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, 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.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1st letter surname | 2nd letter surname | 1st letter first name | Sex | Day | Month | Year |
|  |  |  |  |  |  |  |  |  |  |

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| For sexual health clinic cases, enter Clinic Patient ID |  |
| 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 (specify below) [ ]  Unknown |
| 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 including PrEP [ ]  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

|  |  |
| --- | --- |
| Has the case been symptomatic in the past 24 months?(tick all that apply) | [ ]  Genital ulceration [ ]  Oral ulceration [ ]  Anal ulceration [ ]  Neurological symptoms[ ]  Lymphadenopathy [ ]  Rash[ ]  Other [ ]  No symptoms  |
| If other, please specify |  |
| Was the case pregnant at the time of diagnosis?  | [ ]  Yes [ ]  No [ ]  Unknown |
| At what stage of pregnancy was this screening/testing done?  | [ ]  First trimester [ ]  Second trimester [ ]  Third trimester [ ]  Labour/Delivery |

Laboratory criteria -Tick any tests that were done and the results

|  |
| --- |
| Non-Treponemal-specific serological tests |
| [ ]  Rapid Plasma Reagin (RPR) test | Date of test  |
| Highest titre before treatment  |
| Seroconversion in past 2 years? [ ]  Yes [ ]  No [ ]  Unknown |
| [ ]  Venereal Disease Research Laboratory (VDRL) test | Date of test  |
| Highest titre before treatment  |
| Seroconversion in past 2 years? [ ]  Yes [ ]  No [ ]  Unknown |
| Treponemal-specific serological tests |
| [ ]  Enzyme-linked IgG Immunosorbent Assay (EIA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| Seroconversion in past 2 years? [ ]  Yes [ ]  No [ ]  Unknown |

|  |  |
| --- | --- |
| [ ]  IgM immunoassay (IgM-EIA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| Seroconversion in past 2 years? [ ]  Yes [ ]  No [ ]  Unknown |
| [ ]  *Treponema pallidum* particle agglutination (TPPA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| Seroconversion in past 2 years? [ ]  Yes [ ]  No [ ]  Unknown |
| [ ]  *Treponema pallidum* hemagglutination assay (TPHA) | Date of test  |
| [ ]  Reactive [ ]  Non-reactive |
| Seroconversion in past 2 years? [ ]  Yes [ ]  No [ ]  Unknown |
| 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 |
| Previous tests for syphilis | [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, date of last negative test(use 1/1/xxxx if only year is known) |  |
| [ ]  Date Approximate [ ]  Date 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 -If 'not a case', there is no need to complete the rest of the form

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

Clinical course and outcome

|  |  |
| --- | --- |
| Date of onset |  |
| [ ]  Date Approximate [ ]  Date unknown |
| 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

|  |  |
| --- | --- |
| Current gender identity (self-reported by patient): | [ ]  Male [ ]  Female[ ]  Transgender [ ]  Other |
| If other, please specify gender identity |  |
| Please specify | [ ]  Transgender male to female [ ]  Transgender female to male [ ]  Unknown |
| Born outside New Zealand | [ ]  Yes [ ]  No [ ]  Unknown |
| Specify country of birth |  |
| HIV serostatus at the time of syphilis diagnosis | [ ]  Negative [ ]  Positive [ ]  Unknown |
| Was the case using HIV infection pre-exposure prophylaxis (PrEP)?  | [ ]  Yes [ ]  No [ ]  Unknown |
| Date of HIV diagnosis (use 1/1/xxxx if only year is known) |  |
| [ ]  Date approximate [ ]  Date unknown |
| Was the case on HIV antiretroviral treatment at the time of syphilis diagnosis? | [ ]  Yes [ ]  No [ ]  Unknown  |
| Other concurrent diagnoses at time of syphilis diagnosis (tick all that apply) | [ ]  Chlamydia [ ]  Gonorrhoea[ ]  Trichomoniasis [ ]  Genital herpes[ ]  Genital warts [ ]  Mycoplasma genitalium[ ]  Lymphogranuloma venereum (LGV) [ ]  Non-specific urethritis (NSU)[ ]  Other |
| If other, please specify |  |
| Sexual behaviour in the previous 12 months | [ ]  Opposite sex partners only [ ]  Same sex partner only[ ]  Both opposite and same sex partners [ ]  Unknown[ ]  Not applicable  |
| Number of male sex partners in the past3 months |  |
| [ ]  Exact [ ]  Approximate |
| Number of male sex partners in the past 6 months |  |
| [ ]  Exact [ ]  Approximate |
| Number of male sex partners in the past 12 months |  |
| [ ]  Exact [ ]  Approximate |
| Number of female sex partners in the past3 months |  |
| [ ]  Exact [ ]  Approximate |
| Number of female sex partners in the past 6 months |  |
| [ ]  Exact [ ]  Approximate |
| Number of female sex partners in the past 12 months |  |
| [ ]  Exact [ ]  Approximate |
| Is the case a sex worker? (includes receiving money or drugs in exchange for sexual services) | [ ]  Yes [ ]  No [ ]  Unknown |
| From whom was this infection probably acquired?  | [ ]  Casual partner(s) [ ]  Regular partner(s)[ ]  Client(s) (if sex worker) [ ]  Sex worker(s) [ ]  Unknown |
| If sex worker(s) ticked above, what is the gender identity of the worker | [ ]  Male [ ]  Female[ ]  Transgender [ ]  Other [ ]  Unknown |
| The sexual partner(s) above was/were | [ ]  Person(s) of the opposite sex only[ ]  Person(s) of the same sex only[ ]  Person(s) of both sexes [ ]  Unknown sexual exposure |

Source of Infection

|  |  |
| --- | --- |
| Where was the infection most likely acquired? | [ ]  New Zealand [ ]  Overseas [ ]  Unknown |
| City/town where the infection most likely acquired | [ ]  Auckland [ ]  Christchurch[ ]  Dunedin [ ]  Hamilton[ ]  Wellington [ ]  Other |
| Please specify city/town name or for rural cases the nearest city/town |  |
| If overseas, please specify country |  |

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 |
| Contact management:Contact tracing of partners is the responsibility of the treating doctor and an essential component of the clinical and public health management of cases. For guidance please see the [New Zealand Sexual Health Society Contact Tracing Guideline](http://www.nzshs.org/docman/guidelines/principles-of-sexual-health-care/144-partner-notification-guideline/file)[ ]  I have already initiated, or plan to undertake, contact tracing[ ]  I have already referred this case to another service for contact tracing as per local protocols/processes[ ]  Contact tracing incomplete due to anonymous contacts (e.g. sex onsite venue, internet based App, internet dating) |
| 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