

# The impact of respiratory disease in New Zealand

*Based on data between 2000-2022*

- **1 in 5 Kiwis are affected by respiratory illness - that's approximately 1 million people**
- **The cost of respiratory disease to New Zealand is estimated at \$8.44b**
- **Respiratory disease accounts for 1 in 11 hospital stays**
- **Hospitalisation for bronchiectasis, childhood bronchiolitis, childhood pneumonia and total respiratory disease is on the rise, while hospitalisation for asthma and COPD have dropped**
- **Hospitalisations for asthma and COPD have already exceeded the Foundation's target of a 25% reduction by 2025**
- **Pacific hospitalisation rates are highest across all respiratory diseases except for COPD, where Māori rates are higher**
- **More Māori die from total respiratory disease than any other ethnic group in New Zealand**
- **Deaths from asthma and bronchiectasis, as well as the prevalence of asthma in adults, have worsened**
- **Overall, mortality has declined for total respiratory disease**
- **Regionally, the West Coast has the highest mortality rate for COPD, Tairāwhiti and Counties Manukau have the highest rate for bronchiectasis, and Mid Central (Manawatu) is - again - highest for asthma**
- **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 360,000 school days lost each year due to asthma**

## What needs to change?

### WE RECOMMEND:

1. Urgent new and extended programmes to reduce the severe ethnic and socio-economic inequalities in respiratory disease.
2. Targeted programmes in Māori and Pacific communities and in the most socio-economically deprived neighbourhoods to reduce not only inequalities, but overall rates of respiratory disease.
3. Initiatives to improve housing quality and warmth, and reduce dampness, in order to reduce respiratory illness.
4. Investigation of what measures might reduce the impact of the return to school on children's asthma exacerbations.

“While we are pleased to see the Foundation is on track to meet its target to improve respiratory outcomes for all, we must acknowledge that far too many people still suffer unnecessarily from conditions that could be prevented or treated more effectively.”

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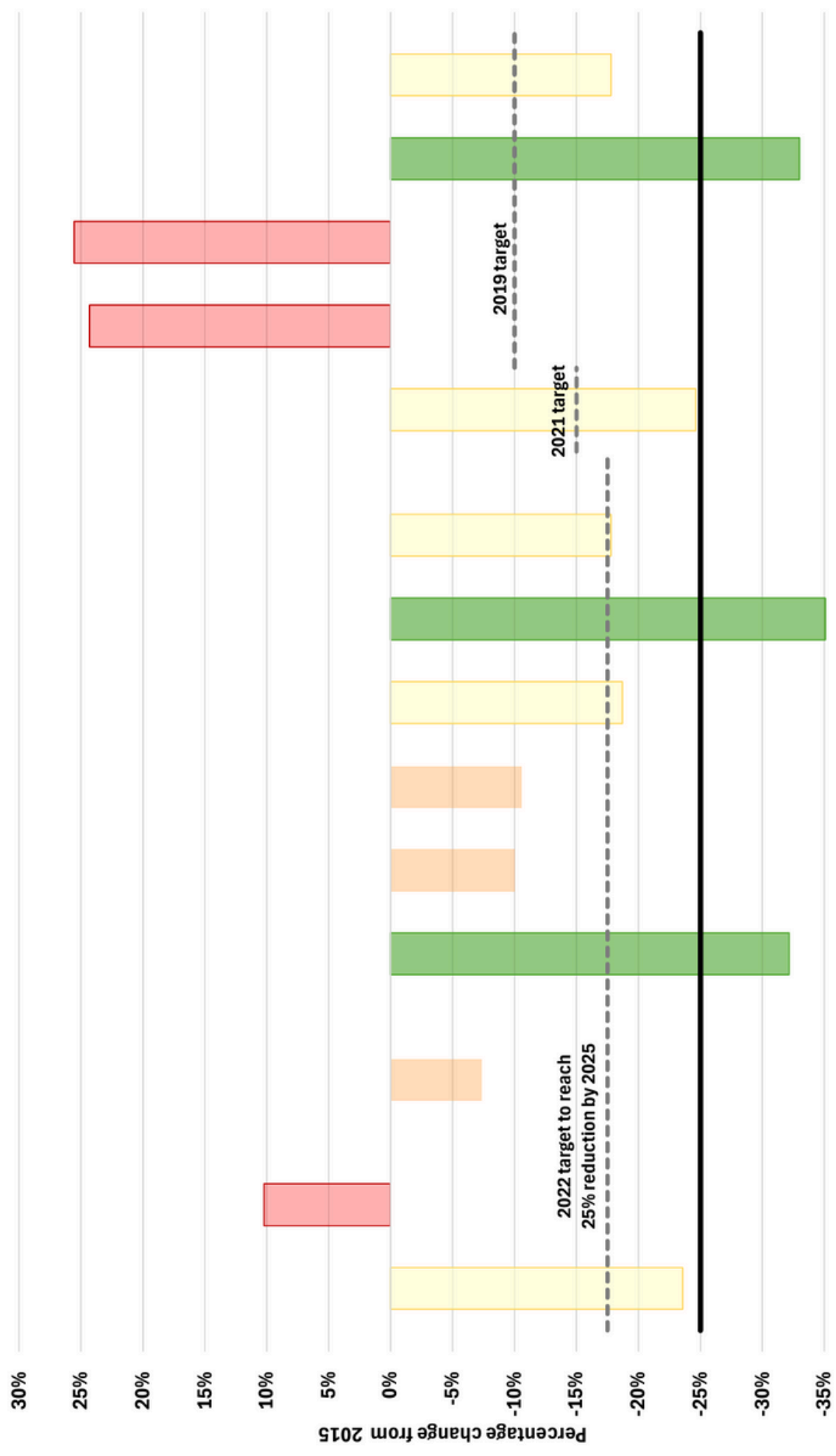
**PROFESSOR BOB HANCOX**  
MEDICAL DIRECTOR

“It's so important that we, as a country with some of the worst respiratory disease rates in the world, encourage the continued use and adherence of the national guidelines, as we can see from this research that it is having an impact in reducing hospitalisations and death.”

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**LETITIA HARDING**  
CHIEF EXECUTIVE

— 25% target rate reduction from 2015 to 2025  
— On track to reach 25% target by 2025  
— 25% reduction achieved before 2025  
— Worse rates than 2015  
- - - Reduction target for data year (2019/2021/2022)  
— Attention required to reach 25% target



Child asthma	Adult asthma	Bronchiectasis <15 years	Asthma	Bronchiectasis	Childhood bronchiolitis	Childhood pneumonia	COPD	TOTAL	TOTAL	Asthma	Bronchiectasis	Childhood pneumonia	COPD		
PREVALENCE				INCIDENCE				HOSPITALISATIONS				MORTALITY			