



5 November 2025

Increase in pertussis cases in South Africa

Following a period of reduced pertussis activity during 2020–2021, South Africa experienced a marked resurgence in 2022 and 2023 (Figure 1). Case numbers declined through 2024 but have shown a gradual increase during 2025. Clinicians are therefore encouraged to consider pertussis (whooping cough) in the differential diagnosis of respiratory illness, particularly among infants and unvaccinated individuals, as surveillance continues to monitor these trends.

Pertussis, caused by *Bordetella pertussis*, is a vaccine-preventable respiratory infection and a notifiable medical condition under the National Health Act (Act No. 61 of 2003) [1]. In South Africa, pertussis vaccination is included in the Expanded Programme on Immunisation (EPI), with doses administered during infancy and booster doses given at six and twelve years. In addition, maternal vaccination against pertussis was introduced in 2024 to protect newborns in the first months of life. Immunity following vaccination is thought to last for 5–6 years, and periodic increases in pertussis cases occur in vaccinated populations every 3–5 years [2].

From January to October 2025, a total of 483 confirmed pertussis cases were reported nationally through the Notifiable Medical Conditions (NMC) surveillance system. Over half the cases (273/483, 56%) occurred in children under five years of age, with approximately one in four (128/483, 26%) cases being infants six months or younger (Figure 2). Most cases were reported from Gauteng and the Western Cape provinces, which account for 111 (23%) and 162 (34%) of all reported cases, respectively. While recent numbers are higher than earlier this year, they remain below the peak levels observed in 2022–2023.

Clinicians are reminded to maintain a high index of suspicion for pertussis and ensure that suspected and confirmed cases are notified. Diagnostic testing should be performed where appropriate, and post-exposure prophylaxis is recommended for close and high-risk contacts, including pregnant women and infants [3].

Parents and caregivers of children under five years are encouraged to ensure that children are up to date with their routine vaccinations and to seek medical attention promptly if symptoms develop. In 2024, booster doses at six and twelve years of age were introduced in the public sector; parents of children in these age groups are encouraged to access these important boosters for continued protection.

Pertussis symptoms can vary between individuals. Early symptoms often resemble a common cold and may include nasal congestion, runny nose, mild sore throat, and a dry cough, usually with little or no fever. After several days, the cough typically becomes more severe, occurring in paroxysmal bouts that may be followed by a characteristic “whoop” or vomiting.



Additional information on the diagnosis, management, and public health response to pertussis is available on the NICD website: <https://www.nicd.ac.za/diseases-a-z-index/pertussis/>.

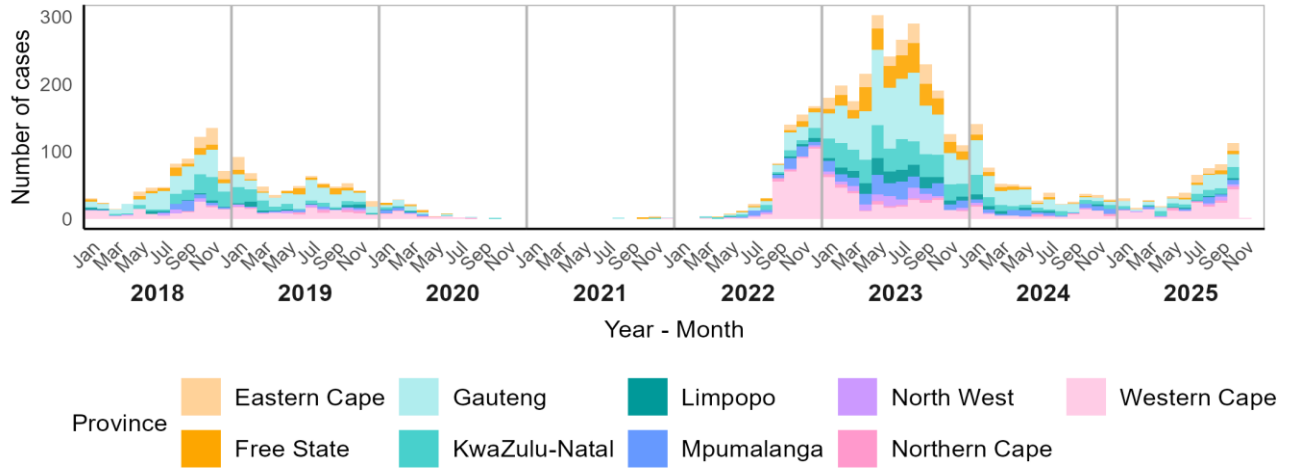


Figure 1: Number of laboratory-confirmed pertussis cases reported through the Notifiable Medical Conditions (NMC) surveillance system, by province, South Africa, 2018–2025.

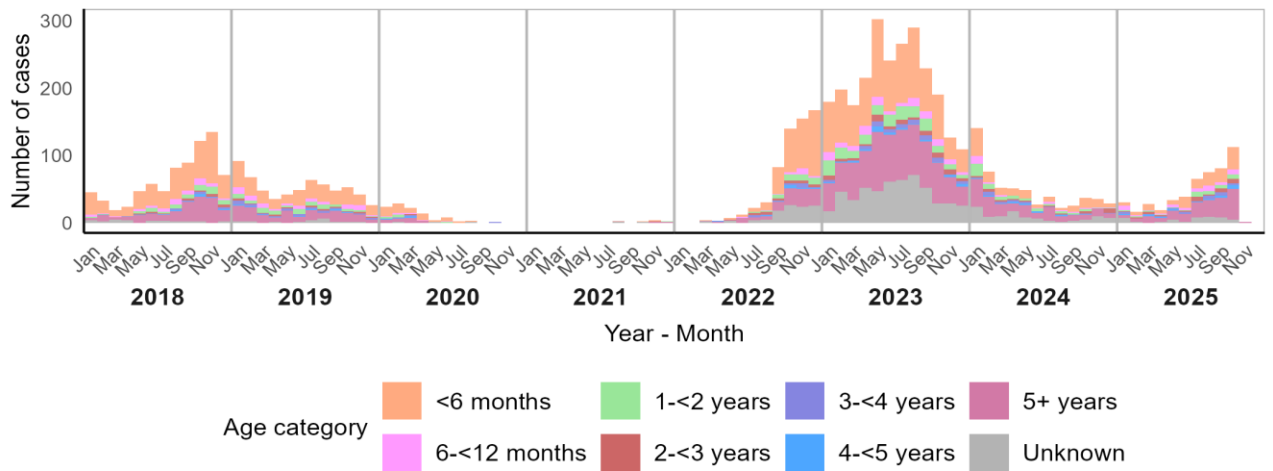


Figure 2: Number of laboratory-confirmed pertussis cases reported through the Notifiable Medical Conditions (NMC) surveillance system, by age group, South Africa, 2018–2025.



References

1. World Health Organization. Pertussis vaccines: WHO position paper, August 2015-- Recommendations. *Vaccine* 2016; 34(12):1423-1425.
2. Tiwari T, Murphy TV, Moran J. Recommended antimicrobial agents for the treatment and postexposure prophylaxis of pertussis: 2005 CDC Guidelines. *Morbidity and Mortality Weekly Report: Recommendations and Reports*. 2005 Dec 9;54(14):1-6.
3. https://www.nicd.ac.za/wp-content/uploads/2017/03/Guidelines_pertussis_v1_20-December-2017_Final.pdf