

# 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**.

#### 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

Last updated:  
November 2024

# Monash Health Referral Guidelines

## INFECTIOUS DISEASES

---

### REFERRAL

How to refer to  
Monash Health

**Secure eReferral by HealthLink is now our preferred method of referral.**

Find up-to-date information about how to send a referral to Monash Health on the [eReferrals page on our website](#).

---

### 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

## SYSTEMIC CONDITIONS

### BLOODBORNE VIRUSES

#### WHEN TO REFER?

#### 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

#### 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

#### WHEN TO REFER?

#### 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

#### 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

### WHEN TO REFER?

#### 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

#### 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

### WHEN TO REFER?

#### 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

#### Emergency

If intravenous rehydration is required, or suspected sepsis.

#### Urgent

Refer to Infectious Diseases

[BACK](#)

### SEXUALLY TRANSMITTED INFECTION

### WHEN TO REFER?

#### 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](#)

#### 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

#### WHEN TO REFER?

#### 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)

#### 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

#### WHEN TO REFER?

#### 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)

#### 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

### WHEN TO REFER?

#### 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

#### 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

### WHEN TO REFER?

#### 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](#)

#### 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

### WHEN TO REFER?

#### 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.smarttraveller.gov.au](http://www.smarttraveller.gov.au) for travel advice

#### Routine

Refer to travel clinic

[BACK](#)

## PREVENTATIVE MEDICINE (cont'd)

### PRE EXPOSURE PROPHYLAXIS

### WHEN TO REFER?

#### 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](#)

#### Routine

Can be done through Infectious Diseases clinic depending on GP

[BACK](#)

### POST EXPOSURE PROPHYLAXIS (PEP)

### WHEN TO REFER?

#### 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](#)

#### Urgent

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

[BACK](#)