

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: _____ <small>last name, first name</small>	DOB: _____ <small>yyyy/mm/dd</small>	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> X	
Address: _____	Phone: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Text	<input type="checkbox"/> Other
_____	Phone: _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Text	<input type="checkbox"/> Other
_____	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other:				

Reason for Testing

<input type="checkbox"/> Symptomatic: _____
<input type="checkbox"/> Routine screen <input type="checkbox"/> Contact of case <input type="checkbox"/> Follow-up titre, post treatment <input type="checkbox"/> PrEP Work up <input type="checkbox"/> Prenatal screen due date: _____ <input type="checkbox"/> Insurance <input type="checkbox"/> Immigration <input type="checkbox"/> Sexual assault <input type="checkbox"/> Other: _____

Staging Staging of syphilis infection is necessary to determine duration of treatment and partner traceback period.

Infectious Syphilis:

- ☐ **Primary** – onset 3-90 days, symptoms can include chancre, lymphadenopathy. Site: genital ____ anal ____ other ____
- ☐ **Secondary** – onset 2 weeks-6 months, symptoms can include rash, fever, malaise, headaches, mucus lesions, condyloma lata, lymphadenopathy, alopecia, uveitis, retinitis or otic symptoms
- ☐ **Early Latent** - Infection < 1 year, asymptomatic
- Note: Neurosyphilis can occur in any stage of syphilis*

Non-Infectious Syphilis (SMDHU will not follow non-infectious cases unless pregnant or HIV co-infected):

- ☐ Late Latent- Infection >1 year, asymptomatic
- ☐ Tertiary- Cardiovascular syphilis, Gumma, Neurosyphilis
- ☐ Previously Treated Tx: _____ Date: _____
- ☐ False positive
- ☐ Unknown, serology will be repeated in 2-4 weeks to assist in determining stage

HIV co-infected ☐ No ☐ Yes. If yes:

Patient on antiretroviral treatment (ART) ☐ No ☐ Yes

Patient HIV viral load is below 200 copies/ml and has been for greater than 6 months: ☐ No ☐ Yes

Treatment

Treatment: Benzathine Penicillin G L-A 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"/> Other: _____ |
| <input type="checkbox"/> Sex with opposite sex | <input type="checkbox"/> Anonymous sex | |

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	3 mos prior to the patient developing symptoms or, if asymptomatic, 3 mos prior to diagnosis
Secondary syphilis	6 mos prior to the patient developing symptoms or, if asymptomatic, 6 mos 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. Patient will provide to Public Health Investigator.
- ☐ 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 _____

Benzathine penicillin G LA (Bicillin) Order Form: STI Medication Program

IPHS #:

Return fax: 705-721-7848

Investigator Name:

Medications are provided free of charge to be used ONLY for the treatment of sexually transmitted infections.

Please remember to fax in reporting forms with your order and to order before your supply runs out.

Ordering Health Care Provider/Clinic Information:

Date of Order: _____

Health Care Name: _____

Contact Person: _____

Office address: _____

Telephone number: _____

Fax number: _____

(E-mail) _____

Medications cannot be sent by courier. Please indicate the preferred location for medication pick up.

- | | | |
|---|---|---|
| <input type="checkbox"/> Barrie (15 Sperling Drive) | <input type="checkbox"/> Barrie (80 Bradford Street) | <input type="checkbox"/> Cookstown (2-25 King Street South) |
| <input type="checkbox"/> Collingwood (280 Pretty River Pky) | <input type="checkbox"/> Gravenhurst (2-5 Pineridge Gate) | <input type="checkbox"/> Huntsville (34 Chaffey Street) |
| <input type="checkbox"/> Orillia (120-169 Front Street South) | <input type="checkbox"/> Midland (B-865 Hugel Avenue) | |

Bicillin Order Request

NOTE:

Physician
must
indicate
stage of
infection.

Single-dose Bicillin® L-A treatment
(2 preloaded 1.2 million IU syringes) for:

- ☐ Primary Syphilis
- ☐ Secondary Syphilis
- ☐ Early Latent Syphilis
- ☐ Treatment for sexual contacts in the preceding 90 days to primary, secondary, and early latent syphilis.

Three-dose Bicillin® L-A treatment (6 preloaded
1.2 million IU syringes) for:

- ☐ Late Latent Syphilis
- ☐ Latent Syphilis of Unknown Duration
- ☐ Cardiovascular Syphilis and tertiary syphilis not involving the central nervous system
- ☐ Primary, Secondary or Early Latent Syphilis Case or Syphilis Contact who is also HIV infected

Note: Some experts recommend 3 weekly doses of Benzathine Penicillin G (Bicillin) in HIV infected individuals.

NOTE: Bicillin must be stored and transported in cold chain temperature range (Between +2.0°C to +8.0°C).

Alternate Treatment for People with Penicillin Allergies

Doxycycline 100 mg PO BID for 14 days for:

- ☐ Primary Syphilis
- ☐ Secondary Syphilis
- ☐ Early Latent Syphilis

Doxycycline 100 mg PO BID for 28 days for:

- ☐ Latent Syphilis
- ☐ Late Latent Syphilis
- ☐ Cardiovascular Syphilis
- ☐ Gumma

Benzathine penicillin G LA (Bicillin) Order Form: STI Medication Program

Return fax: 705-721-7848

For SMDHU Use Only: Available STI medication for order	# Units on site	# Units ordered	# Units filled	Lot #	Expiry date	PHN initial
Benzathine penicillin G LA (Bicillin) 1.2 MU IM (Needs to be stored in monitored refrigerator)						
Doxycycline 100 mg x 28 tablets PO						
Doxycycline 100 mg x 56 tablets PO						

For SMDHU Use Only:	
Authorizing PHN:	iPHIS #:
Order Packed By:	Date:

Health Care Provider will be notified when medication is available for pick up.

Questions? Contact us at Simcoe Muskoka District Health Unit – # 705-721-7520 or #1-877-721-7520 ext. 8376