INFECTIOUS 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, basis of diagnosis, clinical and laboratory criteria) and assign a case classification.

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

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

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: or KSC.STISyph@phfscience.nz

Health practitioner details

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

Case details

|  |  |
| --- | --- |
| Current gender identity (self-reported by patient)Specify gender | [ ]  Male [ ]  Female [ ]  Other (specify below) |
| Sex assigned at birth | [ ]  Male [ ]  Female  |
| Date of Birth  |  |
| NHI (National Health Index) |  |
| 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 resident, enter the District of the clinic* |  |
| Ethnicity (tick all that apply) | [ ]  NZ European [ ]  Māori[ ]  Samoan [ ]  Cook Island Māori[ ]  Niuean [ ]  Chinese[ ]  Indian [ ]  Tongan[ ]  Fijian (not Indian) [ ]  Other (specify below) [ ]  Unknown |
| Specify ethnicity |  |

Basis of diagnosis – Initial testing

Clinical criteria

|  |  |
| --- | --- |
| Clinical signs (tick all that apply)Please choose ‘No current clinical signs’ if case not currently symptomatic | [ ]  Chancre [ ]  Rash [ ]  Lymphadenopathy [ ]  Neurological symptoms [ ]  Other [ ]  No current clinical signs |
| If other, please specify |  |
| Is there a history of symptoms consistent with primary or secondary syphilis within the last 2 years? | [ ]  Yes [ ]  No  |

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

|  |  |
| --- | --- |
| Date of first test for current infection |  |

Laboratory results for current infection

|  |  |
| --- | --- |
| [ ]  Enzyme-linked IgG Immunosorbent Assay (EIA) | Date of test  |
| [ ]  Reactive / positive [ ]  Non-reactive / negative |
| [ ]  Not reported / not tested |
| [ ]  *Treponema pallidum* particle agglutination (TPPA) | Date of test  |
| [ ]  Reactive / positive [ ]  Non-reactive / negative |
| [ ]  Not reported / not tested |
| [ ]  Rapid Plasma Reagin (RPR)  | Date of test  |
| [ ]  Reactive / positive [ ]  Non-reactive / negative |
| [ ]  Not reported / not tested |
| **If reactive**, RPR test result (e.g., 1:1, 1:16): |
| [ ]  PCR from lesion (optional) | Date of test  |
| [ ]  Reactive / positive [ ]  Non-reactive / negative |
| [ ]  Not reported / not tested |
| **If reactive,** site of specimen:  |
| [ ]  Visualisation by direct fluorescent antibody (DFA) (optional) | Date of test  |
| [ ]  Reactive / positive [ ]  Non-reactive / negative |
| [ ]  Not reported / not tested |
| **If reactive,** site of specimen: |
| [ ]  IgM immunoassay (IgM-EIA) (optional) | Date of test  |
| [ ]  Reactive / positive [ ]  Non-reactive / negative |
| [ ]  Not reported / not tested |
| [ ]  *Treponema pallidum* latex agglutination (TPLA) (optional) | Date of test  |
| [ ]  Reactive / positive [ ]  Non-reactive / negative |
| [ ]  Not reported / not tested |

Other tests

|  |  |
| --- | --- |
| Has the case had syphilis serology in the past 2 years? | [ ]  Yes [ ]  No [ ]  Unknown |
| **If yes**,Date of last test |  |
| Previous EIA result | [ ]  Reactive / positive [ ]  Non-reactive / negative [ ]  Not reported / not tested [ ]  Unknown |
| Previous TPPA result | [ ]  Reactive / positive [ ]  Non-reactive / negative [ ]  Not reported / not tested [ ]  Unknown |
| Previous RPR result | [ ]  Reactive / positive [ ]  Non-reactive / negative [ ]  Not reported / not tested [ ]  Unknown |
| **If reactive**, RPR test result (e.g., 1:1, 1:16):  |

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 -If 'not a case', there is no need to complete the rest of the form

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

Other Clinical details and Risk factors

|  |  |
| --- | --- |
| Was the case pregnant/postpartum at the time of diagnosis? | [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, what stage of pregnancy or postpartum was this screening/testing done? | [ ]  First trimester [ ]  Second trimester [ ]  Third trimester [ ]  Labour/Delivery [ ]  Postpartum (up to 6 weeks after delivery) |
| Is there a history of sexual contact with an infectious syphilis case in the past 2 years? | [ ]  Yes [ ]  No [ ]  Unknown |
| HIV serostatus at the time of syphilis diagnosis | [ ]  Negative [ ]  Positive [ ]  Unknown |
| **If negative**, was the case using HIV infection pre-exposure prophylaxis (PrEP)? | [ ]  Yes [ ]  No [ ]  Unknown |
| Sexual behaviour in the previous 12 months | [ ]  Opposite sex partners only [ ]  Same sex partner only[ ]  Both opposite and same sex partners [ ]  Unknown |
| Number of sex partners in the past 3 months | [ ]  None [ ]  1 [ ]  2–4 [ ]  5–10 [ ]  >10 [ ]  Unknown  |
| Is the case a sex worker? (includes receiving money or drugs in exchange for sexual services) | [ ]  Yes [ ]  No [ ]  Unknown |

Case Management

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| Management, including treatment and contact tracing of partners, is outlined in the New Zealand Sexual Health Society (NZSHS) guidelines.<https://sti.guidelines.org.nz/infections/syphilis/>Contact tracing of partners is the responsibility of the treating doctor and an essential component of the clinical and public health management of cases. |
| Comments  |