



Appendix 3

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

Appendix to: Kaczmarek MC, Valenti L, Kelly HA, et al. Sevenfold rise in likelihood of pertussis test requests in a stable set of Australian general practice encounters, 2000–2011. *Med J Aust* 2013; 198: 624-628. doi: 10.5694/mja13.10044.

Appendix 3: Australian case definition for notifications of pertussis captured by the National Notifiable Diseases Surveillance System¹

A confirmed case requires:

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

<u>Laboratory definitive evidence:</u>	<u>Laboratory suggestive evidence:</u>	<u>Clinical evidence:</u>	<u>Epidemiological evidence:</u>
Isolation of <i>Bordetella pertussis</i> or detection of <i>B. pertussis</i> by nucleic acid testing	Seroconversion or significant increase in antibody level or fourfold or greater rise in titre to <i>B. pertussis</i> in the absence of recent pertussis vaccination, or single high IgA titre to whole cells, or detection of <i>B. pertussis</i> antigen by immunofluorescence assay (IFA)	A coughing illness lasting two or more weeks, or paroxysms of coughing or inspiratory whoop or post-tussive vomiting	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

1. Australian Government Department of Health and Ageing. Australian national notifiable diseases case definitions: Pertussis case definition 2004 [cited 2012 30 May]; Available from: http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-nndss-casedefs-cd_pertus.htm