

FREQUENTLY ASKED QUESTIONS

1. What kind of physician is an infectious disease doctor?

An infectious disease physician is first trained as an internal medicine physician. A doctor specializing in non-surgical diseases of adults. This training consists of 3 years of training after completing medical school. A physician then takes a written or oral exam and becomes board certified in internal medicine. An infectious disease clinician takes an additional 2-3 years of training specifically in infectious disease. They may then sit for the infectious disease exams and become board certified in infectious disease. Their training is thus commonly lasts 13 years post completion of high school.

2. My doctor usually takes care of me if I have a fever. What type of infection would cause me to come to an infectious disease physician?

I commonly see patients that have severe, frequent, persisting or unusual infections. Patients and their families with the new nasty strains of staph form a large portion of our practice. Patients needing travel vaccines and medications as well as routine adolescent and adult vaccines come to our clinic. Patients who have been hospitalized with an infection and require long term intravenous antibiotics must be followed very closely. We follow patients not only discharged from River Oaks and Woman's Hospital but from other health care facilities that do not have I.D. physicians who follow patients post discharge from the hospital.

3. Do you just see adults?

Our patients are commonly aged 12 and above. For children less than age 12, they are seen on referral and in special occasions. Most commonly children are seen as part of a staph infection problem in families and to receive travel vaccines.

4. I am going to see my cousin in Chicago. Do I need to see someone like you in a Travel Clinic?

There are certain types of advice that would benefit everyone traveling, regarding food, water, and accident prevention. Travel may cause individuals to bring certain health issues up to date such as routine adult vaccines. Hepatitis A vaccine is a good idea for every traveler. All of these issues are usually handled by your family physician. A Travel Medicine Clinic should be directed by an infectious disease physician. It should have all needed travel vaccines including Yellow Fever, Typhoid and Polio vaccine. Travelers commonly coming to our clinic are international travelers. Travelers to Central America, South America, Africa and Asia should definitely come to a Travel Medicine Clinic. Other locations throughout the world that have an increased frequency of common infections or the presence of unusual infections, should prompt the traveler to visit our clinic.

Center of
INFECTIOUS DISEASE EXCELLENCE
at River Oaks

5. **Do I need a referral to see you at the Center or the Travel or MRSA Clinic?**
No. We see patients both on a physician and self referral basis. The Travel and MRSA Clinic are primarily self referred. The Center of Infectious Disease Excellence sees about 2/3s of physician referred patients. Some triage may take place if you are not physician referred by our Clinic Director, Connie Brinson. We are not an emergency room and /or a drop in clinic. A new patient evaluation commonly takes 1 hour and the charges mirror that level of physician activity.
6. **How about payment for services?**
The CIE participates fully with Medicare and Blue Cross. The administrator can answer questions on other plans. We accept Visa and Master Card. Travel Medicine services are commonly not covered by most health plans. There are exceptions to this general statement i.e. Hepatitis A vaccine. Complete payment for Travel Medicine services is due at time of delivery of these services. We provide proof of service statements that can be submitted to your insurance company for potential payment. An estimate of Travel Medicine charges can be made by reviewing the travel medicine consult charges plus needed vaccines contained in our Travel Medicine section.
7. **Do you accept Medicaid Patients?**
Yes after triage by our administrator and on referral from physicians.
8. **Do you accept uninsured patients?**
Yes on referral from River Oaks and Woman's physicians and those selectively approved by Dr. Smith.
9. **Do you see patients for HIV screening and for HIV treatment?** Yes
10. **Can I ask other questions before I come to the Center?**
Yes these can be submitted to the e-mail address on our Web Site.
11. **I just had a boil that was cultured and found to be caused by the MRSA germ. I have been given a script but no other advice. What should I do?**
The new strains of MRSA are very dangerous. They can also spread easily back and forth between family and or household members. It is of the utmost importance that you see an infectious disease individual as soon as possible so that you and your family can be completely cultured. As per this month's newsletter, members of a family can be colonized (germ is present but not causing disease). To get rid of this germ, you will need an intense regimen of topical antibiotics and special soaps with very careful follow up over a 1 year period.

12. I noticed that you speak a lot about adolescent and adult immunizations. I got all my shots as a kid and I thought that is all I would need.

Sad to say, many people think as you do. Childhood immunization programs usually have an 80% or higher success rate. This is achieved by excellent funding mechanisms and by requirements for immunization before a child can enter school. Adolescent and Adult immunization rates are much lower, though just as important.

Adolescent should receive the following immunizations:

1. Gardasil for females (Soon to be for males also)
2. Menactra- Meningococcal vaccine
3. Yearly Influenza- either by needle or with the new nasal vaccine.
4. DT boosters as appropriate and TDAP vaccine per schedules

Adults

5. Yearly Influenza vaccines
6. DT and TDAP per schedules
7. Pneumovax at age 65- Initial vaccine and q 5 years thereafter. Probably start at age 45 for smokers, chronic illness, HIV and African Americans (higher incidence of invasive pneumococcal illness)
8. Zostavax- Shingles vaccine age 60. 1/4 chance of developing shingles during lifetime, if not vaccinated.
9. Hepatitis A Selectively in USA. Food handlers other higher incidence groups.