

# Notice of Updated HbA1c Diagnostic Thresholds from 1 July 2026

Guidance for the health sector - 24 March 2026

Health New Zealand  
Te Whatu Ora

## Changes to the HbA1c threshold for diagnosing diabetes and prediabetes in New Zealand

*This document outlines changes to national HbA1c diagnostic thresholds for diabetes and prediabetes and what these changes mean for various health teams working across diabetes diagnosis, monitoring, and management.*

Effective **1 July 2026**, the national diagnostic thresholds for HbA1c are changing to:

- **Normal:** HbA1c < **42 mmol/mol**.
- **Prediabetes:** HbA1c **42 – 47 mmol/mol** (previously 41 – 49 mmol/mol)
- **Diabetes:** HbA1c **≥ 48 mmol/mol** (lowered from the current  $\geq 50$  mmol/mol)
  - **No confirmatory test now required** if HbA1c  $\geq 53$  mmol/mol
  - **Confirmatory test required** as soon as practical if HbA1c **48 – 52 mmol/mol** e.g. repeat HbA1c, fasting glucose or random glucose (if symptomatic)

**Review of those affected by the changes can wait until clinically due as part of routine care** (e.g. annual follow up of prediabetes or post gestational diabetes, or when CVD risk assessment due etc) but may be expedited if clinical concerns. If ready, providers can apply the new criteria now on historical lab results where feasible e.g. if HbA1c 48 – 49 mmol/mol in the past 6 – 12 months. **There is no change in the glucose diagnostic criteria for diabetes.**

### Why the HbA1c thresholds are changing

The updated thresholds align New Zealand with international standards (WHO) and support improved outcomes through earlier detection and intervention, improved care for high-risk groups, reduction in inequities and health system sustainability.

### What this means at a population level

Around 34,500 New Zealanders previously classified as having prediabetes will now meet criteria for diabetes. Around 200,000 people will no longer meet criteria for prediabetes and will no longer require routine annual HbA1c recall.

### Initial clinical focus: people aged under 60

The initial focus will be on the approximately 12,500 New Zealanders under 60 years of age with a new diagnosis of diabetes, where early intervention and support can make the biggest difference over the long term. In this group, diabetes:

- Can reduce life expectancy by more than 10 years.
- Disproportionately affects Māori, Pacific peoples and Indo-Asian communities
- Is the leading cause of vision loss, chronic kidney disease, dialysis, amputations, and increases the risk of heart attacks, stroke, falls and some cancers.

## Recommended Management

There is no change to recommended management and retinal photoscreening can be deferred for 3 years in people newly meeting the diagnostic threshold. Therefore, for many their care plans will likely not change significantly and are already engaged with Primary Care.

The focus is on prevention and wellbeing of early onset diabetes, particularly those under the age of 60 who are not currently receiving diabetes management. This equates to approximately 9 people per practice across New Zealand.

*The table below describes recommended diabetes management.*

| HbA1c level                               | Recommended management  |
|---|---|
| <b>Prediabetes - HbA1c 42–47 mmol/mol</b> | <p>There is no change in recommended management.</p> <p>People with prediabetes are still at an increased risk of macrovascular complications and early death.</p> <p>Healthy living interventions, metformin and addressing cardiovascular risk should be considered, particularly for those:</p> <ul style="list-style-type: none"> <li>• Aged under 60 years of age</li> <li>• High risk populations e.g. Māori, Pacific and/or Indo-Asian ethnicity and young people aged under 25 years.</li> <li>• HbA1c &gt; 45 mmol/mol</li> <li>• Increasing interval HbA1c</li> <li>• History of gestational diabetes</li> <li>• With polycystic ovary syndrome (PCOS)</li> </ul> |
| <b>Diabetes - HbA1c 48 – 49 mmol/mol</b>  | <p>Confirmation of diabetes can wait until the next due HbA1c (typically 1 year) unless opportunities arise earlier.</p> <p>No confirmatory test is required if two or more prior HbA1c results were <math>\geq 48</math> mmol/mol in the last year, or if the glucose diagnostic criteria is met, management can start immediately.</p> <p>There is no change in recommended management with healthy living interventions and metformin.</p>   |

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|   | <b>Important note: Retinal photoscreening can be deferred for 3 years unless there are specific clinical concerns.</b>   |
| <b>Diabetes - HbA1c <math>\geq</math> 50 mmol/mol</b> | <p>There is no change in recommended management:</p> <p>Healthy living interventions + metformin continue to be first line therapy.</p> <ul style="list-style-type: none"> <li>• Consider an additional glucose-lowering therapy at diagnosis if HbA1c &gt; 64 mmol/mol</li> <li>• Consider insulin at diagnosis if initial HbA1c &gt; 90 mmol/mol and/or concerns over possible type 1 diabetes or pancreatogenic diabetes</li> </ul> <p>Referral for retinal photoscreening should be made at diagnosis, but can be deferred for up to 3 years if acute onset of diabetes (e.g. HbA1c &lt; 48 mmol/mol &lt; 1 year ago, rapid presentation with type 1 diabetes, post pancreatectomy etc.)</p> |

**Important notes:**

- All those aged under 25 diagnosed with diabetes should be referred to specialist diabetes services.
- An HbA1c 42 – 47 mmol/mol is not normal in children or pregnancy and these people should be referred to Specialist Diabetes Services.
- Use of the national VAREANZ CVD risk calculator for type 2 diabetes in those newly diagnosed with diabetes will not lead to overtreatment of CV risk factors. People with vascular complications of their diabetes (e.g. eye, kidney, foot disease etc.) should continue to have the same blood pressure and lipid targets as per secondary CV prevention.
- Removing the need for a confirmatory test when HbA1c is  $\geq$  53 mmol/mol reduces clinical inertia, as it is positive in > 99% of cases within 6 months and delaying treatment may cause harm.
- All people with newly diagnosed diabetes can now have their first retinal photoscreening deferred for 3 years if acute onset of diabetes (e.g. HbA1c < 48 mmol/mol < 1 year ago, rapid presentation with type 1 diabetes, post pancreatectomy etc.). Mahitahi Matehuka National Diabetes Network will continue to work with the National Eye Network to ensure those at high risk get screened more regularly.

**Updated National Diabetes Guidance**

Laboratory reporting, Health Pathways and the New Zealand Society for the Study of Diabetes (NZSSD) National Diabetes Guidance have been revised and will go live on the 1<sup>st</sup> of July 2026.

### **Updated diabetes resources**

Health NZ will work with **Diabetes NZ** and **Healthify** to update health resources. Consumer facing communications will also be made available via Health NZ channels to support whānau to understand what the changes mean for them.

### **Transition support and updates**

Further sector communication and technical guidance will be distributed throughout the transition period. If you have questions or require operational support, please contact Mahitahi Matehuka National Diabetes Network at any time via email to **[DiabetesNetwork@TeWhatuOra.govt.nz](mailto:DiabetesNetwork@TeWhatuOra.govt.nz)**.