

## Syphilis Reporting Form

<b>Patient's name:</b>  <b>Phone number:</b> _____ (Please provide)	<b>Date of Birth:</b>  	<b>Lab collection date:</b>  												
<b>Is client aware of their syphilis test result?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No														
<b>Reason for Testing</b>														
<input type="checkbox"/> Routine screen <input type="checkbox"/> Immigration <input type="checkbox"/> Contact tracing <input type="checkbox"/> Sexual assault (Note: The Health Unit is not required to contact the client if health teaching, as outlined below, has been provided). <input type="checkbox"/> Prenatal screen <input type="checkbox"/> Other, <b>please specify</b> <input type="checkbox"/> Symptoms														
<b>Symptoms (select all that apply)</b>														
<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Swollen lymph nodes <input type="checkbox"/> Hair loss (alopecia, eyelashes, eyebrows etc.) <input type="checkbox"/> Chancre (painless lesion), location: _____ <input type="checkbox"/> Fever <input type="checkbox"/> <b>Other, please specify:</b> _____ <input type="checkbox"/> Rash <input type="checkbox"/> Weight loss														
<b>Staging (necessary to determine treatment duration and contact notification period)</b>														
<input type="checkbox"/> Primary      genital ___      anal ___      other ___ <input type="checkbox"/> Secondary      skin/mucous membranes ___      other ___ <input type="checkbox"/> Early Latent <input type="checkbox"/> Late Latent <input type="checkbox"/> Neurosyphilis      infectious (under one year) ___      non-infectious ___ <input type="checkbox"/> Tertiary <input type="checkbox"/> Client referred to ID specialist for staging. Referred to: _____ Appointment date: _____														
		<b>HIV co-infected</b> Yes    No    Unknown												
<b>Treatment</b>														
_____ <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 30%;">Medication</th> <th style="width: 15%;">Dose</th> <th style="width: 15%;">Frequency</th> <th style="width: 15%;">Duration</th> <th style="width: 10%;">Route</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="padding: 5px;">Further Treatment Plan: _____</td> </tr> </tbody> </table>			Date	Medication	Dose	Frequency	Duration	Route	Further Treatment Plan: _____					
Date	Medication	Dose	Frequency	Duration	Route									
Further Treatment Plan: _____														
<b>Please ensure a complete screen for STI/BBI's is done.</b>														
HIV test ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, why:												
Hepatitis B (HBsAg, anti-HBs and anti-HBc IgM) test ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, why:												
Chlamydia and gonorrhea testing ordered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No, why:												

**BRANT COUNTY HEALTH UNIT**

Risk Factors (select all that apply)		
<input type="checkbox"/> No condom used <input type="checkbox"/> Condom breakage <input type="checkbox"/> Pregnant <input type="checkbox"/> New contact in past 2 months <input type="checkbox"/> > 1 partner in last 6 months (specify # ___) <input type="checkbox"/> Met partner through internet (apps/online) <input type="checkbox"/> Judgement impaired by alcohol/drugs <input type="checkbox"/> Anonymous sex	<input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> Sex worker <input type="checkbox"/> Sex with sex worker <input type="checkbox"/> Sex for shelter/food/survival <input type="checkbox"/> Injection drug use <input type="checkbox"/> Shared drug equipment <input type="checkbox"/> Other, <b>specify:</b>	
Health Teaching Provided		
<input type="checkbox"/> Discuss key facts about syphilis including transmission, symptoms, health complications and treatment. <ul style="list-style-type: none"> <li>• Fact sheet available from CATIE: <a href="http://www.catie.ca/fact-sheets/infections/syphilis">www.catie.ca/fact-sheets/infections/syphilis</a></li> </ul>		
<input type="checkbox"/> Follow up and serological monitoring is strongly advised after treatment depending on stage of syphilis: <ul style="list-style-type: none"> <li>• Infectious syphilis (primary, secondary, and early latent) – 3, 6, 12 months</li> <li>• Late latent, tertiary – 12 and 24 months</li> <li>• Neurosyphilis – 6, 12 and 24 months after treatment</li> <li>• Co-infection with HIV – 1, 3, 6, 12 and 24 months and yearly thereafter</li> <li>• Pregnant and congenital cases – refer to Canadian Guidelines on STI's for additional considerations</li> </ul>		
<input type="checkbox"/> Advise to abstain from any sexual contact for 7 days after treatment <u>AND</u> until all lesions have healed. Condoms are recommended until serology indicates the treatment was effective.		
<input type="checkbox"/> Advise to avoid sexual contact with untreated, exposed sexual partners until they are tested and treated.		
<input type="checkbox"/> Recommend screening for other sexually transmitted and blood borne infections if not already done. Reinforce safer sex practices and advise condoms are available for free at the Health Unit.		
<input type="checkbox"/> Discuss immunization for Hepatitis B, Human Papillomavirus and if applicable, Hepatitis A and how to access. Refer to Publicly Funded Immunization Schedules for Ontario. Publicly funded vaccines can be ordered from the Health Unit at 519-753-4937 ext. 452.		
<input type="checkbox"/> Notify all sexual contacts within the trace back period listed below based on syphilis stage. Public Health can provide anonymous notification to contacts. <ul style="list-style-type: none"> <li>• Primary syphilis – 3 months</li> <li>• Secondary syphilis – 6 months</li> <li>• Early latent – 1 year before patient diagnosis</li> <li>• Late latent – assess marital or long-term partners and children, if appropriate.</li> </ul>		
<input type="checkbox"/> Syphilis is reportable to Public Health and public health nurse will follow up with them.		
Notes		
<b>Date:</b>	<b>Physician office completing form:</b>	<b>Contact information:</b>