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Short Cases – Less Common Infections

INTRODUCTION

For much of human history, infectious diseases have been a major cause of mortality. However improvements in the standard of living (18th century), sanitation (19th century) and vaccination and treatment (20th century) have led to dramatic reductions in mortality and morbidity in the developed world.

Infectious diseases are caused by a highly varied group of microbes, and the effects of these infections can vary from trivial to life threatening. Their prevalence can vary from small clusters of cases, to global pandemics.

Patients frequently present in Primary Care with symptoms of possible infectious disease. Clinicians therefore have the difficult task of making sure they do not over-investigate and over-treat those at lowest risk, while under-investigating and under-treating all potentially serious infectious disease.

Aims:

To explore themes in infectious diseases presenting in Primary Care including:

- Presentation and management of Lyme disease
- Presentation and diagnosis of HIV in adults [the screening and diagnosis of children with HIV is not covered in this module]
- Presentation and management of Group A beta-haemolytic streptococcal infection & measles
- Presentation and diagnosis of TB

The images and appendix 3 are best viewed in an electronic document- if printing please view first.

It is obvious that not every infectious disease can be studied in a single PBSGL module. Instead, the authors have chosen diseases that are relatively uncommon, but occur frequently enough that they cause concern to patients and clinicians. Each case will demonstrate how to differentiate between the “worried well” and those who are potentially in danger, the phrasing of questions is designed to direct the discussion in this direction.

This module is trialling a different layout where for each short topic the case is followed by relevant information points, rather than grouping all the cases at the beginning. Please specifically comment on this layout in your feedback.