



Asthma in First Nations People

An estimated 15–16% of Aboriginal and Torres Strait Islander people have asthma [\[AIHW 2023, Howarth 2023\]](#) However, accurate data are not available for First Nations populations.

A 2023 review of respiratory disorders in adult Aboriginal people, including mainly retrospective studies of patients referred to a respiratory services or presenting to hospital with a respiratory diagnosis, found that asthma prevalence was significantly confounded by high rates of smoking (approximately 55%), and overlap with COPD and/or bronchiectasis. [\[Howarth 2023\]](#) It reported that the true prevalence may be as low as 5%. [\[Howarth 2023\]](#)

Asthma is a leading cause of respiratory burden among Indigenous Australians younger than 45 years. [\[AIHW 2024\]](#)

A study conducted in 12 public hospitals in Central Queensland, including regional, rural and remote outback areas, reported that the rate of asthma emergency department presentations among Aboriginal people was approximately double the rate among Australians of other descents and was higher for all years surveyed 2018–2023. [\[Shifti 2025\]](#)

Rates of deaths due to asthma in are higher for Indigenous Australians than non-Indigenous Australians. [\[AIHW 2024\]](#)

Comorbidity and differential diagnosis of asthma in remote Aboriginal communities

Approximately 60% of Aboriginal and Torres Strait Islander people with asthma have at least one other chronic condition. [AIHW 2023]

Historically, chronic cough has been very common among Aboriginal and Torres Strait Islander children. In some communities, it may be under-reported by parents and caregivers because it is considered normal. [Morey 2013]

Both bronchiectasis and asthma diagnoses appear to be common among Aboriginal people who have a concurrent diagnosis of COPD, alongside a smoking history. [Howarth 2023]

High rates of bronchiectasis and chronic suppurative lung disease have been reported in adults and children in remote Aboriginal communities. [Chang 2008a] Protracted bacterial bronchitis should be considered as an alternative or co-existing diagnosis in children in these regions. [Chang 2008b]

References

AIHW. Chronic respiratory conditions: First Nations people with asthma [web page] Australian Institute of Health and Welfare [Last updated: 14 Dec 2023]. <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/first-nations-people-with-asthma>

AIHW 2024. 1.04 Respiratory disease [web page]. IN: Aboriginal and Torres Strait Islander Health Performance Framework. [Last updated 21 May 2024] Australian Institute of Health and Welfare, National Indigenous Australians Agency <https://www.indigenoushpf.gov.au/measures/1-04-respiratory-disease>

Chang AB, Grimwood K, Maguire G, et al. Management of bronchiectasis and chronic suppurative lung disease in indigenous children and adults from rural and remote Australian communities. *Med J Aust* 2008a; 189: 386-93.

Chang AB, Redding GJ, Everard ML. Chronic wet cough: Protracted bronchitis, chronic suppurative lung disease and bronchiectasis. *Pediatr Pulmonol* 2008b; 43: 519-31.

Howarth TP, Jersmann HPA, Majoni SW, et al. The 'ABC' of respiratory disorders among adult Indigenous people: asthma, bronchiectasis and COPD among Aboriginal Australians – a systematic review. *BMJ Open Respir Res* 2023; 10: e001738.

Shifti DM, Al Imam MH, Maresco-Pennisi D, et al. Emergency department presentations related to asthma and allergic diseases in Central Queensland, Australia: a comparative analysis between First Nations Australians and Australians of other descents. *BMJ Open* 2025; 15: e091482.