CONFIDENTIAL

SYPHILIS NOTIFICATION FORM

NSW GOVERNMENT Health

Please return to Public Health Unit **Date received:** __ __ / __ __ / __ __ __ __ **Record No:** _____

Doctor details: _____ **PHU fax No:** _____

CASE DETAILS

Last name: .....
First name: .....
Address: .....
State: ..... Postcode: .....

Date of birth: __ __ / __ __ / __ __ __ __ Age: .....
Gender: ☐ Male ☐ Female ☐ Transgender
Language spoken at home: ☐ English ☐ Other .....
Country of birth: ☐ Australia ☐ Other .....

Female patients:

☐ Pregnant, estimated date of delivery ..... ☐ Recent delivery, date ..... ☐ Not pregnant ☐ Unknown

Note: Infectious syphilis occurring in a pregnant woman requires URGENT response due to risk of congenital infection.

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

PREVIOUS HISTORY

1. Has your patient had a **negative** treponemal test in the last two years? ☐ No ☐ Yes Date ..... ☐ Unknown

2. Has your patient been previously diagnosed with syphilis? ☐ No ☐ Yes ☐ Unknown
If Yes, a) When was the most recent diagnosis? Date: .....
b) What was the most recent RPR or VDRL? Titre: ..... Date: .....
c) Was the previous infection adequately treated? ☐ No ☐ Yes ☐ Unknown

3. Do the current results represent previously treated syphilis? ☐ No ☐ Yes ☐ Unknown
If Yes, no further information is required.

SURVEILLANCE INFORMATION

4. Syphilis classification at the time of specimen collection (see over for definitions)
☐ Primary ☐ Secondary ☐ Early latent *(infection in last 2 years)* ☐ Late latent *(infection > 2 years or at an unknown time)* ☐ Tertiary ☐ Congenital syphilis ☐ Other *(specify)*

5. Reason(s) for test: ☐ Symptoms ☐ Contact tracing ☐ STI screening ☐ Antenatal screening ☐ Other .....

6. Did the patient present with signs or report symptoms? ☐ No ☐ Yes, date of onset .....

7. Did your patient have a chancre? ☐ No ☐ Yes ☐ Unknown
If Yes, specify the site: ..... ☐ Urogenital ☐ Anorectal ☐ Oropharyngeal ☐ Unknown ☐ Other

8. Other signs and symptoms?
☐ Rash or skin spots ☐ Generalised lymphadenopathy ☐ Cardiovascular symptoms ☐ Neurological symptoms ☐ Other .....

9. At the time of diagnosis, was the patient taking HIV pre-exposure prophylaxis (PrEP)? ☐ No ☐ Yes ☐ Unknown

10. Has treatment commenced for new or untreated infections? ☐ No ☐ Yes, date commenced .....

RISK INFORMATION

11. Did your patient report any of the following sexual exposures? ☐ Person(s) of opposite sex only ☐ Person(s) of same sex only ☐ Persons of both sexes ☐ Unknown

12. Did your patient report contact with a person who had infectious syphilis? ☐ No ☐ Yes ☐ Unknown

13. Has your patient engaged in any sex work in the last 12 months? ☐ No ☐ Yes ☐ Unknown

14. Where was the infection most likely acquired? ☐ NSW ☐ Unknown ☐ Australia outside NSW *(specify)* ..... ☐ Outside Australia *(specify)* .....

15. From whom was this infection most likely acquired? *(tick all that apply)* ☐ Regular partner ☐ Casual partner ☐ Partner from overseas *(specify)* .....

16. Where was this patient diagnosed? ☐ Public hospital ☐ Sexual health clinic ☐ Antenatal clinic ☐ Private hospital ☐ GP ☐ Other ..... ☐ Family planning ☐ s100 GP

CLASSIFICATION OF SYPHILIS

INFECTIOUS	**Primary**	• **Clinical**: One or more ulcers (chancres) present on the skin or mucous membranes which may vary considerably in appearance. • **Laboratory**: Serological tests may not be reactive in early primary syphilis. A swab of the lesion may detect the organism using PCR.
	Secondary	• **Clinical**: Skin spots or rashes are present, particularly on the trunk, palms and soles, often with generalised lymphadenopathy. The primary chancre may still be present. Neurological symptoms may be present. • **Laboratory**: Treponemal (Immunoassay,TPPA, FTA-Abs) tests are reactive and the non-treponemal (RPR, VDRL) titre ≥ 4
	Early Latent *(Disease acquired within the last 2 years.)*	• **Clinical**: No symptoms of syphilis are present. • **Laboratory**: Non-treponemal (RPR, VDRL) tests have increased fourfold.
NON-INFECTIOUS	**Late Latent** *(Disease acquired more than 2 years, or at an unknown time.)*	• **Clinical**: No symptoms of syphilis are present. • **Laboratory**: Treponemal (Immunoassay, TPPA, FTA-Abs) tests are reactive and the non-treponemal (RPR, VDRL) tests may be reactive.
	Neurological	• **Clinical**: Syphilis of any stage with clinical symptoms/signs of neurosyphilis. • **Laboratory**: Raised CSF protein or WCC in the absence of other known causes of these abnormalities, seek expert advice.
	Tertiary	• **Clinical**: Characteristic abnormalities of the cardiovascular, skin, bone or other systems. • **Laboratory**: Seek expert advice.
Congenital Syphilis		A condition affecting an infant whose mother had untreated or inadequately treated syphilis, including syphilis-related stillbirth.

SYPHILIS SEROLOGY

Treponemal tests, for example TPPA, TPHA, Treponema pallidum IgG immunoassay, FTA-Abs, indicate exposure to syphilis at some time. They may stay positive for life after infection. T.pallidum IgM immunoassays are useful markers of early or congenital 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.

Contact tracing is the responsibility of the managing clinician. If you require assistance with contact tracing or any other aspect of the public health management of your patient, please contact your local Sexual Health Clinic or the NSW Sexual Health InfoLink 1800 451 624.

REVISED: November 2016