

Syphilis Reporting Form



Dear Healthcare Provider,

Public Health Sudbury & Districts (PHSD) received a copy of testing you ordered because the results may be consistent with recent or prior syphilis infection. Under HPPA O. Reg 135/18, syphilis is reportable to PHSD. Please complete and return this form by fax to PHSD at 705.677.9611. This information helps PHSD monitor disease, identify risk factors, and provide preventative education. PHSD may also follow up directly with the patient. Treatment for syphilis is available free of charge from PHSD. To request benzathine penicillin G-LA for your office, please contact the Sexual Health Team at 705.522.9200, ext. 482 (toll-free 1.866.522.9200).

HEALTH CARE PROVIDER INFORMATION		
HCP:	City:	Phone:
CLIENT INFORMATION (complete or affix patient label)		
First name:	Last name:	
DOB:	Phone:	
Address:		
Sex assigned at birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Do not wish to disclose		
Pregnant: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, due date:		
REASON FOR TESTING		
<input type="checkbox"/> Symptomatic <input type="checkbox"/> Routine screening <input type="checkbox"/> Contact of case <input type="checkbox"/> Sexual assault <input type="checkbox"/> Prenatal screening	<input type="checkbox"/> Insurance <input type="checkbox"/> Immigration screening <input type="checkbox"/> Follow up titre, post treatment <input type="checkbox"/> Campaign <input type="checkbox"/> Other:	
<input type="checkbox"/> Client was previously diagnosed, appropriately treated, and there is no chance of re-infection (i.e., no new exposure). No additional follow up is required. Complete the boxes below. <ul style="list-style-type: none"> <input type="checkbox"/> Previously-treated primary syphilis: 4-fold drop in RPR at 6 months <input type="checkbox"/> Previously-treated primary syphilis: 8-fold RPR drop at 12 months <input type="checkbox"/> Previously-treated secondary syphilis: 8-fold drop in RPR at 6 months <input type="checkbox"/> Previously-treated secondary syphilis: 16-fold drop in RPR at 12 months <input type="checkbox"/> Previously-treated early latent syphilis: 4-fold drop in RPRP at 12 months Other:		
If you have completed this section, do not complete the rest of the form. Sign at end of form.		
Note: Administer Bicillin® L-A as a divided dose of 1.2 million units IM bilaterally to the left and right gluteal muscle only. DO NOT administer to the deltoid or quadriceps muscles.		
STAGE (check one)	SIGNS & SYMPTOMS (check all that apply)	TREATMENT (check one)
<input type="checkbox"/> Primary syphilis (10-90 days after exposure)	<input type="checkbox"/> Chancre <input type="checkbox"/> Regional lymphadenopathy <input type="checkbox"/> Findings of neurosyphilis <input type="checkbox"/> Other:	<input type="checkbox"/> Benzathine penicillin G-LA 2.4 million units IM x 1 <input type="checkbox"/> Pregnant: Benzathine penicillin G-LA 2.4 million units IM x 1 (minimum) or q 7 days x 2 or 3 (recommended) <input type="checkbox"/> Neurosyphilis: Treatment as per specialist <input type="checkbox"/> Second-line treatment (specify below) DATE(S) ADMINISTERED:
<input type="checkbox"/> Secondary syphilis (4-10 weeks after chancre)	<input type="checkbox"/> Rash <input type="checkbox"/> Fever <input type="checkbox"/> Malaise <input type="checkbox"/> Mucosal lesions <input type="checkbox"/> Condylomata lata	<input type="checkbox"/> Benzathine penicillin G-LA 2.4 million units IM x 1 <input type="checkbox"/> Pregnant: Benzathine penicillin G-LA 2.4 million units IM q 7 days x 2 (Minimum) or 3 (Recommended) <input type="checkbox"/> Neurosyphilis: Treatment as per specialist <input type="checkbox"/> Second-line treatment (specify below)

	<input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Alopecia <input type="checkbox"/> Uveitis/retinitis <input type="checkbox"/> Findings of neurosyphilis <input type="checkbox"/> Other: enter text	DATE(S) ADMINISTERED:	
<input type="checkbox"/> Early latent syphilis (<1 year after exposure)	<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Findings of neurosyphilis	<input type="checkbox"/> Benzathine penicillin G-LA 2.4 million units IM x 1 <input type="checkbox"/> Pregnant: Benzathine penicillin G-LA 2.4 million units IM x 1 (minimum) or q 7 days x 2 or 3 (recommended) <input type="checkbox"/> Neurosyphilis: Treatment as per specialist <input type="checkbox"/> Second-line treatment (specify below) DATE(S) ADMINISTERED:	
<input type="checkbox"/> Late latent syphilis (>1 year after exposure) <input type="checkbox"/> Unknown duration	<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Findings of neurosyphilis	<input type="checkbox"/> Benzathine penicillin G-LA 2.4 million units IM q 7 days x 3 <input type="checkbox"/> Neurosyphilis: Treatment as per specialist <input type="checkbox"/> Second-line treatment (specify below) DATES ADMINISTERED:	
<input type="checkbox"/> Tertiary syphilis (years to decades)	<input type="checkbox"/> CV syphilis <input type="checkbox"/> Gummatous disease <input type="checkbox"/> Findings of late neurosyphilis <input type="checkbox"/> Other:	<input type="checkbox"/> Benzathine penicillin G-LA 2.4 million units IM q 7 days x 3 <input type="checkbox"/> Neurosyphilis: Treatment as per specialist <input type="checkbox"/> Second-line treatment (specify below) DATES ADMINISTERED:	
<input type="checkbox"/> Biological false positive	<input type="checkbox"/> Screen: Reactive; RPR: Non-Reactive; TP.PA: Non-Reactive <input type="checkbox"/> Screen: Reactive; RPR: Non-Reactive; TP-PA: Indeterminate <input type="checkbox"/> Results unchanged when repeated <input type="checkbox"/> Results all non-reactive when repeated <input type="checkbox"/> No known exposure <input type="checkbox"/> Low-risk exposure(s)		
<input type="checkbox"/> Perinatal exposure to syphilis (congenital syphilis confirmed or under investigation)	Please call PHSD at 705.522.9200, ext. 482 (toll-free 1.866.522.9200)		Treatment as per consulting pediatrician or infectious disease specialist
Desensitization followed by treatment with penicillin preferred to second-line treatment. If a second-line treatment was prescribed, please specify: <input type="checkbox"/> Doxycycline, 100 mg PO BID x 14 days <input type="checkbox"/> Doxycycline, 100 mg PO BID x 28 days <input type="checkbox"/> Ceftriaxone 1 g IV or IM daily for 10 days			
Comment(s)			
If referring to Sexual Health Clinic for treatment, please provide a prescription along with this form.			

Reporting health care provider's signature: