BC pertussis summary through April 30, 2026

Posted: May 12, 2026

While overall patterns are unchanged and activity remains within expected levels, this surveillance bulletin updates pertussis information through April 30, 2026 for British Columbia (BC) since the last BC Provincial Pertussis Summary (March 2025).

Summary findings and messages

1) After experiencing the highest pertussis incidence since the COVID-19 pandemic in 2025, in 2026 BC's year-to-date (YTD) incidence as of April 30, 2026 is 1.7 per 100,000, which is within historical 2015-2025 YTD incidences (ranging 1.1 (2024) to 5.2 (2015) per 100,000, including 3.5 per 100,000 in 2025; excl. 2021-2023 with ≤1 total case).
2) Age-specific YTD incidence in 2026 also remains within historic ranges for all age groups. As expected, <1-year-olds (20.9 per 100,000) show the highest incidence. The next highest incidence is among 1-4-year-olds (12.2 cases per 100,000) which is a pattern similar to 2024-2025 but different from historic 2015-2020 patterns when 10-14-year-olds typically experienced second-highest levels.
3) Of cases with known pertussis immunization status, most are not up to date. Proactive measures to mitigate the pertussis risk include reinforcing up-to-date vaccination, notably for the very young and for pregnant people to reduce the risk of severe outcomes in infants and especially newborns, and regional outreach as indicated to communities where vaccination coverage may be generally suboptimal.

Updated BC observations as of April 30, 2026

As of April 30, 2026, 94 laboratory-confirmed or epidemiologically-linked pertussis cases have been reported year-to-date (YTD) by BC health authorities (**Figure 1**). The highest annual pertussis incidence per 100,000 BC population since 2017 (12.7) was observed in 2025 (9.0), with corresponding 2025 YTD incidence of 3.5 per 100,000. Currently, the 2026 YTD incidence of 1.7 cases per 100,000 is the second lowest since 2015 with YTD incidences ranging 1.1 (2024) to 5.2 (2015) per 100,000 (excluding 2021-2023 with ≤1 total case). Regional 2026 YTD incidence, highest in Interior (4.2 per 100,000) and Island (4.1 per 100,000) health authorities, also remains within historic ranges between 2015-2025 for all regions. Of cases with known pertussis immunization status, most are not up to date.

Infants <1 year of age experienced the highest age-specific annual incidence per 100,000 since 2016 (140.1) in 2025 (106.4), with corresponding 2025 YTD incidence of 31.7 per 100,000 (**Figure 2**). Currently, age-specific 2026 YTD incidence per 100,000 is again highest in <1-year-olds (20.9), as expected. Like 2024-2025, the next highest age-specific 2026 YTD incidence involves 1-4-year-olds, which is unlike 2015-2020 when second highest incidence typically involved 10-14-year-olds. The 2026 YTD incidence in <1-year-olds (20.9) is mid-range relative to historic 2015-2025 YTD incidences (13.8 to 37.9 from 2015-2025; excl. 2021-2023 with ≤1 total case). Conversely, 2026 YTD incidence among 1-4-year-olds (12.2) is exceeded only by 2017 (12.4) and 2025 (18.5). After 1-4 year-olds, the next highest 2026 YTD incidence involves 10-14 (8.8), 5-9 (5.7), and 15-19-year-olds (2.2), with incidence not exceeding 1 per 100,000 among all older age groups, and all low- to mid-range of historic.

The typical spring/summer pertussis peak has not been observed in recent years, with increased activity instead observed from late summer 2024 to spring 2025 (**Figure 3**). Monthly case counts from June to December 2025 (~35-40 cases) and January to April 2026 (~20-30 cases) were generally stable and within historic ranges (**Figure 3**; **Figure 4**). Whether spring/summer increase may occur in 2026 remains to be seen, with close monitoring underway in relation to increased international travel and large gatherings associated with the 2026 FIFA World Cup, potentially contributing to increased transmission opportunities. Whether the latter may also contribute to genetic diversity (e.g., introduction of macrolide resistant strains prevalent elsewhere[1]) is speculative.

Background context

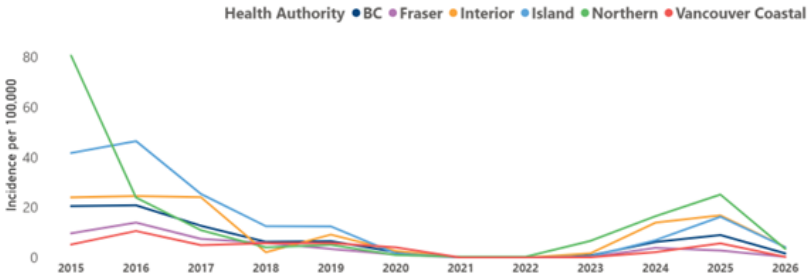
In BC, as elsewhere, pertussis is an endemic disease with cyclical peaks every 2-5 years[2]. Infants <1 year are at highest risk of hospitalization, intensive care unit admission and death, with the highest risk occurring among infants <3 months of age[2]. Because of their more severe presentation, pertussis in infants may be more readily detectable and indicative of community trends overall. In 1997, most Canadian provinces (including BC) replaced the whole cell pertussis vaccine with a more efficacious (and less reactogenic) acellular pertussis vaccine, and in 2004 added a Grade 9 Tdap (tetanus, diphtheria, acellular pertussis) booster dose[2]. In 2020, BC joined other provinces in publicly-funding an additional Tdap dose for pregnant people each pregnancy, ideally between 27-32 weeks gestation to protect newborns before they can receive a first dose directly[3].

Between 2004 and 2011, BC experienced trough pertussis levels, followed by cyclical peaks in 2012, 2015, and 2016. COVID-19 pandemic mitigation measures in 2020 suppressed pertussis activity (**Figure 1**)[2]. While other areas experienced resurgent pertussis activity after the COVID-19 pandemic, the number of case reports in BC has remained within the expected range. Delayed pertussis resurgence in BC first occurred in August 2024, somewhat later than the typical spring/summer peak period (**Figure 3**), with levels in 2025 being the highest since the COVID-19 pandemic. BC pertussis data for 2015-2024 are available on the BCCDC Communicable Disease Dashboard and for Canada from 1924-2023[4] .

References

1. Zhang, H. *et al.* Evolutionary dynamics and global spread of macrolide-resistant Bordetella pertussis during the post-pandemic pertussis resurgence. *Journal of Infection* 106718 (2026) doi:10.1016/j.jinf.2026.106718.
2. Chambers, C. *et al.* Pertussis Surveillance Trends in British Columbia, Canada, over a 20-year Period: 1993-2013. *CCDR* **40**, 31–41 (2014).
3. BC Centre for Disease Control. Communicable Disease Control Manual, Chapter 2: Immunization.
4. Public Health Agency of Canada. Reported cases from 1924 to 2023 in Canada - Notifiable diseases on-line. https://diseases.canada.ca/notifiable/charts?c=pl.

Figure 1A. Annual incidence (per 100,000), BC overall and by health authority



Annual Incidence (per 100,000)

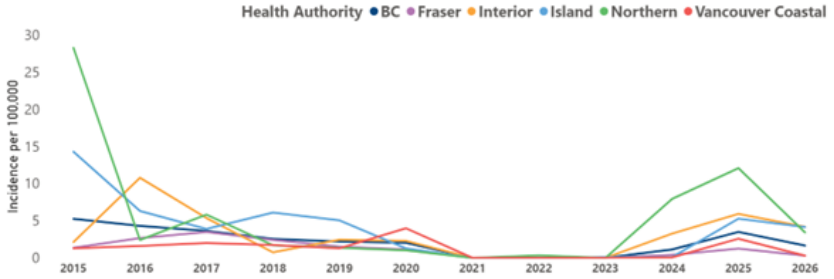
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Fraser	9.7	14.0	7.5	5.9	3.5	1.2	0.0	0.0	0.2	3.9	2.8	0.3
Interior	24.0	24.6	24.1	2.1	9.2	2.7	0.0	0.0	1.7	13.9	16.9	4.2
Island	41.7	46.5	25.4	12.5	12.5	1.6	0.1	0.0	0.4	7.0	16.3	4.1
Northern	80.6	24.0	11.0	4.1	5.1	1.0	0.3	0.3	6.7	16.5	25.2	3.4
Vancouver Coastal	5.2	10.6	5.0	5.8	5.8	4.1	0.0	0.0	0.2	2.2	5.7	0.3
BC	**20.5**	**20.8**	**12.7**	**6.3**	**6.5**	**2.2**	**0.0**	**0.0**	**0.8**	**6.2**	**9.0**	**1.7**

Annual Case Count

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Fraser	171	252	137	110	66	23	0	0	5	86	64	7
Interior	181	189	189	17	75	22	0	0	15	124	148	36
Island	330	376	209	105	106	14	1	0	4	64	148	37
Northern	234	70	32	12	15	3	1	1	20	50	75	10
Vancouver Coastal	61	126	60	70	72	51	0	0	2	30	77	4
BC	**977**	**1013**	**627**	**314**	**334**	**113**	**2**	**1**	**46**	**354**	**512**	**94**

Data Source: VPD Data Mart; current to April 30, 2026

Figure 1B. YTD (Jan 1 – Apr 30) incidence (per 100,000), BC overall and by health authority



YTD Incidence (per 100,000)

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Fraser	1.4	2.7	3.5	2.4	1.5	1.1	0.0	0.0	0.0	0.4	1.2	0.3
Interior	2.1	10.8	5.4	0.7	2.5	2.3	0.0	0.0	0.0	3.3	5.9	4.2
Island	14.3	6.3	3.9	6.1	5.1	1.3	0.0	0.0	0.1	0.1	5.3	4.1
Northern	28.3	2.4	5.8	1.7	1.4	1.0	0.0	0.3	0.0	7.9	12.1	3.4
Vancouver Coastal	1.3	1.6	2.0	1.7	1.3	4.0	0.0	0.0	0.0	0.1	2.6	0.3
BC	**5.2**	**4.3**	**3.6**	**2.5**	**2.2**	**2.0**	**0.0**	**0.0**	**0.0**	**1.1**	**3.5**	**1.7**

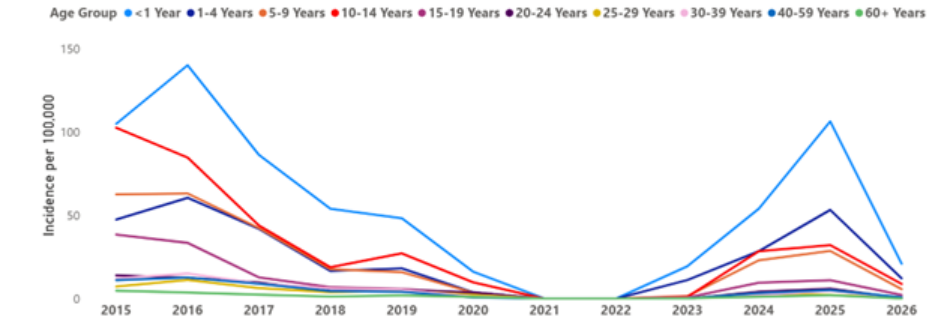
YTD Case Count

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
Fraser	24	48	64	45	29	22	0	0	0	9	28	7
Interior	16	83	42	6	20	19	0	0	0	29	52	36
Island	113	51	32	51	43	11	0	0	1	1	48	37
Northern	82	7	17	5	4	3	0	1	0	24	36	10
Vancouver Coastal	15	19	24	21	16	50	0	0	0	1	35	4
BC	**250**	**208**	**179**	**128**	**112**	**105**	**0**	**1**	**1**	**64**	**199**	**94**

Data Source: VPD Data Mart; current to April 30, 2026

Tallies reflect confirmed cases, including laboratory-confirmed or epidemiologically-linked events.
For 2026, data are for the period between January 1 and April 30, 2026.

Figure 2A. Annual incidence (per 100,000), BC overall and by age group

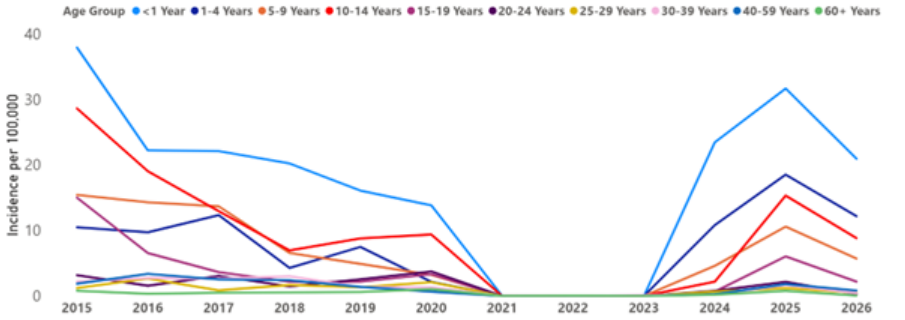


Annual Incidence (per 100,000)

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
<1 Year	104.9	140.1	86.2	54.0	48.3	16.2	0.0	0.0	19.4	54.0	106.4	20.9
1-4 Years	47.5	60.5	41.9	16.6	18.2	3.8	0.0	0.0	11.2	28.5	53.3	12.2
5-9 Years	62.6	63.1	42.3	17.7	15.9	3.6	0.0	0.0	1.5	23.0	28.6	5.7
10-14 Years	102.6	84.7	43.9	18.8	27.2	9.8	0.0	0.0	1.1	28.5	32.1	8.8
15-19 Years	38.4	33.5	12.7	6.9	5.8	3.3	0.0	0.0	0.7	9.6	11.1	2.2
20-24 Years	14.0	12.6	9.8	4.7	5.1	3.7	0.0	0.0	0.0	4.2	6.0	0.3
25-29 Years	7.3	11.2	6.3	3.9	4.8	2.4	0.0	0.0	0.2	3.2	2.2	0.5
30-39 Years	12.1	15.1	9.2	6.2	5.4	1.3	0.1	0.0	0.4	2.1	4.7	0.4
40-59 Years	11.1	12.6	8.9	4.5	4.1	0.7	0.0	0.0	0.1	3.4	5.2	0.8
60+ Years	4.8	3.7	2.4	1.3	1.9	1.0	0.1	0.1	0.2	1.1	2.1	0.1
BC	**20.5**	**20.8**	**12.7**	**6.3**	**6.5**	**2.2**	**0.0**	**0.0**	**0.8**	**6.2**	**9.0**	**1.7**

Data Source: VPD Data Mart; current to April 30, 2026

Figure 2B. YTD (Jan 1 – Apr 30) incidence (per 100,000), BC overall and by age group



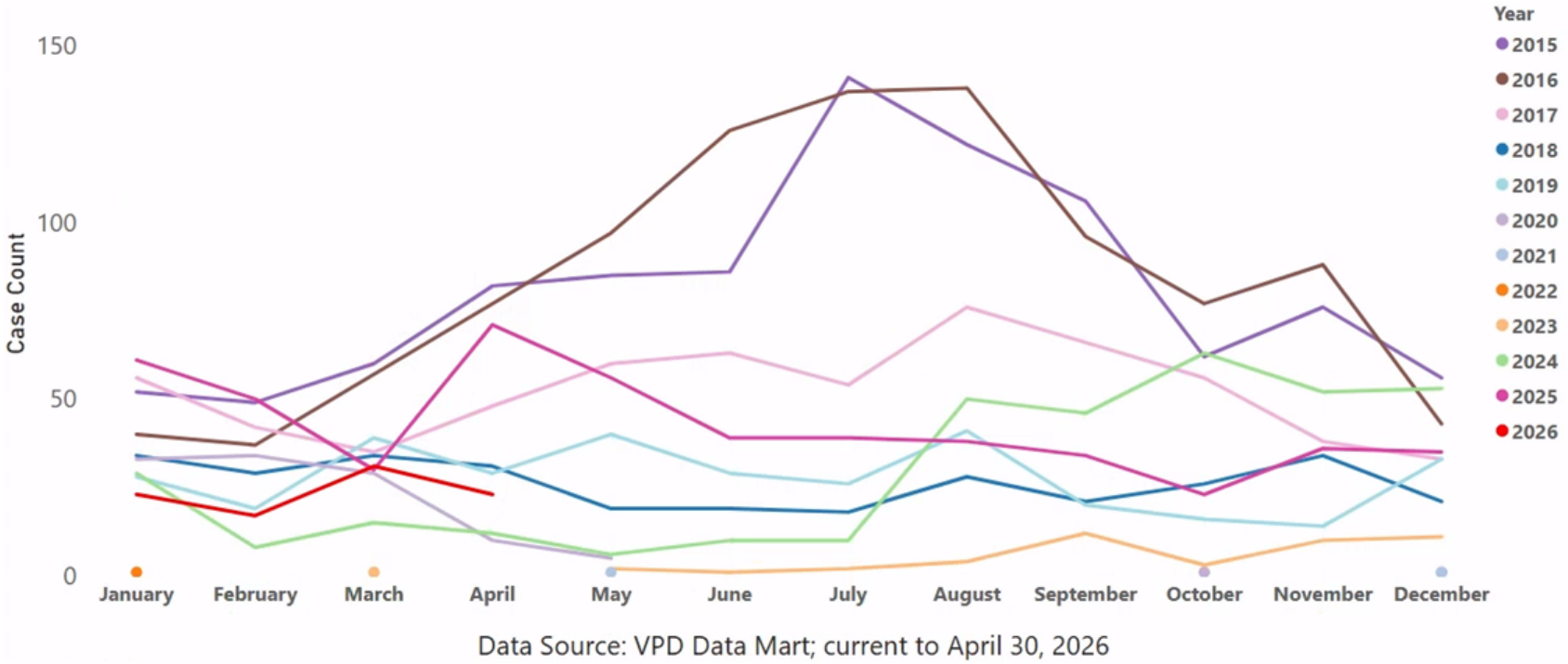
YTD Incidence (per 100,000)

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026
<1 Year	37.9	22.2	22.1	20.2	16.1	13.8	0.0	0.0	0.0	23.5	31.7	20.9
1-4 Years	10.5	9.7	12.4	4.3	7.5	2.2	0.0	0.0	0.0	10.8	18.5	12.2
5-9 Years	15.4	14.3	13.7	6.6	4.9	3.2	0.0	0.0	0.0	4.6	10.6	5.7
10-14 Years	28.6	19.1	13.0	7.0	8.8	9.4	0.0	0.0	0.0	2.2	15.3	8.8
15-19 Years	15.0	6.6	3.6	2.2	2.2	3.3	0.0	0.0	0.0	0.7	6.0	2.2
20-24 Years	3.2	1.6	3.1	1.5	2.6	3.7	0.0	0.0	0.0	0.8	2.2	0.3
25-29 Years	1.2	2.7	0.9	1.7	1.3	2.1	0.0	0.0	0.0	0.7	1.2	0.5
30-39 Years	2.2	2.7	2.7	3.0	1.4	1.3	0.0	0.0	0.1	0.2	1.7	0.4
40-59 Years	1.9	3.4	2.5	2.4	1.4	0.7	0.0	0.0	0.0	0.3	1.8	0.8
60+ Years	0.8	0.3	0.5	0.6	0.6	1.0	0.0	0.1	0.0	0.2	0.8	0.1
BC	**5.1**	**4.3**	**3.6**	**2.5**	**2.2**	**2.0**	**0.0**	**0.0**	**0.0**	**1.1**	**3.5**	**1.7**

Data Source: VPD Data Mart; current to April 30, 2026

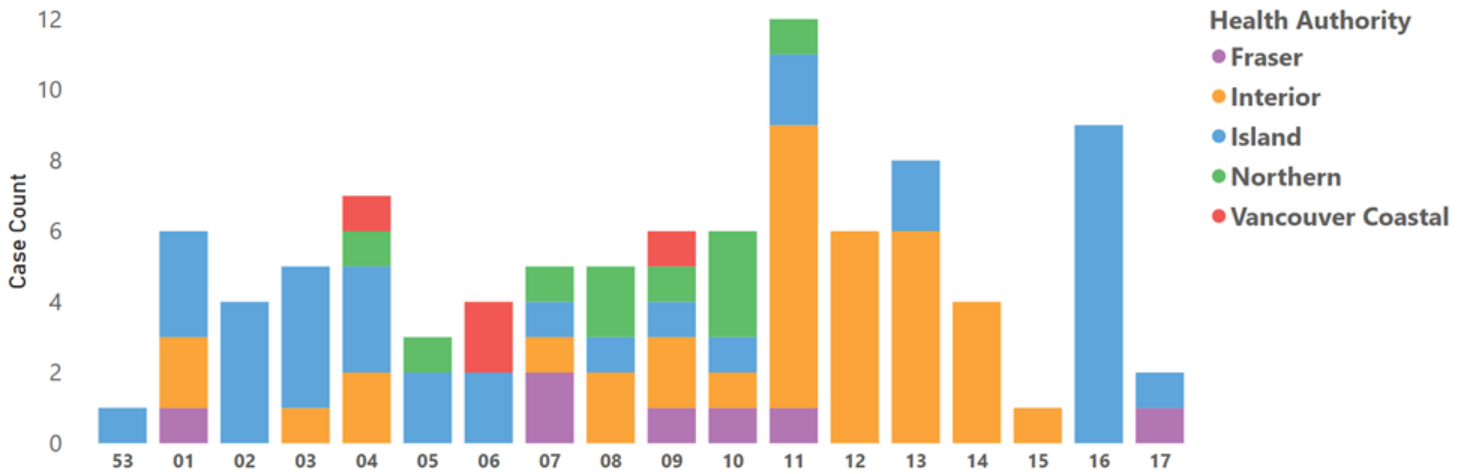
Tallies reflect confirmed cases, including laboratory-confirmed or epidemiologically-linked events.
For 2026, data are for the period between January 1 and April 30, 2026.

Figure 3. Case counts by month and year, BC



Tallies reflect confirmed cases, including laboratory-confirmed or epidemiologically-linked events.
For 2026, data are for the period between January 1 and April 30, 2026.

Figure 4. Case counts by epi-week and health authority



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