Cardiac + Respiratory
FOUNDATION NZ

The impact of respiratory disease in New Zealand – SUMMARY

Based on data between 2000 - 2025

- 1 in 6 Kiwis are affected by respiratory illness – that's roughly 950,000 people.
- The cost of respiratory disease to New Zealand is estimated at $11.5 billion.
- Respiratory disease accounts for 1 in 12 hospital stays.
- Since the last report, the rate of total respiratory hospitalisations has risen from 80,230 in 2022 to 97,151 in 2025 - up 16% in three years.
- Incidence of bronchiectasis in children has increased 16% (population-adjusted) over the past three years.
- Pacific Peoples are 7.2 times more likely to be hospitalised for bronchiectasis - and Māori are 2.6 times - than other ethnicities.
- Pacific hospitalisation rates are highest across all respiratory diseases except for COPD, where Māori rates are higher.
- Māori have the highest death rate from respiratory disease - twice that of other New Zealanders.
- Lung cancer is New Zealand's deadliest cancer with nearly 2000 people dying from it each year.
- Overall, mortality has declined for total respiratory disease largely due to lockdown measures from COVID-19.
- Regionally, the West Coast has the highest mortality rate for COPD, Auckland and Counties Manukau have the highest rate for bronchiectasis, and Mid Central (Manawatu) is - again - highest for asthma, followed by Tairāwhiti.
- Economic deprivation is a major factor in respiratory disease, with people living in the most deprived areas twice as likely to be hospitalised.
- Return-to-school period greatly increases risk of respiratory hospitalisation for children, with an estimated 466,000 school days lost each year due to asthma.
- The childhood bronchiolitis hospitalisation rate has increased by just over half (53%) between 2000 - 2025.

What needs to change?

WE RECOMMEND:

1. Funding a targeted national lung cancer screening programme from Budget 2027, with priority access for New Zealanders aged 50–74 who have ever smoked.
2. Investing in easily accessible educational resources and programmes for Māori and Pacific communities to address inequalities and reduce overall rates of respiratory disease.
3. Fully enforcing Healthy Homes Standards through independent accredited assessments and meaningful infringement fines for non-compliant landlords to improve housing quality and warmth and minimise dampness to reduce respiratory illness.
4. Ensuring all schools are 'asthma ready' with asthma emergency kits, policy guidance, and practical information to support teachers to reduce the impact of the 'back-to-school effect' for asthma exacerbations.
5. Funding the RSV vaccine – nirsevimab – from April 2027 for all babies under one and all high-risk children under two to reduce hospitalisations and prevent severe illness.

"Much of the burden of respiratory disease could be prevented by public health measures. If we want to take the well-being of New Zealanders seriously, we need to get serious about preventive measures including vaccinations, smoke-free, adequate housing, and earlier access to treatment."

Professor Bob Hancox
RESPIRATORY MEDICAL DIRECTOR

"The biggest take-home message for us is this: fund the RSV vaccine for babies and infants from April 2027. RSV opens the door for other lung diseases, like pneumonia and bronchiolitis, so the next Government must commit to funding the vaccine if it wants to reduce hospitalisations."

Letitia Harding
CHIEF EXECUTIVE

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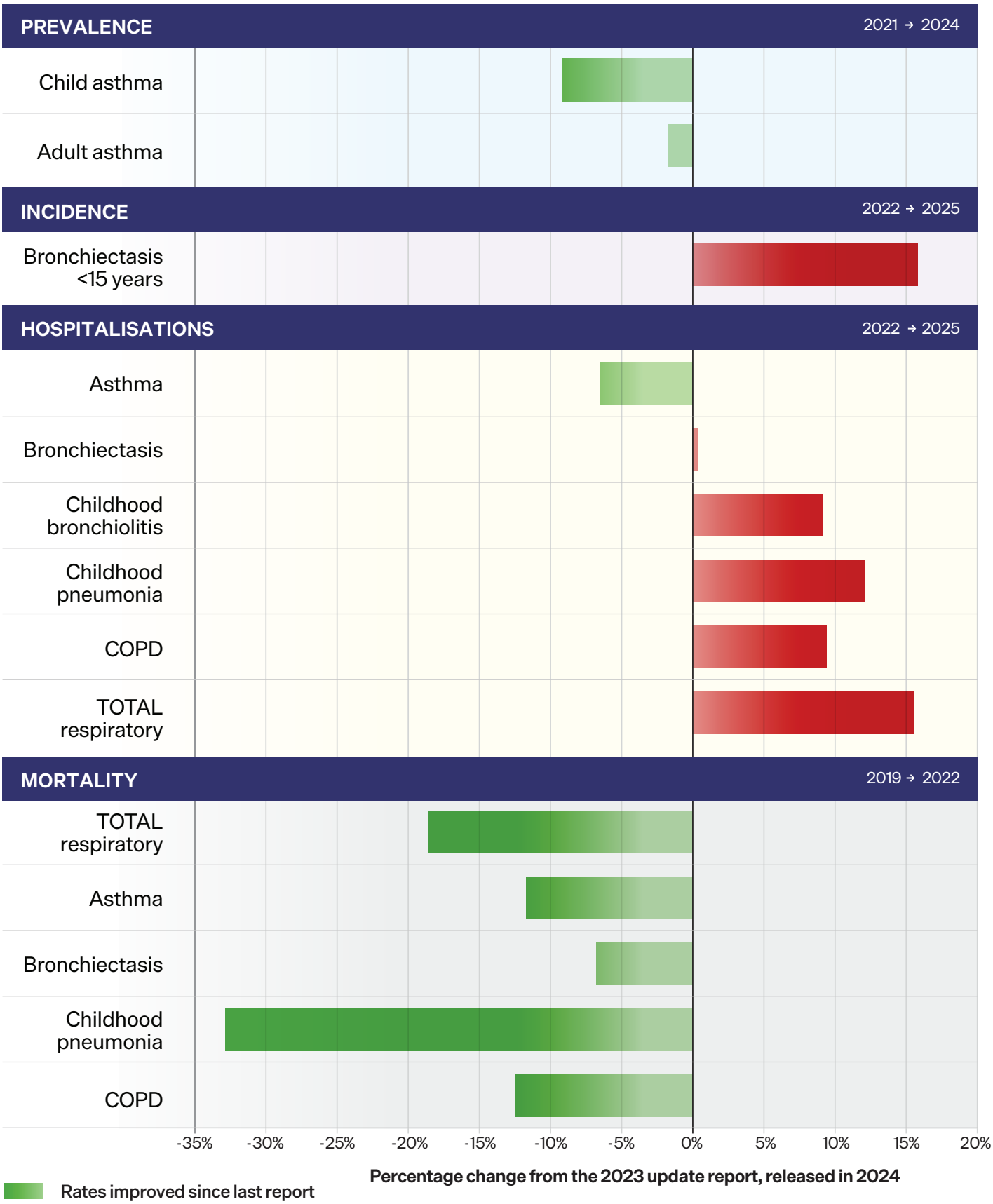

The dates listed indicate the most up-to-date source data available at the time of the publication of each report.

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cardiacandrespiratory.org.nz

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