Pacific peoples (2.4 per 100,000, 9 cases), and European or Other (2.1 per 100,000, 64 cases);

- rates were highest in the Midland | Te Manawa Taki Region (5.2 per 100,000, 55 cases). The South Island | Te Waipounamu (2.9 per 100,000, 37 cases), Northern | Te Tai Tokerau (2.4 per 100,000, 49 cases) and Central | Te Ikaroa (1.0 per 100,000, 10 cases) regions all had lower rates.

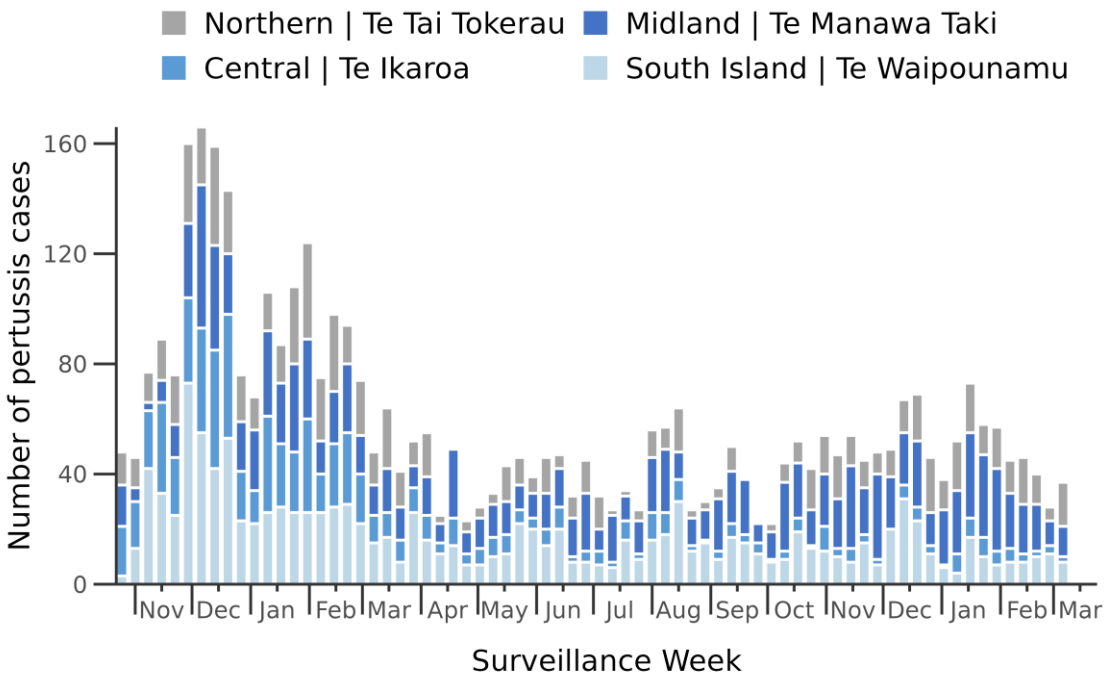
From the beginning of the current national epidemic on 19 October 2024 to 6 March 2026:

- a total of 4205 confirmed, probable and suspect cases of pertussis were notified;
- overall, 392 cases (9.6%) were hospitalised[1] and there has been one death;
- of the 367 cases (8.7%) aged less than 1 year, 188 (51.8%) 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 6 March 2026

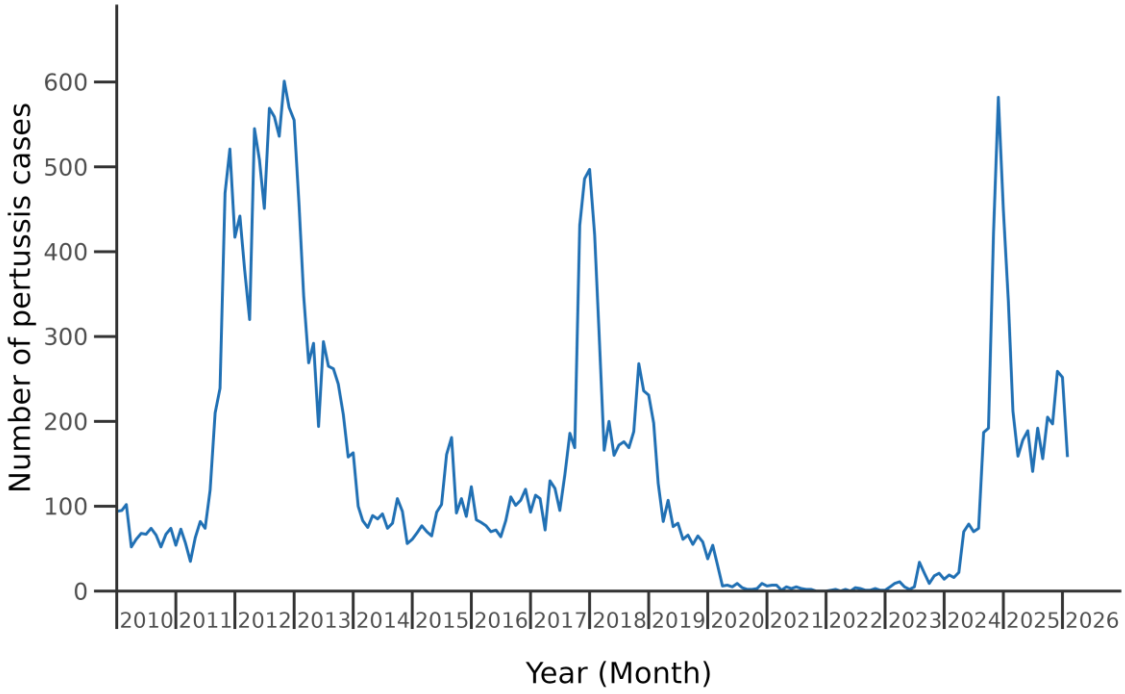


Note: includes confirmed, probable, and suspect cases only. Cases still under investigation are excluded.

[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–February 2026



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

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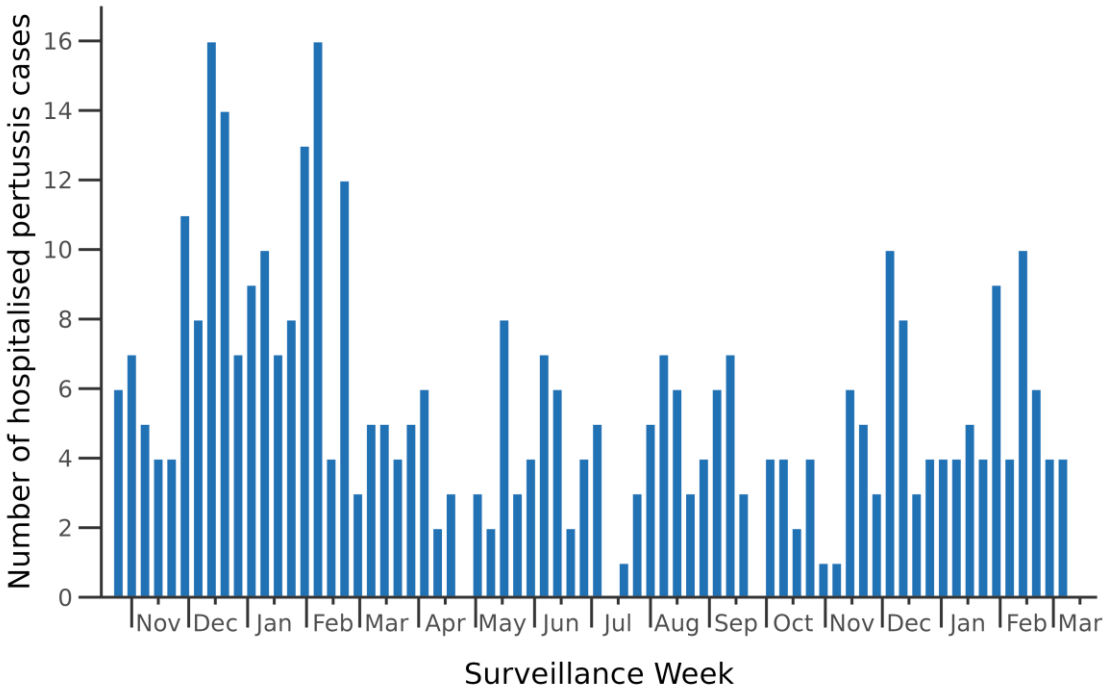
Trends in pertussis hospitalisations

Pertussis hospitalisations were highest in December 2024 through to February 2025 (Figure 3). In the past four weeks, 24 cases were hospitalised, compared to 22 in the prior four-week period.

Figure 3. Pertussis hospitalisations by week, 19 October 2024 to 6 March 2026



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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 February–6 March 2026			19 October 2024–6 March 2026	
	Cases[1]	Rate[2]	Hospitalised[3]	Cases[1]	Hospitalised[3]
<1	21	36.4	10 (47.6%)	367	188 (51.8%)
1–4	44	18.3	9 (21.4%)	849	73 (8.8%)
5–9	23	7.1	0 (0.0%)	762	22 (3.0%)
10–14	7	2.0	0 (0.0%)	563	15 (2.8%)
15–19	15	4.2	1 (6.7%)	291	13 (4.6%)
20–64	33	1.1	2 (6.1%)	1,211	58 (4.9%)
65+	8	0.9	2 (28.6%)	161	23 (14.9%)
Unknown	0	–	0 (0.0%)	1	0 (0.0%)
Total	**151**	**2.8**	**24 (16.2%)**	**4,205**	**392 (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 Māori (7.6 per 100,000), followed by Pacific peoples (2.4 per 100,000) and European or Other (2.1 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 February–6 March 2026		19 October 2024–6 March 2026			
	Cases[1]	Rate[2]	Cases[1]	Hospitalised[3]	Cases <1yr	Hospitalised[3] <1yr
Māori	71	7.6	1,432	195 (13.8%)	222	119 (54.1%)
Pacific peoples	9	2.4	261	58 (22.7%)	41	26 (63.4%)
Asian	4	-	147	13 (9.3%)	12	3 (25.0%)
European or Other	64	2.1	2,342	124 (5.5%)	92	40 (44.4%)
Unknown	3	-	23	2 (10.0%)	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.

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Cases by district

Bay of Plenty District reported the highest rate (10.1 per 100,000) in the last four weeks, followed by Northland (8.0 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 February–6 March 2026			19 October 2024–6 March 2026	
	Cases[1]	Rate[2]	Hospitalised	Cases[1]	Hospitalised
Northland	16	8.0	1	309	26
Waitematā	18	2.6	4	203	37
Auckland	10	2.0	2	154	24
Counties Manukau	5	0.8	1	230	45
Waikato	11	2.4	2	293	32
Lakes	4	-	0	181	24
Bay of Plenty	28	10.1	4	583	46
Tairāwhiti	3	-	0	83	5
Taranaki	9	6.9	3	133	22
Hawke's Bay	3	-	2	207	20
Whanganui	0	-	0	42	9
MidCentral	5	2.6	2	157	11
Capital, Coast and Hutt Valley	2	-	0	314	18
Wairarapa	0	-	0	31	3
Nelson Marlborough	6	3.6	0	186	5
West Coast	0	-	0	84	6
Canterbury	24	3.8	2	559	36
South Canterbury	1	-	1	26	9
Southern	6	1.7	0	430	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.

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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 69 cases of pertussis in infants aged <2 months. Of these, seven (10.1%) were born to mothers who had received antenatal vaccination against pertussis during pregnancy.

Among cases aged 2–11 months, 75.1% (214/285) 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 2024–6 March 2026

Age Group	Hospitalised		Not Hospitalised	
<2mths[1]	58		11	
	Not vaccinated for age[2]	Vaccinated for age[2]	Not vaccinated for age[2]	Vaccinated for age[2]
2–3mths	44	15	9	8
4–5mths	24	5	28	2
6–11mths	32	5	77	36

Note: table excludes nine cases where vaccination status is unknown and four 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.