



Health
South Eastern Sydney
Local Health District

Infectious Diseases

RMO and Registrar orientation

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Key messages

- How to contact ID
- AMR
- AMS
- HIV and Hepatitis testing
- Sepsis
- COVID



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Infectious Diseases

- Fever phone 0409 172 311



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Antimicrobial resistance

- MRSA – methicillin resistant *Staphylococcus aureus*
- VRE – vancomycin resistant Enterococci
- ESBL – extended spectrum beta-lactamase
- MRAB – multiply resistant *Acinetobacter baumannii*
- CPE – carbapenemase producing enterobacterales
- *Candida Auris*



MROs

- Screening for MROs
- Anyone who has been in an overseas health care facility in the last 12 months should be isolated and screened for MROs
- Staphylococcus aureus (MSSA and MRSA) before critical surgery such as heart surgery and joint replacement surgery – decolonisation
- Hand hygiene
- Follow precautions



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Anti Microbial Stewardship

GREEN <i>Unrestricted</i>	YELLOW - RESTRICTED <i>Subject to TG* and local protocols and approval available through Guidance MS</i>	RED - HIGHLY RESTRICTED <i>Always restricted and need prior ID or Micro approval</i>
Aciclovir (oral)	Aciclovir (IV)	Albendazole**
Amoxycillin	Azithromycin (IV and oral)	Amikacin
Amoxycillin + clavulanic acid	Cefepime	Amphotericin (liposomal) [2,3]
Ampicillin	Cefotaxime	Anidulafungin
Benzathine penicillin	Cefoxitin	Anti-malarial drugs**
Benzylpenicillin	Ceftazidime	Antimycobacterials (except for TB via Chest Clinic)** [4]
Cefaclor	Ceftriaxone	Aztreonam [2,3]
Cefalotin (Cephazolin preferred)	Ciprofloxacin (IV and oral)	Caspofungin
Cefuroxime	Clarithromycin	Colistimethate (IV)
Cephalexin	Clindamycin (IV and oral)	Dapsone**
Cephazolin	Colistimethate (nebs)	Daptomycin
Chloramphenicol (eye drops)	Famciclovir	Ertapenem
Clotrimazole	Fluconazole (IV and oral)	Flucytosine**
Dicloxacillin (IV and oral)	Ganciclovir (IV) [2]	Foscarnet**
Doxycycline (oral)	Gentamicin (nebs)	Fosfomycin**
Erythromycin (IV and oral)	Itraconazole	Fusidic Acid
Flucloxacillin (IV and oral)	Lincomycin	Gentamicin (> 48 hrs use)
Framycetin	Meropenem [2]	Imipenem
Gentamicin (48 hrs use)	Metronidazole (IV > 72 hrs use) [1]	Ivermectin**
Griseofulvin	Moxifloxacin (IV and oral)	Linezolid (IV and oral)
Hexamine hippurate	Mupirocin 2% (ointment)	Pentamidine**
Ketoconazole (oral and shampoo)	Norfloxacin	Praziquantel**
Mebendazole	Oseltamivir	Rifampicin (non-mycobacterial use)
Metronidazole (IV < 72 hrs use)	Piperacillin + tazobactam	S100 Drugs (except approved users)
Metronidazole (oral)	Posaconazole	Special Access Scheme(SAS) drugs**



V 1.3

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HIV and hepatitis C testing

- Anyone with informed consent like any other blood test
- People with risk factors (e.g PWID, MSM, born high prevalence country, etc, etc.)
- People with conditions associated with HIV (e.g. Guilliane-Barre, solitary brain lesion, cervical cancer etc)
- Call us if the result is positive - Nicola Templeton (Hepatitis CNC) on 0476 896 392 or Dr Victoria Deacon p46692



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Sepsis Management

- **RECOGNISE**

- Risk factors, signs and symptoms of sepsis
- Every hour delay in antibiotics increases mortality

- **RESPOND & ESCALATE**

- **RESUSCITATE**

- 2 sets of blood cultures then antibiotics < 1hr
- ABC – bolus IVF, early vasopressor use, oxygen, intubation / ventilation, Lactate
- Commence antibiotics

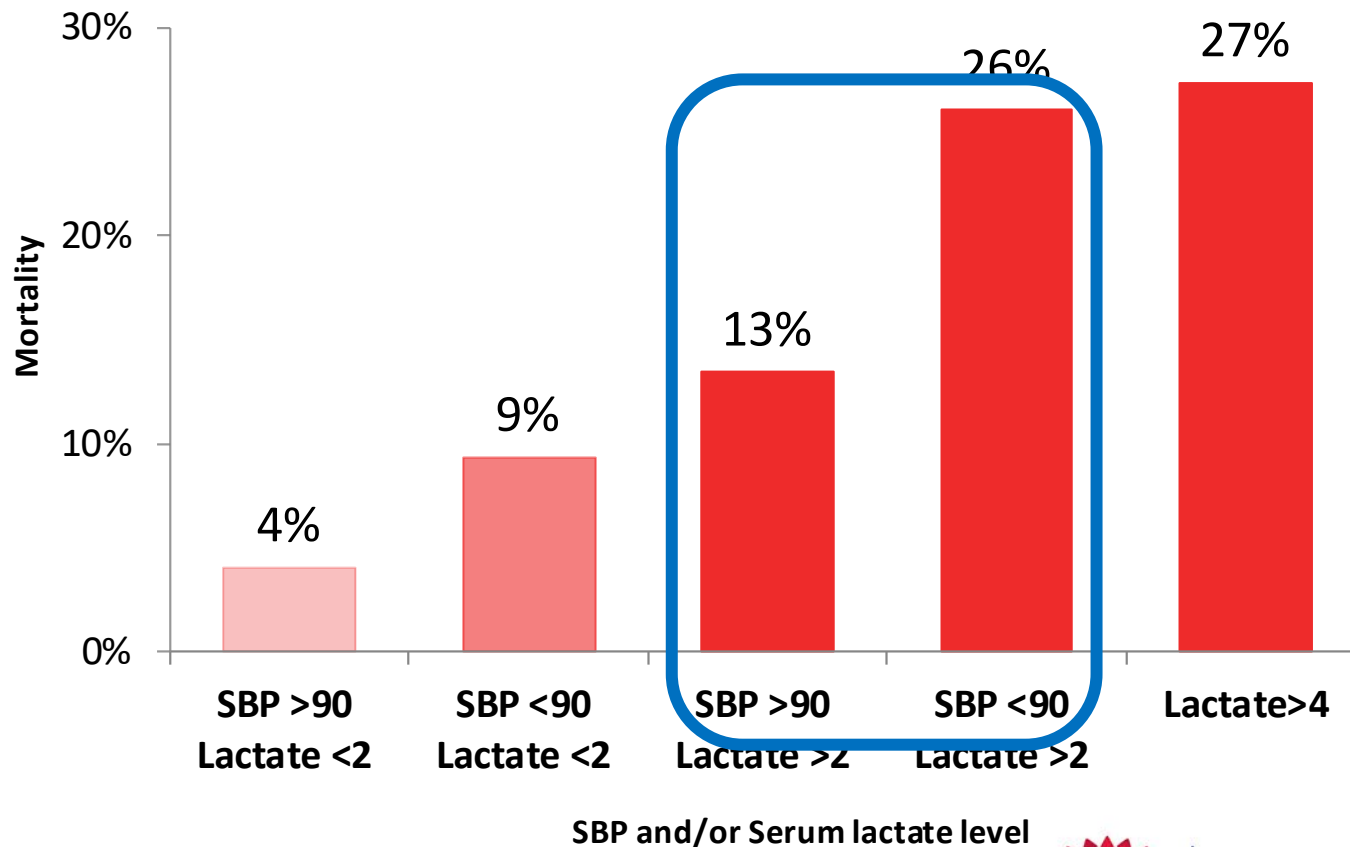
- **REASSES & REFER**

- Re-examine for sources of infection
- to senior clinicians and specialty teams



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Mortality based on SBP and lactate level

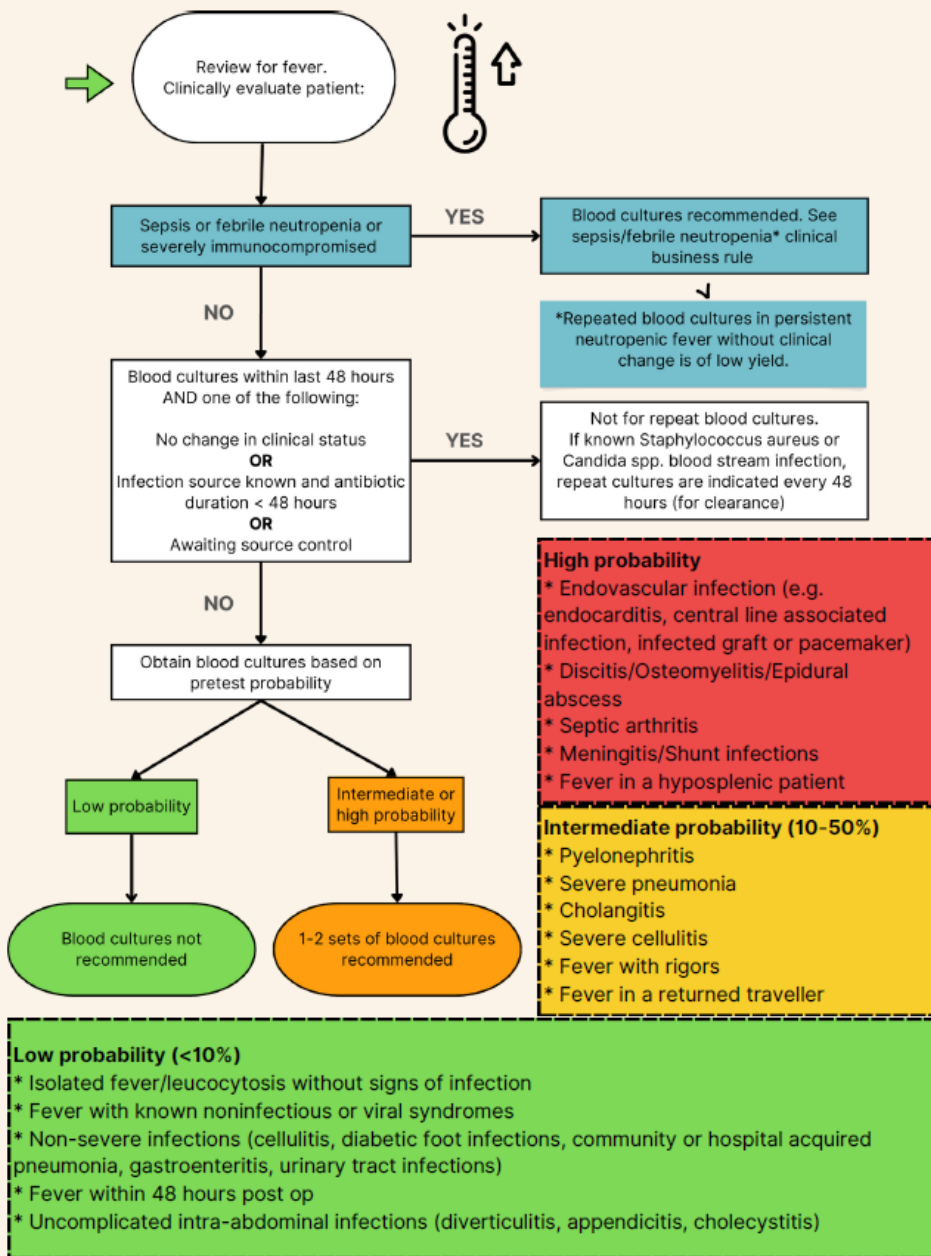


NSW sepsis mortality – lactate, CEC/HIE linked data n=3851
(2012)



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INDICATIONS FOR BLOOD CULTURES IN FEBRILE PATIENTS, POWH



For more information: Diagnostic stewardship blood cultures: (CEC) July 2024

For further advice, please call admitting team or Infectious Diseases. (Version 1.0 October 2024)



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COVID-19 - testing

- If in doubt isolate and test the patient with a PCR test
- Suspect / positive cases / contacts are managed under droplet and airborne conditions
- Moderate/High risk contacts isolate 2/5 days



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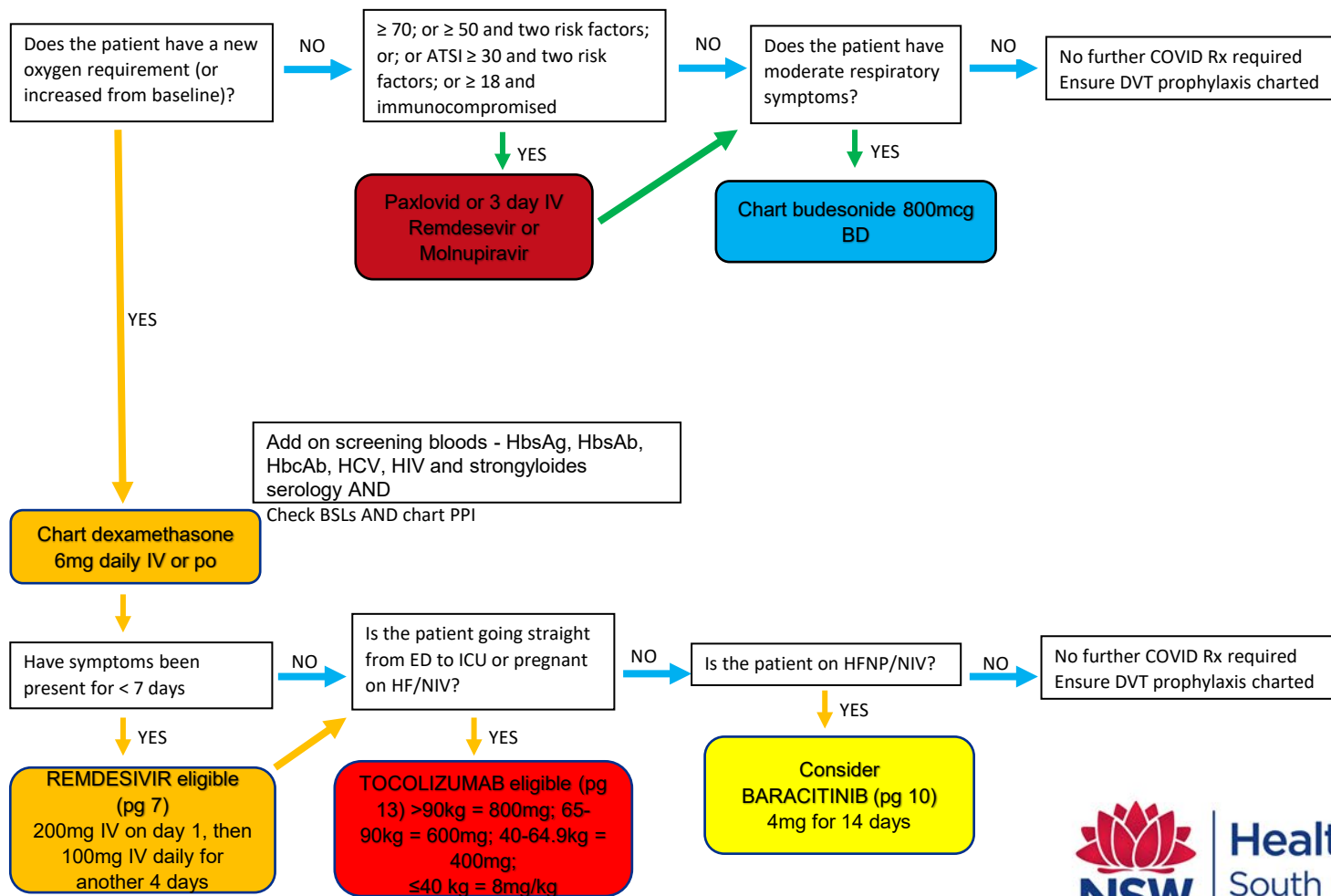
COVID-19 – de-isolation

De-isolation Decisions		
	Inpatient	Community
Patient Illness	NOT IMMUNOCOMPROMISED	
Mild-Moderate	On day 8 AND negative RAT OR On day 11 without testing.	Recommended isolate at home until day 5 AND at least 24 hours after resolution of symptoms. Avoid high risk settings until day 7.
Severe or Critical (requiring supplemental oxygen to maintain SpO2 92% and above)	On day 11 without testing.	Recommend isolate at home <u>at least until day 5</u> AND at least 24 hours after resolution of symptoms. Avoid high risk settings until day 14.
	IMMUNOCOMPROMISED	
All categories of illness	On day 11 AND 2 negative RAT's on day 9 and 10 (24 hours apart).	Recommend isolate at home at least until day 7 since positive test. Avoid high risk settings until day 14.



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COVID-19 treatment



COVID-19 – staff

- If you have COVID-19 or become a close contact you need to call your line manager and the JMO unit
- Do not come to work with even the mildest of symptoms that could be COVID-19 – even if your test is negative



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Key messages

- How to contact ID - 0409 172 311
- AMR – it's real please screen
- AMS – it's important
- HIV and Hepatitis testing – we can help
- Sepsis – it kills
- COVID – it's still here



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If in doubt call!

- Fever phone 0409 172 311
- Kristen.overton@health.nsw.gov.au
- 9382 2405



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