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.

The case definition form can be found at:

<https://www.tewhatuora.govt.nz/for-health-professionals/clinical-guidance/communicable-disease-control-manual/syphilis-limited-chapter/>

***This form collects information on babies that meet the probable or confirmed case definition for congenital syphilis as well as babies that were exposed to syphilis during pregnancy (according to the Otago Paediatric Surveillance case definition).***

If the case does not meet the case definition, there is no need to complete the rest of the form. For any questions about completion of the form, please contact your local public health unit or [KSC.STISyph@phfscience.nz](mailto:KSC.STISyph@phfscience.nz)

Once form is completed, please return by mail to STI Analyst: Health Intelligence Team – PHF Science, PO Box 50-348, Porirua 5240, or by email to: [KSC.STISyph@phfscience.nz](mailto:KSC.STISyph@phfscience.nz)

Health practitioner details

|  |  |
| --- | --- |
| Reporting health practitioner |  |
| Organisation/clinic reporting case |  |
| Email address of reporter |  |
| Phone number of reporter |  |

Demographics details of Child and Mother

|  |  |
| --- | --- |
| Infant’s/child’s sex | Male  Female  Other |
| Infant’s Date of Birth |  |
| Infant’s/child’s NHI (National Health Index)  (if this is a stillbirth or no NHI please type ZZZ0059) |  |
| City/town of residence at the time of diagnosis.  For rural cases the nearest city/town |  |
| District where case resided at time of diagnosis  *If not a NZ resident, enter the District of the clinic* |  |
| Infant’s/child’s 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 |  |

|  |  |
| --- | --- |
| Mother’s date of Birth |  |
| Mother’s NHI |  |
| Mother’s 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 |  |

Birth Details

|  |  |
| --- | --- |
| What was the birth outcome? | Live birth  Stillbirth  Neonatal death (following live birth) |
| Gestation at delivery (weeks in integer) |  |
| Birth weight (in grams using integers only  i.e., 2445 not 2445gms |  |
| Hospital of birth (include treating hospital if case transferred) |  |
| Why was the infant/child tested?  (tick all that apply) | Infant signs & symptoms  Mother positive during pregnancy  Mother positive at delivery  No antenatal care  Stillbirth  Other |
| If other, please specify |  |

Clinical evidence of Congenital Syphilis

|  |  |
| --- | --- |
| Evidence of congenital syphilis on physical examination (tick all that apply) | Anaemia  Osteochondritis  Hepatomegaly  Splenomegaly  Skin rash  Condylomata lata  Rhinitis  Pseudoparalysis  Meningitis  Ascites  Intrauterine growth retardation  Jaundice/hepatitis  Central nervous involvement  Eye signs  Nephrotic syndrome and/or malnutrition  Any other abnormality no better explained by alternative diagnosis  No evidence of congenital syphilis on physical examination |
| **If central nervous involvement**, please describe: |  |
| **If other abnormality,** please describe: |  |
| Long bone x-rays were | Taken with a normal result  Taken with features suggestive of congenital syphilis  Not taken  Unknown |
| **If taken with features suggestive of congenital syphilis,** please describe: |  |
| Has a pathologist or clinician with relevant skills in congenital infections made a clinical diagnosis of congenital syphilis; including in the event of a stillbirth or neonatal death? | Yes  No  Unknown |

Laboratory Results for Infant/Child

|  |  |
| --- | --- |
| Date of first test for infant/child |  |
| Did the infant/child have a positive/reactive result from any of the following treponemal specific tests? | |
| EIA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPPA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPHA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| FTA-Abs | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPLA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| Is the infant/child seropositive for any non-treponemal tests? | |
| Rapid Plasma Reagin (RPR) | Reactive  Non-reactive  Not reported/not tested |
| **If reactive,** RPR test result:  1:1  1:2  1:4  1:8  1:16  1:32  1:64  1:128  1:256  1:512  1:1024  1:2048 |
| Venereal Disease Research Laboratory (VDRL) | Reactive  Non-reactive  Not reported/not tested |
| Was there direct demonstration of *Treponema pallidum* infection at any site? | |
| Lesion(s) | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |
| Nasal discharge | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |
| Cerebrospinal fluid (CSF) | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |
| Autopsy material | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |

|  |  |
| --- | --- |
| Placenta | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |
| Umbilical cord | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |
| Amniotic fluid | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |
| Any other appropriate test site | Yes  No  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion:  Nucleic acid amplification test (NAAT)/PCR  Silver stain  Dark field microscopy  Fluorescent antibody  Immunohistochemical methods |
| If other site, please specify |  |
| Other Laboratory results | |
| Detection of *Treponema pallidum* specific IgM | Yes  No  Unknown/not tested |
| Was there a reactive cerebrospinal fluid (CSF) non-treponemal test (i.e., VDRL) in a non-traumatic lumbar puncture from the child | Yes  No  Unknown/not tested |
| Was the CSF cell count or protein elevated (without other cause) | Yes  No  Unknown/not tested |
| **If yes,** please indicate protein value: |
| **If yes,** please indicate white cell count value: |
| Placental histopathology suggestive of congenital syphilis | Yes  No  Unknown/not tested |
| **If yes, to placental histopathology suggestive of congenital syphilis,** please describe: |

Treatment

|  |  |
| --- | --- |
| Was the infant/child treated? | Yes, with aqueous or procaine penicillin for 10 days  Yes, with benzathine penicillin x 1  Yes, with other treatment  No treatment  Unknown |
| **If yes with other treatment,** please describe other treatment |  |
| What is the follow up plan for the infant/child? |  |

**ESR and the NZ Paediatric Surveillance Unit (NZPSU) will review this form and assign the case definition based on the**[**notifiable case definition**](https://www.tewhatuora.govt.nz/for-the-health-sector/health-sector-guidance/communicable-disease-control-manual/syphilis-limited-chapter/#case-definition-congenital-syphilis)**and NZPSU case definition (**[**congenital-syphilis-protocol-703789.pdf (otago.ac.nz)**](https://www.otago.ac.nz/__data/assets/pdf_file/0030/295068/congenital-syphilis-protocol-703789.pdf)**), and may contact you for further information if required.**

Management

|  |
| --- |
| Management is outlined in the New Zealand Sexual health Society (NZSHS) guidelines.<https://www.nzshs.org/site_files/38652/upload_files/SyphilisinPregnancyguidelineSept2020.pdf?dl=1> |
| Comments |

Details about Infant’s/Child’s Mother

*Please complete as much as known. This information helps validate case definitions and identify missed opportunities for prevention*

*This information is particularly important for cases which meet only the Otago Paediatric Surveillance Unit case definition as it is likely the mother* *will not be notified with infectious syphilis*

|  |  |
| --- | --- |
| Did the mother receive any pre-natal care? | Yes  No  Unknown |
| Date of first antenatal care (if known) |  |
| Was the mother seropositive in the perinatal period? | Yes  No  Unknown |

Dates of Maternal Testing

|  |  |
| --- | --- |
| Date of first antenatal **test** if known (if different from first antenatal care) |  |

Laboratory Results for Mother at First Test

|  |  |
| --- | --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **at first test**? | |
| EIA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPPA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPHA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| FTA-Abs | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPLA | Reactive/positive  Non-reactive/negative  Not reported/not tested |

|  |  |
| --- | --- |
| Was the mother seropositive for any non-treponemal tests **at first test**? | |
| Rapid Plasma Reagin (RPR) | Reactive  Non-reactive  Not reported/not tested |
| **If reactive,** what was the mother’s RPR at this additional test?  1:1  1:2  1:4  1:8  1:16  1:32  1:64  1:128  1:256  1:512  1:1024  1:2048 |
| Mother’s RPR value at first test if it is none of the above (i.e., TPLA system) |  |
| Venereal Disease Research Laboratory (VDRL) | Reactive  Non-reactive  Not reported/not tested |

Laboratory Results for Mother at Delivery

|  |  |
| --- | --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **at delivery**? | |
| EIA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPPA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPHA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| FTA-Abs | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPLA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| Was the mother seropositive for any non-treponemal tests **at delivery**? | |
| Rapid Plasma Reagin (RPR) | Reactive  Non-reactive  Not reported/not tested |
| **If reactive,** what was the mother’s RPR at this additional test?  1:1  1:2  1:4  1:8  1:16  1:32  1:64  1:128  1:256  1:512  1:1024  1:2048 |
| Mother’s RPR value at delivery if it is none of the above (i.e., TPLA system) |  |
| Venereal Disease Research Laboratory (VDRL) | Reactive  Non-reactive  Not reported/not tested |

Additional Test during Pregnancy

|  |  |
| --- | --- |
| Were there additional laboratory tests during pregnancy? | Yes  No  Unknown |
| **If yes,** date of additional testing during pregnancy (please leave blank if not applicable or unknown) |  |

Laboratory Results for Mother at Additional Tests

|  |  |
| --- | --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **from this additional test**? | |
| EIA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPPA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPHA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| FTA-Abs | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPLA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| Was the mother seropositive for any non-treponemal tests **in this additional test**? | |
| Rapid Plasma Reagin (RPR) | Reactive  Non-reactive  Not reported/not tested |
| **If reactive,** what was the mother’s RPR at this additional test?  1:1  1:2  1:4  1:8  1:16  1:32  1:64  1:128  1:256  1:512  1:1024  1:2048 |
| Mother’s RPR value at this additional test if it is none of the above (i.e., TPLA system) |  |
| Venereal Disease Research Laboratory (VDRL) | Reactive  Non-reactive  Not reported/not tested |

Other Additional Test during Pregnancy

|  |  |
| --- | --- |
| Were there additional laboratory tests during pregnancy? | Yes  No  Unknown |
| **If yes,** date of additional testing during pregnancy (please leave blank if not applicable or unknown) |  |

Laboratory Results for Mother at Additional Tests

|  |  |
| --- | --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **from this additional test**? | |
| EIA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPPA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPHA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| FTA-Abs | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPLA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| Was the mother seropositive for any non-treponemal tests **in this additional test**? | |
| Rapid Plasma Reagin (RPR) | Reactive  Non-reactive  Not reported/not tested |
| **If reactive,** what was the mother’s RPR at this additional test?  1:1  1:2  1:4  1:8  1:16  1:32  1:64  1:128  1:256  1:512  1:1024  1:2048 |
| Mother’s RPR value at this additional test if it is none of the above (i.e., TPLA system) |  |
| Venereal Disease Research Laboratory (VDRL) | Reactive  Non-reactive  Not reported/not tested |

Other Additional Test during Pregnancy

|  |  |
| --- | --- |
| Were there any other additional laboratory tests during pregnancy? | Yes  No  Unknown |
| **If yes,** date of additional testing during pregnancy (please leave blank if not applicable or unknown) |  |

Laboratory Results for Mother at Additional Tests

|  |  |
| --- | --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **from this additional test**? | |
| EIA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
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| FTA-Abs | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| TPLA | Reactive/positive  Non-reactive/negative  Not reported/not tested |
| Was the mother seropositive for any non-treponemal tests **in this additional test**? | |
| Rapid Plasma Reagin (RPR) | Reactive  Non-reactive  Not reported/not tested |
| **If reactive,** what was the mother’s RPR at this additional test?  1:1  1:2  1:4  1:8  1:16  1:32  1:64  1:128  1:256  1:512  1:1024  1:2048 |
| Mother’s RPR value at this additional test if it is none of the above (i.e., TPLA system) |  |
| Venereal Disease Research Laboratory (VDRL) | Reactive  Non-reactive  Not reported/not tested |

Treatment Details for Mother

|  |  |
| --- | --- |
| Was there documented evidence of adequate treatment for the mother? | Yes  No  Unknown |
| **If yes,** please detail the drug and dose given for treatment |  |
| **If yes,** what date did the mother’s treatment begin? |  |
| **If yes,** stage of maternal infection at treatment start (if known) | Primary  Secondary  Early latent  Late latent  Unknown duration |
| **If yes,** what was the result of the treatment of the mother? | Successful treatment  Treatment failure  Incomplete treatment  Not enough time for titre to change  Response could not be determined  No follow up test  Unknown |
| Additional comments regarding treatment |  |