

SYPHILIS NOTIFICATION FORM – CONFIDENTIAL

Public Health Unit: _____ Fax number: _____ Record Number: _____
 Name of person completing this form: _____

CASE DETAILS

Last Name: _____ First Name: _____ Date of Birth: __/__/____
 Address: _____ Country of Birth: Australia Other (specify): _____
 Postcode: _____ Language spoken at home: _____

Indigenous status:
 Aboriginal Both Aboriginal and Torres Strait Islander Not Aboriginal or Torres Strait Islander
 Torres Strait Islander Not stated

Current gender: Female Male Non-binary Another term (specify): _____
Sex at birth: Female Male Another term (specify): _____
 If female Not pregnant Currently pregnant, est. delivery date: __/__/____
 sex at birth: Recently pregnant, delivery date: __/__/____
 Unknown if pregnant - **please ascertain urgently due to the risk of congenital syphilis**

How does your patient describe their sexual identity?
 Heterosexual Gay Lesbian Bisexual Another term (specify): _____

PREVIOUS HISTORY

In the last 2 years has your patient had a negative treponemal test (e.g., EIA, CMIA, TPPA, FTA-Abs)?
 No Yes, date of test: __/__/____
 Unknown Location of test (overseas, interstate, local): _____

Has your patient been diagnosed with syphilis before?
 No Yes, location of previous test (specify): _____
 Unknown Date of previous treatment: __/__/____
 Was this infection adequately treated: No Yes Unknown
 Location of treatment: _____
 Do the results from the current specimen collection date represent previously treated syphilis?
 No Yes Unknown **If yes, no further information is required.**

SURVEILLANCE INFORMATION

Syphilis classification at time of specimen collection date (For guidance refer to back page)
 Primary (chancre) Late latent (asymptomatic, >2 years or unknown duration)
 Secondary (symptomatic, e.g. rash) Tertiary
 Early latent (asymptomatic, <2 years) Congenital - **PHU will follow up for further details**

Was the person symptomatic? No Yes, symptom/s onset on: __/__/____
 Rash or skin spots Neurological symptoms Chancre/ulcer, please specify site:
 Generalised lymphadenopathy Cardiovascular symptoms Urogenital Anorectal
 Other (specify): _____ Oropharyngeal Unknown
 Other (specify): _____

Has treatment commenced for new or untreated syphilis infections?
 No
 Yes, date treatment commenced: __/__/____
 Treatment given:
 IM Benzathine penicillin, no. doses: _____
 IV Benzylpenicillin (neurosyphilis)
 Doxycycline
 Other (specify): _____

Did your patient report any of the following sexual exposures? Based on patient-reported sex at birth
 Male only
 Female only
 Male and Female
 Other (specify): _____
 Unknown

<p>Has your patient taken doxycycline prophylaxis to prevent syphilis in the last 6-months?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify most recent dose: _/_/_ <input type="checkbox"/> Unknown	<p>At the time of diagnosis, was the patient taking Pre-Exposure Prophylaxis (PrEP) for HIV?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<p>Where was the patient diagnosed?</p> <input type="checkbox"/> Public hospital <input type="checkbox"/> S100 GP <input type="checkbox"/> Private hospital <input type="checkbox"/> Sexual health clinic <input type="checkbox"/> Family planning <input type="checkbox"/> Antenatal clinic <input type="checkbox"/> GP <input type="checkbox"/> Other, specify: _____	<p>Where was this infection most likely acquired?</p> <input type="checkbox"/> NSW <input type="checkbox"/> Interstate, specify state/territory: ____ <input type="checkbox"/> Overseas, specify country: _____ <input type="checkbox"/> Unknown
<p>From whom was this infection most likely acquired?</p> <input type="checkbox"/> Casual partner <input type="checkbox"/> Regular partner <input type="checkbox"/> Client (if the case is a sex worker) <input type="checkbox"/> Sex worker <input type="checkbox"/> Unknown	<p>Why was the person tested? Tick all that apply</p> <input type="checkbox"/> Presented with clinical symptoms <input type="checkbox"/> Contact tracing: Specify which disease: _____ Did contact have infectious syphilis? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U <input type="checkbox"/> STI screening <input type="checkbox"/> Antenatal screening <input type="checkbox"/> Other (specify): _____

CLASSIFICATION OF SYPHILIS

The stages of syphilis infection are often not distinct. Most patients do not develop all or most of the below signs and symptoms. Clinically in adults the disease has three stages:

- | | | |
|-----------|--|---|
| 1. | Early infectious syphilis | Primary: Genital, anal, or oral chancre/s (ulcer/s). A swab of the ulcer may detect the organism using PCR.

Secondary: Fever, malaise, headache, lymphadenopathy, rash, alopecia, oral, anal or genital lesions.

Early latent: Asymptomatic infection acquired within the previous 2 years |
| 2. | Late latent syphilis | Infection for more than 2 years in the absence of any symptoms |
| 3. | Tertiary or late symptomatic syphilis | Neurological, cardiovascular or gummatous complications |

Congenital syphilis is a severe multi-organ disease with very high mortality and morbidity in both in-utero and in neonatal periods.

SYPHILIS SEROLOGY

Treponemal tests, for example TPPA, TPHA, EIA, CMIA, FTA-Abs, indicate exposure to syphilis at some time. They may stay positive for life after infection.

Non-treponemal tests such as VDRL or RPR indicate disease activity, detect reinfection, and monitor response to treatment. They are expressed as a titre (e.g. 4, 32). A change is significant if it is fourfold or more (e.g. from 2 to 8). Following treatment, a fourfold drop (e.g. from 64 to 16) indicates adequate response. Seek specialist advice if RPR/VDRL is rising or a fourfold drop is not achieved by 12 months.

For further information and guidance:

- Australian STI management guidelines: <https://sti.guidelines.org.au/sexually-transmissible-infections/syphilis/>
- ASHM Decision making in syphilis tool: <https://www.ashm.org.au/resources/syphilis-decision-making-tool/>
- Pregnancy Care Guidelines - Syphilis: <https://www.health.gov.au/resources/pregnancy-care-guidelines/part-f-routine-maternal-health-tests/syphilis>
- For sexual health information and advice, or to find your closest appropriate sexual health service: <https://www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx>

Please complete and return this form to the Public Health Unit