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.

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/>

***This form collects information on babies that meet the probable or confirmed case definition for congenital syphilis as well as babies that were exposed to syphilis during pregnancy (according to the Otago Paediatric Surveillance case definition).***

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

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

Health practitioner details

|  |  |
| --- | --- |
| Reporting health practitioner  |  |
| Organisation/clinic reporting case |  |
| Email address of reporter |  |
| Phone number of reporter |  |

Demographics details of Child and Mother

|  |  |
| --- | --- |
| Infant’s/child’s sex | [ ]  Male [ ]  Female[ ]  Other |
| Infant’s Date of Birth  |  |
| Infant’s/child’s NHI (National Health Index)(if this is a stillbirth or no NHI please type ZZZ0059) |  |
| 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 NZ resident, enter the District of the clinic* |  |
| Infant’s/child’s 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 |  |

|  |  |
| --- | --- |
| Mother’s date of Birth  |  |
| Mother’s NHI |  |
| Mother’s 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 |  |

Birth Details

|  |  |
| --- | --- |
| What was the birth outcome? | [ ]  Live birth [ ]  Stillbirth[ ]  Neonatal death (following live birth) |
| Gestation at delivery (weeks in integer) |  |
| Birth weight (in grams using integers onlyi.e., 2445 not 2445gms |  |
| Hospital of birth (include treating hospital if case transferred) |  |
| Why was the infant/child tested? (tick all that apply) | [ ]  Infant signs & symptoms [ ]  Mother positive during pregnancy [ ]  Mother positive at delivery[ ]  No antenatal care[ ]  Stillbirth[ ]  Other  |
| If other, please specify  |  |

Clinical evidence of Congenital Syphilis

|  |  |
| --- | --- |
| Evidence of congenital syphilis on physical examination (tick all that apply) | [ ]  Anaemia [ ]  Osteochondritis[ ]  Hepatomegaly [ ]  Splenomegaly[ ]  Skin rash [ ]  Condylomata lata[ ]  Rhinitis [ ]  Pseudoparalysis[ ]  Meningitis [ ]  Ascites[ ]  Intrauterine growth retardation [ ]  Jaundice/hepatitis [ ]  Central nervous involvement [ ]  Eye signs [ ]  Nephrotic syndrome and/or malnutrition [ ]  Any other abnormality no better explained by alternative diagnosis[ ]  No evidence of congenital syphilis on physical examination |
| **If central nervous involvement**, please describe: |  |
| **If other abnormality,** please describe: |  |
| Long bone x-rays were | [ ]  Taken with a normal result [ ]  Taken with features suggestive of congenital syphilis [ ]  Not taken [ ]  Unknown |
| **If taken with features suggestive of congenital syphilis,** please describe: |  |
| Has a pathologist or clinician with relevant skills in congenital infections made a clinical diagnosis of congenital syphilis; including in the event of a stillbirth or neonatal death? | [ ]  Yes [ ]  No [ ]  Unknown |

Laboratory Results for Infant/Child

|  |  |
| --- | --- |
| Date of first test for infant/child |  |
| Did the infant/child have a positive/reactive result from any of the following treponemal specific tests? |
| [ ]  EIA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPPA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPHA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  FTA-Abs | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPLA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| Is the infant/child seropositive for any non-treponemal tests? |
| [ ]  Rapid Plasma Reagin (RPR) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |
| **If reactive,** RPR test result:[ ]  1:1 [ ]  1:2 [ ]  1:4 [ ]  1:8 [ ]  1:16 [ ]  1:32[ ]  1:64 [ ]  1:128 [ ]  1:256 [ ]  1:512 [ ]  1:1024 [ ]  1:2048 |
| [ ]  Venereal Disease Research Laboratory (VDRL) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |
| Was there direct demonstration of *Treponema pallidum* infection at any site? |
| [ ]  Lesion(s) | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |
| [ ]  Nasal discharge | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |
| [ ]  Cerebrospinal fluid (CSF) | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |
| [ ]  Autopsy material | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |

|  |  |
| --- | --- |
| [ ]  Placenta | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |
| [ ]  Umbilical cord | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |
| [ ]  Amniotic fluid | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |
| [ ]  Any other appropriate test site  | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** method for direct demonstration of *Treponemal pallidum* from lesion: [ ]  Nucleic acid amplification test (NAAT)/PCR [ ]  Silver stain[ ] Dark field microscopy [ ]  Fluorescent antibody [ ]  Immunohistochemical methods  |
| If other site, please specify  |  |
| Other Laboratory results |
| Detection of *Treponema pallidum* specific IgM | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| Was there a reactive cerebrospinal fluid (CSF) non-treponemal test (i.e., VDRL) in a non-traumatic lumbar puncture from the child | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| Was the CSF cell count or protein elevated (without other cause) | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes,** please indicate protein value: |
| **If yes,** please indicate white cell count value: |
| Placental histopathology suggestive of congenital syphilis | [ ]  Yes [ ]  No [ ]  Unknown/not tested |
| **If yes, to placental histopathology suggestive of congenital syphilis,** please describe: |

Treatment

|  |  |
| --- | --- |
| Was the infant/child treated? | [ ]  Yes, with aqueous or procaine penicillin for 10 days[ ]  Yes, with benzathine penicillin x 1 [ ]  Yes, with other treatment[ ]  No treatment[ ]  Unknown |
| **If yes with other treatment,** please describe other treatment |  |
| What is the follow up plan for the infant/child? |  |

**ESR and the NZ Paediatric Surveillance Unit (NZPSU) will review this form and assign the case definition based on the**[**notifiable case definition**](https://www.tewhatuora.govt.nz/for-the-health-sector/health-sector-guidance/communicable-disease-control-manual/syphilis-limited-chapter/#case-definition-congenital-syphilis)**and NZPSU case definition (**[**congenital-syphilis-protocol-703789.pdf (otago.ac.nz)**](https://www.otago.ac.nz/__data/assets/pdf_file/0030/295068/congenital-syphilis-protocol-703789.pdf)**), and may contact you for further information if required.**

Management

|  |
| --- |
| Management is outlined in the New Zealand Sexual health Society (NZSHS) guidelines.<https://www.nzshs.org/site_files/38652/upload_files/SyphilisinPregnancyguidelineSept2020.pdf?dl=1> |
| Comments |

Details about Infant’s/Child’s Mother

*Please complete as much as known. This information helps validate case definitions and identify missed opportunities for prevention*

*This information is particularly important for cases which meet only the Otago Paediatric Surveillance Unit case definition as it is likely the mother* *will not be notified with infectious syphilis*

|  |  |
| --- | --- |
| Did the mother receive any pre-natal care? | [ ]  Yes [ ]  No [ ]  Unknown |
| Date of first antenatal care (if known) |  |
| Was the mother seropositive in the perinatal period? | [ ]  Yes [ ]  No [ ]  Unknown |

Dates of Maternal Testing

|  |  |
| --- | --- |
| Date of first antenatal **test** if known (if different from first antenatal care)  |  |

Laboratory Results for Mother at First Test

|  |
| --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **at first test**? |
| [ ]  EIA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPPA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPHA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  FTA-Abs | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPLA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |

|  |
| --- |
| Was the mother seropositive for any non-treponemal tests **at first test**? |
| [ ]  Rapid Plasma Reagin (RPR) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |
| **If reactive,** what was the mother’s RPR at this additional test?[ ]  1:1 [ ]  1:2 [ ]  1:4 [ ]  1:8 [ ]  1:16 [ ]  1:32[ ]  1:64 [ ]  1:128 [ ]  1:256 [ ]  1:512 [ ]  1:1024 [ ]  1:2048 |
| Mother’s RPR value at first test if it is none of the above (i.e., TPLA system) |  |
| [ ]  Venereal Disease Research Laboratory (VDRL) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |

Laboratory Results for Mother at Delivery

|  |
| --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **at delivery**? |
| [ ]  EIA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPPA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPHA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  FTA-Abs | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPLA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| Was the mother seropositive for any non-treponemal tests **at delivery**? |
| [ ]  Rapid Plasma Reagin (RPR) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |
| **If reactive,** what was the mother’s RPR at this additional test?[ ]  1:1 [ ]  1:2 [ ]  1:4 [ ]  1:8 [ ]  1:16 [ ]  1:32[ ]  1:64 [ ]  1:128 [ ]  1:256 [ ]  1:512 [ ]  1:1024 [ ]  1:2048 |
| Mother’s RPR value at delivery if it is none of the above (i.e., TPLA system) |  |
| [ ]  Venereal Disease Research Laboratory (VDRL) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |

Additional Test during Pregnancy

|  |  |
| --- | --- |
| Were there additional laboratory tests during pregnancy? | [ ]  Yes [ ]  No [ ]  Unknown |
| **If yes,** date of additional testing during pregnancy (please leave blank if not applicable or unknown) |  |

Laboratory Results for Mother at Additional Tests

|  |
| --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **from this additional test**? |
| [ ]  EIA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPPA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPHA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  FTA-Abs | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPLA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| Was the mother seropositive for any non-treponemal tests **in this additional test**? |
| [ ]  Rapid Plasma Reagin (RPR) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |
| **If reactive,** what was the mother’s RPR at this additional test?[ ]  1:1 [ ]  1:2 [ ]  1:4 [ ]  1:8 [ ]  1:16 [ ]  1:32[ ]  1:64 [ ]  1:128 [ ]  1:256 [ ]  1:512 [ ]  1:1024 [ ]  1:2048 |
| Mother’s RPR value at this additional test if it is none of the above (i.e., TPLA system) |  |
| [ ]  Venereal Disease Research Laboratory (VDRL) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |

Other Additional Test during Pregnancy

|  |  |
| --- | --- |
| Were there additional laboratory tests during pregnancy? | [ ]  Yes [ ]  No [ ]  Unknown |
| **If yes,** date of additional testing during pregnancy (please leave blank if not applicable or unknown) |  |

Laboratory Results for Mother at Additional Tests

|  |
| --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **from this additional test**? |
| [ ]  EIA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPPA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPHA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  FTA-Abs | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPLA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| Was the mother seropositive for any non-treponemal tests **in this additional test**? |
| [ ]  Rapid Plasma Reagin (RPR) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |
| **If reactive,** what was the mother’s RPR at this additional test?[ ]  1:1 [ ]  1:2 [ ]  1:4 [ ]  1:8 [ ]  1:16 [ ]  1:32[ ]  1:64 [ ]  1:128 [ ]  1:256 [ ]  1:512 [ ]  1:1024 [ ]  1:2048 |
| Mother’s RPR value at this additional test if it is none of the above (i.e., TPLA system) |  |
| [ ]  Venereal Disease Research Laboratory (VDRL) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |

Other Additional Test during Pregnancy

|  |  |
| --- | --- |
| Were there any other additional laboratory tests during pregnancy? | [ ]  Yes [ ]  No [ ]  Unknown |
| **If yes,** date of additional testing during pregnancy (please leave blank if not applicable or unknown) |  |

Laboratory Results for Mother at Additional Tests

|  |
| --- |
| Did the mother have a positive/reactive result from any of the following treponemal specific tests **from this additional test**? |
| [ ]  EIA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPPA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPHA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  FTA-Abs | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| [ ]  TPLA | [ ]  Reactive/positive [ ]  Non-reactive/negative [ ]  Not reported/not tested  |
| Was the mother seropositive for any non-treponemal tests **in this additional test**? |
| [ ]  Rapid Plasma Reagin (RPR) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |
| **If reactive,** what was the mother’s RPR at this additional test?[ ]  1:1 [ ]  1:2 [ ]  1:4 [ ]  1:8 [ ]  1:16 [ ]  1:32[ ]  1:64 [ ]  1:128 [ ]  1:256 [ ]  1:512 [ ]  1:1024 [ ]  1:2048 |
| Mother’s RPR value at this additional test if it is none of the above (i.e., TPLA system) |  |
| [ ]  Venereal Disease Research Laboratory (VDRL) | [ ]  Reactive [ ]  Non-reactive [ ]  Not reported/not tested  |

Treatment Details for Mother

|  |  |
| --- | --- |
| Was there documented evidence of adequate treatment for the mother? | [ ]  Yes [ ]  No [ ]  Unknown |
| **If yes,** please detail the drug and dose given for treatment |  |
| **If yes,** what date did the mother’s treatment begin? |  |
| **If yes,** stage of maternal infection at treatment start (if known) | [ ]  Primary[ ]  Secondary [ ]  Early latent[ ]  Late latent[ ]  Unknown duration |
| **If yes,** what was the result of the treatment of the mother? | [ ]  Successful treatment[ ]  Treatment failure [ ]  Incomplete treatment[ ]  Not enough time for titre to change[ ]  Response could not be determined[ ]  No follow up test[ ]  Unknown |
| Additional comments regarding treatment |  |