



Communicable Diseases Prevention Unit,
Public Health Services

Special Focus Report

Pertussis (Whooping cough)
08 December 2024

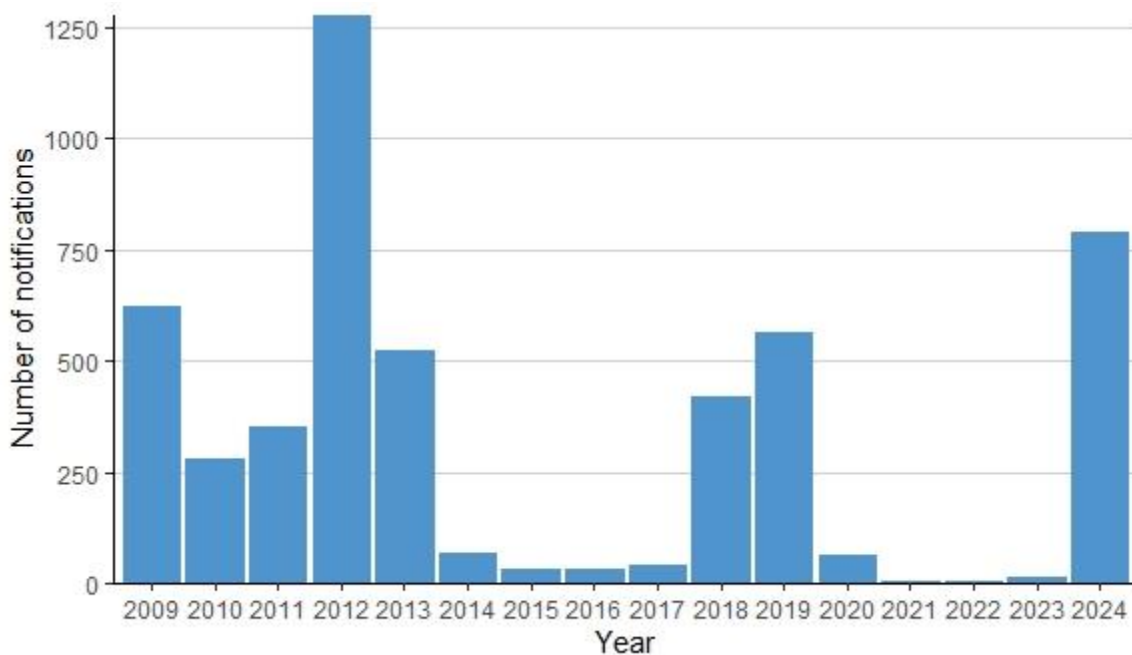
Special Focus Report

Pertussis (Whooping cough)

Pertussis (commonly known as whooping cough) is caused by the bacteria *Bordetella pertussis*. Pertussis affects people of all ages, but it can be especially serious in babies. Pertussis can cause uncontrollable coughing and breathing difficulties that are life threatening. The bacteria are spread from people while infectious, usually during coughing or sneezing. Immunisation provides good protection against infection and risk of severe disease, especially in the short-term. The most effective way to protect young babies who are too young to be vaccinated is to receive the pertussis vaccine during pregnancy. Additional information about pertussis and how it is prevented can be found on the [Whooping cough \(Pertussis\)](#) page.

Pertussis activity typically follows a seasonal trend, with higher activity in the Spring and Summer months. Epidemics of pertussis usually occur every few years as immunity wanes. The last epidemic in Tasmania occurred mid-2018 until early 2020 (Figure 1). Since early 2024, there has been a steady increase in pertussis notifications in Tasmania, consistent with epidemic activity (Figure 2). This trend has been observed in other states and territories.

Figure 1. Pertussis notifications by year, Tasmania, 01-Jan-09 to 08-Dec-24

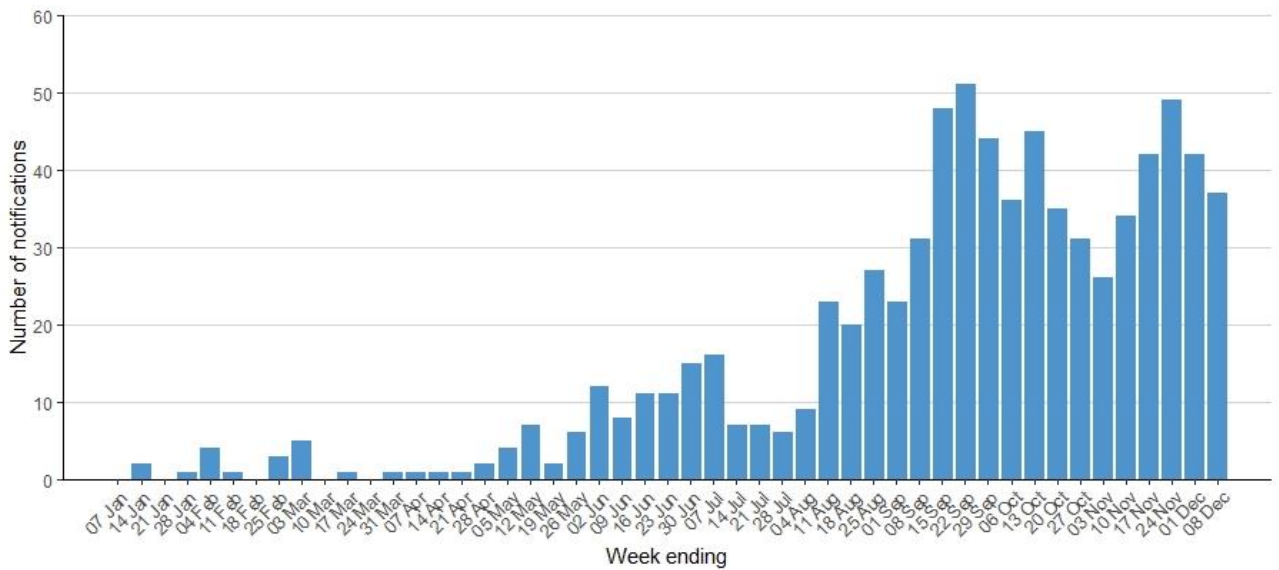


Source: Tasmanian Notifiable Diseases Surveillance System (TNDSS). Data for 2024 is from 1 January to 08 December 2024

Note: Changes in health-seeking behaviour and testing practices should be considered when comparing notifications of pertussis across multiple years.

Notification rates remain highest in school aged children aged 5-11 years and 12-17 years, which is similar to previous epidemic periods (Table 1). As of 08 December 2024, there have been 5 notifications in infants less than 6 months of age. The number of notifications increased notably from May 2024, and epidemic activity is expected to continue for some months based on an understanding of pertussis epidemiology.

Figure 2. Pertussis notifications by week, Tasmania, 01-Jan-24 to 08-Dec-24



Source: Tasmanian Notifiable Diseases Surveillance System (TNDSS).

Table 1. Notification of pertussis, 01-Jan-24 to 08-Dec-24

		Number	Percentage*	Rate^
	Total notifications	788	100.0	137.6
Sex	Female	395	50.1	136.6
	Male	393	49.9	138.4
Age-group (years)	0-4	48	6.1	166.2
	5-11	294	37.3	661.1
	12-17	208	26.4	509.6
	18-24	67	8.5	157.2
	25-64	143	18.1	48.7
	65 years and over	28	3.6	22.9
Region	South	515	65.4	173.1
	North	237	30.1	140.3
	North-West	36	4.6	33.7
Aboriginal status	Aboriginal and/or Torres Strait Islander	69	8.8	228.6
	Not Aboriginal and/or Torres Strait Islander	650	82.5	129.6
	Missing/Not stated	66	8.4	N/A
	Declined to answer	3	0.4	N/A

Confirmed and probable cases. *Percentages are rounded to 1 decimal place. Minor discrepancies in totals may occur due to rounding error. ^Notification rate per 100,000 population. Sources: Tasmanian Notifiable Diseases Surveillance System (TNDSS), Australian Bureau of Statistics Estimated Resident Population (Jun 2023).

Appendix

Surveillance systems used in this report are described below.

Tasmanian Notifiable Diseases Surveillance System (TNDSS)

Pertussis is a notifiable in Tasmania under the *Public Health Act* (1997). Consequently, all pathology laboratories in Tasmania are required to notify cases that meet the nationally agreed case definition to Public Health Services. Notifications are received regularly from public and private laboratories and clinicians in Tasmania. Data are correct at the time of reporting but are subject to change due to late notifications.

Population under surveillance: Tasmanian residents or overseas visitors diagnosed in Tasmania who meet laboratory criteria for a confirmed or probable case of pertussis. Access [CDNA surveillance case definitions | Australian Government Department of Health and Aged Care](#).

Notes on interpretation: Data are reported by calculated onset date, the earliest of symptom onset date, specimen date or notification date. Notification data are heavily influenced by factors including health-seeking behaviours and testing practices. Changes in surveillance indicators may reflect changes in testing practices and not actual disease incidence in the community. As such, care is required in comparing notifications over time, including between years.



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