

Infectious Diseases

Specialist Clinic Referral Guidelines

The impact of COVID-19 has resulted in high demand for specialist clinic consultations. If there is a concern about the delay of the appointment, or any deterioration in the patient's condition, please send an updated referral with additional information.

If the patient's care needs have become urgent, please call the unit registrar on call on 9076 2000.

Please fax referrals to The Alfred Specialist Clinics on 9076 6938. . [The Alfred Specialist Clinics Referral Form](#) is available to print and fax. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service. Advice regarding referral for specific conditions to the Alfred Infectious Disease Service can be found [here](#).

The clinical information provided in your referral will determine the triage category. The triage category will affect the timeframe in which the patient is offered an appointment.

Notification will be sent when the referral is received. The referral may be declined if it does not contain essential information required for triage, or if the condition is not appropriate for referral to a public hospital, or is a condition not routinely seen at Alfred Health.

The following conditions are not routinely seen at Alfred Health:

- Patients who are being treated for the same condition at another Victorian public hospital
- Children under 18 years of age

If pulmonary tuberculosis, measles or acute varicella is suspected, contact the Infectious Diseases Registrar on call IMMEDIATELY on 9076 2000 for containment purposes prior to sending patient to The Alfred Emergency and Trauma Centre.

Infectious Diseases

Specialist Clinic Referral Guidelines

Please include in your referral:

Demographic details: <ul style="list-style-type: none">• Date of birth• Patient's contact details including mobile phone number and email address• Referring GP details• If an interpreter is required• Medicare number	Clinical information: <ul style="list-style-type: none">• Reason for referral• Duration of symptoms• Relevant pathology and imaging reports• Past medical history• Current medications
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Some clinics offer an MBS-billed service. **There is no out of pocket expense to the patient.** MBS-billed services require a current referral to a named specialist – please provide your patient with a **12 month referral addressed to the specialist of your choice.** Please note that your patient may be seen by another specialist in that clinic in order to expedite his or her treatment.

The times to assessment may vary depending on size and staffing of the hospital department.

If you are concerned about the delay of the outpatient appointment or if there is any deterioration in the patient's condition, or if you require an urgent specialist opinion, please contact the Nurse Manager of the Infectious Diseases Ambulatory clinic on 9076 6081 or the Infectious Diseases Registrar on call on 9076 2000.

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Skin & soft tissue infections

Evaluation

Key Points:

- Swab of purulent discharge
- FBE
- U&Es

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Bone and Joint infections

Should a prosthetic joint infection be suspected in a patient who has recently undergone joint replacement surgery at the Alfred (within 3 months), contact the Orthopaedic Registrar or the Infectious Diseases Registrar on 9076 2000 to arrange urgent review.

Evaluation

Key Points:

- Relevant microbiology results (swabs, tissue, aspirates)
- FBE
- CRP and ESR
- U&Es
- LFTs

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Diabetic foot infections

Direct to Emergency Department for:

- Severe cellulitis or necrotising skin and soft tissue infections (temperature >38oC or less than 36oC, rigors, heart rate >90bpm, other systemic features).

Evaluation

Key Points:

- Relevant microbiology results (swabs, tissue, aspirates)
- FBE
- CRP and ESR
- U&Es
- LFTs

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Surgical site infection: prevention and management

Evaluation

Key Points

- Planned surgery details and timing
- History of any antimicrobial hypersensitivities and intolerances
- History of any prior post-operative infections
- History of previous infections with *Staphylococcus aureus* and/or other Multi-resistant microorganisms
- Relevant microbiology results (swabs, tissue, aspirates)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Fever/pyrexia of unknown origin

Evaluation

Key Points:

- Travel, contact, animal history
- Medication list (particularly recent changed or new drugs)
- FBE, LFTs, CRP
- Urine for MSU
- Blood cultures.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Latent Tuberculosis

Patients with a positive iGRAS ('Quantiferon') or Mantoux test may have latent tuberculosis i.e. past exposure but without active symptoms or signs of disease

PATIENTS WITH SUSPECTED ACTIVE PULMONARY TUBERCULOSIS MUST NOT BE REFERRED TO THE OUTPATIENT CLINIC AND THE INFECTIOUS DISEASE REGISTRAR SHOULD BE TELEPHONED ON 9076 2000

Evaluation

Clinical history of residence (especially in high prevalence areas) travel and past exposure. Also information regarding immunosuppression, including future planned therapy which may cause immunosuppression.

Key Points:

- Relevant microbiology results (Quantiferon (iGRAS) or Mantoux test)
- FBE
- U&Es
- LFTs

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Diarrhoea

Evaluation

Acute diarrhoea is usually a self-resolving illness and does not require outpatient follow-up.

Patients with complications of acute diarrhoea e.g. dehydration and hypotension, should be referred to the Emergency Department.

Chronic diarrhoea has many causes, most being non-infective.

If infection is suspected the following investigations may be helpful:

Key Points:

- Faeces for M&C
- Faeces for ova, cysts and parasites
- Cryptosporidium stain
- Faecal fats
- Thyroid function.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Hepatitis and Jaundice

Direct to the Emergency Department for:

- Acute jaundice
- If acutely unwell

Evaluation

Hepatitis (and other causes of deranged liver function tests) with or without jaundice may be due to many aetiologies, both medical and surgical

If infection is suspected the following information, if available, may be helpful:

Key Points:

- History of travel, right upper quadrant pain, medications/toxin/drug exposures, exposure to a person with viral Hepatitis
- Upper GIT Ultrasound Scan [[The Alfred Radiology request form](#)].
- LFTs
- FBE, Haemolytic screen
- Serology for HepBsAg, HepA IgM, HepA IgG, Hep C antibody.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Respiratory tract symptoms

Should COVID-19 be suspected, please refer to the [Alfred Information for General Practitioners webpage](#) for up to date information including:

- The Alfred COVID-19 Screening clinic
- COVID-19 updates
- Alfred Health Primary Care Management guidance and Community Care Pathway
- Primary care support for patients in Residential Aged Care Facilities
- Impacts on Alfred Health services

Evaluation:

Most upper respiratory tract infections are self-limiting however persistent symptoms e.g. cough, sore throat, may require further investigation. These tests may include results from the time of the acute infection and subsequent follow up tests.

Lower respiratory tract infection may require different tests looking for a diagnosis of chronic cough

Contact the Infectious Diseases registrar on 9076 2000 before directing to the Emergency Department for:

- Suspected pulmonary tuberculosis

Contact the Infectious diseases registrar on 9076 2000 to arrange urgent assessment for:

- Rigors, Breathlessness on room air or Oxygen desaturation.

Investigations:

Upper RTI

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

Respiratory tract symptoms continued.

Lower RTI

- Sputum for M,C&S
- CXR [[The Alfred Radiology request form](#)].
- Legionella and pneumococcal urinary antigens
- Investigation for Mycobacterial infections may include sputum analysis however, PLEASE NOTE, PATIENTS WITH SUSPECTED ACTIVE PULMONARY TUBERCULOSIS MUST NOT BE REFERRED TO THE OUTPATIENT CLINIC AND THE INFECTIOUS DISEASE REGISTRAR SHOULD BE TELEPHONED ON 9076 2000
- Serology: Legionella, Mycoplasma and Chlamydia/Chlamydophila

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Fever and a rash

If meningococcal infection is suspected (eg fever, petechial rash) administer Ceftriaxone IM (if no allergy) and refer IMMEDIATELY to the Emergency Department, and contact the Infectious Diseases Registrar via Switchboard on 9076 2000.

Evaluation

Key Points:

- If concerned, contact the Infectious Diseases Registrar on 9076 2000.

Investigations:

- History of travel, animal contacts and recent sexual contacts
- Seek history of medication and bites
- FBE, LFTs
- Blood cultures
- If vesicular rash, swab for herpes virus PCR
- Syphilis serology.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Advice for travellers

Evaluation

Key Points:

- Referral for travel advice prior to travel; fax referral to 9076 6528.
- Notable exclusions include BCG and Q fever vaccination; please refer to the [Travel Medicine Clinic](#) webpage for further advice.

Investigations:

- Travel information including destination and expected date of departure.
- Clinical history.
- Current medication list.
- Immunisation history.
- Any relevant serology such as Measles, Rubella and Hepatitis serology.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Fever in returned travellers

Immediately contact the Infectious Diseases registrar on 9076 2000 to arrange an urgent assessment.

Should COVID-19 be suspected, please refer to the [Alfred Information for General Practitioners webpage](#) for up to date information including:

- The Alfred COVID-19 Screening clinic
- COVID-19 updates
- Alfred Health Primary Care Management guidance and Community Care Pathway
- Primary care support for patients in Residential Aged Care Facilities
- Impacts on Alfred Health services

Key Points:

- If appointment required, please fax referral to 9076 6528.
- Include travel destination, duration of stay and date of return
- Clinical history including onset of symptoms
- Include any investigations performed

Investigations might include:

- Blood cultures (typhoid)
- FBE, LFTs
- Thick and thin film and ICT for malaria
- Faeces M&C
- Serology: Dengue, Hepatitis A.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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HIV medicine

New diagnosis HIV

- Acutely unwell patient with new HIV diagnosis – call Infectious Diseases Registrar on 9076 2000 for urgent assessment

Evaluation

Key Points:

- Refer on confirmation of diagnosis
- Newly diagnosed patients will be prioritised and seen as soon as possible (usually within 24-48 hours).
 - **Fax referral to 9076 6528.**

Investigations:

- Symptomatic illness i.e. constitutional symptoms or organ specific symptoms
- Copy of HIV antibody test result and Western blot
- If available:
 - CD4 count
 - Viral load
 - Sexually transmitted infection testing
 - Hepatitis screen.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Mobile Phone Number of patient is important for immediate contact.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Established HIV

- Acutely unwell patient with established HIV diagnosis – contact the Infectious Diseases Registrar on 9076 2000 to arrange immediate assessment

Evaluation

Key Points:

- If not an emergency, fax referral to 9076 6528 and include:
 - **Reason for referral e.g. complications/subspecialty clinic**
 - History of AIDS-defining illness
 - Treatment history including Antiretroviral therapy
 - Current medication list, CD4 cell count and HIV viral load

Investigations:

- Baseline testing:
 - HIV Antibody test result and Western blot (if new to the Alfred)
- If available:
 - General pathology – FBE, U&Es, LFTs
 - CD4 counts
 - HIV Viral loads
 - HIV genotype
 - HLA B57
 - Sexually transmitted infection testing
 - Hepatitis screen.

Refer for review in appropriate [HIV subspecialty clinics](#):

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Hepatitis B or C/HIV Co-infection

Evaluation

Key Points:

- Refer on confirmation of diagnosis
- Fax referral to 9076 6938.

Investigations:

- HIV treatment history
- History of active Hepatitis B/C infection including LFTs, Fibroscan or liver biopsy results if performed
- Past and present treatment of viral hepatitis.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Mental health issues in HIV patients

Evaluation

Key Points:

- Refer to:
 - Victorian HIV Mental Health Service referral form
- If acutely unwell, phone local area CAT team.

Investigations:

- Psychiatric history
- Past and current treatment
- Risk assessment, if available.

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Non-occupational post exposure prophylaxis (NPEP)

Evaluation

Key Points:

- Phone 1800 889 887
- For more information, go to the [Victorian NPEP Service webpage](#)

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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HIV pre-exposure prophylaxis

Evaluation

- Medication list
- STI history and recent screen (including HIV serology)
- Urinalysis— alb/Cr ratio and Prot/Cr ratio
- U+E, FBE, LFT, Ca, Mg, Phos
- Viral hepatitis results if performed; history of HAV/HBV vaccination

Management

The Alfred will be providing access to PrEP through the PrEPX Research Study from late July 2016.

Contact telephone: 9076 2940

Fax: 9076 6938

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral.

Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Infections in the immunocompromised

Diagnosis/management of suspected or confirmed infection in the immunocompromised patient

Evaluation

Key Points:

- Immunosuppressed patients include transplant recipients, patients with solid or haematologic malignancy, or other conditions such as inflammatory bowel disease or rheumatologic disease requiring immunosuppression
- These individuals are at risk for both typical and atypical infections, which can be more difficult to diagnose and treat, and can be serious
- Some examples include pulmonary fungal infections, reactivation of cytomegalovirus, *Nocardia* infection
- Please include the relevant clinical information in the referral including details of the underlying condition and current/recent treatment

Investigations:

- Include the results of any recent diagnostic tests (imaging, microbiology etc.) that have already been performed
- Specific investigations are dependent on the clinical scenario but please ensure microbiologic investigations such blood or urine cultures are collected prior to the commencement of antibiotics

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Prevention of infection prior to immunosuppression

Evaluation

Key Points:

- Immunosuppressed patients include transplant recipients, patients with solid or haematologic malignancy, or other conditions such as inflammatory bowel disease or rheumatologic disease requiring immunosuppression
- These individuals are at risk for both typical and atypical infections, which can be more difficult to diagnose and treat, and can be serious
- Many of these infections can be prevented with strategies such as vaccination, antimicrobial prophylaxis and education/behavioural modification
- This is particularly important in patients from high-risk epidemiologic backgrounds where interventions such treatment of latent tuberculosis, screening for strongyloides, and antiviral prophylaxis for hepatitis B can prevent significant post-immunosuppression complications
- The optimal time to evaluate patients is prior to the commencement of immunosuppression where possible
- Please include the relevant clinical information in the referral including details of the underlying condition and current/recent treatment

Investigations:

- Please include a complete vaccination history as well as results of prior serologic testing in the referral where possible
- Indicate the degree of urgency in commencement of immunosuppression to allow for timely assessment

Additional information:

Please include the essential [demographic details and clinical information](#) in the referral. Where appropriate and available, the referral may be directed to an alternative specialist clinic or service.

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Patients with asplenia or hyposplenism

Direct to the Emergency Department:

- If patient is showing signs of bacterial infection – give/take emergency supply of antibiotics before referral.

Evaluation

Key Points:

- Relevant diagnoses:
 - Post-splenectomy
 - Hyposplenism
 - Asplenia
- For referral and enquiries to Spleen Australia, including the Spleen Registry, phone 9076 3828.
 - [Spleen Australia Patient information.](#)
- To register the patient on the Spleen Australia Registry, register online at [Spleen Australia](#) or fax the Victorian Spleen Registry outpatient registration form to 9076 2431.
- Recommendations for prevention of infection in asplenic (or hyposplenic) patients can be found [here](#).

Investigations:

- Reason for splenectomy
- Reason for hyposplenism e.g. extensive spleen damage, splenic embolization
- Date of splenectomy
- Vaccination history
- Prophylactic antibiotics
- History of sepsis/thrombosis
- Referral if travel advice required
- FBE and film
- Howell-Jolly bodies
- IgM memory B cell testing is available at the Alfred.

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