Monash Health Referral Guidelines
INFECTIOUS DISEASES

EXCLUSIONS

Services not offered by Monash Health

Patients under 18 years of age: Click here for Monash Children's Infectious Diseases guidelines

CONDITIONS

SYSTEMIC CONDITIONS

Bloodborne viruses
Fever / Pyrexia of unknown origin
Fever and rash, skin or soft tissue infections
Fever in immunocompromised
Travel related infection

PREVENTATIVE MEDICINE

Post splenectomy
Pre travel
Pre exposure prophylaxis
Post exposure prophylaxis

NON-SYSTEMIC CONDITIONS

Diarrhoea
Sexually transmitted infection
Jaundice
Meningitis
Respiratory infection – lower
Respiratory infection – upper
Tuberculosis and other mycobacterial infections

PRIORITY

All referrals received are triaged by **Monash Health clinicians** to determine **urgency of referral.**

Priority	Description
EMERGENCY	For emergency cases please do any of the following: - send the patient to the Emergency department OR - Contact the on call registrar OR - Phone 000 to arrange immediate transfer to ED
URGENT	The patient has a condition that has the potential to deteriorate quickly with significant consequences for health and quality of life if not managed promptly.
ROUTINE	The patient's condition is unlikely to deteriorate quickly or have significant consequences for the person's health and quality of life if the specialist assessment is delayed beyond one month

Monash Health Referral Guidelines
INFECTIOUS DISEASES

REFERRAL
How to refer to Monash Health

Mandatory referral content

Demographic:
Full name
Date of birth
Next of kin
Postal address
Contact number(s)
Email address
Medicare number
Referring GP details
including **provider number**
Usual GP (if different)
Interpreter requirements

Clinical:
Reason for referral
Duration of symptoms
Management to date and response to treatment
Past medical history
Current medications and medication history if relevant
Functional status
Psychosocial history
Dietary status
Family history
Diagnostics as per referral guidelines

Click here to download the outpatient referral form

CONTACT US

Medical practitioners
To discuss complex & urgent referrals contact on call Infectious Diseases registrar on Monash Health Switchboard **9594 6666**

General enquiries
Phone: 1300 342 273

Submit a fax referral
Fax referral form to Specialist Consulting Services: 9594 2273

SYSTEMIC CONDITIONS

BLOODBORNE VIRUSES

Presentation
- Hepatitis C
- Hepatitis B
- HIV and AIDS

Initial GP Work Up
- Symptomatic illness
- Treatment history

Investigations
- Serology:
  - LFTs, liver biopsy result if performed
  - HIV Antibody test result
- Ultrasound and fibroscan for hepatitis (if available)

Management Options for GP
- Information for Hepatitis B can be found here
- Patients with any clinical signs or symptoms of cirrhosis or other concurrent liver pathologies should be referred to Gastroenterology in preference to Infectious Diseases

WHEN TO REFER?

Emergency
Only refer to Emergency Department if patient is acutely unwell.

Urgent
Phone Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Switchboard **9594 6666 if:**
- Newly HIV diagnosed patients
- If advice required

Routine
Refer on confirmation of diagnosis

BACK

FEVER / PYREXIA OF UNKNOWN ORIGIN

Initial GP Work Up
- Travel, occupational and animal contact history
- History of prescribed and non-prescribed drugs

Investigations
- FBE
- LFTs
- CRP
- Urine for MSU
- Blood cultures
- CXR

Management Options for GP
N/A

WHEN TO REFER?

Emergency
If rigors present

Urgent
If GPs wishes to refer the patient for inpatient admission **9594 4564** for advice or on call registrar after hours via Monash Health Switchboard **9594 6666**

BACK

SYSTEMIC CONDITIONS (cont'd)

FEVER AND RASH, SKIN AND SOFT TISSUE INFECTIONS

Initial GP Work Up
- History of travel, animal, occupational contacts
- Seek history of medication and bites
- Vaccination history

Investigations
- FBE, LFTs, U+E, Cr
- Blood cultures
- If vesicular rash, swab for herpes virus PCR
- Swab of purulent discharge
- Serology as appropriate to risks above

Management Options for GP
- Consider meningococcal infection and treat prior to transfer if possible
- If not suspected to be communicable disease, consider referral to Dermatology

WHEN TO REFER?

Emergency
If communicable disease suspected may be prudent to call Emergency Department in advance

Urgent
If advice required, phone Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Switchboard **9594 6666**

BACK

FEVER IN IMMUNOCOMPROMISED

Initial GP Work Up
- Medical history

Investigations
- FBE, LFTs, U+E, Cr
- Blood cultures
- If vesicular rash, swab for herpes virus PCR
- Serology as appropriate

Management Options for GP
- Usually there is a treating specialist e.g. transplant doctor who should be contacted in the first instance
- Infections in immunocompromised patients can be life-threatening. If any suggestion of clinical instability, recommend urgent presentation to hospital.

WHEN TO REFER?

Emergency
If signs of clinical instability refer immediately to the Emergency Department.

Urgent
- If patient is otherwise clinically well and there is no treating specialist, refer to Infectious Diseases
- If advice required, phone Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Switchboard **9594 6666**

BACK

SYSTEMIC CONDITIONS (cont'd)

TRAVEL RELATED INFECTION

Initial GP Work Up
- History of travel, animal contacts
- Seek history of medication and bites
- Vaccination history

Investigations
- Blood cultures (typhoid)
- FBE, LFTs, U+E, Cr
- Thick and thin film and ICT for malaria
- CXR
- Urine M&C
- Faeces M&C
- Serology: Dengue, Hepatitis A

Management Options for GP
N/A

WHEN TO REFER?

Emergency
- Call ahead if suspected communicable disease
- Fever in returned travellers
- Suspected possible bacteraemia or malaria

Urgent
- If clinically stable, refer to outpatient clinic (e.g. persistent diarrhoea after travel).
- If in doubt, contact Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Switchboard **9594 6666**

BACK

NON-SYSTEMIC CONDITIONS

DIARRHOEA

Presentation
- Acute diarrhoea
- Chronic diarrhoea – refer to Gastroenterology

Initial GP Work Up
- Recent diet history
- Travel history

Investigations
- Faeces for M&C
- Faeces for ova, cysts and parasites

Management Options for GP
- Encourage patient to remain hydrated
- Consider that diarrhoea may be a false localising sign

WHEN TO REFER?

Emergency

If intravenous rehydration is required, or suspected sepsis.

Urgent

Refer to Infectious Diseases

BACK

SEXUALLY TRANSMITTED INFECTION

Initial GP Work Up
- STI history

Investigations
- M,C & S swab of discharge
- Serology of syphilis, HIV
- Urine for Chlamydia, gonococcal PCR

Management Options for GP
- For further information, refer to Therapeutic Guidelines

WHEN TO REFER?

Urgent

Refer to Infectious Diseases

BACK

NON-SYSTEMIC CONDITIONS (cont'd)

JAUNDICE

WHEN TO REFER?

Initial GP Work Up

History of:

- Travel and vaccinations
- Gallstone pain medications
- Exposure to hepatitis

Investigations

- Upper GIT USS
- LFTs, liver related autoantibodies
- Fe studies
- Cu studies
- FBE, Haemolytic screen
- Serology for Hep BsAg, Hep A IgM, IgG, Hep C antibody
- EBV
- CMV
- Consider CT pancreas protocol for pancreatic lesions

Management Options for GP

If there is evidence of mass or mechanical obstruction referral should go to Gastroenterology / Upper Gastrointestinal Surgery

Emergency

If jaundice/cholangitis/suspected pancreas cancer refer immediately to the Emergency Department

BACK

MENINGITIS

WHEN TO REFER?

Initial GP Work Up

Early referral recommended if suspected

Management Options for GP

- If meningococcal infection suspected treat immediately

Emergency

If bacterial meningitis suspected or possible refer immediately to the Emergency Department

BACK

NON-SYSTEMIC CONDITIONS (cont'd)

RESPIRATORY INFECTION – LOWER

Initial GP Work Up

Standard history and examination with particular emphasis on the following:

- Respiratory rate, pulse, blood pressure and confusion
- Significant co-morbidities (diabetes, cardiorespiratory)
- Social circumstances

Investigations

- Sputum for M& C CXR
- Legionella and pneumococcal
- Urinary antigens
- Consider any TB contacts, sputum for AFB, M & C
- Serology Legionella, Mycoplasma and Chlamydia

Management Options for GP

Chronic lower respiratory tract infections/issues should be referred to ENT / Respiratory (excluding mycobacterial or suspected mycobacterial infections)

WHEN TO REFER?

Emergency

Features of sepsis / hypoxaemia

Urgent

- If Chest X-ray change unresolved
- Severe pneumonia (CURB65 or other scale)
- CURB65 score of 2 or more usually require hospital management
- Failure to resolve satisfactorily in the community
- Imaging suggestions cavitation or other changes suggestive of active Tuberculosis

BACK

RESPIRATORY INFECTION – UPPER

Initial GP Work Up

History of:

- Smoking
- Inhalation of irritants
- Relevant past respiratory history e.g. asthma

Investigations

- Throat swab for PCR for respiratory viruses
- Nasopharyngeal aspirate PCR
- Serology for EBV, influenza, pertussis

Management Options for GP

Chronic upper respiratory tract infections/issues should be referred to ENT / Respiratory (excluding mycobacterial or suspected mycobacterial infections)

WHEN TO REFER?

Emergency

Features of sepsis / hypoxaemia

Urgent

If advice required, phone Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Switchboard **9594 6666**

BACK

NON-SYSTEMIC CONDITIONS (cont'd)

TUBERCULOSIS AND OTHER MYCOBACTERIAL INFECTIONS

Presentation

- Extrapulmonary Tuberculosis
- Bairnsdale Ulcer
- Mycobacterium Avium Complex
- Leprosy

Initial GP Work Up

- Travel history (especially from high-risk areas where the disease is prevalent)
- Immunocompromised or vulnerable population

Investigations

- FBE, LFTs, U+E, Cr
- Blood cultures
- Swab of purulent discharge
- Serology as appropriate presentation
- Consider any TB contacts, sputum for AFB, M & C

Management Options for GP

N/A

WHEN TO REFER?

Emergency

- If signs of bacterial or viral infection refer immediately to the Emergency Department.
- Phone Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Monash Health Switchboard **9594 6666**

BACK

PREVENTATIVE MEDICINE

POST SPLENECTOMY

Initial GP Work Up
- Reason for splenectomy
- Reason for hyposplenism e.g. extensive spleen damage, splenic hypoembolisation
- Date of splenectomy
- Vaccination history
- Prophylactic history
- History of sepsis/thrombosis
- Referral if travel advice given

Investigations
- FBE and film required
- Howell – Jolly bodies
- IgM memory B cell

Management Options for GP
- Provide education on:
  - Prevention, recognition and management of fever, particularly when travelling
  - Significance of animal bites and exposure to malaria
- For further information, refer to Therapeutic Guidelines

WHEN TO REFER?

Emergency
- If signs of bacterial infection or fever refer immediately to the Emergency Department.
- Phone Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Monash Health Switchboard **9594 6666**

Urgent
All people who have undergone splenectomy should have at least one consultation with an Infectious Diseases clinician.

BACK

PRE TRAVEL

Initial GP Work Up
- Clinical history
- Record of previous vaccinations
- Medications
- Travel plans
- any immunosuppressive condition

Investigations
N/A

Management Options for GP
- Consider www.smartraveller.gov.au for travel advice

WHEN TO REFER?

Routine
Refer to travel clinic

BACK

PREVENTATIVE MEDICINE (cont'd)

PRE EXPOSURE PROPHYLAXIS

Initial GP Work Up

- For patients at risk of HIV acquisition
- Consider sexual history and drug use

Investigations

- HIV serology (individuals positive for HIV should not be commenced on Pre Exposure Prophylaxis)
- Renal function tests
- STI screen
- Hepatitis B and C screen

Management Options for GP

- Can be managed by GP and do not require referral
- ASHM Pre Exposure Prophylaxis Clinical Guidelines can be accessed **here**

WHEN TO REFER?

Routine

Can be done through Infectious Diseases clinic depending on GP

BACK

POST EXPOSURE PROPHYLAXIS (PEP)

Initial GP Work Up

Individual with known or suspected exposure to HIV

- Medical history
- Type of exposure (including blood or body fluids involved, trauma, first aid measures applied and any contributory factors)
- Most recent HIV test and results
- Potential exposures within the last three months (or earlier if last HIV test longer than three months ago)
- Previous use of PEP or PrEP

Investigations

- Evaluation of current STIs
- Hepatitis B (HBV) and C (HCV) infection (if HBV or HCV positive, refer for specialist advice prior to commencing PEP)

Management Options for GP

- Where PEP is recommended, it should be prescribed and started as soon as possible after the exposure and within 72 hours
- ASHM PEP Clinical Guidelines can be accessed **here**

WHEN TO REFER?

Urgent

Phone Infectious Diseases registrar on **9594 4564** or on call registrar after hours via Monash Health Switchboard **9594 6666**

BACK