

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: (Name, Sex, DOB, Phone Address, Language)	

Specimin Collection Date (yyyy-mm-dd): [Specimen Collection Date] _____

CLIA: [CMIA] **RPR:** [RPR] **TP-PA:** [TPPA] **FTA-AB:** Not Applicable

DIAGNOSIS – DOES THIS CLIENT HAVE INFECTIOUS SYPHILIS?

- YES: Indicate infectious syphilis staging**
- Primary Syphilis** – Infection < 1 month, symptoms can include chancre, lymphadenopathy
 - Secondary Syphilis** – Infection x 1-6 months, symptoms can include maculo-papular rash, fever, lymphadenopathy
 - Early Latent Syphilis** – Infection < 1 year, generally asymptomatic
- NO:** Complete NEXT PAGE, York Region Public Health will not follow these cases unless pregnant, HIV positive, or as requested
- Undetermined:** Specify plan for diagnosis on cover sheet and fax back to York Region Public Health

INFECTIOUS SYPHILIS TREATMENT: York Region HCPs – To order meds call 1-877-464-9675 Ext 74214

TREATMENT for PRIMARY, SECONDARY, EARLY LATENT	TREATMENT DATE (yyyy-mm-dd)
<input type="checkbox"/> Benzathine Penicillin G (Bicillin) 2.4 mU x single dose IM	
<input type="checkbox"/> Doxycycline 100 mg bid x 14 days PO	
<input type="checkbox"/> Other:	

YES **NO** - **CLIENT HAS BEEN PROVIDED INFECTIOUS SYPHILIS HEALTH TEACHING**

INFECTIOUS SYPHILIS HEALTH TEACHING INCLUDES:

- Client has been notified of their reportable infection and may be contacted by York Region Public Health
- Syphilis transmission via sexual activity, vertical transmission or direct skin contact to a chancre/rash
- Advising your client to abstain from having sexual activity until asymptomatic for 7 days following treatment
- Advising not to resume sexual activity with any untreated partner(s)
- Advising client on follow-up syphilis serological testing as per STI guidelines
- Reinforcing protective measures including safer sex practices, condom use and PrEP as applicable
- Discussing further STI screening including HIV and HIV window period
- Discussing partner notification for sexual partners within trace back time period.

RESPONSIBILITY FOR NOTIFICATION OF ALL INFECTIOUS SYPHILIS CONTACTS: # OF CONTACTS: _____

Trace back to symptom onset or lab collection (if asymptomatic): Primary–4 months, Secondary–8 months, Early latent–1 year

- Client - Client has taken responsibility to inform partner(s) and HCP assesses client reliable to provide notification
- Health Care Provider - Health care provider will provide each partner with STI information regarding prevention, testing, and treatment
- Public Health - Client has requested anonymous notification of partner(s). Please provide any known identifying contact info.
- Unable to Follow - Client does not have sufficient information to contact partner(s)
- Not discussed with client

Health care provider signature: _____ DATE (yyyy-mm-dd): _____

Public Health

4261 Highway 7 East, Suite B6-9, Unionville ON L3R 9W6
 1-877-464-9675 • TTY 1-866-512-6228 • Fax 905-940-4541
www.york.ca/sexualhealth



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

- Late Latent Syphilis** – onset > 1 year, unknown duration, asymptomatic, reactive serology and no history
- Neurosyphilis** - presence of positive CSF findings
- Biological False Positive**
- Previously treated** – Treatment and Date(yyyy-mm-dd): _____
- Other:** _____

NON -INFECTIOUS SYPHILIS TREATMENT:

TREATMENT for LATE LATENT	TREATMENT DATE(S) (yyyy-mm-dd)
<input type="checkbox"/> Benzathine Penicillin G (Bicillin) 2.4 mU weekly x 3 doses IM doses	1 _____ 2 _____ 3 _____
<input type="checkbox"/> Doxycycline 100 mg bid x 28 days PO	
<input type="checkbox"/> Other:	

For neurosyphilis, & congenital syphilis treatment refer to Canadian STI Guidelines

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 positive or as requested ****

REASONS FOR TESTING:

- Routine screening
- Symptoms
- Contact tracing
- Immigration screening
- Therapeutic Abortion
- PrEP Work up
- Prenatal screening – EDD (yy/mm/dd): _____
- Other: _____

SYMPTOMS:

START DATE(yyyy-mm-dd): _____ **END DATE**(yyyy-mm-dd): _____

- ASYMPTOMATIC
- RASH
- FEVER
- CHANCRE
- LYPHADENOPATHY
- CONDYLOMA LATA
- NEUROLOGICAL SYMPTOMS
- MALAISE
- ALOPECIA
- OTHER: _____

RISK FACTORS:

Exposure Settings	Medical Risk Factors	Behavioural Social Factors
<input type="checkbox"/> Bath house <input type="checkbox"/> Correctional facility <input type="checkbox"/> Travel outside province (specify): _____ <input type="checkbox"/> Underhoused/Homeless <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____	<input type="checkbox"/> Co-infection (specify): <input type="checkbox"/> Positive HIV status <input type="checkbox"/> On PrEP <input type="checkbox"/> Repeat STI <input type="checkbox"/> Pregnant <input type="checkbox"/> Unknown <input type="checkbox"/> Client born to a case <input type="checkbox"/> Other: _____	<input type="checkbox"/> Anonymous Sex <input type="checkbox"/> Condom breakage <input type="checkbox"/> Judgement impaired by alcohol/drugs <input type="checkbox"/> Met partner through internet <input type="checkbox"/> >1 partner in 6 months (# _____) <input type="checkbox"/> No condom used <input type="checkbox"/> New contact in past 2 months <input type="checkbox"/> Contact from outside province <input type="checkbox"/> Sex for drugs/shelter/food/survival <input type="checkbox"/> Sex with trans <input type="checkbox"/> Shared sex toys <input type="checkbox"/> Sex trade worker <input type="checkbox"/> Sex with opposite sex <input type="checkbox"/> Sex with same sex <input type="checkbox"/> Sex with sex trade worker <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____

Is this patient currently on Pre-Exposure Prophylaxis (PrEP)? Yes No

PrEP discussed/offered to client? Yes No *PrEP is a highly effective HIV prevention medication regime. For more information or to learn how to prescribe PrEP in your clinical practice visit www.ontarioprep.ca.

Other STI/BBI Testing (indicate results)

- Chlamydia _____
- Gonorrhea _____
- Hep B _____
- Hep C _____
- HIV _____

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 (www.health.gov.on.ca/en/public/programs/immunization/docs/schedule.pdf), please fax a completed vaccine order form to Fax #: **905) 830-0578**. If you are a health care provider who practices **outside** of York Region, please order your vaccine through your local vaccine provider.

RECOMMENDED SEROLOGICAL FOLLOW-UP

Based on the *Canadian Guidelines on Sexually Transmitted Infections 2006 Edition*, it is recommended that following treatment, serology testing be carried out until results are seronegative or at a stable low titre (e.g. 1:4 dilutions). However, please note completion of repeat testing according to recommendations should be considered in HIV-infected individuals or in recent exposures to syphilis.

Stage	Serological Testing Follow-up	Adequate Serological Response
Primary, Secondary and Early Latent Syphilis	3, 6, 12 months after treatment* *Some experts recommend follow-up testing at 1 month after treatment to ensure that titre is not rising; a rising titre may indicate either treatment failure or re-infection	Primary: 4-fold drop at 6 months, 8-fold drop at 12 months, 16-fold drop at 24 months
		Secondary: 8-fold drop at 6 months, 16-fold drop at 12 months
		Early Latent: 4-fold drop at 12 months
Late Latent Syphilis	12 and 24 months after treatment	A rise in titre of more than 2-fold after treatment may indicate treatment failure or reinfection

SYPHILIS SEROLOGY INTERPRETATION FLOW CHART

Screening Test (CMIA)	Confirmatory Test (RPR)	Confirmatory Test (TPPA)	Possible Interpretations/ Recommendations
Non-reactive	Not tested	Not tested	No confirmatory testing is performed if syphilis screen result is non-reactive <ul style="list-style-type: none"> • Early incubating syphilis can be non-reactive before antibodies have developed. • If clinical suspicion of early syphilis, suggest single repeat serology in 4 weeks if not repeated already.
Reactive	Reactive	Reactive	Consistent with recent or prior syphilis infection
Reactive	Non-reactive	Reactive	Consistent with recent or prior syphilis infection
Reactive	Non-reactive	Non- Reactive	<ul style="list-style-type: none"> • Results consistent with false reactive screening test. • Rare alternate interpretations include early syphilis, previously treated, or late latent syphilis. • Repeat serology in 4 weeks if not already repeated.
Reactive	Non-reactive	Indeterminate	Inconclusive syphilis serology results <ul style="list-style-type: none"> • Possible interpretations include false positive, or early, old treated or untreated syphilis. • Repeat serology in 4 weeks if not already repeated.
Reactive	Reactive	Non- Reactive	Inconclusive syphilis serology results <ul style="list-style-type: none"> • Possible interpretations include false positive, or early, old treated or untreated syphilis. • Repeat serology in 4 weeks if not already repeated.
Reactive	Reactive	Indeterminate	Consistent with recent or prior syphilis infection

Adapted from Public Health Laboratories (October 2017). *Labstract – Syphilis (Treponema pallidum) Serologic Testing Update and Changes to Screening test and Algorithm*. Available at the Public Health Agency of Canada website, www.phac-aspc.gc.ca