

SYPHILIS Infectious Disease Reporting Form

All information requested below is required.
Please complete and return to SMDHU by fax (705) 733-7738

Reported by

Health Care Provider (HCP): _____ Phone #: _____
 Family HCP (if different): _____ Phone #: _____

Patient Demographics

Name: _____ DOB: _____ M F X
last name, first name yyyy/mm/dd
 Address: _____ Phone: _____ Home Cell Text Other
 _____ Phone: _____ Home Cell Text Other
 Primary Language: English French Other:

Reason for Testing

Symptomatic Routine screen Contact of case Sexual assault Prenatal screen **due date:** _____
 Insurance Immigration screening Follow-up titre, post treatment Other _____

Staging

Staging of syphilis infection is necessary to determine duration of treatment. Please indicate stage:

Primary genital ___ anal ___ other ___
 Secondary skin/mucous membranes ___ other ___
 Early Latent
 Late Latent ****case will not be called by Public Health unless HIV co-infected**
 Neurosyphilis: infectious (under one year) _____ non-infectious _____
 Tertiary
 Previously treated
 False positive
 Serology will be repeated in 2-4 weeks to assist in determining stage

HIV co-infected No Yes
 If HIV positive, taking Antiretroviral treatment (ART)

Treatment

Treatment: Benzathine Penicillin G is recommended treatment for most cases of syphilis. Duration of treatment is dependent on staging. Other options are listed in the Canadian STI Guidelines, 2008, Public Health Agency of Canada, revised in 2014. Medications for syphilis can be provided to HCP, free of charge from the health unit by calling 705-721-7520 extension 8376

Treatment provided: _____

	Date	Drug	Dose	Frequency	Duration	Route
Further Treatment Plan	_____	_____	_____	_____	_____	_____

Risk Factors

Tick all that apply

<input type="checkbox"/> No condom/barrier used	<input type="checkbox"/> Sex with same sex	<input type="checkbox"/> Judgement impaired by alcohol/drugs
<input type="checkbox"/> Condom/barrier breakage	<input type="checkbox"/> Sex with trans	<input type="checkbox"/> Met partner through internet
<input type="checkbox"/> New contact in past 2 months	<input type="checkbox"/> Sex with sex trade worker	<input type="checkbox"/> Pregnant
<input type="checkbox"/> >1 partner in last 6 months (# _____)	<input type="checkbox"/> Sex trade worker	
<input type="checkbox"/> Sex with opposite sex	<input type="checkbox"/> Anonymous sex	

2019.05.01

Syphilis Infectious Disease Reporting Form

Patient Name: _____ **DOB:** _____

Patient Education

For HCPs taking on this responsibility, SMDHU requires that the following information be included in your counselling:

HCP taking on responsibility to provide the following syphilis education No Yes (check boxes below that apply)

- Provide key infection details: bacterial infection transmitted by unprotected sex
- Review that symptoms vary depending on stage or an infected person may be asymptomatic
- Review health complications associated with syphilis
- Advise patient/partners that they should abstain from sexual contact for 7 days after first line treatment and until infectious lesions/secondary rashes have resolved. If alternate treatment used, abstain until treatment completed.
- Encourage the consistent use of condoms and barriers for oral, anal and vaginal sex with all sexual partners
- Advise patient to test for other sexually transmitted and blood borne infections (STBBI)
- Review with patient that serological monitoring is advised after treatment (stage specific as per table below)

Primary, secondary and early latent syphilis	3, 6, 12 months after treatment
Late latent, tertiary	12 and 24 months after treatment
Neurosyphilis	6, 12 and 24 months after treatment
HIV infected (any stage)	1, 3, 6, 12 and 24 months after treatment and yearly thereafter

Partner/Contact Notification

Health Care Providers that wish to assume responsibility for partner notification, the following information must be provided to the SMDHU: contact's name, sex, date of birth, address, phone number. This information is kept confidential and is important that notification be documented for legal purposes.

Patient Syphilis Stage	Time period that partner(s) must be notified, seek assessment and be tested
Primary syphilis	17 wks prior to the patient developing symptoms or, if asymptomatic, 17 wks prior to diagnosis
Secondary syphilis	34 wks prior to the patient developing symptoms or, if asymptomatic, 34 wks prior to diagnosis
Early latent	1 year before patient diagnosis
Late latent	Assess marital or long-term partners and children, if appropriate

HCP taking on responsibility to interview patient for partner(s) contact information No Yes

of partners in the stage specific timeframe listed in table above _____

- Patient declined to give partner(s) names and information
- Untraceable partner(s): anonymous partner(s) or insufficient contact information
- All partner(s) information is listed below

We will be contacting the individuals named below to verify partner notification is complete. Please provide information including full name and demographic information.

Name	Male / Female/ Other	Contact information (i.e. address, phone number, email, online profile user name)	Age/DOB	Date of last exposure

Physician or Nurse Practitioner signature _____ Date signed _____