

Syphilis Clinical History and Staging Form



Algoma
PUBLIC HEALTH
Santé publique Algoma

(To be filled out by Algoma Public Health)

Client Name: _____ DOB: _____
Ordering Provider: _____ Date of Lab: _____

(To be filled out by Physician's office)

Sex: ☐ Female ☐ Male ☐ Other (please specify): _____

Address: _____

Telephone: (Home/Cell) _____ (Work) _____

Other: _____

1.0 Reason for Testing:

- ☐ Symptomatic ☐ Contact Tracing ☐ Routine Screening ☐ Postmortem
☐ Prenatal Screening* ☐ Other: _____

**Please see page 4 for recommendations related to syphilis in pregnancy and prevention of congenital syphilis*

2.0 Clinical Assessment – Current or past symptoms include:

- | | Onset Date | | Onset Date |
|--|------------|--|------------|
| <input type="checkbox"/> No signs/symptoms | _____ | <input type="checkbox"/> Fever | _____ |
| <input type="checkbox"/> Chancre | _____ | <input type="checkbox"/> Malaise | _____ |
| <input type="checkbox"/> Rash | _____ | <input type="checkbox"/> Headaches | _____ |
| <input type="checkbox"/> Lymphadenopathy | _____ | <input type="checkbox"/> Otic symptoms | _____ |
| <input type="checkbox"/> Mucosal lesions | _____ | <input type="checkbox"/> Ocular symptoms | _____ |
| <input type="checkbox"/> Condyloma lata | _____ | <input type="checkbox"/> Muscle aches | _____ |
| <input type="checkbox"/> Alopecia | _____ | <input type="checkbox"/> Mental status changes | _____ |
| <input type="checkbox"/> Fatigue | _____ | <input type="checkbox"/> Other: | _____ |

Additional symptom details (e.g. location, frequency): _____

3.0 Risk Factors:

- | | |
|--|---|
| <input type="checkbox"/> Pregnant*
Gestation: _____
Due Date: _____
OBGYN/Midwife: _____
Primary HCP: _____ | <input type="checkbox"/> Sex trade worker
<input type="checkbox"/> Anonymous sex
<input type="checkbox"/> Previous STI
<input type="checkbox"/> Met partner through the internet |
| <input type="checkbox"/> Unprotected sexual activity
<input type="checkbox"/> New sexual contact in the past 2 months
<input type="checkbox"/> >1 partner in last 6 months
<input type="checkbox"/> Sex with opposite sex | <input type="checkbox"/> Substance use
<input type="checkbox"/> Underhoused
<input type="checkbox"/> Travelled/lived in endemic area
<input type="checkbox"/> HIV infection
<input type="checkbox"/> Other: _____ |

<input type="checkbox"/> Sex with same sex <input type="checkbox"/> Sex with sex trade worker	
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****Please see page 4 for recommendations related to syphilis in pregnancy and prevention of congenital syphilis.***

4.0 Staging and Diagnosis:

Primary	Secondary	Neurosyphilis	Latent	Other
<input type="checkbox"/> Anal	<input type="checkbox"/> Skin & Mucous Membrane	<input type="checkbox"/> Infectious	<input type="checkbox"/> Early	<input type="checkbox"/> Early Congenital
<input type="checkbox"/> Genital	<input type="checkbox"/> Other	<input type="checkbox"/> Non-infectious	<input type="checkbox"/> Late	<input type="checkbox"/> Other Tertiary
<input type="checkbox"/> Other Sites				

Further support for syphilis staging and treatment can be received through e-consult through the Ontario Telemedicine Network: <https://otn.ca/providers/primary-care/econsult/>

5.0 Treatment:

Benzathine penicillin is available to Health Care Providers through Algoma Public Health – please call 705-541-7141 to order.

Primary, secondary and early latent syphilis:

Preferred Treatment ☐ Benzathine penicillin G-LA (Bicillin) 2.4 million units IM as a single dose

Date given: _____

Alternative Treatment
(for non-pregnant individuals only)

☐ Doxycycline 100mg PO BID for 14 days

Date initiated: _____

Late latent syphilis, cardiovascular syphilis and gumma:

Preferred Treatment ☐ Benzathine penicillin G-LA (Bicillin) 2.4 million units IM weekly for 3 doses

Date given: _____

Alternative Treatment
(for non-pregnant individuals)

☐ Penicillin desensitization

☐ Doxycycline 100mg PO BID for 28 days

Date initiated: _____

All adults - Neurosyphilis:

☐ Refer to a neurologist or infectious disease specialist

6.0 Counselling and Education:

- ☐ STI Transmission
- ☐ Safer Sex Practices
- ☐ **Abstaining from all sexual activity until 7 days after completion of treatment**
- ☐ Follow-up testing recommendations

- ☐ Partner notification for all contacts within 3 months (primary staging), 6 months (secondary staging), 1 year (early latent staging), or any at-risk partner even if asymptomatic
- ☐ Recommend routine STI testing every 3-6 months if ongoing high risk activity

7.0 Partner/Contact notification will be completed by:

- ☐ Algoma Public Health ☐ Health Care Provider

8.0 Follow-Up Serology Recommendations:

Stage	Follow-up Serology Timing
Primary, secondary, or early latent	3, 6, and 12 months after treatment
Late latent, tertiary	12 and 24 months after treatment
Neurosyphilis	6, 12, and 24 months after treatment
HIV Co-Infected (at any stage)	1, 3, 6, 12, and 24 months after treatment and yearly thereafter

9.0 Additional Comments:

Date Completed: _____ Physician Signature: _____

Please complete and return by confidential fax to 705-541-7309 as soon as possible.

Prenatal Syphilis Recommendations for Testing, Treatment and Prevention of Congenital Syphilis

All prenatal syphilis cases should be managed in consultation with an obstetric/maternal-fetal specialist or an infectious disease specialist.

Repeat Screening

Additional screening at 28-32 weeks of pregnancy (or as close to this interval as possible) and again at delivery should be considered in the following circumstances:

- In areas with outbreaks or
- For pregnant people at ongoing risk of infection or reinfection

*Please consider more frequent screening for pregnant people at high risk.

Please note: Given the high incidence in Algoma and the large proportion of cases occurring in the heterosexual population, *re-testing at 28-32 weeks should be strongly considered in all patients.*

Treatment

Primary, secondary and early latent syphilis:

- Benzathine penicillin G-LA (Bicillin) 2.4 million units IM as a single dose
- Some experts recommend that primary, secondary, and early latent cases be treated with two (2) doses of benzathine penicillin G-LA 2.4 million units one (1) week apart, particularly in the third trimester.

Late latent syphilis, cardiovascular syphilis and gumma:

- Benzathine penicillin G-LA (Bicillin) 2.4 million units IM weekly for three (3) doses

No antibiotic apart from Benzathine Penicillin G (or crystalline penicillin G to treat neurosyphilis) is considered an acceptable substitute for prevention of congenital syphilis at this time.

- The minimum standard of maternal treatment that is considered adequate includes an appropriate number of doses of benzathine penicillin G for maternal disease stage, with course completed **more than 4 weeks before delivery**. For treatment to be deemed successful, a fourfold or greater drop in NTT titer must be documented.

At delivery

Maternal and infant syphilis serologies (NTT – non-treponemal tests) should be expedited at delivery. It is important to order serology for **both mother and infant** for comparison.

- The infant should not be discharged home without documenting maternal syphilis status, receiving treatment (as needed), or a plan to test the mother or infant with secure* follow-up.
 - *secure follow-up means that the clinician has an established relationship with the caregiver(s) and there are no concerns about the caregiver(s) attending follow-up appointments
- Every infant, regardless of risk, should have physical examination looking for signs of congenital syphilis. Please review the **Canadian Pediatric Society Position Statement on Congenital Syphilis** for support in diagnosis and management of congenital syphilis: <https://cps.ca/en/documents/position/congenital-syphilis>.