

Reported by		Form Completed on <u>yyyy/mm/dd</u>	
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
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other: _____			
Reason for Testing			
<input type="checkbox"/> Routine screen	<input type="checkbox"/> Contact of case	<input type="checkbox"/> Sexual assault	<input type="checkbox"/> Prenatal screen Due Date: _____
<input type="checkbox"/> PrEP Work up	<input type="checkbox"/> Insurance	<input type="checkbox"/> Immigration	<input type="checkbox"/> Follow-up titre, post treatment
<input type="checkbox"/> Symptomatic Please list symptoms and onset date: _____			
<input type="checkbox"/> Other: _____			
HIV co-infected <input type="checkbox"/> No <input type="checkbox"/> Yes If yes:			
Patient on antiretroviral treatment (ART) <input type="checkbox"/> No <input type="checkbox"/> Yes			
Patient HIV viral load is below 200 copies/ml and has been for greater than 6 months: <input type="checkbox"/> No <input type="checkbox"/> Yes			
Staging			
Staging of syphilis infection is necessary to determine duration of treatment and partner traceback period (Select one):			
Infectious Syphilis:			
<input type="checkbox"/> Primary – Onset 3-90 days. Symptoms can include chancre, lymphadenopathy. Site: <input type="checkbox"/> Genital <input type="checkbox"/> Anal <input type="checkbox"/> Other			
<input type="checkbox"/> Secondary – Onset 2 weeks-6 months. Symptoms can include rash, fever, malaise, headaches, mucus lesions, condyloma lata, lymphadenopathy, alopecia, uveitis, retinitis or otic symptoms.			
<input type="checkbox"/> Early Latent – Infection < 1 year, asymptomatic			
<i>Note: Neurosyphilis can also occur in any stage of syphilis</i>			
Non-Infectious Syphilis (SMDHU will not follow non-infectious cases unless pregnant or HIV co-infected):			
<input type="checkbox"/> Late Latent – Infection >1 year, asymptomatic			
<input type="checkbox"/> Tertiary – Cardiovascular syphilis, Gumma, Neurosyphilis			
Other:			
<input type="checkbox"/> Previously Treated Tx: _____ Date: _____			
<input type="checkbox"/> False positive			
<input type="checkbox"/> Unknown, serology will be repeated in 2-4 weeks to assist in determining stage			
Treatment - https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/syphilis/treatment-follow-up.html#a2			
<ul style="list-style-type: none"> ▪ Benzathine Penicillin G-LA 2.4 MU IM is the recommended treatment for most cases of syphilis ▪ This medication is <u>ONLY</u> available from your local health unit and is free of charge ▪ Clinicians in Simcoe Muskoka area may order medication from the health unit by completing a medication order form below ▪ For clinicians outside Simcoe Muskoka area, please contact your local health unit 			
Treatment provided: _____			
Date	Drug	Dose	Frequency
			Duration
			Route
Further Treatment Plan: _____			

Risk Factors (Select 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 | |

Health Teaching – Please advise the patient of the following information:

- Key infection details: Bacterial infection, transmitted by unprotected sex
- Symptoms vary depending on stage or an infected person may be asymptomatic
- Serious health complications associated with syphilis if left untreated
- Patient/partners should abstain from sexual activity for 7 days after first line treatment and until infectious lesions/secondary rashes have resolved. If alternate treatment is used, abstain until treatment is completed
- Use condoms and barriers for oral, anal, and vaginal sex with all sexual partners
- Test for other sexually transmitted and blood borne infections (STBBI)
- Serological monitoring is advised after treatment per below:
 - Late Latent: Consider follow-up syphilis serology 12 months post-treatment or dependent of exposure factors.
 - Neurosyphilis: Monitor serology 6, 12 and 24 months after treatment.
 - HIV co-infected (any stage): Monitor serology 3, 6, 12 and 24 months after treatment and yearly thereafter.

Partner/Contact Notification – It is the patient’s responsibility to notify all known contacts within the following timeline:

Syphilis Stage	Which Partners Need Notification and Testing
Primary syphilis	Partners from the past 3 months (before symptoms began or, if no symptoms, before diagnosis)
Secondary syphilis	Partners from the past 6 months (before symptoms began or, if no symptoms, before diagnosis)
Early latent syphilis	Partners from the past 12 months before diagnosis
Late latent syphilis	Long-term partners and children (if relevant) should be assessed

If patient is requesting Public Health notify their contact(s), anonymously and confidentially, please add contact information in table below or direct patient to call SMDHU at 1-877-721-7520 extension 8632.

*****Contacts meeting the following criteria MUST be included below and followed up by public health.**

- All contacts who are pregnant
- All contacts who are under 16 years old (including infants)
- All contacts of cases who are under 16 years old
- All contacts of cases that are co-infected with HIV and have an unknown viral load

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

Physician or Nurse Practitioner signature _____ Date signed _____