

**SERVICE NAME:** Infectious Diseases (ID)

## DESCRIPTION:

The Infectious Diseases (ID) service provides specialist consultation for the treatment of acute and chronic diseases due to organisms ranging in size from viruses to parasitic worms; may be contagious in origin, result from nosocomial organisms, or be due to endogenous microflora from the nose and throat, skin, or bowel.

## CLINICAL LEAD/S:

Dr Fiona Clarke

[Fiona.clarke@basscoasthealth.org.au](mailto:Fiona.clarke@basscoasthealth.org.au)

Dr Gail Cross

[gail.cross@basscoasthealth.org.au](mailto:gail.cross@basscoasthealth.org.au)

Dr Mihiri Weerasuria

<mailto:mihiri.weerasuria@basscoasthealth.org.au>

## ELIGIBILITY:

As per [Managing referrals to non-admitted specialist services policy](#), all new referrals for Specialist Outpatient Clinics, **must meet** the [Minimal Referral Criteria](#), [State-wide Referral Criteria](#) (where applicable) as well as local BCH service guidelines (see below)  
Clinically recommended guidance for referrers is available through [Gippsland Pathways](#).

All referrals are triaged by a clinician and a **referral outcome** is to be communicated within 8 working days of receiving a valid referral. i.e. if the referral has been;

- **Accepted and an appointment has been scheduled**
- **Accepted and the patient has been placed on a service waiting list**
- **Not accepted and the reasons why**

## PRIORITY:

Emergency	Conditions requiring immediate emergency care. Acute referrals requiring same day assessment or admission. Recommend or contact '000' to arrange immediate transfer to emergency
Urgent	Assigned to patients that have a condition with <b>potential to deteriorate quickly, with significant consequences</b> for health and quality of life if not managed promptly. Aim to schedule an <b>initial appointment within 30 days</b> or at the earliest available time.
Routine	Assigned to patients when their condition is <b>unlikely to deteriorate quickly</b> or have significant consequences for health and quality of life if the specialist assessment is delayed beyond 30 days. Routine appointments are scheduled (where possible) or transferred onto a service waitlist. Aim to schedule an <b>initial appointment within 365 days</b> .

## REFERRAL

The **preferred mode** for external referrals to the Access Department is Fax; (03) 9102 5307.  
Internal referrals from within BCH can be sent via email ([Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)).

For further information on new referrals and services provided via the BCH Access Team on (03) 5671 3175 or by email to [Access@basscoasthealth.org.au](mailto:Access@basscoasthealth.org.au)

**Relevant referral form template guides:**

[Outpatient specialist clinic referral \(MR-309\)](#)

**Referrals accepted from: (please select all that apply):**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Self-referral/responsible person      | <input checked="" type="checkbox"/> GP            | <input checked="" type="checkbox"/> Specialist |
| <input checked="" type="checkbox"/> Internal BCH medical staff | <input type="checkbox"/> Health Care Professional | <input type="checkbox"/> Caseworker            |
| <input type="checkbox"/> My Aged Care                          |   |  |

**INCLUSION:** *The following conditions/procedures can be seen/performed at BCH;*

<ul style="list-style-type: none"> <li>Human immunodeficiency virus (HIV)</li> </ul>	<ul style="list-style-type: none"> <li>Associated complications and fever in return travellers</li> </ul>	<ul style="list-style-type: none"> <li>Sexually transmitted diseases (STDs)</li> </ul>
<ul style="list-style-type: none"> <li>Mycobacterial Infections i.e.: Tuberculosis (TB), Mycobacterium Ulcerans, Mycobacterium avium complex (MAC)</li> </ul>	<ul style="list-style-type: none"> <li>Hepatitis B</li> </ul>	<ul style="list-style-type: none"> <li>Management of complex infections;</li> </ul>
<ul style="list-style-type: none"> <li>Endocarditis</li> </ul>	<ul style="list-style-type: none"> <li>Osteomyelitis</li> </ul>	<ul style="list-style-type: none"> <li>Orthopaedic Joint Infection</li> </ul>
<ul style="list-style-type: none"> <li>Spinal Infection</li> </ul>	<ul style="list-style-type: none"> <li>Long term infections managed by Hospital in the Home</li> </ul>	

**EXCLUSIONS:** *The following conditions/procedures are not routinely seen/performed at BCH;*

<ul style="list-style-type: none"> <li>Those aged &lt;18 years</li> </ul>	<ul style="list-style-type: none"> <li>Non-infective rashes</li> </ul>	
---	--	--


**SAFETY RISK SCREENING – RED FLAG CONDITIONS:**

Red flags signal the most serious clinical risks and need for same-day assessment or admission

Presenting need(s) or conditions	Action
<ul style="list-style-type: none"> <li>Fever after returning from overseas travel</li> </ul>	Direct to the Emergency Department
<ul style="list-style-type: none"> <li>Suspected Malaria</li> </ul>	
<ul style="list-style-type: none"> <li>Suspected acute spinal infection, presenting with fever and severe new back pain</li> </ul>	

**REFERRAL REDIRECTION:**

Service Request	Redirect to
Those aged <18 years	Monash Children's Hospital <a href="#">Infection and Immunity</a> department Referral guide: <a href="#">click here</a>
Non-infective rashes	BCH Dermatology
Hepatitis C	BCH Gastroenterology

**TRIAGE:**
**Decision making scope**

Access triage clinician	Speciality key triage contact
Access Clinical triage team to confirm relevant pathology/requirements & Book in next avail appointment. Escalate if outside KPIs to medical specialist	Dr Fiona Clarke Dr Mihiri. Weerasuria Dr Gail Cross

**Key contact/s for specialty triage and escalation**

Name: Dr Fiona Clarke	Name: Dr Mihiri. Weerasuria
Email: <a href="mailto:Fiona.clarke@basscoasthealth.org.au">Fiona.clarke@basscoasthealth.org.au</a>	Email: <a href="mailto:mihiri.weerasuria@basscoasthealth.org.au">mihiri.weerasuria@basscoasthealth.org.au</a>
Designation: Infectious Diseases Physician	Designation: Infectious Diseases Physician
	Name: Dr Gail Cross
	Email: <a href="mailto:gail.cross@basscoasthealth.org.au">gail.cross@basscoasthealth.org.au</a>
	Designation: Infectious Diseases Physician

**FUNDING/REPORTING:**
**Funding stream to report activity:**

<input checked="" type="checkbox"/> SOCS	<input type="checkbox"/> SACS	<input type="checkbox"/> CH
<input type="checkbox"/> HCP	<input type="checkbox"/> HACC PYP	<input type="checkbox"/> CHSP
<input checked="" type="checkbox"/> TAC	<input checked="" type="checkbox"/> WC	<input type="checkbox"/> HACC NDIS
<input checked="" type="checkbox"/> Full cost recovery (other)	<input type="checkbox"/> NDIS	<input checked="" type="checkbox"/> DVA
<input type="checkbox"/> MBS		

**Decision making for funding stream:**

- ☒ Single source of funding available
 ☐ Multiple options – selection made as per funding prioritisation guide
 ☐ Other:

**Software used for referral and activity reporting:**

<input checked="" type="checkbox"/> MasterCare	<input checked="" type="checkbox"/> <a href="#">iPM</a>	<input checked="" type="checkbox"/> SharePoint
<input type="checkbox"/> IRIS	<input checked="" type="checkbox"/> <a href="#">Liquidfiles</a>	<input checked="" type="checkbox"/> <a href="#">iMedX</a>
<input type="checkbox"/> Other		

Condition / Presentation: [Human immunodeficiency virus \(HIV\)](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>When diagnosed</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis</li> <li>HIV Viral Load</li> <li>CD4T Cell count</li> <li>Treatment received previously</li> <li>Current treatment</li> <li>Linkage to previous HIV team/ who and when last reviewed</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>New diagnosis with no treatment</li> <li>Recent hospital discharge</li> </ul>	<ul style="list-style-type: none"> <li>Well controlled</li> <li>Re referral from ID clinic &amp; well controlled</li> </ul>

Condition / Presentation: [Mycobacterial Infections i.e.: Tuberculosis \(TB\), Mycobacterium Ulcerans, Mycobacterium avium complex \(MAC\)](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>Latent TB</li> <li>Active Tb</li> <li>For/on treatment</li> <li>Other Mycobacterium Ulcerans</li> <li>MAC – Mycobacterium avium complex</li> </ul>	<ul style="list-style-type: none"> <li>Country of origin or exposure risk</li> <li>QuantiFERON Gold test (if completed)</li> <li>Chest Xray report</li> <li>Any microbiology if done</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>Symptoms of active TB/cough</li> <li>On active treatment</li> <li>New diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Latent TB</li> <li>Re referrals from ID clinic</li> </ul>

Condition / Presentation: [Sexually transmitted diseases \(STDs\)](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>Complex or Resistance</li> </ul> <p>** GP to manage standard infections</p>	<p><b>Patient history:</b></p> <ul style="list-style-type: none"> <li>History of symptoms</li> <li>Medication history</li> <li>Past medical history and comorbidities</li> <li>Pregnant</li> <li>Impact of symptoms on functional capacity (ADLs)</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>Serology: Syphilis/ HCV/ HBV/ HIV</li> <li>Chlamydia/ Gonorrhoea PCR (and sites this was done)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>Query Neurosyphilis</li> <li>If pregnant</li> </ul>	<ul style="list-style-type: none"> <li>All other referrals</li> </ul>

Condition / Presentation: [Associated complications and fever in return travellers](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>Following Initial Emergency Department workup</li> <li>GP to refer to Emergency/hospital</li> <li>Hospital work up, then for follow up by ID clinic</li> </ul> <p><b>** Refer to RED FLAG CONDITIONS:</b></p>	<p><b>Patient history:</b></p> <ul style="list-style-type: none"> <li>History of travel, animal contacts, bites</li> <li>Medication history</li> <li>Immunisation History</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>Blood cultures</li> <li>Full Blood examination (FBE)</li> <li>Liver function Tests (LFTs)</li> <li>Urea &amp; Electrolytes (U+E)</li> <li>Creatinine (Cr)</li> <li>Malaria Thick and thin film and rapid diagnostic test (RDT) / Immunochromatographic test (ICT) (x3)</li> <li>Chest xray</li> <li>Urinary M&amp;C (microscopy, culture)</li> <li>Faeces M&amp;C (microscopy, culture)</li> <li>Serology: Dengue, Hepatitis A</li> <li>Hospital Discharge</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>For follow up</li> </ul>

Condition / Presentation: **Hepatitis B**

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>Active Hep B diagnosis</li> </ul> <p><b>** Refer to REFERRAL REDIRECTION:</b> Hep C is referred to Gastro</p>	<p><b>Patient history:</b></p> <ul style="list-style-type: none"> <li>Onset, nature and duration of symptoms</li> <li>History of travel, exposure</li> <li>Medication history</li> <li>Immunisation History</li> <li>Past medical history and comorbidities</li> <li>Impact of symptoms on functional capacity (ADLs)</li> <li>Epidemiological risk factors</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>Hepatitis B virus (HBV) serology</li> <li>HBV Viral Load</li> <li>AST/ Bili/ INR/ Alb; other LFTs</li> <li>US result</li> <li>Fibroscan result</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>NA</li> </ul>	<ul style="list-style-type: none"> <li>Is Chronic therefore all referrals are considered routine</li> </ul>

Condition / Presentation: [Management of complex infections; Long term infections managed by Hospital in the Home](#)

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>Post hospital admission e.g. HITH, Tertiary hospitals referrals</li> </ul>	<b>Patient history:</b> <ul style="list-style-type: none"> <li>Onset, nature and duration of symptoms</li> <li>History of travel, animal contacts, bites</li> <li>Medication history</li> <li>Immunisation History</li> <li>Past medical history and comorbidities</li> <li>Impact of symptoms on functional capacity (ADLs)</li> <li>Hx Treatment</li> </ul> <b>Investigations:</b> <ul style="list-style-type: none"> <li>Bloods</li> <li>Cultures</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>all referrals are considered routine</li> </ul>

# Condition / Presentation: **Endocarditis**

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>Post treatment with information from emergency/hospital</li> </ul>	<p><b>Patient history:</b></p> <ul style="list-style-type: none"> <li>Onset, nature and duration of symptoms</li> <li>Past medical history and comorbidities</li> <li>Impact of symptoms on exercise tolerance, functional capacity (ADLs)</li> <li>Hospital Discharge paperwork</li> <li>Presence of Permanent Pace Maker (PPM) or implantable cardioverter-defibrillator (ICD) or pacing wires</li> <li>Native or bioprosthetic or mechanical heart vales</li> <li>Antibiotic treatment received thus far</li> <li>Plan for other treatment team (if available)</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>Positive or negative blood culture</li> <li>Which pathogen in blood culture</li> <li>Transthoracic Echocardiogram (TTE)</li> <li>Trans-oesophageal echocardiogram (TOE)</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>Initial post hospital consult</li> </ul>	<ul style="list-style-type: none"> <li>Long term suppression</li> <li>Referral from another ID clinic</li> </ul>

Condition / Presentation: **Osteomyelitis; Orthopaedic Joint Infection; Spinal Infection**

[State-wide Referral Criteria](#) applies to this condition

☐ Yes

☒ No

When to refer (criteria)	Additional Information to be included	In scope consultant	Urgent	Routine
<ul style="list-style-type: none"> <li>Post hospital presentation/admission</li> <li>Usually linked with HITH</li> </ul>	<p><b>Patient history:</b></p> <ul style="list-style-type: none"> <li>Onset, nature and duration of symptoms</li> <li>Past medical history and comorbidities, including Previous surgical history: who/ when/ where?</li> <li>History of travel, animal contacts, bites</li> <li>Medication history</li> <li>Immunisation History</li> <li>If referring for Spinal infection provide details of neurological function (LL/ bowel/ bladder)</li> <li>Impact of symptoms on exercise tolerance, functional capacity (ADLs)</li> <li>History if diabetes (if relevant)</li> <li>History of metalware</li> <li>Plan from previous treating team of infection</li> </ul> <p><b>Investigations:</b></p> <ul style="list-style-type: none"> <li>Imaging findings</li> <li>Blood culture or other positive microbiology</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Fiona Clarke</li> <li>Dr. Gail Cross</li> <li>Dr. Mihiri Weerasuria</li> </ul>	<ul style="list-style-type: none"> <li>Initial post hospital</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing management</li> </ul>