

HbA1c Diagnostic Threshold Changes – April 2026

Effective **1 July 2026**, the national diagnostic thresholds for HbA1c are intended to change as follows:

- **Diabetes:** HbA1c \geq **48 mmol/mol** (lowered from the current \geq 50 mmol/mol).
- **Prediabetes:** HbA1c **42 – 47 mmol/mol**.
- **Normal:** HbA1c $<$ **42 mmol/mol**.
- No confirmatory test is required for diabetes if the initial HbA1c is \geq **53 mmol/mol**.

HbA1c < 30 mmol/mol	
	<ul style="list-style-type: none"> - Consider interferences, particularly if HbA1c is < 15 mmol/mol, e.g. known Hb variants, shortened red cell lifespan (blood loss, haemolysis). - For diagnosis, fasting glucose +/- glucose tolerance test are best screening tests if no symptoms of diabetes. Two random glucose levels \geq 11.1 mmol/L confirm diabetes if symptomatic. - For monitoring use glucose levels +/- fructosamine. Beware of hypoglycaemia if treated with insulin and/or sulfonylureas. - Estimated HbA1c from continuous glucose monitoring is still accurate when the laboratory HbA1c is unreliable.
HbA1c 30 – 41 mmol/mol	
No known diabetes	<ul style="list-style-type: none"> - Normal HbA1c if 25 years of age and over. - HbA1c 39 – 41 mmol/mol in young people (< 25 years) indicates high risk of progression, particularly if Māori, Pacific and or Indo-Asian ethnicity, or high clinical suspicion of diabetes. Address lifestyle factors and repeat HbA1c in 6 months.
Known diabetes	<ul style="list-style-type: none"> - Consider reduction of glucose-lowering therapies if treated, particularly insulin and sulfonylureas.
HbA1c 42 – 47 mmol/mol	
No known diabetes	<ul style="list-style-type: none"> - 25 years of age and over - prediabetes. Address lifestyle factors + consider metformin if high-risk e.g. HbA1c \geq 45 mmol/mol, young, Māori Pacific and/or Indo-Asian ethnicity. Repeat HbA1c 6 – 12 monthly. - < 25 years of age – High risk for diabetes. Address lifestyle factors and consider metformin and referral to Specialist Care, particularly if < 16 years of age. Repeat HbA1c at least 6 monthly. - Pregnant – refer to Specialist Diabetes in Pregnancy Team
Known diabetes	<ul style="list-style-type: none"> - HbA1c to target for all ages, but consider risk of hypoglycaemia if on insulin and/or sulfonylurea. - Repeat HbA1c in 6 months.
HbA1c 48 – 52 mmol/mol	
No known diabetes	<ul style="list-style-type: none"> - Likely diabetes - confirm diagnosis as soon as pragmatic with either repeat HbA1c (\geq 48 mmol/L), fasting glucose (\geq 7 mmol/L) or random glucose if symptomatic (\geq 11.1 mmol/L). - If diabetes confirmed, metformin is recommended for all people with type 2 diabetes unless contraindicated, with follow up HbA1c in 3 months. - All people with diabetes < 25 years of age and all pregnant women with diabetes should be referred to Specialist Care

Known diabetes	<ul style="list-style-type: none"> - HbA1c is at target in most adults with diabetes, but consider risk of hypoglycaemia if on insulin and/or sulfonylureas. - Escalation of care recommended in young people with diabetes, pregnant or considering pregnancy, or significant burden of vascular complications aiming for HbA1c < 48 mmol/mol if risk of hypoglycaemia low. - Timing of follow up HbA1c <ul style="list-style-type: none"> - Above target: Repeat 3 monthly and escalate care until target reached - At target: Monitor at least 6 monthly
HbA1c ≥ 53 mmol/mol	
No known diabetes	<ul style="list-style-type: none"> - Diabetes – no confirmatory test required. - Healthy living and metformin are recommended in all people with type 2 diabetes unless contraindicated. Consider additional glucose lowering therapy if HbA1c > 64 mmol/mol and insulin if HbA1c > 90 mmol/mol OR if type 1 diabetes or pancreatogenic diabetes suspected. - Repeat HbA1c in 3 months and escalate care as required - All people with diabetes < 25 years of age and all pregnant women with diabetes should be referred to Specialist Care
Known diabetes	<ul style="list-style-type: none"> - Escalation of care required for most aiming for < 53 mmol/mol in most adults or < 48 mmol/mol if young, pregnant or considering pregnancy, or significant burden of microvascular complications if low risk of hypoglycaemia. A higher HbA1c target (e.g. 54 – 70 mmol/mol) may be appropriate if life expectancy limited by non-diabetes comorbidities and/or high risk of hypoglycaemia from insulin and/or sulfonylureas - Timing of follow up HbA1c <ul style="list-style-type: none"> - Above target: Repeat 3 monthly and escalate care until target reached - At target: Monitor at least 6 monthly