

How we work with your primary care physician

Although infectious diseases specialists sometimes serve as primary care physicians, in most cases you will still need your regular doctor. Usually you will be asked to return to the ID specialist for a follow-up visit to review test results and to be sure that your infection has been eliminated. We may wish to follow up with you until we feel confident that the infection will not recur. You will resume care with your regular physician when your condition has stabilized or is cured.



Other subspecialties of internal medicine

Our focus on infectious diseases is similar to the focus of other internal medicine subspecialties concerned with specific organs, conditions, diseases, or age groups. Other subspecialties include gastroenterology (digestive tract), cardiology (heart), pulmonology (lungs), nephrology (kidneys), rheumatology (arthritis), hematology (blood), hepatology (liver), oncology (cancer), endocrinology (diabetes and other glandular disorders), allergy and immunology, sports medicine, geriatrics, and adolescent medicine.

Clearing up some confusion

We doctors of internal medicine are also known as “internists.”

This should not be confused with “interns,” who are doctors in their first year of training after medical school.

Nor are we the same as “general practitioners” (GPs), or “family physicians” (FPs), whose practices may include surgery, obstetrics and pediatrics, and whose training is not solely concentrated on adults.

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INFECTIOUS DISEASES
INTERNAL MEDICINE
DOCTORS FOR ADULTS™

Your Internist is an Infectious Diseases Specialist



We specialize in infectious diseases

An infectious diseases (ID) specialist is a doctor of internal medicine* who is qualified as an expert in the diagnosis and treatment of infectious diseases. After seven or more years of medical school and postgraduate training, we complete two to three years of additional training in infectious diseases.

We have expertise in infections of the sinuses, heart, brain, lungs, urinary tract, bowel, bones and pelvic organs. Our extensive training focuses on all kinds of infections, including those caused by bacteria, viruses, fungi and parasites. Many ID physicians specialize in treating patients with infections due to human immunodeficiency virus (HIV), the cause of AIDS.

Along with our specialized knowledge comes a particular insight into the use of antibiotics and their potential adverse effects. We also have additional training in immunology (how the body fights infection), epidemiology (how infections spread) and infection control.

*or, in some cases, pediatrics

What an infectious diseases specialist does

Our role is to review your medical data, including records, X-rays and laboratory reports. We may perform a physical examination, depending on the type of problem you have. We also counsel healthy people who plan to travel to countries where there is an increased risk of infection.

Laboratory studies are often necessary and may include blood studies and cultures of wounds or body fluids. We may order blood serum studies for antibodies indicating the presence of unusual or uncommon diseases. These studies may help explain the results of studies that your personal physician may already have done.

Work in our specialty is limited to diagnosis and medical treatment. Infectious diseases specialists do not perform surgery.

When you need an infectious diseases specialist

Not everyone who has an infectious disease needs an infectious diseases specialist. Your personal physician can take care of most infections, but sometimes specialized expertise is needed to either diagnose or manage specific infectious diseases.

When a fever raises the suspicion that you may have an infection, when an infection is potentially serious, or when problems occur with treatment, it may be necessary to consult an infectious diseases specialist. After consultation with the referring internist, we can provide special insight into tests that will be helpful in diagnosing and understanding the infection and preventing recurrent infections. We can often help determine what treatment you need, if any, and whether you should receive antibiotics by mouth or vein. You may not require any treatment, but if you do, we may confer with your personal physician about which diagnostic testing and forms of treatment are best suited to your needs.

If you are hospitalized for an infection or acquire an infection while hospitalized, we will follow and help direct your hospital care. In some cases, we may continue to see you after you go home from the hospital.