Communicable Diseases Prevention Unit,
Public Health Services

Special Focus Report

Pertussis (Whooping cough)

30 March 2025

Department of **Health**

Tasmanian Government

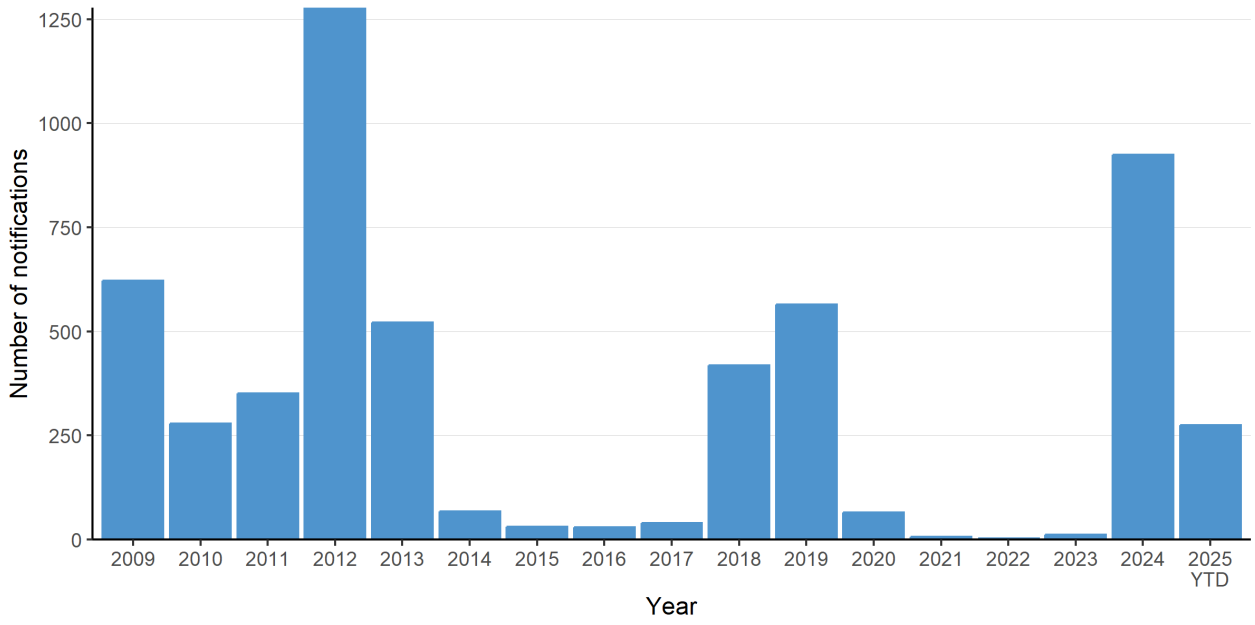
Special Focus Report

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 for their mother 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 in the population. The last epidemic in Tasmania occurred from 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 also occurred in other states and territories.

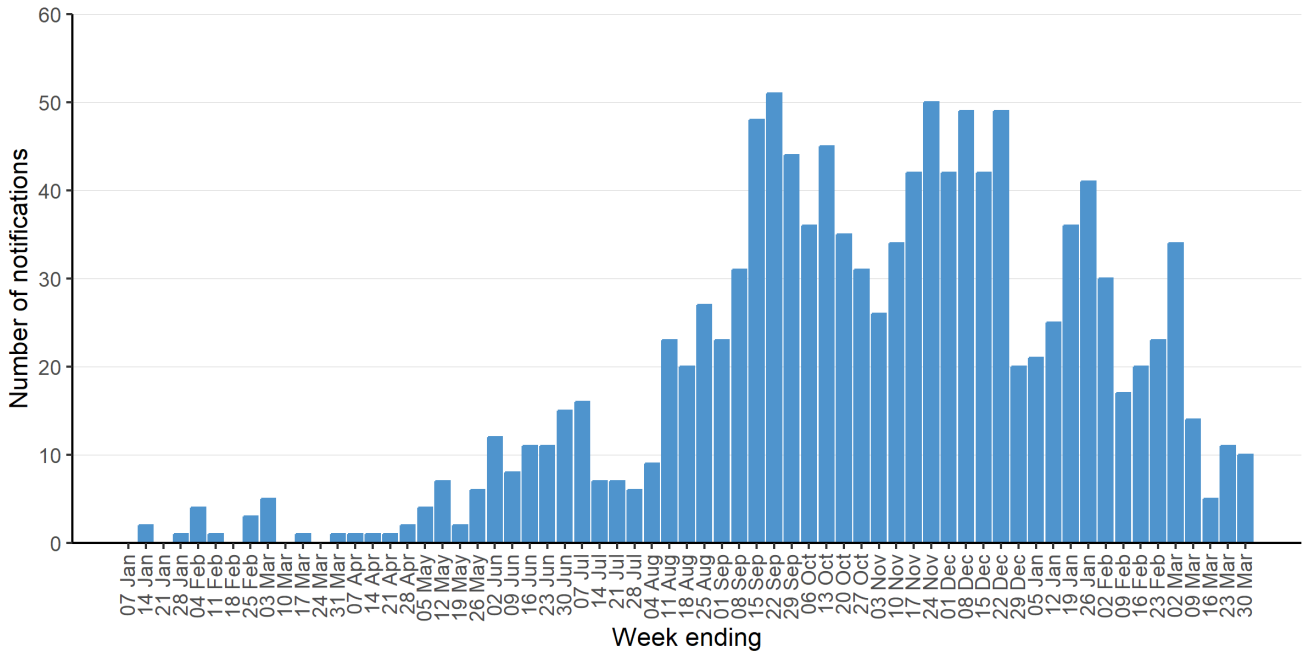
Figure 1. Pertussis notifications by year, Tasmania, 01-Jan-09 to 30-Mar-25



Source: Tasmanian Notifiable Diseases Surveillance System (TNDSS). Data for 2025 YTD is from 01 January to 30 March.
Note: Changes in health-seeking behaviour and testing practices should be considered when comparing notifications of pertussis across multiple years.

Since 01 Jan 2024, 1 199 pertussis cases have been notified. Notifications increased notably from May 2024, and epidemic activity is expected to continue for some months based on an understanding of typical pertussis epidemiology. Notification rates remain highest in school aged children aged 5 to 17 years (Table 1), which is similar to previous epidemic periods. There have been 10 notifications in infants less than six months of age. While pertussis notifications remain consistent with epidemic activity, there has been an overall decrease in notifications since late-December 2024 (Figure 2).

Figure 2. Pertussis notifications by week, Tasmania, 01-Jan-24 to 30-Mar-25



Source: Tasmanian Notifiable Diseases Surveillance System (TNDSS).

Table 1. Notification of pertussis, 01-Jan-24 to 30-Mar-25

		Number	Percentage	Rate^
	Total notifications	**1 199**	**100**	**209**
Sex	Female	608	51	210
	Male	591	49	208
Age-group (years)	0-4	102	9	353
	5-11	420	35	944
	12-17	262	22	639
	18-24	104	9	244
	25-64	246	21	84
	65 years and over	65	5	53
Region	South	741	62	249
	North	370	31	219
	North-West	88	7	83
Aboriginal status	Aboriginal and/or Torres Strait Islander	105	9	348
	Not Aboriginal and/or Torres Strait Islander	954	80	190
	Missing / Not stated	132	11	N/A
	Declined to answer	8	<1	N/A

^Notification rate per 100 000 population. Sources: Tasmanian Notifiable Diseases Surveillance System (TNDSS), Australian Bureau of Statistics Estimated Resident Population (Jun 2023). Confirmed and probable cases.

Appendix

Surveillance systems used in this report are described below.

Tasmanian Notifiable Diseases Surveillance System (TNDSS)

Pertussis is 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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