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	☐ 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	☐ 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	
	Date of test

☐ Enzyme-linked IgG Immunosorbent Assay (EIA)	☐ 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 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 ☐ Other	☐ Gonorrhoea
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	☐ 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