



Region of Waterloo
Public Health and Paramedic Services

MANDATORY REPORTING FORM

Sexual Health Program Phone: 519-883-2314 Option: 2 Fax: 519-883-4038

REPORT OF SYPHILIS

DATE REPORTED (YYYY/MM/DD)		REPORTING PROVIDER NAME	
SECTION A: PATIENT INFORMATION			
CLIENT NAME (LAST) (FIRST)		SEX	DATE OF BIRTH (YYYY/MM/DD) AGE
ADDRESS			
HOME PHONE		ALLERGIES	
SECTION B: REASON FOR TESTING			
<input type="checkbox"/> Routine <input type="checkbox"/> Contact tracing <input type="checkbox"/> Post Mortem <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Symptomatic (see below) <input type="checkbox"/> Prenatal Screen <input type="checkbox"/> Immigration Screening			
<input checked="" type="checkbox"/> SIGNS & SYMPTOMS	Onset Date (YYYY/MM/DD)	<input checked="" type="checkbox"/> SIGNS & SYMPTOMS	Onset Date YYYY/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"/> Mucosal lesions (mouth)	
<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"/> Neurological symptoms, specify:	
<input type="checkbox"/> Iritis		<input type="checkbox"/> Other, specify:	
SECTION C: STAGING AND TREATMENT			
STAGE OF SYPHILIS	TREATMENT DATES (YYYY/MM/DD)	MEDICATION, DOSE, FREQUENCY	
<input type="checkbox"/> Primary: <input type="checkbox"/> Primary anal <input type="checkbox"/> Primary genital <input type="checkbox"/> Primary other sites <input type="checkbox"/> Secondary: <input type="checkbox"/> Secondary of skin and mucous membranes <input type="checkbox"/> Secondary, other Early latent (<1 year)	1. _____ (YYYY/MM/DD)	<input type="checkbox"/> Benzathine penicillin G (Bicillin-LA) 2.4million units (2x 1.2MU syringes) IM once (NOTE: Not to be confused with short-acting benzylicillin (penicillin G)) OR <input type="checkbox"/> Doxycycline 100 mg PO bid: <input type="checkbox"/> x 14 days (Primary, secondary, early latent) <input type="checkbox"/> x 28 days (late latent or latent of unknown duration)	
Late latent	1. _____ 2. _____ 3. _____	<input type="checkbox"/> Benzathine penicillin G (Bicillin-LA) 2.4million units (2x 1.2MU syringes) IM weekly x 3 doses <input type="checkbox"/> Other: _____	
Neurosyphilis	Refer to Infectious Disease Specialist	Penicillin G _____million units IV q4h x _____days	
* Primary, secondary and early latent cases in pregnancy should be treated with two doses of Benzathine Penicillin G 2.4 million units 1 week apart			

SECTION D: RISK FACTORS				
<input type="checkbox"/> No condom use	<input type="checkbox"/> Sex with same Sex	<input type="checkbox"/> Anonymous sexual partners	<input type="checkbox"/> Sex for drugs/shelter/food/survival	<input type="checkbox"/> Judgement impaired by alcohol/drugs
<input type="checkbox"/> History of syphilis, HIV, and/or other STIs	<input type="checkbox"/> Lived in/visited country where heterosexual transmission of HIV predominates	<input type="checkbox"/> Partner is from outside the province	<input type="checkbox"/> Street involvement/homeless	<input type="checkbox"/> Injection drug use
<input type="checkbox"/> Yes <input type="checkbox"/> No Was the client tested for HIV? Date (YYYY/MM/DD): _____	Results: _____			
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the client pregnant? If yes EDC (YYYY/MM/DD): _____	(see above for treatment)			
<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 Previously diagnosed, treated, and no new exposure . Follow up is not required. Do not complete the rest of the form.				
SECTION E: PATIENT EDUCATION				
<input type="checkbox"/>	Instructed to abstain from sexual contact for 7 days following first line treatment and until infectious lesions/secondary rashes have resolved. If alternate treatment used, abstain until treatment completed.			
<input type="checkbox"/>	Inform client that a nurse from Public Health will be contacting them. They may also call Public Health directly at 519-883-2314.			
<input type="checkbox"/>	Counsel client on transmission and STI/BBI prevention strategies including consistent use of barrier options such as condoms/dental dams oral, anal, and vaginal sex with all sexual partners, vaccines (HAV, HBV, HPV, MPOX) for those eligible/risk and PrEP for HIV for those at risk.			
<input type="checkbox"/>	Advise patient to test for other sexually transmitted and blood borne infections (STBBI).			
<input type="checkbox"/>	Counsel on risk of re-infection, routine screening and importance of serological monitoring after treatment (stage-specific as per table below):			
	Primary, secondary and early latent syphilis, congenital	3, 6, 12 months after treatment		
	Late latent, tertiary	12 and 24 months after treatment		
	Neurosyphilis	6, 12 and 24 months after treatment		
	HIV infected (any stage)	1, 3, 6, 12 and 24 months after treatment and yearly thereafter		
	Pregnancy	1, 3, 6 and 12-months post treatment and monthly until delivery if at high risk of re-infection		
SECTION F: CONTACT NOTIFICATION				
Advise client to inform sexual partners to follow up with a health care provider to get testing and treatment and that Public Health will assist with contact tracing and anonymous partner notification. Go back 3 months for primary, 6 months for secondary and 1 year for early latent. Assess spouse or long-term partners and children for late latent, if appropriate.				
# of partners in the stage- specific timeframe listed in section above _____				
Name of Contact	Sex	Contact information	Age/DOB	Date of last exposure

Practitioner signature _____ Date signed _____

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.