CONGENITAL SYPHILIS NOTIFICATION FORM

*This is a Schedule 1, Section C disease notifiable to the Medical Officer of Health under Sections 74 and 74AA of the Health Act 1956 using non-identifiable data.*

Please complete the questionnaire below. Timely completion is a legal requirement.
Complete the first sections of the following questionnaire (health practitioner details, case details, demographics, basis of diagnosis, clinical and laboratory criteria) and assign a case classification.
If 'not a case', then there is no need to complete the rest of the form.

Health practitioner details

|  |  |
| --- | --- |
| Name of health practitioner  |  |
| Name of organisation/clinic |  |
| Email address |  |
| Phone number |  |

Case details and Demographics

|  |  |
| --- | --- |
| Sex(please note: this does not refer to gender identity) | [ ]  Male [ ]  Female[ ]  Unknown [ ]  Indeterminate |
| Date of Birth  |  |
| NHI (National Health Index) |  |
| Case Code(Please complete the box with the first 2 letters of the surname (do not include the letters 'Mac', 'Mc', 'van der' if the surname starts with these), the first initial of given name, sex, and date of birth. For new-born or still birth, if names unknown, use “Baby” as first name and mother’s surname)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1st letter surname | 2nd letter surname | 1st letter first name | Sex | Day | Month | Year |
|  |  |  |  |  |  |  |  |  |  |

 |
| Mother’s Case Code(Please complete the box with the first 2 letters of the surname (do not include the letters 'Mac', 'Mc', 'van der' if the surname starts with these), the first initial of given name, sex, and date of birth.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1st letter surname | 2nd letter surname | 1st letter first name | Sex | Day | Month | Year |
|  |  |  |  |  |  |  |  |  |  |

 |
| City/town of residence at the time of diagnosis.For rural cases the nearest city/town |  |
| District Health Board area where case resided at time of diagnosis |  |
| Ethnicity (tick all that apply) | [ ]  NZ European [ ]  Māori[ ]  Samoan [ ]  Cook Island Māori[ ]  Niuean [ ]  Chinese[ ]  Indian [ ]  Tongan[ ]  Fijian (not Indian) [ ]  Other [ ]  Unknown |
| If other, please specify ethnicity |  |

Basis of diagnosis

Initial testing

|  |  |
| --- | --- |
| Site of initial syphilis testing  | [ ]  Public Sexual Health Clinic [ ]  Family Planning Clinic[ ]  General Practice [ ]  Student Health Clinic [ ]  Antenatal Clinic/Midwife [ ]  NZ AIDS Foundation testing Clinic [ ]  Body Positive testing Clinic [ ]  Infectious Disease Clinic[ ]  Obstetric Ward [ ]  Paediatric Ward/Outpatients[ ]  Emergency Department/A&E [ ]  Corrections/Prison[ ]  Other |
| If other, please specify |  |
| Primary reason for syphilis testing | [ ]  Immigration purposes [ ]  Syphilis contact[ ]  Clinical symptoms or suspicion [ ]  Contact of another STI/HIV[ ]  Mother seropositive for syphilis [ ]  Antenatal screening[ ]  Asymptomatic screening [ ]  Other |
| If other, please specify |  |
| Date patient presented  |  |
| If patient known to present to a 2nd clinical site for this episode (eg, sexual health clinic), enter 2nd date of presentation |  |

Clinical criteria

|  |  |
| --- | --- |
| Indicate fetus/infant/child details(tick all that apply) | [ ]  Still birth [ ]  Bone deformities on radiographs of long bones[ ]  Elevated CSF white blood cell count or protein [ ]  Other |
| If other, please specify |  |
| Gestation at delivery (weeks in integer) |  |
| Did the mother test seropositive using a treponemal-specific test (TPPA, TPHA, IgG EIA, IgM) during the perinatal period?  | [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, was mother treated adequately as per the [New Zealand Sexual Health Society Syphilis Guideline](http://www.nzshs.org/docman/guidelines/management-of-sexual-health-conditions/syphilis/174-syphilis-guideline/file) | [ ]  Yes [ ]  No [ ]  Unknown |
| Did the mother test seropositive using a non-treponemal-specific test (RPR, VDRL) during the perinatal period?  | [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, was mother treated adequately as per the [New Zealand Sexual Health Society Syphilis Guideline](http://www.nzshs.org/docman/guidelines/management-of-sexual-health-conditions/syphilis/174-syphilis-guideline/file) | [ ]  Yes [ ]  No [ ]  Unknown |

Laboratory criteria - Tick any tests that were done and the results (for the case)

|  |
| --- |
| Non-Treponemal-specific serological tests |
| [ ]  Rapid Plasma Reagin (RPR) test | Date of test  |
| Highest titre before treatment |
| [ ]  Venereal Disease Research Laboratory (VDRL) test | Date of test  |
| Highest titre before treatment |
| Treponemal-specific serological tests |
| [ ]  Enzyme-linked IgG Immunosorbent Assay (EIA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| [ ]  IgM immunoassay (IgM-EIA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| [ ]  *Treponema pallidum* particle agglutination (TPPA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| [ ]  *Treponema pallidum* hemagglutination assay (TPHA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| Other tests |
| [ ]  Detection of *Treponema pallidum* nucleic acid (NAAT) | Date of test  |
| Site of specimen |
| [ ]  Visualisation by direct fluorescent antibody (DFA) | Date of test  |
| Site of specimen |
| Are infant serum non-treponemal (RPR or VDRL) titres > four-fold higher than maternal serum titres? | [ ]  Yes [ ]  No [ ]  Unknown |

Case classification- Please use data you have entered under clinical and laboratory criteria and the Ministry of Health [Communicable Disease Control Manual case definition](https://www.health.govt.nz/our-work/diseases-and-conditions/communicable-disease-control-manual/syphilis-case-definition-only) to decide on the case classification

|  |  |
| --- | --- |
| Case classification | [ ]  Under investigation [ ]  Probable[ ]  Confirmed [ ]  Not a case |

Clinical course and outcome- If still birth, do not complete

|  |  |
| --- | --- |
| Was the case hospitalised? | [ ]  Yes [ ]  No [ ]  Unknown |
| Date hospitalised |  |
| [ ]  Date unknown |
| Hospital |  |
| Died | [ ]  Yes [ ]  No [ ]  Unknown |
| Date died |  |
| [ ]  Date Approximate [ ]  Date unknown |
| Was this disease the primary cause of death?  | [ ]  Yes [ ]  No [ ]  Unknown |
| If no, specify the primary cause of death |  |

Risk factors

|  |  |
| --- | --- |
| Born outside New Zealand | [ ]  Yes [ ]  No [ ]  Unknown |
| Specify country of birth |  |
| Other concurrent diagnoses at time of syphilis diagnosis (tick all that apply) | [ ]  Chlamydia [ ]  Gonorrhoea[ ]  Other |
| If other, please specify |  |
| Was the mother screened/tested for syphilis during her pregnancy? | [ ]  Yes [ ]  No [ ]  Unknown |
| Was this at her first antenatal visit? | [ ]  Yes [ ]  No [ ]  Unknown |
| At what stage of pregnancy was this screening/testing done?  | [ ]  First trimester [ ]  Second trimester [ ]  Third trimester [ ]  Labour/Delivery |
| What stage of syphilis did the mother have during the pregnancy? | [ ]  Primary [ ]  Secondary [ ]  Early latent [ ]  Late latent [ ]  Previously treated [ ]  Unknown [ ]  Other |
| If other, please specify |  |

Management

|  |  |
| --- | --- |
| Current infection treated as per the [New Zealand Sexual Health Society Syphilis Guideline](http://www.nzshs.org/docman/guidelines/management-of-sexual-health-conditions/syphilis/174-syphilis-guideline/file) | [ ]  Yes [ ]  No [ ]  Unknown |
| Comments |

Please return by mail or fax to STI Analyst:

Health Intelligence Team - ESR, PO Box 50-348, Porirua 5240

Fax: 04 978 6690

For any questions about completion of the form, please contact your local public health unit or KSC.STISyph@esr.cri.nz