Monash Children's Hospital Referral Guidelines

PAEDIATRIC INFECTION AND IMMUNITY

EXCLUSIONS

Services not offered by Monash Children's Hospital

Patients over 18 years of age: Click here for Monash Health Infectious Diseases guidelines

CONDITIONS

ALLERGY
Refer to Allergy Guideline

IMMUNISATION SAFETY
Immunisation Safety

SYSTEMIC CONDITIONS
Bloodborne viruses
Perinatal exposure to maternal infections
Fever and rash
Fever in immunocompromised
Fever / Pyrexia of unknown origin
Post Travel

IMMUNOLOGY
Primary immunodeficiency

NON-SYSTEMIC CONDITIONS
Bone and joint infections
Diarrhoea
Meningitis
Respiratory infection
Skin and soft tissue infections
Tuberculosis and other mycobacterial infections

PREVENTATIVE MEDICINE
Splenic Disorders
Travel Medicine

PRIORITY

All referrals received are triaged by **Monash Children's Hospital 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

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Monash Children's Hospital

Monash Children's Hospital Referral Guidelines

PAEDIATRIC INFECTION AND IMMUNITY

REFERRAL

How to refer to Monash Children's Hospital

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
Immunisation 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 Paediatric Infection and Immunity referrals please contact the Paediatric Infectious Disease Registrar on 9594 6666

General enquiries

Phone: (03) 8572 3004

Submit a referral

Fax referral form to Monash Children's Hospital Specialist Consulting Services:
Fax: 8572 3007
Email: scmonashchildrens@monashhealth.org

OR

Refer via electronic referral using HealthLink. Details available at https://monashchildrenshospital.org/for-health-professionals/gp-ereferrals/

IMMUNISATION SAFETY

IMMUNISATION SAFETY

Initial GP Work Up

Suspected adverse events following immunisation

- Detailed history of symptoms after immunisation
- copy of Australian Immunisation Register Vaccination Statement (Medicare) with referral
- Adverse events following immunisation can be reported directly to SAEFVIC when referral is made.

Management Options for GP

The Monash Immunisation Nurse-Led clinic provides a range of immunisation services including a drop-in service for high risk / special risk groups, initial advice about symptoms following vaccination, vaccine administration questions, managing anxiety during administration of vaccines.
monashhealth.org/services/immunisation

GP Referrals for BCG vaccination can be directed to Monash Immunisation. This clinic does not provide a comprehensive travel consultation service

WHEN TO REFER?

Urgent

- Consultation in infants < 6 months regarding routine immunisations following suspected adverse events

Routine

- Adverse events following immunisation
- Suspected vaccine allergy
- Immunisation of high-risk patients
- Consultation regarding under-immunised children
- BCG vaccine abscess
- Immunisation under sedation
- Vaccination of children with immuno-deficiencies or on immunosuppressive therapy
- Management of immunisation of infants born to mothers on biologics or other immunosuppressive medications

BACK

PRIMARY IMMUNODEFICIENCY

Primary Immunodeficiency (PID)

Presentation:

History of severe, recurrent or unusual infections; multi-system autoimmune manifestations suggestive of immune dysregulation

Initial GP Work Up

- Immunoglobulins
- Lymphocyte subsets
- Full blood count

Management Options for GP

- Discuss as required with on-call Infection and Immunity registrar
- Any suspected SCID or HLH cases are to be discussed **urgently** with the hospital Infection and Immunity Iteam.

WHEN TO REFER?

Emergency

Suspected Severe Combined Immunodeficiency (SCID) or Haemophagocytic lymphohistiocytosis (HLH)

Urgent

Agammaglobulinaemia or significant low IgG

Failure of an infant to thrive

Persistent oral thrush or fungal infections

Recurrent severe infections / difficult to control infections

Routine

Recurrent sinopulmonary infections or persistent cough

Unusual infections

Concern regarding possible immune dysregulation with multi-organ autoimmune conditions

Family history of a PID

BACK

SYSTEMIC CONDITIONS

BLOODBORNE VIRUSES

Presentation

- Positive blood test for Hepatitis C, Hepatitis B, HIV
- Community needle stick or blood exposure
- Rabies & Australian Bat Lyssavirus exposure

Initial GP Work Up

- Community needlestick or blood exposure: Hepatitis B vaccination status and serology (if known)
- Hepatitis B or C: LFTs, FBE, alpha fetoprotein, Hepatitis A serology or Hepatitis A vaccination status

Management Options

Post-exposure prophylaxis and vaccination can be done in primary care: Immunoglobulins can be authorised and ordered through the Department of Health and Human Services

The infection and immunity clinic does not offer post-exposure Rabies/bat Lyssa virus immunisation

WHEN TO REFER?

Emergency

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

Urgent

Contact the Paediatric Infectious Diseases Registrar via 95946666 if:

Advice required

New Diagnosis of HIV

Routine

Follow up of children born to mothers with Hepatitis C or Hepatitis B infection

Children with known chronic HCV infection, chronic HBV infection or HIV infection

BACK

PERINATAL EXPOSURE TO MATERNAL INFECTIONS:
- BLOOD BORNE VIRUSES
- SEXUALLY TRANSMITTED INFECTIOUS

Initial GP Work Up (as relevant)

- Maternal Hepatitis B Status
    - Surface antigen, Envelope antigen
    - Viral Load
- Maternal Hepatitis C antibodies
- Maternal HIV status
- History of Hepatitis B vaccination and if immunoglobulin given at birth
- Maternal STI history
- Maternal syphilis serology and documented treatment

WHEN TO REFER?

Emergency

Only refer to the Paediatric Emergency Department if patient is acutely unwell

Urgent

Suspected infection with chlamydia, gonococcus, or syphilis

Routine

Follow up of low risk infants for potential syphilis exposure

BACK

SYSTEMIC CONDITIONS (cont'd)

FEVER AND RASH

Initial GP Work Up

- History of travel, animal contacts
- Seek history of medication and bites
- Immunisation History

Investigations

- FBE, LFTs, U+E, Cr
- Blood cultures
- If vesicular rash, swab for herpes virus PCR
- Consider measles serology and/or buccal swab for measles PCR

Management Options for GP

- Consider meningococcal infection
- Please contact the Department of Health on clinical suspicion of measles or meningococcal disease

WHEN TO REFER?

Emergency

If suspected measles AND requires hospital admission for complications please call the paediatric emergency department.

*Suspected measles should **not** routinely be referred to the emergency department*

Urgent

Please contact the Paediatric Infectious Disease Registrar for advice about fever and rash in returned travellers

Routine

Recurrent HSV lesions

Recurrent Zoster / Shingles

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

WHEN TO REFER?

Emergency

Refer to the Emergency Department and contact the Bedcard unit for further advice

Urgent

For vesicular rash suggestive of HSV or VZV for advice please call the treating team +/- Paediatric Infectious Disease Registrar

BACK

FEVER / PYREXIA OF UNKNOWN ORIGIN

Initial GP Work Up

- Travel and animal contact history
- Confirm immunisation history

Investigations

- FBE + blood film
- LFTs
- CRP, ESR
- Hold serum
- Urine for MSU
- Blood cultures
- CXR
- Respiratory Virus PCR Panel
- Consider an abdominal ultrasound in prolonged fever or as clinically indicated

WHEN TO REFER?

Emergency

Infants less than 3 months of age

If rigors present, or systemically unwell

Urgent

Patients with suspected Kawasaki Disease, or prolonged fever in infants less than 12 months contact the Paediatric Infectious Diseases Registrar

Routine

Recurrent / Episodic Fevers

BACK

SYSTEMIC CONDITIONS (cont'd)

POST TRAVEL

Initial GP Work Up

- History of travel, animal contacts
- Seek history of medication and bites
- Immunisation History
- Malaria chemoprophylaxis

Investigations

- Blood cultures (typhoid)
- FBE, LFTs, U+E, Cr
- Thick and thin film and ICT for malaria (x3)
- CXR
- Urine M&C
- Faeces M&C
- Serology: Dengue, Hepatitis A

Management Options for GP

- Consider meningococcal infection

WHEN TO REFER?

Emergency

Call ahead to the Emergency Department and/or Infectious Diseases if communicable disease possible

Fever in Returned Traveller

Suspected bacteremia or malaria

Urgent

Fever in a returned traveller. Consider referral to the Emergency Department. Contact the Paediatric Infectious Diseases Registrar via 95946666

Routine

Follow up of potential infectious diseases exposure

BACK

BONE AND JOINT INFECTIONS

Initial GP Work Up

- History of travel, animal contacts
- Immunisation History

WHEN TO REFER?

Emergency

Suspected septic arthritis or acute osteomyelitis: refer to the Emergency Department

Urgent

Antimicrobial management of osteomyelitis and septic arthritis. Discuss with the Infectious Diseases Registrar

BACK

NON-SYSTEMIC CONDITIONS

DIARRHOEA

Presentation

- Acute diarrhoea
- Chronic diarrhoea – refer to Gastroenterology

Initial GP Work Up

- Travel and exposure history
- Stool specimen for MC&S, OCP

WHEN TO REFER?

Emergency

Only refer to the Paediatric Emergency Department if requires hospital management of hydration or other complications of a clinical syndrome presenting with diarrhoea

Urgent

- For advice for diarrhoea in a returned traveller, or in immunocompromised children, contact the Paediatric Infectious Diseases Registrar (in hours) or Consultant (after hours)

Routine

Refer on confirmation of diagnosis

BACK

MENINGITIS

Management Options for GP

If suspected meningococcal infection (sepsis/meningitis) treat immediately

WHEN TO REFER?

Emergency

Suspected bacterial meningitis. Do not delay IM or IV antibiotic treatment

Routine

Immunology consultation following bacterial meningitis

BACK

NON-SYSTEMIC CONDITIONS (cont'd)

RESPIRATORY INFECTIONS

WHEN TO REFER?

Initial GP Work Up

- History and Examination
- Respiratory Rate, Pulse, Blood Pressure, Oximetry
- Conscious state, level of alertness
- Co-morbidities, Social circumstances
- Travel, animal, tuberculosis contact
- Immunisation Status

Investigations

- CXR
- Nasopharyngeal swab for respiratory viruses
- Chronic upper respiratory tract infections should be referred to ENT or Paediatric Respiratory (excluding mycobacterial or suspected mycobacterial infections)

Emergency

If features of sepsis, rigors, breathless on room air or hypoxaemia

Urgent

- For LRTI in returned travellers or exposure to TB contact the Paediatric Infectious Diseases Registrar

Routine

Immunology consultation for children with recurrent severe pneumonia

BACK

NON-SYSTEMIC CONDITIONS (cont'd)

SKIN AND SOFT TISSUE INFECTIONS

Initial GP Work Up

- MRSA is common in the community setting and does not require routine review, unless associated with significant or recurrent infections
- Consider Buruli (Bairnsdale) ulcer (*Mycobacterium ulcerans)* as a cause of a chronic skin lesion

Investigations

- Swab of purulent discharge
- PCR for *M. ulcerans* if suspicious

Management Options for GP

- Buruli ulcers can often be diagnosed on swab of an ulcer sent for *M ulcerans* PCR. Biopsy and debridement can often be avoided / deferred until after initiation of medical therapy

WHEN TO REFER?

Emergency

Features of sepsis or toxic shock

Urgent

Suspected or proven Buruli ulcer; Skin lesions in returned travellers or children who have recently immigrated (eg Leishmaniasis)

Routine

Recurrent skin and soft tissue infections

BACK

TUBERCULOSIS AND OTHER MYCOBACTERIAL INFECTIONS

Presentation

- Tuberculosis (Pulmonary or Extra-pulmonary)
- Suspected Latent Tuberculosis
- Skin Lesions & Ulcers
- Mycobacterium Avian Complex
- Leprosy or contact with leprosy

Initial GP Work Up

- CXR
- Mantoux Test
- IGRA (Quantiferon-Gold)
- If suspected Buruli ulcer, superficial flocked swab for *M. ulcerans* PCR

WHEN TO REFER?

Emergency

Acute unwell children with suspected Tuberculosis. Call ahead to paediatric A&E to ensure appropriate infectious precautions instigated on arrival

Urgent

Management of a positive mantoux test of children aged less than 5 years of age if asymptomatic; or any child with a positive mantoux or IGRA (Quantiferon Gold) with symptoms suggestive of tuberculosis

Management of local BCG-related abscess or lymphadenitis

Please contact the Paediatric Infectious Diseases Registrar:

- Suspected active tuberculosis
- Contacts of smear-positive pulmonary tuberculosis under the age of 5,

Routine

Management of latent Tuberculosis in children over the age of 5

Contact with suspected / proven leprosy

BACK

PREVENTATIVE MEDICINE

SPLENIC DISORDERS
HYPOSPLENIA, ASPLENIA, 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
- Howell – Jolly bodies
- IgM memory B cell

Management Options for GP

If semi-elective splenectomy planned please call the Paediatric Infectious Disease Registrar for advice re: optimising pre-splenectomy immunisation

GP Resources

Spleen.org.au - recommended vaccines
Australian Immunisation Handbook Online
Asplenia – Melbourne Vaccine Education Centre
https://mvec.mcri.edu.au

WHEN TO REFER?

Emergency

If signs of bacterial infection refer immediately to the Emergency Department.

Urgent

If semi-elective splenectomy planned please call the Paediatric Infectious Disease Registrar as soon as possible for advice re: optimising pre-splenectomy immunisation

Routine

Immunisation and Travel advice

BACK

Travel Medicine

Initial GP Work Up

- Clinical history
- Record of previous vaccinations
- Medications
- Travel plans (specific dates of travel
- and destinations)

Management Options for GP

- Consider www.smartraveller.gov.au for travel advice

WHEN TO REFER?

Routine

Travel in immunocompromised patients

For BCG Vaccination, refer to the BCG Clinic via Monash Immunisation.

BACK