Appendix 3

This appendix was part of the submitted manuscript and has been peer reviewed. It is posted as supplied by the authors.

Appendix 3: Australian case definition for notifications of pertussis captured by the National Notifiable Diseases Surveillance System

A confirmed case requires:

- Laboratory definitive evidence; OR
- Laboratory suggestive evidence AND Clinical evidence; OR
- Clinical evidence AND Epidemiological evidence.

<table>
<thead>
<tr>
<th>Laboratory definitive evidence:</th>
<th>Laboratory suggestive evidence:</th>
<th>Clinical evidence:</th>
<th>Epidemiological evidence:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation of <em>Bordetella pertussis</em> or detection of <em>B. pertussis</em> by nucleic acid testing</td>
<td>Seroconversion or significant increase in antibody level or fourfold or greater rise in titre to <em>B. pertussis</em> in the absence of recent pertussis vaccination, or single high IgA titre to whole cells, or detection of <em>B. pertussis</em> antigen by immunofluorescence assay (IFA)</td>
<td>A coughing illness lasting two or more weeks, or paroxysms of coughing or inspiratory whoop or post-tussive vomiting</td>
<td>Contact between two people involving plausible mode of transmission at a time when: one of them is likely to be infectious, and the other has an illness which starts within 6-20 days after this contact, and at least one case in the chain of epidemiologically linked cases is a confirmed case with at least laboratory suggestive evidence</td>
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