CONFIDENTIAL

CONGENITAL SYPHILIS

CASE DETAILS

Last name: ....
RECORD No: ....
First name: ....
Gender: ▢ Male ▢ Female ▢ Transgender
Address: ....
Country of birth: ....
State: .... Postcode: ....
Date of birth: __ __ / __ __ / __ __ __ __ Age: ....

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

DETAILS OF THE INFANT'S MOTHER

Last name: ....
MOTHER'S RECORD No: ....
First name: ....
Gender: ▢ Male ▢ Female ▢ Transgender
Address: ....
Country of birth: ....
State: .... Postcode: ....
Language spoken at home: ....
Date of birth: __ __ / __ __ / __ __ __ __ Age: ....

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

1. Was the mother living in Australia while pregnant?
▢ Yes
▢ No – date of arrival in Australia __ __ / __ __ / __ __ __ __

2. Did the mother receive prenatal care?
▢ Yes – date and location of first visit ....
▢ No

3. Did the mother have a syphilis test while pregnant?
▢ Yes – date of test __ __ / __ __ / __ __ __ __
▢ No

4. What was the stage of syphilis infection during pregnancy? ....

5. Details of treatment during pregnancy ....

INFANT'S DISEASE

6. Test results:
▢ Treponemal specific ....
▢ Non-treponemal ....
Titre ....
▢ IgM
▢ NAT (sterile site) ....
▢ NAT (non-sterile site) ....

7. Clinical evidence:
▢ Anaemia
▢ Anterior bowing of shins
▢ Clutton joints
▢ Condylomalata
▢ Epiphysis changes
▢ Elevated CSF cell count or protein (without other cause)
▢ Frontal bossing
▢ Hepatosplenomegaly
▢ Interstitial keratitis
▢ Jaundice
▢ Metaphysis changes
▢ Mulberry molar
▢ Nerve deafness
▢ Oedema
▢ Pseudoparalysis
▢ Rhagades
▢ Saddle nose
▢ Snuffles
▢ Stillbirth
▢ Other ....

8. Date of onset: __ __ / __ __ / __ __ __ __

9. Hospitalised: ▢ Yes ▢ No Admitted date: .... Discharge date: ....

10. Details of infant's treatment: ....

11. Deceased: ▢ Yes ▢ No Date of death: .... Cause of death: ....

REFERRING DOCTOR DETAILS

Name: ....
Telephone: ....
Notification date: __ __ / __ __ / __ __ __ __
Address: ....
....
Suburb: .... Postcode: ....

July 2016