RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Infectious diseases

RACGP Curriculum and syllabus for Australian general practice (7th edition): Infectious diseases.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Infectious diseases

Context

Though the burden of infectious diseases has declined over the last century, it remains a significant health issue for Australians.[1] There were over 350,000 notifications of laboratory confirmed influenza reported in the year to September 2025.[2] In 2024, influenza was associated with 1,002 deaths and COVID-19 with 4,953 deaths nationally.[3] Australia is also currently experiencing a resurgence of syphilis, where notification rates for men increased by close to 50% but in women by more than 200% between 2016 and 2021.[4] It is now considered a disease of national significance.[5] Chlamydia and gonorrhoea are also rising in Australia, with chlamydia up 12% since 2013 and gonorrhoea diagnoses in major cities being almost three times as high in 2022 as they were 10 years ago.[6]

Antimicrobial use and antimicrobial resistance are also issues of significant concern. The World Health Organisation acknowledges antimicrobial resistance as one of the top global public health and development threats.[7] In 2019, more than 10 million Australians had at least one antimicrobial dispensed, which is significantly higher than other comparable countries.[8]

The low incidence of vaccine-preventable diseases in Australia is testament to the successful public health intervention of the National Immunisation Program of which general practice is the major site of immunisation.[9] As an example, since the introduction of the Haemophilus influenzae type b (Hib) vaccine, invasive Hib disease notification rates have decreased by more than 95% in Aboriginal and Torres Strait Islander children aged under 5 years.[10]

Effective infectious disease management requires culturally safe, trauma-informed, and strengths-based approaches, particularly when working with Aboriginal and Torres Strait Islander peoples, refugees, and other priority populations. GPs play a key role in building trust, supporting health literacy, and working in partnership with communities to improve outcomes.

General practice is involved in the surveillance, diagnosis, and reporting of infectious diseases.[11,12] This is vital in the prevention and control of infection. GPs and general practices also have an important leadership role in preventing and managing infections like COVID-19, influenza, and hepatitis in healthcare settings.[13]

References

1. Australian Institute of Health and Welfare. Infectious and communicable diseases. [Internet] Canberra: AIHW, 2024. [Updated 2 Jul 2024]. Available at www.aihw.gov.au/reports/australias-health/infectious-and-communicable-diseases [Accessed 21 Oct 2025]
2. Immunisation Coalition. Influenza statistics [Internet]. Melbourne: Immunisation Coalition; 2025. Available from: https://www.immunisationcoalition.org.au/news-data/influenza-statistics/ [Accessed 21 Oct 2025]
3. Australian Bureau of Statistics. Deaths due to COVID-19, influenza and RSV, Australia, 2022–January 2025 [Internet]. Canberra: ABS; 2025 Available from: https://www.abs.gov.au/articles/deaths-due-covid-19-influenza-and-rsv-australia-2022-january-2025 [Accessed 21 Oct 2025]
4. Day A, Webster C, King T, Rajagopal S. The resurgence of syphilis in Australia. *Aust J Gen Pract*. 2024;53(3):133-137.
5. Australian Government Department of Health and Aged Care. Chief Medical Officer statement: Syphilis [Internet]. Canberra: Australian Government; 2024. Available from: https://www.health.gov.au/news/cmo-statement-syphilis-cdins
6. Kirby Institute. Sexually transmissible infections are on the rise in Australia, with syphilis rates tripling over a decade [Internet]. Sydney: University of New South Wales; 2024. Available from: https://www.kirby.unsw.edu.au/news/sexually-transmissible-infections-are-rise-australia-syphilis-rates-tripling-over-decade [Accessed 21 Oct 2025]
7. World Health Organization. Antimicrobial resistance [Internet]. Geneva: WHO; 2024 Available from: https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance [Accessed 21 Oct 2025].
8. Australian Commission on Safety and Quality in Health Care. AURA 2021: Fourth Australian report on antimicrobial use and resistance in human health. Sydney, NSW: ACSQHC, 2021.
9. National Centre for Immunisation Research and Surveillance. Annual Immunisation Coverage Report 2024. Westmead: NCIRS; 2025. Available at: https://www.ncirs.org.au/sites/default/files/2025-10/Annual%20Immunisation%20Coverage%20Report%202024.pdf [Accessed 26 June 2026]

10. National Centre for Immunisation Research and Surveillance Australia. Vaccination for Our Mob. Summary report of vaccine preventable diseases and vaccination coverage in Aboriginal and Torres Strait Islander people, Australia 2011-2015. Westmead, NSW: NCIRS, 2021.

11. Bradley C, Hengel B, Crawford K, et al. Establishment of a sentinel surveillance network for sexually transmissible infections and blood borne viruses in Aboriginal primary care services across Australia: The ATLAS project. *BMC Health Serv Res* 2020;20(1):769.

12. Van Gemert C, Guy R, Stoove M, et al. Pathology laboratory surveillance in the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of sexually transmitted infections and blood-borne viruses: Protocol for a cohort study. *JMIR Res Protoc* 2019;8(8):e13625–e13625.

13. The Royal Australian College of General Practitioners. Infection prevention and control guidelines for general practices and other office-based and community-based practices. 5th edn. East Melbourne; RACGP: 2022. Available at www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/infection-prevention-and-control [Accessed 21 Oct 2025]

Learning outcomes

The GP is able to:

- diagnose, investigate, and manage common infectious presentations in both children and adults (eg URTIs, gastroenteritis, and skin infections)
- recognise and manage urgent or life-threatening infectious conditions (eg meningitis, sepsis)
- apply an evidence-based approach to the use of antimicrobials and implement antimicrobial stewardship principles in general practice
- diagnose, investigate, and manage fever of unknown origin
- recognise, investigate and manage vector-borne and zoonotic infections relevant to Australia (eg Ross River virus, Q fever, and melioidosis)
- recognise and manage infections of public health significance (eg, tuberculosis, measles, and pertussis)
- engage patients and communities in prevention strategies including vaccination, infection control measures, and safe travel advice
- implement infection control and prevention policies and procedures in a general practice setting, as well as other settings where GPs may work (eg residential aged care facilities or hospitals)
- administer vaccines appropriately and maintain up-to-date knowledge of vaccine indications, schedules, dosing, and administration requirements
- recognise and manage infections in immunocompromised patients
- report notifiable infectious diseases to respective state and territorial health authorities.

Key areas of learning

Diagnose, investigate, and manage emergency infectious presentations in both children and adults

- Sepsis
- Meningitis and encephalitis
- Severe pneumonia
- Severe soft tissue infections
- Epiglottitis
- Vector-borne diseases such as malaria and dengue fever

Diagnose, investigate, and manage common community presentations (recognising the role of environmental and social factors in some settings)

- Upper and lower respiratory tract infections (viral and bacterial)
- Community-acquired pneumonia
- Urinary tract infections
- Skin and soft tissue infections (eg cellulitis, impetigo, and abscess)
- Gastroenteritis
- Ear, nose and throat infections (eg otitis media, otitis externa, sinusitis, and tonsillitis)

Understand the principles of vaccination

- Educate patients on vaccines and appropriately counsel those voicing vaccine hesitancy
- Be familiar with current vaccination schedules
- Counsel patients about and appropriately manage vaccine reactions
- Administer vaccinations safely and effectively
- Document vaccinations in electronic records
- Update vaccination records in the Australian Immunisation Register
- Arrange recalls for further vaccinations
- Be familiar with cold chain requirements

Understand the approach to prolonged fever or systemic illness

- Fever of unknown origin
- Tuberculosis
- HIV and opportunistic infections
- Cytomegalovirus, Epstein–Barr virus and other viral syndromes

Understand the approach to prolonged symptoms including fatigue in post infective illness

- Potential causative infections
- Follow up
- Functional recovery and ongoing support recognising the impact on daily life and wellbeing

Understand the approach to gastrointestinal infections

- Viral gastroenteritis
- Bacterial gastroenteritis, including campylobacter, salmonella, shigella, and E. coli
- Clostridioides difficile infection
- Giardiasis
- Cryptosporidiosis
- Amoebiasis
- Traveller's diarrhoea
- Worm infestations (threadworm, hookworm, strongyloidiasis, and tapeworm)

Diagnose, investigate and manage vector-borne and zoonotic infections relevant to Australia

- Ross River virus
- Barmah Forest virus
- Dengue fever
- Q fever
- Melioidosis
- Leptospirosis
- Brucellosis
- Rickettsial infections (eg scrub typhus)

Diagnose, investigate and manage sexually transmitted infections (STIs)

- Chlamydia
- Gonorrhoea
- Syphilis
- Genital herpes
- Human papillomavirus (HPV)
- HIV

Understand the approach to common bloodborne viruses, including needlestick injury management

- Viral hepatitis
- HIV

Understand the approach to vaccine-preventable diseases

- Measles, mumps, and rubella
- Pertussis
- Diphtheria
- Tetanus
- Varicella and shingles
- Influenza
- COVID-19
- Human papillomavirus
- Pneumococcal disease

- Meningococcal disease
- Respiratory syncytial virus
- Mpox
- Rotavirus
- Haemophilus

Recognise and manage infections, responding to the diverse needs of priority populations

- Aboriginal and Torres Strait Islander peoples, recognising the impact of social and structural determinants of health, including community strengths, cultural knowledge, and the importance of delivering culturally safe, trauma-informed care in partnership with individuals, families, and communities (eg skin infections, rheumatic fever, and post-streptococcal complications in some settings)
- People who are immunocompromised (eg post-transplant, chemotherapy, long-term steroids, HIV, and iatrogenic), recognising the importance of individualised care planning
- People from refugee and migrant backgrounds, recognising diverse cultural backgrounds, health experiences, and the importance of trauma-informed, culturally responsive care and equitable access to services
- Pregnancy and congenital infections (eg TORCH group and listeriosis), supporting informed decision-making and continuity of care for pregnant people and their families
- LGBTQI+ people, recognising the impact of stigma and barriers to care, providing inclusive, respectful, and non-judgemental care that supports safe disclosure and equitable access to prevention, testing, and treatment.

Understand the approach to notifiable infections and infections of public health significance

- Tuberculosis
- Syphilis
- Gonorrhoea
- HIV
- Foodborne outbreaks
- Legionnaires' disease
- New or other emerging infections
- Diseases with quarantine/isolation requirements

- Identify, investigate and appropriately refer for abnormal examination findings
- Fever with rash
- Lymphadenitis or lymphadenopathy
- Fever and hepatomegaly and / or splenomegaly

Understand and apply principles of prevention and public health

- Antimicrobial stewardship and rational antibiotic prescribing
- Infection control in general practice and related environments
- Travel health and pre-travel vaccination
- Outbreak recognition and notifiable disease reporting

Perform appropriate procedures for prevention of infectious diseases

- Ensure sterile technique for procedures
- Appropriate use of personal protective equipment (PPE), including donning and doffing

Collect appropriate specimens:

- Blood culture
- Swabs for PCR and microscopy and culture

Opportunities for learning

Words of wisdom

- Building trust with parents and patients, being honest about possible side-effects, providing factual data and your own personal experience, and addressing patients' concerns are good ways of addressing vaccine hesitancy

- Always make sure to check tetanus immunisation status when a patient presents with an injury – except for clean and minor cuts, all other wounds are tetanus prone.

- Remember to assess vaccination status of patients who may be immunocompromised, as they may be more at risk of infection and may need a modified vaccination schedule. Also remember in immunocompromised patients that typical infections can present in an atypical way, for example, herpes zoster involving multiple dermatomes.

- Keep thinking broadly about diagnoses. Scabies should be considered in any patient presenting with an intensely itchy papular rash, especially if multiple family members are involved – consider the needs of the whole household when managing conditions such as scabies, lice and worms, and work collaboratively with patients and families to develop practical, achievable management plans. In any chronic non-healing ulcer, consider *Mycobacterium ulcerans* as the causative agent. And don't forget the possibility of reactivation of latent tuberculosis in people from countries with higher TB prevalence presenting with a chronic cough. Sometimes common presentations have less common causes.

- Given most upper respiratory tract infections, tonsillitis and sinusitis are caused by viral infections, plan and practice a range of ways of explaining to patients this and they are not helped by antibiotics, which have significant side effects. This will help educate the patient and avoid unnecessary prescribing.

Learning strategies

On your own

Identify notifiable conditions and diseases under surveillance in Australia.

- *Were there any that surprised you or that you didn't expect?*
- *When do you need to notify diseases and conditions in the state or territory where you work? How can you make sure you fulfill your responsibilities to report these?*
- *Do a reflection of your practice. How could your practice's processes be improved, and how do you plan to improve your own practice?*

Conduct an audit of 10 patients for whom you prescribed an antibiotic. Compare your practice against the recommended guidelines; for example, the Therapeutic Guidelines.

- *Were there any instances that didn't align with the recommendations? If so, why was this? Will you change your choice next time?*

Review the Australian STI management guidelines on chlamydia, syphilis and gonorrhoea. Learn more about:

  - how to gather sensitive information, such as a sexual history
  - how to do contact tracing
  - the notification procedures in your state or territory
  - the management guidelines.

- *Reflect on what you have learnt. Did anything surprise you? What will you do differently in your practice?*
- *Reflect on how your own assumptions, biases, or experiences may influence your clinical decision-making and communication. Is there anything you would do differently in your practice?*

With a supervisor

With your supervisor, do a case note review of a catch-up appointment you planned to review a patient's vaccination schedule. Alternatively, create a fictional patient in your practice software and role-play the consultation with your supervisor.

- *How did you plan the catch-up session?*
- *How did you explore the reasons for delayed vaccination? If vaccine hesitancy was a reason, what resources did you use to overcome this barrier? Does your supervisor have any suggestions to manage this situation?*
- *Reflect on your areas of strength, where you could improve, and how you plan to do better next time.*

With your supervisor, review your practice's infection control protocols. Compare this with the RACGP infection prevention and control standards. Discuss your findings with your supervisor.

- *What is your practice doing well? What ideas do you have for improvements? Are there any barriers that need to be overcome to implement these changes?*

Do the following role-play with your supervisor: A parent is hesitant about giving the measles vaccination to their child because they've read that measles vaccination causes autism in children. Address their vaccine hesitancy and explain the benefits of measles vaccination. Consider resources that could help to reduce their fears.

- *How do you think you went? What feedback did your supervisor give you? How will you use this feedback to improve?*

In a small group

Role-play the following scenario and then discuss as a group. Ranil, a 44-year-old man from Sri Lanka, has decided to buy farmland in a rural area. He plans to have some livestock on his farm. He is here to consult you about any medical issues he needs to be aware of before he moves to his farm. Consider:

- what, if any, infections he is more likely to get
- what preventive management advice you could give him in terms of infectious diseases
- any important vaccinations he should receive
- how you would manage the situation if he does not want to receive any vaccines.

- *What was done well? What could be improved? Think about how you would handle this type of case in your practice.*

Hold a teaching session on hand hygiene for practice staff:

- Identify your target audience.
- Identify resources you can use to deliver the session.
- Consider different methods to deliver the session.
- Ask for feedback after the session.

- *What did you learn? What feedback did you receive?*
- *What resources could you use to give to patients?*

Role-play the following scenario, swapping roles, and then discuss as a group.

Seven-year-old Sonia's parents come to see you. One of her classmates has been diagnosed with meningococcal meningitis and they would like to get some information. Explain meningococcal meningitis to Sonia's parents, including the risk of Sonia picking up the infection, how it can be prevented, how to manage close contacts, and what vaccinations would be advised.

- *What was done well? What could be improved?*

With a friend or family member

Role-play the following scenario with a family member or friend. They are 26 years old and come to see you about an upper respiratory tract infection (URTI). They ask for antibiotics just in case the infection gets worse. Counsel the 'patient' and think about what resources and evidence you could use to assure them that antibiotics are not needed to treat an URTI.

- *What resources did you find?*
- *How would you adapt your communication and approach to ensure it is culturally safe and responsive when working with Aboriginal and Torres Strait Islander patients and communities? What resources would you use to convey the information?*
- *How would you adapt your communication and approach to ensure it is culturally safe and responsive when working with patients from a non-English speaking background? What resources would you use to convey the information?*

Ask different friends and family about any vaccinations they have had in the past few years. Did they have any reactions? If so, did that change what they think about vaccination? Did they keep a record of their vaccinations? If they were to apply for a job where they have to list the vaccines they've had, do they know how and where to find that information?

- *What did you learn? Will this information change anything you do in your practice?*

Case example

Five-year-old John is brought in to see you by his father, Mark, with complaints of intense itching in between his fingers and toes which is worse at night. John's family moved to Australia two months ago as refugees from Sudan; they are living in a public housing unit. John attends the local school and goes to after school care as his parents work long hours.

In a case-based discussion, questions relating to each role could be:

Communicator

- How would you explain the diagnosis and treatment of scabies to John's father in a way that is clear, respectful, and avoids stigma?
- How would you counsel the family on environmental measures (eg bedding, clothing, household cleaning) in a practical and non-overwhelming way?
- How would you discuss infection risk with the school or childcare centre while maintaining confidentiality?
- How would you adapt your communication if English was not Mark's first language?
- How would you ensure the family feels culturally safe and supported during the consultation?

Clinician

- What are the key infectious differentials for itchiness in a child?
- What examination findings would confirm your suspicion of scabies?
- What other infections should you screen for in a newly arrived refugee child?
- How would you manage John's symptoms, his household contacts, and the wider community exposure (eg school or after school care)?
- How would your approach change if the child had signs of secondary bacterial infection (eg impetigo or cellulitis)?
- What if the family had limited access to treatment (eg medication cost or pharmacy supply)?

Health advocate and leader

- How would you advocate for access to affordable, effective treatment for John and his family?
- What steps could you take to ensure the wider community (eg housing unit or school) receives appropriate education about scabies?
- How would you work with public health units to prevent recurrent outbreaks?

Professional

- If your initial diagnosis was incorrect, and you only identified the correct diagnosis and management at a review appointment, what would be your reflections and what opportunities for improvement may you identify?
- If the household was overcrowded and you were asked to write a letter of support about the presentation for the housing provider, what would be your approach?

Scientist, educator and researcher

- What evidence-based guidelines would you use for diagnosing and managing scabies in children?
- How do you stay up to date with local prevalence of infectious diseases in refugee and migrant populations?
- How could you contribute to improving systems of care for scabies and other neglected infectious diseases in your community?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam