Health Quality & Safety Commission
Te Tāhū Hauora

Atlas of Healthcare Variation consumer summary — Asthma

Asthma in people aged 0 to 49 years

The Atlas of Healthcare Variation is a website that uses maps, graphs, tables and words to show differences in health care in New Zealand by Health New Zealand district or Primary Health Organisation (PHO). The Atlas is used to start conversations about health care differences, and the reasons why differences may be happening.

Primary health organisations – tewhatuora.govt.nz

Asthma is a chronic condition affecting the airways. Internationally, New Zealand has a high prevalence of asthma, with 12 percent aged 2–14 years (99,000 children) and 12 percent of adults aged 15 years and over (536,000 adults) reporting taking current asthma medication (Ministry of Health 2024).

The asthma Atlas shows how many people in each district were admitted to hospital because of their asthma in a year. The use of medication to manage asthma is also presented. In order to reduce the contribution from another lung condition – chronic obstructive pulmonary disease (COPD), only data for adults aged under 45 years are included in the indicators that look at medicine use.

chronic obstructive pulmonary disease – https://healthify.nz/

What the Atlas data shows

- Young children (0–4 years) are much more likely to be admitted to hospital for asthma than older children (5–11 years) and adults. Admissions for Pacific peoples and Māori are proportionally higher than those identifying as European, Asian or other.
- Eighty-one percent people admitted with asthma did not receive a funded influenza vaccine in the year after admission. This rate was significantly higher among people aged under 45 years. All people with asthma are recommended to have an annual flu vaccine and those who are admitted to hospital are eligible for a funded flu vaccine.
- Over a third of people admitted with asthma were not regularly dispensed asthma preventer inhalers (brown, inhaled corticosteroid) in the year after their admission. This suggests that some people with asthma that is severe enough to warrant hospital admission may benefit from using more preventer inhalers to manage their asthma.
- In the community, 20 percent of people aged 5–44 regularly dispensed reliever inhalers (blue, SABA) were not dispensed any preventer medication in the year following and about 31 percent regularly dispensed relievers were not regularly dispensed a preventer.

For more information on asthma medications and whether you need to review your asthma medications visit: www.asthmafoundation.org.nz/your-health/living-with-asthma/managing-your-asthma

- Evidence-based guidelines recommend stepwise treatment incorporating combined inhaler therapy (white and red single combination inhaler) (Hancox RJ, et al 2025). Use of this inhaler has been rapidly increasing since 2019 and has been associated with a reduction in hospital admissions (Noble J et al 2024). The Atlas data shows a sustained drop in asthma hospital admissions for adults 12 years and over since 2020.

More information

Health Navigator has information about asthma including asthma in children, causes, diagnosis, treatment and other resources: http://www.healthnavigator.org.nz/health-a-z/a/asthma/

The Asthma and Respiratory Foundation of New Zealand website also contains a lot of information and resources: https://www.asthmafoundation.org.nz/your-health/living-with-asthma

References

Ministry of Health 2024. Annual Data Explorer 2023/24: New Zealand Health Survey. Wellington: Ministry of Health. URL: https://minhealthnz.shinyapps.io/nz-health-survey-2023-24-annual-data-explorer/

Hancox RJ, Beasley R, Beckert L, et al. Review of the New Zealand Asthma and Respiratory Foundation's New Zealand Adolescent and Adult Asthma guidelines. New Zealand Medical Journal. 2025 Jun 27;138(1617):126–128. doi: 10.26635/6965.7061

Noble J, Hatter L, Eathorne A, et al. Patterns of asthma medication use and hospital discharges in New Zealand. J Allergy Clin Immunol Glob. 2024 Apr 10;3(3):100258. doi: 10.1016/j.jacig.2024.100258. PMID: 38745868; PMCID: PMC11090902.