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](mailto:KSC.STISyph@esr.cri.nz)