Report of Syphilis - Please use this form for reporting LAB CONFIRMED SYPHILIS
Fax completed form to 905-940-4541 – Please forward lab and / or provide lab details

Health Care Provider Information:	**Name:** **Address:** **Phone:**	**Fax:**	
Client Information:	**Legal Name:** **Preferred Name:** **Pronoun(s):** **Address:**	**Gender Identity:**	**DOB:** **Sex (assigned at birth):** **Language:** **Phone:**

Specimen Collection Date: _____
CLIA: _____ **RPR:** _____ **TP-PA:** _____ **FTA-AB:** _____

IS CLIENT PREGNANT? ☐ **N/A** ☐ **NO** ☐ **YES – EDD:** _____ **– consider ID referral**
If YES: Referral to ID Specialist? ☐ **Yes, HCP:** _____ **Appt. Date:** _____
Public Health Ontario has initiated enhanced surveillance due to a substantial increase in syphilis detection among females and the risk of vertical transmission in pregnancy AND congenital syphilis

DIAGNOSIS – DOES THIS CLIENT HAVE INFECTIOUS SYPHILIS?

☐ **YES: Indicate infectious syphilis staging**
- ☐ **Primary Syphilis –** Symptomatic Infection < 1 month, can include chancre, lymphadenopathy
- ☐ **Secondary Syphilis –** Symptomatic Infection x 1-6 months, can include maculo-papular rash, fever, lymphadenopathy
- ☐ **Early Latent Syphilis –** Infection < 1 year, generally asymptomatic
- ☐ **Neurosyphilis –** Presence of positive CSF findings, asymptomatic or with neurological symptoms *(Refer to Infectious Diseases or Neurology specialist)*

☐ **UNDETERMINED:** Specify plan for diagnosis and fax back to York Region Public Health
- ☐ Referral to specialist for diagnosis, HCP: _____ Appt on: _____
- ☐ Repeating syphilis serology on: _____

☐ **NO:** Complete PAGE 3 *(York Region Public Health will not follow these cases unless pregnant, HIV +ve, or as requested)*

INFECTIOUS SYPHILIS TREATMENT: York Region HCPs, order meds 1-877-464-9675 Ext. 74214

PRIMARY, SECONDARY, EARLY LATENT	TREATMENT DATE
☐ **Benzathine Penicillin G (Bicillin) 2.4 mU x single dose IM**	
☐ Doxycycline 100 mg bid x 14 days PO	
☐ Other:	

If you have any questions or would like to order free STI medications for this client or to become a stock clinic, please call the SBBI On-Duty Line at 1-877-464-9675 Ext. 74214. To order free hepatitis A and/or B vaccine for clients meeting eligibility criteria: For York Region Health Care Providers: please obtain an order form from http://bit.ly/YRvaccineorder and send completed vaccine order form via fax to (905) 830-0578, via email to vaccineinventory@york.ca or call 1-877-464-9675 Ext. 74033. For Health Care Providers outside York Region: Contact your local Health Unit.

☐ **YES** ☐ **NO – <u>CLIENT HAS BEEN PROVIDED INFECTIOUS SYPHILIS HEALTH TEACHING</u>**

York Region Public Health recommends that your health teaching include:

- Strategies to decrease transmission of syphilis including safer sex practices and HIV Pre-Exposure Prophylaxis (PrEP) as applicable
- Discuss contact notification for all partners within respective syphilis staging trace back period
- Advise to abstain from having sexual activity for 7 days post treatment, ensure all current partners are treated and all symptoms have resolved.
- Schedule for post syphilis serology testing and discuss additional STI screening, including HIV noting HIV window period.

<u>Who will take responsibility to complete syphilis contact notification?</u> # OF CONTACTS: ____

To establish syphilis trace back period, trace contacts for a period PRIOR to symptom onset (or specimen collection if asymptomatic) depending on the stage of infection as follows:
Primary – 3 months, *Secondary* – 6 months, *Early latent* – 1 year.

☐ Client has taken responsibility to inform partner(s) **<u>and HCP assesses client as reliable</u>**

☐ Health Care Provider – HCP will provide each partner with contact notification and testing

☐ Public Health - Client has requested anonymous notification of partner(s) or HCP requests PH follow-up. Please provide any known identifying information about each partner(s) including name, gender, address, telephone number, age/date of birth. Contact details: _____
_____

☐ Unable to Follow – Client does not have sufficient information to contact partner(s)

☐ Not discussed with client

<u>ASSESSMENT OF RISK FACTORS</u>

<u>Exposure Setting</u>

☐ Bath house
☐ Correctional facility
☐ Travel to: _____
☐ Underhoused / Homeless
☐ Social Venue / Event: _____
☐ Other _____
☐ Unknown

<u>Medical Risk Factors</u>

☐ Co-Infection with: _____
☐ Positive HIV status
☐ Repeat STI
☐ Pregnant
☐ On HIV Pre-Exposure Prophylaxis
☐ Other: _____
☐ Unknown

<u>Behavioural Social Factors</u>

☐ No condom used ☐ Condom breakage
☐ Anonymous sex ☐ Sex with same sex
☐ Sex with opposite sex
☐ Sex with transgender person
☐ Sex with sex trade worker ☐ Sex trade worker
☐ Sex for drugs / shelter / food /survival
☐ Judgement impaired by alcohol / drugs
☐ New contact in past 2 months
☐ More than one sex contact in last 6 months # _____
☐ Met contact through internet sites: _____
☐ Contact visiting from outside province: _____
☐ Other: _____
☐ Unknown

REASON FOR TESTING:

☐ Routine screening ☐ Symptoms ☐ Contact tracing ☐ Immigration ☐ Therapeutic Abortion
☐ PrEP Work-up ☐ Prenatal screening ☐ Other: _____

SYMPTOMS: START DATE: _____ END DATE: _____

☐ Asymptomatic ☐ Rash ☐ Fever ☐ Chancre ☐ Lymphadenopathy ☐ Condyloma Lata
☐ Neurological symptoms ☐ Malaise ☐ Alopecia ☐ Other: _____

PrEP: HIV Pre-Exposure Prophylaxis (PrEP) is a highly effective HIV prevention medication regime.

Is this client currently on HIV Pre-Exposure Prophylaxis (PrEP)? ☐ Yes ☐ No

PrEP discussed/offered to client? ☐ Yes ☐ No

For more information or to learn how to prescribe PrEP visit www.ontarioprep.ca.

OTHER STI / BBI TESTING (indicate results):

☐ Chlamydia _____ ☐ Gonorrhea _____ ☐ Hep B ☐ Hep C _____ ☐ HIV
☐ Other: _____

FOR NON-INFECTIOUS SYPHILIS*/OTHER – PLEASE INDICATE DIAGNOSIS:

☐ **Late Latent Syphilis –** onset > 1-year, no history, asymptomatic, reactive serology
☐ **Neurosyphilis –** presence of positive CSF findings, asymptomatic or with neurological symptoms
☐ **Biological False Positive** – for prenatal clients, consider ID specialist referral to confirm diagnosis
☐ **Previously treated –** Treatment and Date: _____
☐ **Other:** _____

NON-INFECTIOUS SYPHILIS TREATMENT:

TREATMENT for LATE LATENT SYPHILIS	TREATMENT DATE(S) (yyyy-mm-dd)
☐ **Benzathine Penicillin G (Bicillin) 2.4 mU weekly x 3 doses IM doses**	1. _____ 2. _____ 3. _____
☐ Doxycycline 100 mg BID x 28 days PO	
☐ Other:	

For neurosyphilis & congenital syphilis treatment refer to specialists

NON-INFECTIOUS SYPHILIS HEALTH TEACHING:

- Providing health teaching on late latent syphilis and the necessity of treatment completion
- Discussing contact notification for sexual partners and children as appropriate
- Health Teaching on transmission of STIs (including HIV) and risk reduction

***York Region Public Health will not follow these cases unless pregnant, HIV +ve or as requested**

Comments: _____

HCP Name/Signature: **Date:** _____

Submit: ☐