

Syphilis Surveillance Form

Please complete and fax to:

**Hastings Prince Edward Public Health,
Sexual Health Program,
179 North Park Street
Belleville, ON K8P 4P1**

Fax: 613-968-1482 (confidential)



Date:		Form completed by:	
A. DEMOGRAPHIC INFORMATION (REQUIRED)			
Last Name:		First name:	OHCN:
Birthdate:		Age:	Gender:
Address:		Phone #:	
Primary Care Provider/Treating Provider:		Phone #:	
B. SYPHILIS AND HIV TESTING HISTORY (REQUIRED)			
Has the case been notified and counselled regarding their current syphilis infection?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for testing:			
<input type="checkbox"/> Routine <input type="checkbox"/> Symptoms <input type="checkbox"/> Contact Tracing <input type="checkbox"/> Post Treatment <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prenatal Screening (if yes, indicate timeframe) <input type="checkbox"/> First Trimester <input type="checkbox"/> 28-32 weeks <input type="checkbox"/> At Delivery			
History of syphilis infection:			
<input type="checkbox"/> Yes – Describe (date, stage, treatment): <input type="checkbox"/> No – Date of last negative syphilis result: <input type="checkbox"/> Unknown			
HIV status			
<input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Negative - on PrEP <input type="checkbox"/> Unknown			
C. RISK FACTORS (REQUIRED)			
<input type="checkbox"/> Sex with same sex <input type="checkbox"/> Sex with sex worker <input type="checkbox"/> Sex with opposite sex <input type="checkbox"/> Injection drug use <input type="checkbox"/> Anonymous sex <input type="checkbox"/> Inhalation drug use <input type="checkbox"/> Contact with a syphilis case <input type="checkbox"/> Underhoused/homeless <input type="checkbox"/> Co-infection with existing STI <input type="checkbox"/> Traveled to/lived in an endemic area <input type="checkbox"/> Repeat STI <input type="checkbox"/> Pregnant <input type="checkbox"/> Sex worker <input type="checkbox"/> Other/Unknown (Specify if other):			
D. SYMPTOMS (REQUIRED)			
Primary symptoms <input type="checkbox"/> chancre <input type="checkbox"/> lymphadenopathy Secondary symptoms <input type="checkbox"/> rash <input type="checkbox"/> fever <input type="checkbox"/> malaise <input type="checkbox"/> headaches <input type="checkbox"/> mucosal lesions <input type="checkbox"/> condylomata lata <input type="checkbox"/> lymphadenopathy <input type="checkbox"/> patchy or diffuse alopecia		Neurosyphilis symptoms <input type="checkbox"/> headaches <input type="checkbox"/> ataxia <input type="checkbox"/> vertigo <input type="checkbox"/> dementia <input type="checkbox"/> personality changes <input type="checkbox"/> Argyll Robertson pupil <input type="checkbox"/> otic symptoms <input type="checkbox"/> ocular symptoms Cardiovascular symptoms <input type="checkbox"/> chest pain <input type="checkbox"/> heart failure (dyspnea, orthopnea, PND)	
		<input type="checkbox"/> Asymptomatic (please review <i>Infectious Disease Protocol</i> and <i>Canadian Guidelines on STIs</i> carefully before staging) <input type="checkbox"/> Other: Onset date of symptoms:	
For a full listing of possible symptoms and corresponding stages of infection, refer to the <i>Canadian Guidelines on Sexually Transmitted Infections</i> at canada.ca.			

Would you like to refer this patient to Hastings Prince Edward Public Health for staging, treatment and follow-up testing?

- ☐ No –Complete this surveillance form. To order publicly funded treatment complete the Vaccine/STI Medication order form and fax to 613-966-1813 or call Sexual Health 613-966-5500 ext. 418.
- ☐ Yes –Skip sections E, F, G and H and complete the following fields below to initiate the referral:

Referring Practitioner Name

Signature

Date

E. STAGING (REQUIRED)

- | | |
|---|---|
| <input type="checkbox"/> Primary | <input type="checkbox"/> Neurosyphilis - Infectious (<1 year) |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Neurosyphilis - Non-infectious (>1 year) |
| <input type="checkbox"/> Early Latent (<1 year) | <input type="checkbox"/> Tertiary |
| <input type="checkbox"/> Late latent (>1 year) | <input type="checkbox"/> Congenital |
| <input type="checkbox"/> Latent of unknown duration | <input type="checkbox"/> Undetermined |

To determine staging, test results should be interpreted in conjunction with history and clinical findings (symptoms).
Refer to the *Canadian Guidelines on Sexually Transmitted Infections* at canada.ca for more information on staging.

F. TREATMENT (REQUIRED)

- ☐ Penicillin G Benzathine (Bicillin® L-A) 2.4 million units IM *as a single dose*
(e.g. primary, secondary, early latent)
- ☐ Penicillin G Benzathine (Bicillin® L-A) 2.4 million units IM *weekly for 3 doses* (e.g. late latent)
- ☐ Referred to an infectious disease specialist for treatment (e.g. neurosyphilis)
- ☐ Other:

Treatment date(s):

To order Publicly Funded treatment for this patient call the Sexual Health Program at 613-966-5500 x418.

***Please note:** Penicillin G Benzathine (Bicillin® L-A) is the only acceptable form of injectable treatment for syphilis. Refer to the *Canadian Guidelines on Sexually Transmitted Infections* at canada.ca for the most up-to-date treatment guidelines, including treatment of pregnant cases and cases with penicillin allergy.

G. FOLLOW-UP TESTING (REQUIRED)

- | | |
|--|---|
| Primary, secondary and early latent | <input type="checkbox"/> 3, 6 and 12 months |
| Late latent and tertiary syphilis (except neurosyphilis) | <input type="checkbox"/> 12 and 24 months |
| Co-infected with HIV | <input type="checkbox"/> 3, 6, 12 and 24 months and yearly thereafter regardless of stage |
| | <input type="checkbox"/> Other: |

Some experts recommend testing at 1 month post-treatment to rule out treatment failure or re-infection.

Refer to the *Canadian Guidelines on Sexually Transmitted Infections* at canada.ca for the most up-to-date guidelines.

Testing at time of treatment to establish an accurate baseline RPR is recommended.

H. COUNSELLING (REQUIRED)
<input type="checkbox"/> Treatment (including possible Jarisch-Herxheimer** reaction) <input type="checkbox"/> Abstain from sexual contact for 7 days post treatment AND until symptoms have resolved <input type="checkbox"/> Follow-up testing schedule and expectations (RPR should drop and antibody screen will remain reactive) <input type="checkbox"/> Transmission, prevention and safer sex <input type="checkbox"/> Screening for other STBBIs <input type="checkbox"/> Consideration for HIV PrEP
<p>**Jarisch-Herxheimer reaction includes acute febrile illness with headache, myalgia, chills and rigors. It may occur as early as two hours after treatment and generally resolves within 24 hours. It is not usually clinically significant unless there is neurologic involvement, ophthalmic involvement or in pregnancy.</p>

I. CONTACT TRACING		
Please inform your patient that HPEPH Sexual Health Program staff will contact the patient to complete a contact tracing interview.		
If you have contact information for this patient's sexual contact(s), please provide this information to HPEPH with this surveillance report form. Please refer to traceback periods by stage of infection below.		
Identify all sexual and perinatal contacts within the trace back period.	Stage	Trace back period
	Primary	3 months
All contacts should be tested.	Secondary	6 months
	Early latent	1 year
	Late latent/tertiary/undetermined	Consult with HPEPH Public Health
	Congenital	Assess mother and her sexual partner(s)

2025-January

Adapted from KFL&A Public Health

Personal information on this form is collected under the authority of the Health Protection and Promotion Act R.S.O 1990, c. H.7, s.26; R.R.O. 1990, Reg. 569, s.1 (2), amended and in accordance with PHIPA and will be used for assessment, management, treatment, and reporting purposes. Questions about this collection should be addressed to the Medical Officer of Health at Hasting Prince Edward Public Health, 179 North Park Street, Belleville, ON K8N 4P1 613-966-5500