Tuberculosis Specialist Clinics at Western Health:

Western Health provides the following Specialist Clinics for patients who require assessment and management of tuberculosis. Patients referred to the Tuberculosis Clinic will be triaged by an Infectious Diseases Consultant according to public health and clinic urgency: The Tuberculosis Clinic focuses on the following conditions:

- Tuberculosis (Active and Latent) *
- Leprosy*

Please note that patients will not incur any costs for the investigation and treatment of TB and Leprosy.

Please see the Infectious Diseases Clinic Guidelines to refer other infections to the Infectious Diseases unit at Western Health

Alarm Symptoms:

Patients with symptoms of active TB such as persistent (3 weeks or more) cough, fever, night sweats and/ or unexplained weight loss should have an urgent chest x-ray and sputum collected for AFB culture. The Infectious Diseases Registrar should be contacted for any patient with suspected or confirmed active pulmonary Tuberculosis (new chest x-ray changes, sputum smear or culture positive).



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.
 Active pulmonary TB (call ID registrar to determine if urgent admission or appointment within 1 week) New chest x-ray changes Sputum smear or culture positive All other cases of suspected or confirmed active TB Leprosy 	 Latent TB Asymptomatic Chest-xray normal or old fibronodular changes

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:
The Infectious Diseases Registrar should be contacted for any patient with suspected or confirmed active pulmonary Tuberculosis (new chest x-ray changes, sputum smear or culture positive)	 Chronic cough > 3 weeks Constitutional Symptoms (fever, night sweats, weight loss) Findings of extra-pulmonary TB such as lymphadenopathy, granulomatous inflammation on biopsy OR Chest x-ray changes of active TB 	 Chest x-ray Sputum AFB smear and culture FBE / UEC/ LFTs Other relevant imaging and biopsy results Note: Quantiferon Gold is not recommended for investigation of active TB
Latent TB Those with latent TB should not restrict activities and can be cleared for clinical placements.	 Asymptomatic Chest-xray normal or old fibronodular changes Positive Qunatiferon Gold or Mantoux test Sputum AFB smear and culture negative 	 Quantferon Gold or Mantoux Chest x-ray FBE / UEC/ LFTs HIV/ Hep B and C serology
Quantiferon Gold will remain positive for life and should not be repeated for those with past active or latent Tuberculosis.	Qunatiferon Gold test is indicated for those at highest risk of reactivation – • those exposed to TB or • who migrated from high endemic area within last 2 years or • will be receiving immunosuppressive therapy or • pre-employment healthcare worker screening.	
	Reason for referral Unsure if latent or active TB Patient interested in treatment for latent tb	

Condition:	Key Information Points:	Clinical Investigations:
Hansen's Disease /	Dermatological findings such as	•
Leprosy	hypopigmented skin lesions - Please contact ID registrar if	
	peripheral nerve involvement and	
	/ or nasal mucosal involvement	
Non-Tuberculous	Please seen ID clinic referral	•
Mycobacteria	guidelines	

