



Health
South Eastern Sydney
Local Health District

Infectious Diseases Registrar Orientation

Dr Kristen Overton

Key messages

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



Infectious Diseases

- Fever phone 0409 172 311

Team consultants:	Team Registrars	JMO
<u>Team 1:</u> Dr Midge Asogan Dr Trine Gulholm Prof Jeffrey Post Dr Yuen Su Dr Josh Kim	Inpatients Dr Faythe Christie p44323 (+ oncology inpatients) Consultations and inpatients Dr Maria Lean p44238 Dr Ingrid Kerr and Milton Micallef 46692 (all blood borne virus consults)	44633
<u>Team 2:</u> Dr Marianne Martinello Dr Kristen Overton Dr Claudia Whyte	Inpatients Dr Matthew Krzywicki p44458 (+Immunology inpatients & consults) Consultations Dr Carrie Lee p44408	44459

For HCV and HBV testing and treatment contact Nicola Templeton (Hepatitis CNC) on 0476 896 392 or Dr Ingrid or Milton p46692



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Antimicrobial resistance

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



MROs

- Screening for MROs
- Some are rectal swabs (CPE, VRE) and some are skin (Staphylococcus aureus and Candida auris) – check with infection control if unsure what to swab
- 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



AntiMicrobial 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**
Amoxicillin	Azithromycin (IV and oral)	Amikacin
Amoxicillin + 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**

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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, etc)
- Call us if the result is positive - Nicola Templeton (Hepatitis CNC) on 0476 896 392 or Dr Ingrid or Milton p46692



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Sepsis Management

- **RECOGNISE**

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

- **RESUSCITATE**

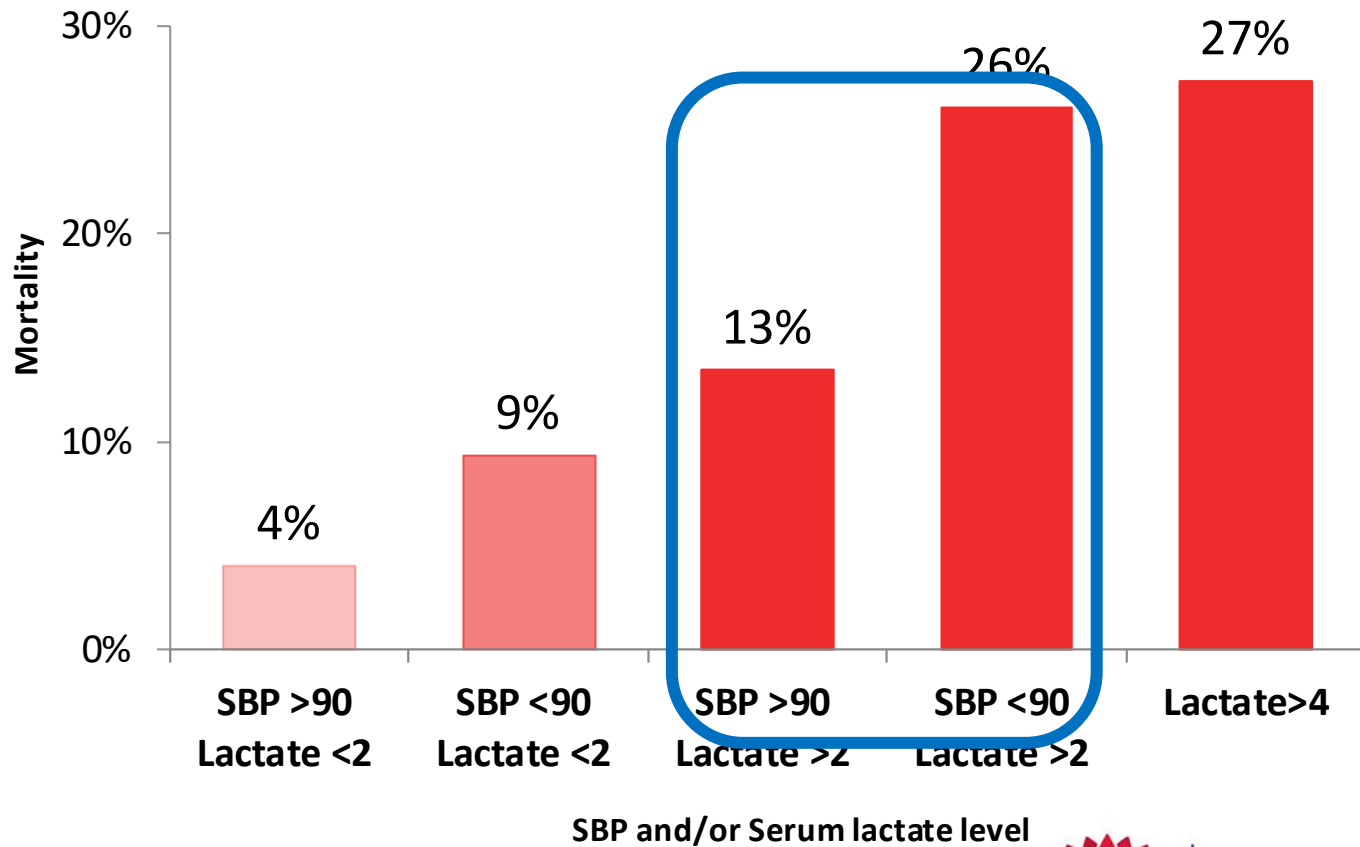
- 2 sets of blood cultures then antibiotics within the first hour
- ABC – bolus IVF, early vasopressor use, oxygen, intubation / ventilation
- Lactate
- Check alerts for MROs

- **REFER**

- to senior clinicians and specialty teams



Mortality based on SBP and lactate level



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



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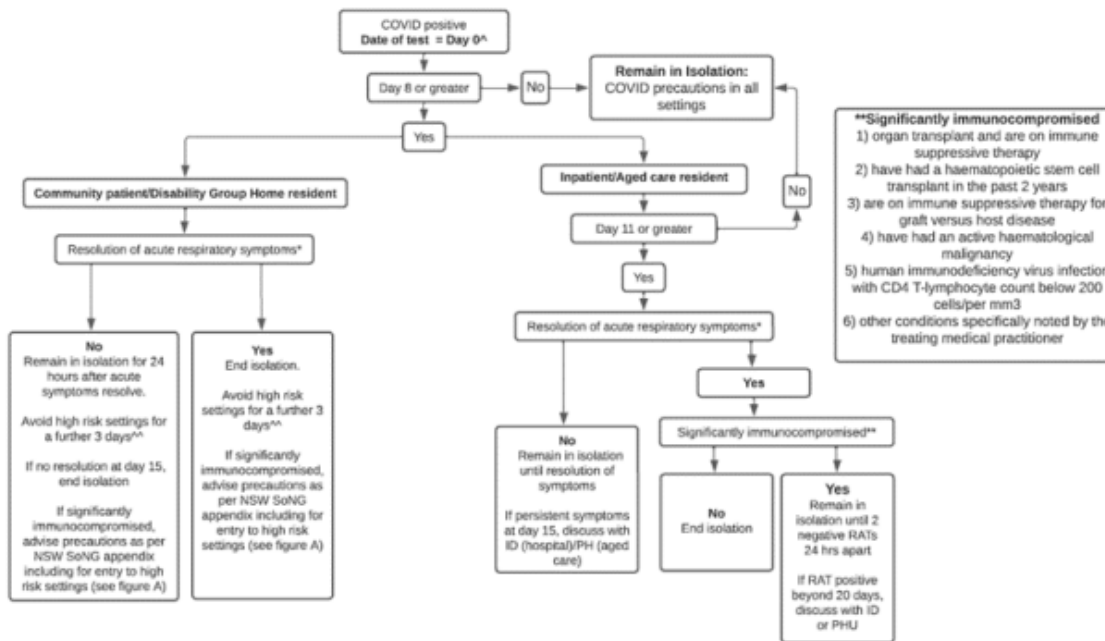
COVID-19 - testing

- If in doubt isolate and test the patient with a PCR test
- “URGENT-INPATIENT” results in 6-8 hours
- “RAPID SARS-CoV-2 PCR” results in 90 mins



COVID-19 – de-isolation

Release from isolation of COVID19 cases in SESLHD Facilities



****Significantly immunocompromised**

- 1) organ transplant and are on immune suppressive therapy
- 2) have had a haematopoietic stem cell transplant in the past 2 years
- 3) are on immune suppressive therapy for graft versus host disease
- 4) have had an active haematological malignancy
- 5) human immunodeficiency virus infection with CD4 T-lymphocyte count below 200 cells/per mm3
- 6) other conditions specifically noted by the treating medical practitioner

*For SESLHD inpatients & those receiving community monitoring by SESLHD, if assessed by a medical practitioner, the date of onset of COVID-19 symptoms can be regarded as Day 0 if this occurs prior to the date of the test

*Some people may have pre-existing illnesses with chronic respiratory signs or symptoms, such as chronic cough. Others may have on-going sequelae that result in symptoms such as continuing shortness of breath or post viral cough. For these people, the treating medical practitioner can make an assessment as to whether the respiratory signs and symptoms of acute COVID-19 have resolved.

**If entry to a high risk setting during this period is essential, additional COVID precautions should be taken.

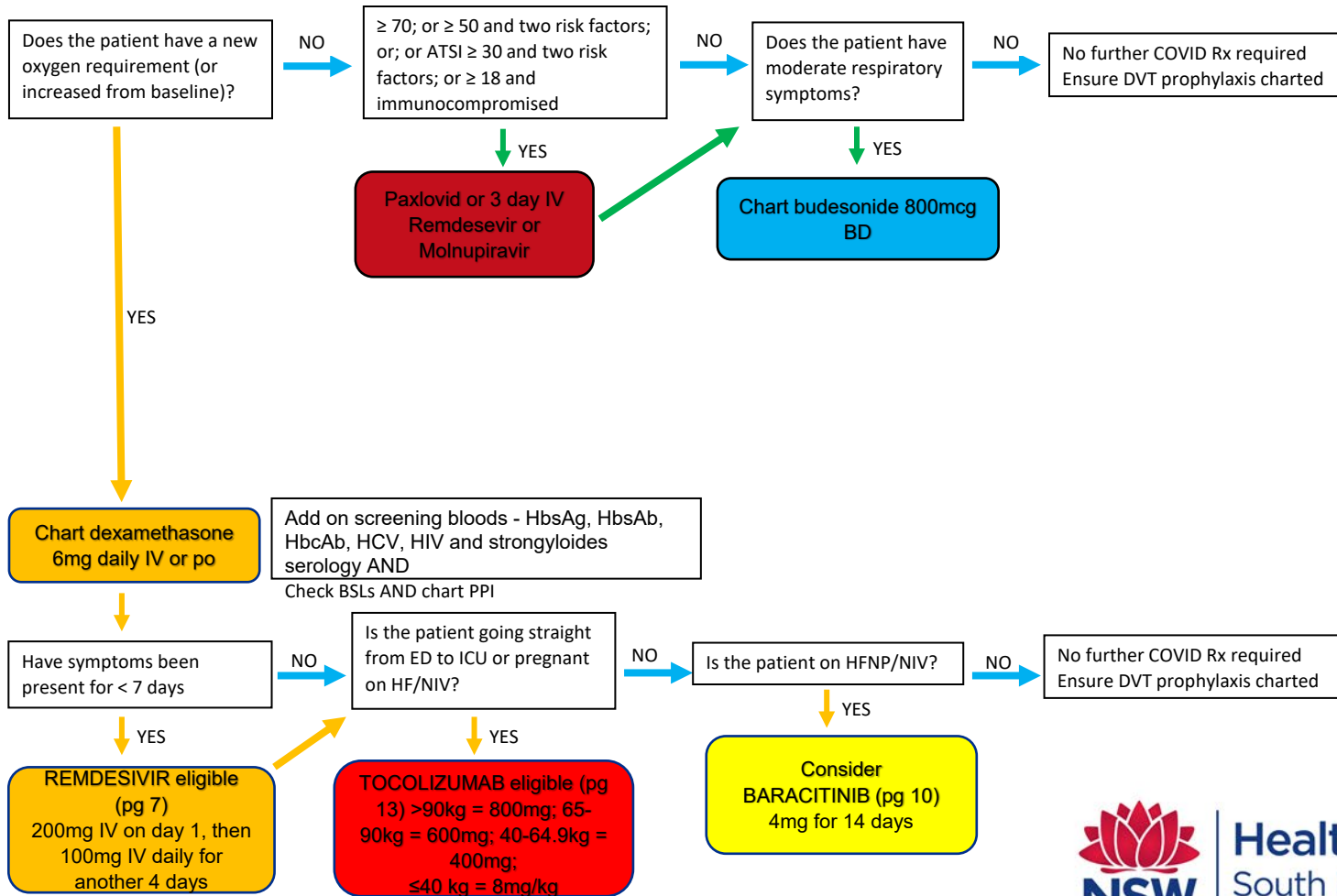
If limited isolated bed capacity, prioritise isolation in the first 7 days

<https://www.seslhd.health.nsw.gov.au/policies-and-publications/functional-group/87>



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COVID-19 treatment



COVID-19 – staff or patient

- If you have COVID-19 or become a close contact you need to call your line manager and the JMO unit
- If you have symptoms of COVID-19 do a RAT
 - if it is positive you have COVID-19
 - If it is negative get a PCR if possible. If you can't get a PCR do a RAT every day for 3 days.
- Do not come to work with even the mildest of symptoms that could be COVID-19 – even if your test is negative
- If you diagnose an inpatient with COVID-19 who was not isolated – call infection control as



If in doubt call!

- Fever phone 0409 172 311



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