

SYPHILIS

HEALTH CARE PROVIDER INVESTIGATION & REPORTING FORM

Completion of this form is required and faxed by the next working day from the initial patient visit, to the Windsor-Essex County Health Unit – Clinical Services (fax: 226-783-2132). **Refer to the Health Unit or *Canadian Guidelines on Sexually Transmitted Infections* for diagnosis and management of STIs, including complex cases.**

DATE REPORTED (YY/MM/DD)		REPORTING PROVIDER NAME		PHONE NUMBER () - ext.	
SECTION A: PATIENT INFORMATION					
PATIENT NAME (FIRST) (MIDDLE) (LAST)			SEX	DATE OF BIRTH (YY/MM/DD)	AGE
ADDRESS (STREET) (CITY) (POSTAL CODE)					
HOME PHONE: () -			LANGUAGE SPOKEN:		
SECTION B: INFECTION MANAGEMENT					
Reason for Testing	<input type="checkbox"/> Asymptomatic with risk factors, other than contact <input type="checkbox"/> Contact tracing <input type="checkbox"/> Routine – Prenatal Screen <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Symptomatic <input type="checkbox"/> Immigration Screening <input type="checkbox"/> Routine – Medical Procedure				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was the client tested for HIV? Date (YY/MM/DD): _____ Results: _____				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the client been notified of the laboratory result, indicating infection?				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client pregnant? If yes, gestational age: ____ weeks				
Working diagnosis	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent <input type="checkbox"/> Late Latent <input type="checkbox"/> Tertiary <input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Treating with 3 doses as cannot rule-out a previous undiagnosed infection <input type="checkbox"/> Client was previously diagnosed, appropriately treated, and there is no chance of re-infection (i.e., new exposure). No additional follow up is required. Do not complete the rest of the form.				
How are you treating the client?	STAGE OF SYPHILLIS	MEDICATION, DOSE, FREQUENCY		EFFECTIVE DATE (YY/MM/DD)	
	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early latent (<1 year)	<input type="checkbox"/> Benzathine penicillin G (Bicillin-LA) 2.4 million units IM once (NOTE: Not to be confused with short-acting benzylpenicillin (penicillin G)) <input type="checkbox"/> Other:			
	<input type="checkbox"/> Late latent	<input type="checkbox"/> Benzathine penicillin G (Bicillin-LA) 2.4 million units IM weekly x 3 doses <input type="checkbox"/> Other:			
	<input type="checkbox"/> Neurosyphilis <input type="checkbox"/> Tertiary	<input type="checkbox"/> Penicillin G ____ million units IV q4h x ____ days <input type="checkbox"/> Refer to Infectious Diseases Specialist.		 N/A	
SECTION C: PATIENT EDUCATION					
<input type="checkbox"/>	Counsel client regarding how syphilis is transmitted and prevention methods, including safer sex. Advise clients and contacts to abstain from unprotected intercourse of all types (anal, oral, and vaginal) during infectious stages until treatment of both partners complete and an adequate serologic response is determined.				
<input type="checkbox"/>	Inform client that follow-up serology tests need to be performed to monitor infection. Refer to <i>Canadian Guidelines</i> for follow-up serology test schedule for various stages of syphilis.				
<input type="checkbox"/>	Advise client to inform sexual partners to follow up with a health care provider to get testing and treatment. The Health Unit can assist with contact tracing and anonymous partner notification.				
<input type="checkbox"/>	Inform client/parent that a nurse from the Health Unit will be contacting them. They may also call the Health Unit directly at 519-258-2146 ext. 1420.				

Client Name: _____ Client DOB: _____

SYPHILIS p. 2 of 2

PRESENTING SIGNS AND SYMPTOMS OF PRIMARY, SECONDARY, OR LATENT: Varies, depending on stage of syphilis

✓ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)	✓ SIGNS & SYMPTOMS	Onset Date (YY/MM/DD)
<input type="checkbox"/> Asymptomatic		<input type="checkbox"/> Malaise	
<input type="checkbox"/> Patchy or diffuse alopecia		<input type="checkbox"/> Meningitis	
<input type="checkbox"/> Chancre		<input type="checkbox"/> Mucus lesions	
<input type="checkbox"/> Condyloma lata		<input type="checkbox"/> Rash	
<input type="checkbox"/> Fever		<input type="checkbox"/> Retinitis	
<input type="checkbox"/> Headaches		<input type="checkbox"/> Uveitis	
<input type="checkbox"/> Lymphadenopathy		<input type="checkbox"/> Other, specify: _____	

RISK FACTORS: Routinely screen individuals who are pregnant or planning a pregnancy. It is recommended that a diagnosis of syphilis should be considered in anyone with compatible signs or symptoms and also for those with risk factors.

✓ Risks
<input type="checkbox"/> Sexual contact of a confirmed syphilis case <input type="checkbox"/> Sex with same sex <input type="checkbox"/> Sex with opposite sex <input type="checkbox"/> No condom use <input type="checkbox"/> Condom breakage <input type="checkbox"/> Anonymous sex partners <input type="checkbox"/> Multiple sex partners
<input type="checkbox"/> New sexual contact in the past 2 months <input type="checkbox"/> Alcohol and/or drug use <input type="checkbox"/> Those with street involvement/homeless <input type="checkbox"/> History of syphilis, HIV, and other STIs <input type="checkbox"/> Unprotected sex while traveling to endemic area (specify country): _____ <input type="checkbox"/> Sex trade worker

REPORTING HEALTH CARE PROVIDER'S SIGNATURE: _____

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any **disease of public health significance** to the Medical Officer of Health.

For more information, 519-258-2146 ext. 1420
 Infectious Disease Prevention
www.wechu.org

March 2025/COMMUNITY/SYPHILIS