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PERTUSSIS REPORT
2–29 May 2026

This report summarises pertussis (whooping cough) notifications for the four-week period 2–29 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 3 June 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 higher in the four-week period 2–29 May 2026 compared to the prior four weeks. Hospitalisations have stayed the same.
- Case numbers are also higher in the current four-week period compared to the same period last year, though hospitalisations are lower.

In the past four surveillance weeks (weeks 18–21, 2–29 May 2026):

- there were 183 cases (151 confirmed and 32 probable) notified in EpiSurv, compared with 104 cases for the prior four weeks (weeks 14–17), and 161 cases for the same period last year;
- there were 44, 47, 52 and 40 cases, respectively in weeks 18–21. The current four-week rate is 3.4 per 100,000;
- nine cases were hospitalised, the same as in weeks 14–17; no deaths were reported;
- 10 cases (5.5%) were aged less than 1 year, of which five were hospitalised;
- notification rates were highest among children aged 1–4 years (20.0 per 100,000, 48 cases), followed by infants less than 1 year (17.3 per 100,000, 10 cases);
- the ethnic group with the highest notification rate was Māori (4.6 per 100,000, 43 cases), followed by European/Other (3.9 per 100,000, 120 cases);

- rates were highest in the Midland | Te Manawa Taki region (6.1 per 100,000, 64 cases), followed by the South Island | Te Waipounamu (5.0 per 100,000, 63 cases). The Central | Te Ikaroa (2.8 per 100,000, 27 cases) and Northern (1.4 per 100,000, 29 cases) regions had lower rates;
- 27 cases were associated with nine outbreaks: two school outbreaks in the Bay of Plenty (15 cases) and seven outbreaks in early childhood education centres, four in Canterbury, two in Waikato and one in the Capital, Coast and Hutt Valley districts (12 cases in total).

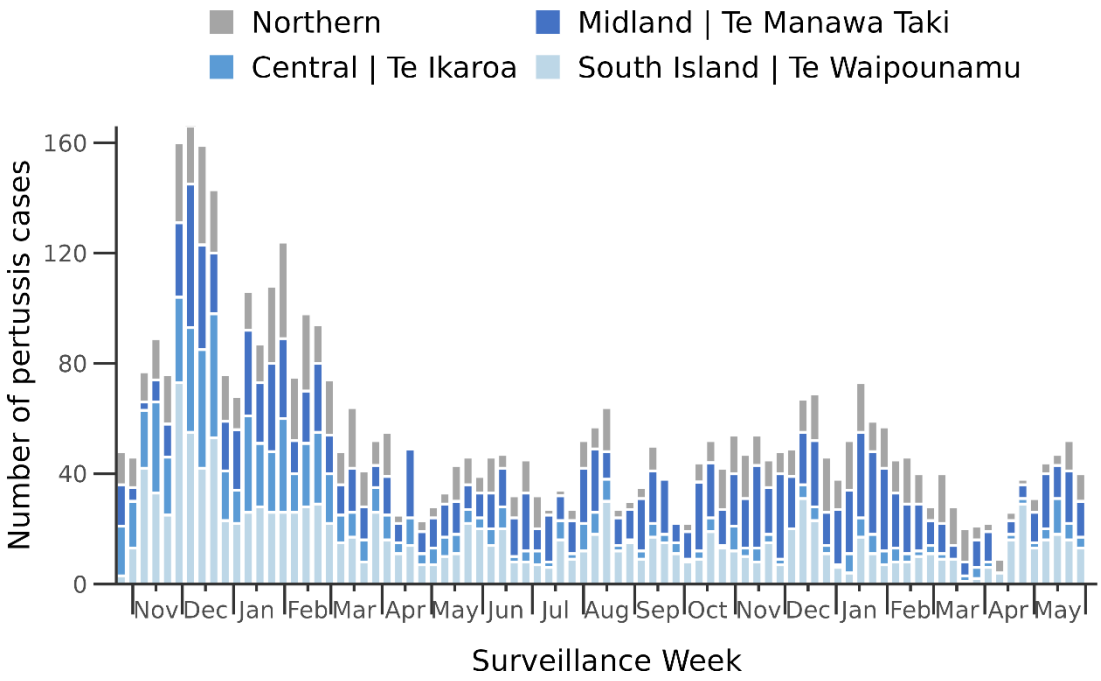
From the beginning of the current national epidemic on 19 October 2024 to 29 May 2026:

- a total of 4583 confirmed, probable and suspect cases of pertussis were notified;
- overall, 420 cases (9.4%) were hospitalised[1] and there has been one death;
- of the 393 cases (8.6%) aged less than 1 year, 204 (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 29 May 2026

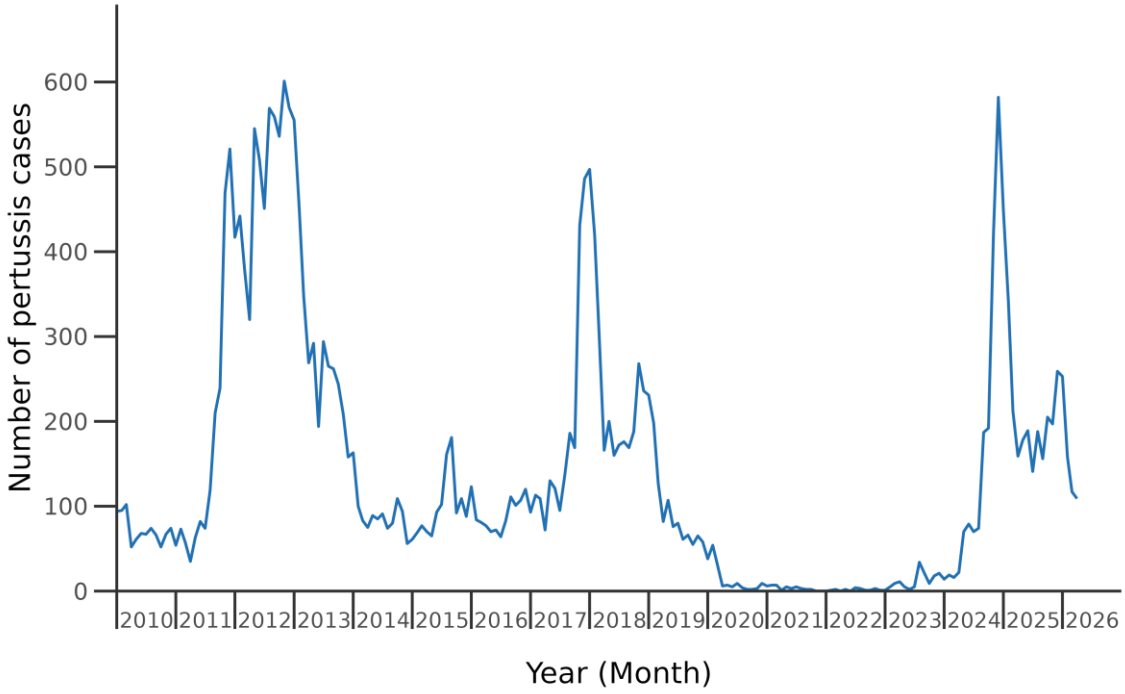


Note: includes confirmed, probable, and suspect cases only. Cases still under investigation are excluded.

[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 to April 2026



Note: Date for May are not presented as the month was not yet complete

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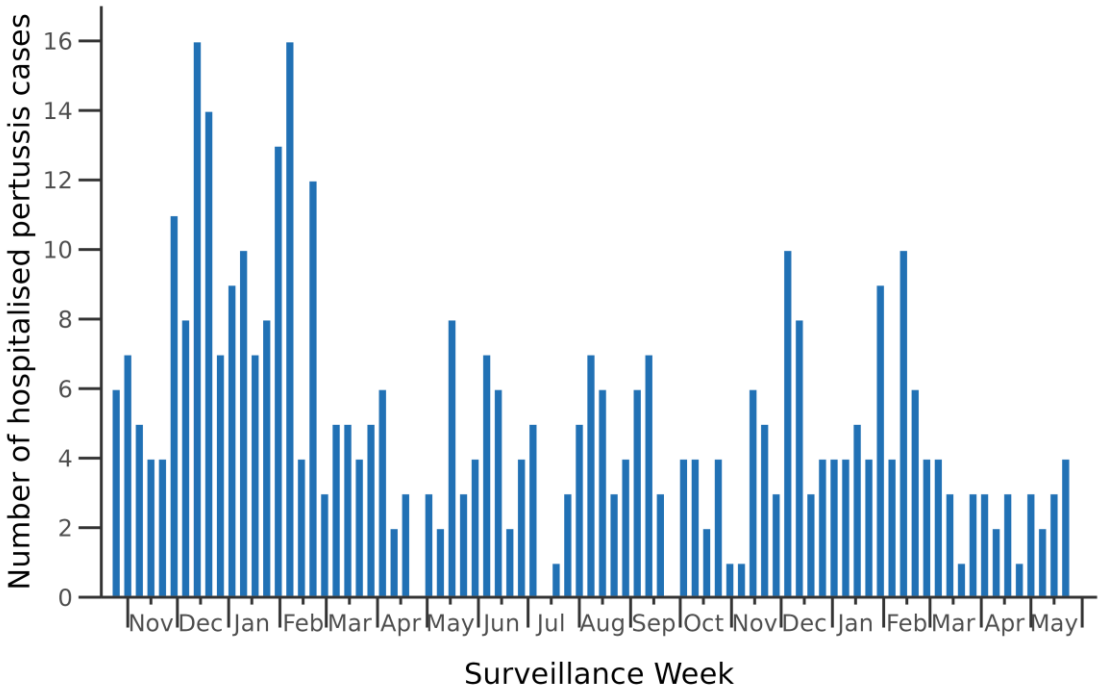
Trends in pertussis hospitalisations

Pertussis hospitalisations were highest in December 2024 through to February 2025 (Figure 3). In the past four weeks, nine cases were hospitalised, the same as in the prior four-week period. For the same period in the previous year, there were 17 cases hospitalised.

Figure 3. Pertussis hospitalisations by week, 19 October 2024 to 29 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 infants aged less than one year (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	
	2–29 May 2026			19 October 2024–29 May 2026	
	Cases[1]	Rate[2]	Hospitalised[3]	Cases[1]	Hospitalised[3]
<1	10	17.3	5 (50.0%)	393	204 (52.6%)
1–4	48	20.0	3 (6.8%)	942	81 (8.8%)
5–9	46	14.1	0 (0.0%)	857	23 (2.8%)
10–14	26	7.5	0 (0.0%)	612	15 (2.6%)
15–19	14	4.0	0 (0.0%)	316	13 (4.2%)
20–64	33	1.1	0 (0.0%)	1,287	60 (4.8%)
65+	6	0.7	1 (20.0%)	176	24 (14.3%)
Total	**183**	**3.4**	**9 (5.2%)**	**4,583**	**420 (9.4%)**

[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 (4.6 per 100,000, 43 cases), followed by European/Other (3.9 per 100,000, 120 cases) (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			
	2–29 May 2026		19 October 2024–29 May 2026			
	Cases[1]	Rate[2]	Cases[1]	Hospitalised[3]	Cases <1yr	Hospitalised[3] <1yr
Māori	43	4.6	1,511	207 (13.9%)	233	127 (55.2%)
Pacific peoples	6	1.6	278	63 (23.2%)	45	30 (66.7%)
Asian	8	0.8	167	16 (10.0%)	16	5 (31.3%)
European/Other	120	3.9	2,599	133 (5.3%)	99	42 (43.3%)
Unknown	6	-	28	1 (4.0%)		

Note: Ethnicity is prioritised. European/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

Whanganui District reported the highest rate (18.6 per 100,000) in the last four weeks, followed by Bay of Plenty (13.7 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	
	2–29 May 2026			19 October 2024–29 May 2026	
	Cases[1]	Rate[2]	Hospitalised	Cases[1]	Hospitalised
Northland	9	4.5	0	328	28
Waitematā	12	1.8	2	242	41
Auckland	1	-	0	157	24
Counties Manukau	7	1.1	1	249	50
Waikato	19	4.1	0	333	32
Lakes	0	-	0	183	24
Bay of Plenty	38	13.7	0	639	47
Tairāwhiti	0	-	0	84	5
Taranaki	7	5.4	0	150	25
Hawke's Bay	2	-	1	209	21
Whanganui	13	18.6	1	59	11
MidCentral	2	-	1	161	13
Capital, Coast and Hutt Valley	9	1.9	2	330	21
Wairarapa	1	-	0	33	4
Nelson Marlborough	14	8.5	0	238	5
West Coast	0	-	0	86	6
Canterbury	44	6.9	0	638	38
South Canterbury	1	-	0	29	9
Southern	4	-	1	435	16

[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 73 cases of pertussis in infants aged <2 months. Of these, eight (11.0%) were born to mothers who had received antenatal vaccination against pertussis during pregnancy.

Among cases aged 2–11 months, 75.1% (232/309) 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 to 29 May 2026

Age Group	Hospitalised		Not Hospitalised	
<2mths[1]	62		11	
	Not vaccinated for age[2]	Vaccinated for age[2]	Not vaccinated for age[2]	Vaccinated for age[2]
2–3mths	46	15	9	8
4–5mths	27	5	34	3
6–11mths	37	8	79	38

Note: table excludes six 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.