Guide to Differential diagnosis of generalised or systemic infectious disease conditions (Table 1)

NDOH Papua New Guinea Antibiotic Guidelines 2024



Disease	Risk factors	Clinical Characteristics (see note below)	WCC/ Other	Platelets	CRP [Note 3]	Confirmatory test(s)
Bacterial sepsis	Indwelling device, recent surgery or wound, re-	Fever/rigors, hypotension, low 02 saturation,	Leucocytosis	Variable	High	Blood culture
[Note 1]	presentation to ED, immune compromise, age > 65	tachycardia, raised resp. rate, hypothermia, altered level				Culture of specific sites - urine,
	years or < 3 months, fall, deterioration despite	of consciousness, non-blanching rash	High venous or		(may take 8-12	joint, CSF, peritoneal, pleural
	treatment		arterial lactate (>		hrs to rise)	fluid
		Site specific: dysuria, cough, dyspnoea, abdominal pain /	4) and/or low			
		distension/ peritonism, recent delivery or miscarriage	base excess (<			
			negative 5.0)			
Typhoid fever	Endemic typhoid known in that area	Fever (high and persistent), abdominal cramps,	Leucocytosis	Variable	High	Blood culture
	Patient resides in an urban settlement (slum)	constipation, anorexia +/- nausea and vomiting, head				Stool culture
		and body aches, weakness /fatigue, +/- confusion +/-				
		enlarged liver and spleen, hypotension, tachycardia				Widal test NOT recommended
						(poor specificity)
Dengue	Known cases occurring in locality/ outbreaks	Fever, myalgia and arthralgia, rash, nausea and vomiting,	Leukopenia or	Low	Normal to	RDT – NS1 antigen
		bleeding manifestations (e.g., petechiae, easy bruising),	normal		Moderate	
		hypotension, tachycardia			elevation	
Malaria	Known cases occurring in locality	Fever (may exhibit cycles every 48,72 hours), headache,	Variable	Low	Normal to	RDT- malaria
	Traditional or substandard housing and no use of	fatigue, nausea and vomiting, jaundice, anaemia,			Moderate	Microscopy - thick film
	bed-nets	hypotension, tachycardia			elevation	
Leptospirosis	River water exposure	Fever, headache, myalgia, conjunctival suffusion	Leukocytosis	Low	Normal to	No currently available testing
	Other known local cases	(redness without discharge), jaundice, abdominal pain,	,		Moderate	[Note 4]
		renal failure, hypotension, tachycardia			elevation	
Spotted fever	Tick bite	Fever, rash (may develop petechiae), +/- eschar (blackish	Leukocytosis	Low	Mild elevation	No currently available testing
rickettsia		scab at site of tick bite) at the site of the tick bite),				[Note 4]
		arthralgia, headache				
Murine Typhus	Patient resides in an urban settlement (slum)	Fever, headache, rash (may develop petechiae), myalgia,	Leukocytosis	Low	Mild elevation	No currently available testing
	(PNG epidemiology uncertain)	nausea and vomiting, abdominal pain				[Note 4]
Scrub typhus	Rural setting	Fever, eschar (blackish scab at site of tick bite) at the site	Leukocytosis	Low	High	No currently available testing
	(PNG epidemiology uncertain)	of the tick bite, headache, myalgia, rash (may develop				[Note 4]
		petechiae), lymphadenopathy				
Japanese	Coastal location	Fever, headache, altered mental status, seizures, rash	Normal or mild	Normal or mild	Normal to mild	send CSF sample to CPHL for
Encephalitis (JE)	Other known local cases/outbreak		elevation	reduction	elevation	testing by ELISA
Acute rheumatic	Child 5-16 years (but can occur in adults)	Fever, joint pain and swelling, chest pain, shortness of	Variable		Moderate to	No currently available testing
Fever [Note 2]		breath, rash, heart murmur		reduction	High	[Note 5]

Footnotes

Note 1: For further advice, see Australia Sepsis Kills Program pathways (adult, paediatric, perinatal and neonatal versions): www.cec.health.nsw.gov.au/keep-patients-safe/sepsis/sepsis-tools

Note 2: RHD Australia has an app for diagnostic guidance. https://www.rhdaustralia.org.au/apps

Note 3: CRP is the recommended assay for detecting an acute phase reaction to infection. It may also be elevated in a range of noninfective syndromes.

Note 4: Retrospective diagnosis may be possible – seek advice from PMGH Pathology.

Note 5: See acute rheumatic fever, page 341 in 'Miscellaneous infections' for further information.