

SYPHILIS NOTIFICATION FORM



NSW HEALTH USE ONLY

Date received: ___ / ___ / _____

Record No: _____

PHU: _____

PHU Fax No: _____

CASE DETAILS

Last Name: Gender: Male Female Transgender
 First Name: Language Spoken at Home:
 Address: Country of Birth:
 Postcode: Occupation/School:
 Date of Birth: ___ / ___ / _____ Age:
 Indigenous status:
 Aboriginal origin Both Aboriginal and Torres Strait Islander origin Not Aboriginal or Torres Strait Islander
 Torres Strait Islander origin Not stated

THE DISEASE

1. At the time the specimen was taken, was the infection a new diagnosis?
 Yes → No →

At what stage was the patient's infection?
 Primary
 Secondary
 Tertiary
 Neurosyphilis
 Other (specify)

Was the previous infection adequately treated?
 Yes
 No

(See case classification over the page.)
 Latent
 Early (infection in last 2 years)
 Late (infection >2 years, or at an unknown time)
 Congenital syphilis

2. Does your patient have any of the following? (tick all that apply)
 Chancere Rash or skin spots
 Neurological symptoms Cardiovascular symptoms
 Generalised lymphadenopathy No symptoms
 Other

3. Site of infection: (tick one)
 Urogenital Unknown
 Pharynx/Throat Other
 Rectum

4. Date of onset of symptoms if known: ___ / ___ / _____

5. If new/untreated – has treatment commenced?
 Yes No

6. Where was the infection acquired?
 NSW Outside Australia (specify)
 Australia outside NSW (specify)
 Unknown

7. Is this patient pregnant? (females only)
 Yes No Unknown

RISK INFORMATION

8. Did your patient report any of the following sexual exposures?
 Person/s of opposite sex only Person of both sexes
 Person/s of same sex only Unknown

9. Was the patient a sex worker in the 12 months before acquisition of infection?
 Yes No Unknown

10. From whom was this infection most likely acquired? (tick all that apply)
 Regular partner Man who has had sex with men
 Casual partner Partner from overseas (specify)

11. Where was this patient diagnosed?
 Public hospital GP
 Private hospital Family Planning
 Sexual health clinic Other (specify)
 s100 GP

12. Why did the patient present?
 Symptoms Screening
 Contact tracing Other

CLASSIFICATION OF SYPHILIS

INFECTIOUS	Primary	<ul style="list-style-type: none"> • Clinical: One or more ano-genital or oral ulcers (chancres) present which may vary considerably in appearance. • Laboratory: Serological tests are usually reactive.
	Secondary	<ul style="list-style-type: none"> • 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: Non-treponemal (RPR, VDRL) titre \geq 1:4
	Early Latent	<p>(Disease acquired <i>within the last 2 years.</i>)</p> <ul style="list-style-type: none"> • Clinical: No symptoms of syphilis are present. • Laboratory: Treponemal (TPPA, FTA-Abs) tests are reactive and the non-treponemal (RPR, VDRL) tests have increased fourfold.
NON-INFECTIOUS	Late Latent	<p>(Disease acquired <i>more than 2 years, or at an unknown time.</i>)</p> <ul style="list-style-type: none"> • Clinical: No symptoms of syphilis are present. • Laboratory: Treponemal (TPPA, FTA-Abs) tests are reactive and the non-treponemal (RPR, VDRL) tests may be reactive.
	Neurological	<ul style="list-style-type: none"> • 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.
	Tertiary	<ul style="list-style-type: none"> • 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 at delivery.

SYPHILIS SEROLOGY

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

Non-treponemal tests such as VDRL, RPR indicate disease activity, detect reinfection and monitor response to treatment. They are expressed as a titre (e.g. 1:4, 1:32; a change is significant if it is fourfold or more, e.g. from 1:2 to 1:8).

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.