

Confidential and Routine Notification of Syphilis by Medical Practitioners



Syphilis requires written notification to the Department of Health upon initial diagnosis within five days to:

Department of Health, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651 170.

Commonwealth and State privacy legislation does not negate the responsibility to notify the specified condition or to provide the information requested on this form.

Please indicate the condition you are notifying

Infectious syphilis (infection <2 years duration)

- Primary (chancere or ulcer)
- Secondary (symptomatic e.g. rash)
- Early latent (asymptomatic, confirmed <2 years duration)

Late syphilis

- Late latent >2 years
- Unknown duration
- Tertiary

Congenital syphilis

Complete sections 1-4 only; DH will contact you for further investigation.

1. Case details

Provide only the first two letters of the last and first names

Last name	First name	Postcode of residence

Date of birth

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Sex at birth

- Male
- Female
- Other, specify > _____

Identified gender

- Male
- Female
- Non-binary
- They use a different term, please specify _____

Pregnancy status

- Pregnant, weeks gestation at diagnosis > _____
estimated due date > _____
- Not pregnant
- Unknown

Infectious syphilis occurring during pregnancy requires URGENT response due to the high risk of congenital infection.

Is the case Aboriginal or Torres Strait Islander

- No
- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Unknown

Country of birth ...country

- Australia
- Unknown
- Overseas > _____

...year arrived in Australia

- Unknown

Alive/deceased

- Alive
- Died due to this infection > _____
- Died due to other causes > _____

...date of death

2. Clinical details

Symptoms (tick all that apply)

- Chancere or ulcer
- Flu-like symptoms
- Generalised lymphadenopathy
- Neurological symptoms
- Rash
- Other symptoms, specify > _____
- No symptoms
- Unknown

Date of symptom onset >

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Is this infection a

- New diagnosis (complete all sections), OR
- Past treated infection (if previously notified, complete sections 1-4 only)

What treatment has been given for this infection

- Long acting Benzathine Penicillin 1.8g IMI (900mg injection into each buttock) which equates to 2.4 MIU (1.2MIU injection into each buttock) (for infectious syphilis) > Treatment date

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- Long acting Benzathine Penicillin 1.8g IMI, three doses given one week apart for three weeks (for late latent syphilis or unknown duration).

Please provide treatment dates

Dose 1	Dose 2	Dose 3

- Other, specify

Treatment date	Drug

Dose	Duration

- Not treated and referred to another clinician, specify

Name and details of clinician

- Not treated, lost to follow up > **DH Partner Notification Officers can assist with re-engaging the patient - call (03) 9096 3367**

Form continues over page

3. Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name

Medicare provider no.

Department use only

Address

City

Postcode

Telephone

Fax

Date

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Notification of Syphilis Information sheet

Case classification

Congenital syphilis

A serious condition affecting an unborn baby or infant whose mother had untreated or inadequately treated syphilis during pregnancy or delivery.

Infectious syphilis (less than 2 years duration)

Primary

Clinical: One or more ano-genital ulcers (chancre) present which may vary in appearance. May be in an occult site (e.g. rectal or perivaginal).

Laboratory: Serology may still be negative very early on. Repeat serology is recommended. Usually EIA, TPPA, TPHA and RPR will be positive. Presence of IgM can be a strong indicator for early infection. Swab from lesion likely to be PCR+. Demonstration of spirochaetes by dark field microscopy.

Secondary

Clinical: Skin spots or rash, particularly on the trunk, palms and soles. Symptoms that can be present include generalised lymphadenopathy, constitutional symptoms, neurological symptoms (especially in HIV+ cases), elevated liver function tests and uveitis. Primary chancre can still be present.

Laboratory: Serology is positive (+EIA, +TPPA, +TPHA). Usually +IgM. RPR is reactive (titre usually > 1:4)

Early latent

Clinical: No symptoms of syphilis. No history of adequate treatment.

Laboratory: Serology is positive (+EIA, +TPPA, +TPHA). IgM may be negative. RPR is reactive.

Late syphilis (more than 2 years duration) or unknown duration

Late latent

Clinical: No symptoms of syphilis.

Laboratory: Serology is positive (+EIA, +TPPA, +TPHA). RPR may still be reactive.

Tertiary

Clinical: Characteristic abnormalities of the cardiovascular, skin, bone, brain or other system.

Laboratory: Seek expert advice.

Neurosyphilis

Can occur at any time during infection and refers to infection of the central nervous system. It is diagnosed through lumbar puncture. Specialist advice and treatment is recommended.

Reinfection

Syphilis at any stage in a previously infected person with a fourfold or greater rise in RPR titre. Reinfection is common among men who have sex with men, particularly those who are HIV positive.

Treatment

Melbourne Sexual Health Centre treatment guidelines: www.mshc.org.au

Australian STI Management Guidelines for use in primary care: www.sti.guidelines.org.au

Therapeutic Guidelines: Antibiotic, Version 15, 2014

Correct antibiotic choice, dosage and duration are required to ensure syphilis is cured and complications are prevented. **Use long acting intramuscular penicillin formulations (Benzathine penicillin).** Do NOT use short acting formulations (for example, Benzyl penicillin) as they are ineffective. **Test and treat all sexual contacts of syphilis cases without waiting for test results.**