Confidential and Routine
Notification of Syphilis by Medical Practitioners

VICTORIA State Government | Health and Human Services

Syphilis requires written notification to the Department of Health & Human Services upon initial diagnosis within five days to:

Department of Health & Human Services, Reply Paid 65937, Melbourne VIC 8060 or fax 1300 651170.

Commonwealth and State privacy legislation does not negate the responsibility to notify the specified condition nor to provide the information requested on this form.

Case details

Provide only the first two letters

Last name | **First name** | **Postcode of residence**

Date of birth

Sex
☐ Male ☐ Female ☐ Other, specify

Is the case Aboriginal or Torres Strait Islander
☐ No
☐ Aboriginal
☐ Torres Strait Islander
☐ Both Aboriginal and Torres Strait Islander
☐ Unknown

Country of birth ...country **...year arrived in Australia**
☐ Australia
☐ Overseas >

Alive/deceased **...date of death**
☐ Alive ☐ Died due to this infection > ☐ Died due to other causes >

If female, is the case pregnant
☐ Yes
☐ No
☐ Unknown

Partner notification is the responsibility of the treating doctor and an essential component of the clinical and public health management of cases. If you require assistance or advice DHHS partner notification officers can be contacted on (03) 9096 3367.

Please indicate below:
☐ I do not require assistance or advice with contact tracing
☐ I have already referred this case to partner notification officers

Clinical comments include risk factors, mode of transmission (if any) etcetera

Laboratory results (attach all results or complete below)

Provide the lab results that prompted this notification

	RPR	Date	Laboratory
	EIA		
	IGM		
	TPPA		
	TPHA		
	PCR		

Provide any previous positive or negative syphilis serology results
☐ No previous results

	RPR	Date	Laboratory
	EIA		
	TPPA		
	TPHA		

Are the most recent results positive from a

☐ **Past treated infection** (if previously notified, complete pg 1 only)

Has the case been adequately treated?
☐ Yes, specify treatment > Tx
☐ No - lost to follow up
☐ No - referred to specialist
☐ No - other, specify > other

OR

☐ **New diagnosis** (complete both page 1 and page 2)

Has the current infection been adequately treated?
☐ Yes, specify treatment > Tx
☐ No - lost to follow up
☐ No - referred to specialist
☐ No - other, specify > other

For new diagnosis, form continues over page

Notifying doctor/hospital/laboratory details

Doctor/hospital/laboratory name | **Medicare provider no.**

Address

City | **Postcode**

Telephone | **Fax** | **Date**

Department use only

Please identify the case on every page

Last name | First name | Date of birth

Case history and details

From whom was this infection probably acquired

- ☐ Casual partner
- ☐ Regular partner
- ☐ Client (the case is a sex worker)
- ☐ Sex worker
- ☐ Unknown

The sexual partner above was

- ☐ Person of opposite sex only
- ☐ Person of same sex only
- ☐ Persons of both sexes
- ☐ Sexual exposure unknown

Why was the case tested (tick all that apply)

- ☐ STI screening requested by case
- ☐ STI screening requested by doctor
- ☐ Case presented with clinical signs and symptoms of syphilis
- ☐ Case presented with clinical signs and symptoms of another STI
- ☐ Case was a contact of an infected individual
- ☐ Antenatal screening
- ☐ Screening for PrEP
- ☐ Post treatment follow-up
- ☐ Other, specify

Is the case HIV positive

- ☐ Yes
- ☐ No
- ☐ Unknown

Where was the infection probably acquired

- ☐ Victoria
- ☐ Interstate, specify
- ☐ Overseas, specify
- ☐ Unknown

Disease details

At what stage is the case's infection
Please follow the case classification provided on this page >

- ☐ **Infectious syphilis** (infection in the last 2 years)
  - ☐ Primary (chancre)
  - ☐ Secondary (symptomatic e.g. rash)
  - ☐ Early latent (asymptomatic)
- ☐ **Late syphilis** (latent infection > 2 years or unknown duration)
- ☐ **Congenital syphilis**

Is this a reinfection?

- ☐ Yes
- ☐ No
- ☐ Unknown

Does the case have any of the following (tick all that apply)

- ☐ Chancre
- ☐ Rash or skin spots
- ☐ Neurological symptoms
- ☐ Flu-like symptoms
- ☐ Generalised lymphadenopathy
- ☐ Lab abnormalities (e.g. increased LFTs)
- ☐ Other, specify

Onset of symptoms

Data collection ends here. Thank you.

Case classification

Early infection acquired within the last 2 years (infectious syphilis)

Primary

Clinical: One or more ano-genital ulcers (chancre) present which may vary in appearance. May be in an occult site (e.g. rectal or perivaginal).

Laboratory: Serology may still be negative very early on. Repeat serology is recommended. Usually EIA, TPPA, TPHA and RPR will be positive. Presence of IgM can be a strong indicator for early infection. Swab from lesion likely to be PCR+. Demonstration of spirochaetes by dark field microscopy.

Secondary

Clinical: Skin spots or rash, particularly on the trunk, palms and soles. Symptoms that can be present include generalised lymphadenopathy, constitutional symptoms, neurological symptoms (especially in HIV+ cases), elevated liver function tests. Primary chancre can still be present.

Laboratory: Serology is positive (+EIA, +TTPA, +TPHA). Usually +IgM. RPR is reactive (titre usually > 1:4)

Early latent

Clinical: No symptoms of syphilis. No history of adequate treatment.

Laboratory: Serology is positive (+EIA, +TTPA, +TPHA). IgM may be negative. RPR is reactive.

Late infection acquired more than 2 years ago or at an unknown time (non-infectious)

Late latent

Clinical: No symptoms of syphilis.

Laboratory: Serology is positive (+EIA, +TTPA,+TPHA). RPR may still be reactive.

Tertiary

Clinical: Characteristic abnormalities of the cardiovascular, skin, bone, brain or other system.

Laboratory: Seek expert advice.

Further information

Neurosyphilis

Can occur at time after initial infection. CSF findings with raised protein and cell count in the absence of other causes of these abnormalities. A positive CSF VDRL is confirmatory.

Congenital syphilis

A condition affecting an infant whose mother had untreated or inadequately treated syphilis during pregnancy or delivery. A positive CSF VDRL is confirmatory.

Reinfection

Syphilis at any stage in a previously infected person with a fourfold or greater rise in RPR titre. Reinfection is common amongst MSM, particularly in HIV positive MSM.

Screening for syphilis

A high proportion of infectious syphilis cases are asymptomatic and can only be diagnosed by serological testing. All men who have sex with men (MSM) should be offered serology for syphilis at least once a year. This should be more frequent in those at higher risk (3-6 monthly). HIV infected MSM should have serology for syphilis included in the routine bloods taken for monitoring HIV (3-6 monthly).

Treatment

For treatment advice please refer to the Melbourne Sexual Health Centre treatment guidelines available online (www.mshc.org.au), or the Australian STI Management Guidelines for use in primary care (www.sti.guidelines.org.au) or the Therapeutic Guidelines Antibiotic, Version 15, 2014.