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/>

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

Once form is completed, please return by mail to STI Analyst: Health Intelligence Team - ESR, PO Box 50-348, Porirua 5240, or by email to: [KSC.STISyph@esr.cri.nz](mailto:KSC.STISyph@esr.cri.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 |  |

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

|  |
| --- |
| 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 |