



Report of Notifiable Condition Syphilis Infection or Related Death

South Australian Public Health Act 2011

FAX completed Syphilis Infection or Related Death form to the
Communicable Disease Control Branch (CDCB) on (08) 7425 6696

or

PHONE 1300 232 272 (Monday–Friday 8:30am–5pm) as soon as practicable
and in any event within 3 days of suspecting or confirming a diagnosis.

A CASE DETAILS Please print clearly and tick all applicable boxes

Last name

Given name

Date of birth / / Date of death (if applicable) / /

Residential address

Suburb Postcode

Contact number

Sex assigned at birth

- ☐ Male
☐ Female
☐ Non-binary sex

Gender at notification

- ☐ Man/Male ☐ Other – Specify:
☐ Woman/Female
☐ Non-binary gender

Is the person of Aboriginal or Torres Strait Islander origin?

Persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes
☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ No

Where was the person born?

☐ Australia ☐ Overseas – Specify country:

Primary language spoken at home

☐ English ☐ Other – Specify:

Pregnancy status

- ☐ Yes, currently pregnant – Specify gestation:
☐ Recent delivery or loss of pregnancy – Specify date:
☐ Unknown: **due to the risk of congenital syphilis, urgently recall the person to determine pregnancy status**
☐ Not pregnant or not applicable

B LABORATORY AND CLINICAL DETAILS**Current pathology results received from**

- ☐ Abbotts ☐ Clinpath ☐ Other – Specify:
☐ Australian Clinical Labs ☐ SA Pathology

Serology results

Date of specimen collection / /

Syphilis screen

- (eg EIA and/or TPPA/TPHA)
☐ Reactive/previously detected
☐ Non-reactive
☐ Not done

RPR

- ☐ Reactive
– Specify titre:
☐ Non-reactive
☐ Not done

NAT (PCR) – Specify site:

Date of specimen collection / /

- ☐ Detected ☐ Not detected ☐ Pending ☐ Not done

Other – Specify:**Previous syphilis results (most recent if multiple)**

Laboratory Date / /

- ☐ Yes, previous negative screen ☐ No previous results
☐ Yes, previous positive screen ☐ Unknown

C CLINICAL DETAILS**Signs or symptoms at time of specimen collection**

- ☐ Asymptomatic ☐ Condyloma lata
☐ Chancre (syphilitic lesion) ☐ Ocular symptoms
– Specify site: ☐ Neurological symptoms
☐ Rash ☐ Other – Specify:

Syphilis stage at the time of specimen collection (refer to page 2)

- ☐ Primary (for example chancre) ☐ Tertiary (late symptomatic)
☐ Secondary (for example rash) ☐ Old treated syphilis infection
☐ Early neurosyphilis (clinical/lab evidence of infection in previous 2 years) *Provide treatment details below and skip to section F*
☐ Early latent (asymptomatic; lab evidence of infection in previous 2 years) ☐ Congenital syphilis
Skip to section F and phone notify all congenital syphilis cases
☐ Late latent (asymptomatic; infection >2 years or at an unknown time)

Has the current infection been adequately treated?

☐ Yes – Specify:

Service (name and location)	Date commenced / /
Drug name	Dose Route
Service (name and location)	Date commenced / /
Drug name	Dose Route

- ☐ No, in progress – Specify:
☐ No, referred to specialist – Specify:
☐ No, lost to follow up

Why was the person tested? TICK ONE ONLY

- ☐ Presented with clinical symptoms ☐ Prison screening
☐ Contact of a person with syphilis ☐ Treatment monitoring
☐ STI screening (incl. health checks) ☐ Screening for other purposes
☐ Antenatal screening – Specify:

D EPIDEMIOLOGICAL INFORMATION**Sexual partner/s in the last 12 months** TICK ALL THAT APPLY

- ☐ Male ☐ Female ☐ Non binary/gender diverse

Has the person engaged in sex work in the past 12 months?

- ☐ Yes ☐ No ☐ Not asked

Has the person had sex with a sex worker in the past 12 months?

- ☐ Yes ☐ No ☐ Not asked

Where was this infection likely to have been acquired? TICK ONE ONLY

- ☐ South Australia ☐ Interstate – Specify state:
☐ Overseas – Specify country:

Has the person used drugs in the past 12 months? TICK ALL THAT APPLY

- ☐ Yes, injecting drug use – Specify drug:
☐ Yes, non-injecting drug use – Specify drug:
☐ No ☐ Not asked

At the time of specimen collection, was the person taking:

- Pre-exposure prophylaxis for HIV (PrEP) ☐ Yes ☐ No
Doxycycline prophylaxis for STI (Dox-PEP) ☐ Yes ☐ No

E SEXUAL PARTNER NOTIFICATION

A partner notification officer will be in contact with any person diagnosed with infectious syphilis (primary, secondary, early latent) to facilitate partner notification. For persons diagnosed with non-infectious syphilis (late latent, tertiary) the treating doctor should test current sexual partner/s. Medical practitioners are reminded of their legal obligations under the *Children and Young People (Safety) Act 2017* regarding the diagnosis of a sexually transmitted infection in a child.

F DOCTOR DETAILS (stamp acceptable)

Name

Address of practice/hospital

Postcode

Contact number

Signature

Date / /

Please inform the person you have notified SA Health

INTERPRETATION OF SYPHILIS SEROLOGY

Proper interpretation of test results for syphilis usually requires a detailed history of the patient's illness including when the patient was infected, previous test results and any treatment. Syphilis testing should be conducted as part of screening in sexually active persons (or on clinical suspicion). Investigate all persons presenting with other STIs, including chlamydia, gonorrhoea, HIV, HBV and HCV for syphilis. Syphilis and HIV coinfection is common.

Test	Result	Interpretation	Action
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Non reactive Non reactive Non reactive	<ul style="list-style-type: none"> No evidence of syphilis 	<ul style="list-style-type: none"> Repeat in 1 month if clinical suspicion or risk factors present
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Non reactive Non reactive	<ul style="list-style-type: none"> False reactive screen Incubating infection 	<ul style="list-style-type: none"> Review clinical history, repeat test in 1 month if indicated
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Non reactive Reactive	<ul style="list-style-type: none"> Early infection (uncommon pattern) 	<ul style="list-style-type: none"> Review risk history and clinical findings Repeat RPR on the day of treatment
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Reactive Non reactive	<ul style="list-style-type: none"> Confirmed exposure to <i>T. pallidum</i> Early infection Syphilis any stage except secondary Treated syphilis 	<ul style="list-style-type: none"> Review clinical history and risk markers Stage using clinical picture Treat appropriate to stage Repeat RPR on the day of treatment
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Reactive Reactive <1:16	<ul style="list-style-type: none"> Confirmed exposure to <i>T. pallidum</i> Syphilis any stage except secondary Treated syphilis 	<ul style="list-style-type: none"> Stage using clinical picture Treat appropriate to stage Repeat RPR on the day of treatment
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Reactive Reactive ≥1:16	<ul style="list-style-type: none"> Confirmed exposure to <i>T. pallidum</i> Syphilis any stage Treated syphilis (less likely) 	<ul style="list-style-type: none"> Stage using clinical picture Treat appropriate to stage Repeat RPR on the day of treatment

Assessment of risk markers	<ul style="list-style-type: none"> Contact with known case of syphilis Men who have sex with men Sex worker involvement Previous STI including HIV New and/or casual sex partners Sex overseas Injecting drug use Sex partners of any of the above 	Clinical history	<ul style="list-style-type: none"> History of a painless indurated ulcer in the genital, perianal area, or mouth A high proportion of cases do not recall a painless ulcer Has client ever been given injectable penicillin or is aware of previous treatment or testing for syphilis? History of a non-pruritic maculopapular eruption, lymphadenopathy, fever, malaise Neurological or cardiac signs
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STAGING AND ANTIBIOTIC TREATMENT OF SYPHILIS INFECTION

Acute infectious syphilis of less than 2 years duration		Treatment
Primary syphilis	<ul style="list-style-type: none"> Typically one or more painless ulcers in the genital, perianal area or mouth Take a dry swab of any potentially syphilitic lesion for syphilis PCR (NAAT) Exclude genital herpes infection 	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
Secondary syphilis	<ul style="list-style-type: none"> Otherwise unexplained generalised cutaneous or localised eruption, palmar or plantar rash Mucous patches (membranous lesions of mouth, buccal mucosa or lips) Generalised lymphadenopathy RPR Reactive and titre ≥1:16 	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
Early neurosyphilis	<ul style="list-style-type: none"> Signs of meningitis, visual changes, or cranial nerve involvement Can occur in association with secondary syphilis Requires CSF examination seek urgent expert guidance on diagnosis and management 	Seek expert guidance
Early latent syphilis	<ul style="list-style-type: none"> No symptoms or signs at presentation, may have history of genital ulcer or generalised rash within last 24 months Previous non reactive serology within the last 24 months If previously infected a 4 fold increase in RPR titre within the last 24 months indicates reinfection 	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
Congenital syphilis	<ul style="list-style-type: none"> Mother has positive serology and not treated or treatment in last month of pregnancy Seek urgent expert guidance 	Seek expert guidance
Non infectious syphilis of greater than 2 years duration or uncertain duration		
Late latent syphilis	<ul style="list-style-type: none"> No symptoms or signs Reassess clinical history and risk markers 	Benzathine penicillin 1.8g (= 2.4 million units) IM, once a week for 3 doses
Late symptomatic syphilis	<ul style="list-style-type: none"> Otherwise unexplained CNS or cardiovascular signs or symptoms Seek expert guidance on diagnosis and management 	Seek expert guidance

If allergic to penicillin, desensitise or seek expert advice

Adelaide Sexual Health Centre offers specialist advice on sexually transmitted infections and partner notification and can be contacted on (08) 7117 2800

For syphilis partner notification advice or assistance in Aboriginal and/or Torres Strait Islander patients, call the SA Syphilis Register on 1300 232 272