

Infectious Diseases Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of Infections. Patients will be triaged by an Infectious Diseases Consultant into management pathways according to specific clinical requirements: The Infectious Diseases Clinic focuses on the following conditions

- HIV Infection
- Viral Hepatitis
- Tropical Infections including but not limited to:
 - Schistosomiasis – complicated (see below)
 - *Strongyloides stercoralis* – complicated (see below)
 - Hydatid disease
- Undifferentiated fever or constitutional symptoms (>7 days)
- Osteomyelitis
- Infection of implanted devices
- Infections which have persisted despite appropriate treatment in primary care
- Other chronic infections such as Chronic Q fever, Non-Tuberculous Mycobacteria,

Tuberculosis and Leprosy should be referred to our TB clinic.

Conditions not seen by Infectious Diseases Specialists at Western Health:

- Chronic fatigue syndrome
- Long COVID-19 unless prolonged infection due to immunosuppression (persistently positive RAT test)
- Recurrent *Staphylococcus aureus* skin infections – suggest decolonization procedure (see below)
- Sexually transmitted infections that can be managed according to guidelines or referred to dedicated sexual health clinics (see below)
- Pre-Travel advice (should be referred to a Travel clinic)
- Indeterminate Quantiferon Gold TB test
- Chronic Blastocystis hominis and Dientamoeba fragilis as these are usually not pathogenic
- Delusional parasitosis
- Australian acquired Borrelliosis (Lyme disease) diagnosed by non-FDA approved laboratories
- Hepatitis C with negative Hepatitis C PCR as this is past cured infection and patient can be reassured that they have cleared hepatitis C infection.



Alarm Symptoms:

The Infectious Diseases Registrar should be contacted regarding patients with suspected or confirmed active pulmonary Tuberculosis (new chest x-ray changes, sputum smear or culture positive) or any patient with infection that requires treatment within the next 7 days

Access & Referral Priority:

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.

URGENT Appointment timeframe 30 days.	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
<ul style="list-style-type: none">• HIV Infection not on treatment• Mycobacterium ulcerans (Buruli ulcer)• Viral hepatitis with risk of decompensation<ul style="list-style-type: none">○ Cirrhosis○ High inflammation – ALT > 150• Undifferentiated fever persisting for more than 7 days and not requiring hospitalisation• Infections where treatment can wait 1 week but not more than 30 days• Infections with public health implications (eg untreated STIs)	<ul style="list-style-type: none">• Viral hepatitis without risk of decompensation• Chronic tropical infections without impairment of organ function (eg asymptomatic Hydatid liver cyst)• Non-Tuberculosis Mycobacterial infections with minimal to no symptoms• Management / advice prior to non-urgent immunosuppression.• Questions regarding antimicrobial prophylaxis• Late latent syphilis



Condition Specific Referral Guidelines:

Key information enables Western Health to triage patients to the correct category and provide treatment with fewer visits to specialist clinics, creating more capacity for care. If key information is missing, you may be asked to return the referral with the required information.

Condition:	Key Information Points:	Clinical Investigations:
HIV	<p>Reason for testing</p> <p>Patient aware of diagnosis</p> <p>Co-morbidities</p> <p>Current medications</p>	<ul style="list-style-type: none"> • FBE/ UEC/ LFTs • T cell subsets (CD4 / CD8 counts) • HIV viral load and genotype <i>(please request and note in referral path lab details. Not required to have result available for referral)</i> • Hepatitis B and C Serology • Syphilis serology • Quantiferon Gold • Strongyloides serology • Chlamydia/ gonorrhoea PCR urine
Hepatitis B	<p>Reason for testing</p> <p>Household members should be tested and vaccination offered if non-immune</p> <p>Alcohol consumption</p> <p>Intravenous drug use</p>	<ul style="list-style-type: none"> • FBE/ UEC / LFTs • Hepatitis B e antigen and antibody • HIV serology • Hepatitis A, C and D serology • Hepatitis B viral load • Fasting lipids and glucose • Liver ultrasound
Hepatitis C	<p>Reason for testing</p> <p>Alcohol consumption</p> <p>Intravenous drug use</p>	<ul style="list-style-type: none"> • FBE/ UEC / LFTs • HBsAg, HBsAb and HCV Ab • Hepatitis C PCR • HIV serology • Liver ultrasound
Syphilis	<p>See Melbourne Sexual Health Clinic guidelines for treatment at https://www.mshc.org.au/health-professionals/treatment-guidelines</p> <p>Appropriate to refer those who have failed treatment or have neurological, cardiac, eye or ear involvement.</p>	<ul style="list-style-type: none"> • Syphilis serology with RPR titres

Western Health Specialist Clinics Access & Referral Guidelines

Condition:	Key Information Points:	Clinical Investigations:
Buruli Ulcer (<i>M. ulcerans</i>)	Size of non-healing ulcer or ulcers Positive <i>M. ulcerans</i> PCR of swab of ulcer	<ul style="list-style-type: none"> • M. ulcerans PCR result from ulcer • FBE/ UEC / LFTs
Pulmonary Non-Tuberculous Mycobacteria (NTM)	Diagnosis requires: <ul style="list-style-type: none"> • Pulmonary or systemic symptoms • Nodular or cavitary opacities on chest radiograph or bronchiectasis with multiple small nodules on high-resolution computed tomography • Isolation of NTM from at least 2 sputum specimens 	<ul style="list-style-type: none"> • Chest x-ray or CT • Sputum AFB smear and culture • FBE / UEC/ LFT
Other NTM infections	Skin/soft tissue, surgical site infection	<ul style="list-style-type: none"> • AFB culture from biopsy or aspirate of involved site • FBE / UEC/ LFTs
Recurrent skin soft tissue abscesses	Details of S aureus decolonisation treatment to date	<ul style="list-style-type: none"> • MCS of swab of skin abscess • Nose swab for <i>S. aureus</i> colonisation
Sexually transmitted infections	Suggest follow guidelines from Melbourne Sexual Health Clinic available at https://www.mshc.org.au/health-professionals/treatment-guidelines	<ul style="list-style-type: none"> •
Uncomplicated Strongyloides infections	Asymptomatic colonisation does not require referral. See guidelines at https://refugeehealthguide.org.au/strongyloidiasis/	<ul style="list-style-type: none"> •
Uncomplicated Schistosomiasis infection	Asymptomatic colonisation does not require referral. See guidelines available at https://refugeehealthguide.org.au/schistosomiasis/	<ul style="list-style-type: none"> •

