**Ontario Investigation Tool: Congenital Syphilis**

**Please complete the Maternal Case iPHIS Entry Checklist on page 7 of this tool**

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| **Legend** |  **♦ System-Mandatory ❖ Required**  |

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| **Client Demographics (Infant case)** |
| Client Last Name: | Client First Name: |
| Client Gender: | Client Date of Birth: YYYY-MM-DD  |
| Client Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City:**  **Specify \_ \_****Postal Code: Specify \_ \_** | Client Telephone #:  **Specify \_ \_** [ ]  Home [ ]  Mobile [ ]  Work [ ]  OtherAlternate Telephone #:  **Specify \_ \_** [ ]  Home [ ]  Mobile [ ]  Work [ ]  OtherEmail (if available):  **Specify \_ \_** |

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|  **Client demographics (Maternal Case)** |  |
| iPHIS Case ID:  **Specify \_ \_** | iPHIS Encounter ID:  **Specify \_ \_** |
| Last Initial: | First Initial: |
| Gender: | Date of Birth: YYYY-MM-DD  |
| Client Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**City:**  **Specify \_ \_****Postal Code: Specify \_ \_**Same as infant address above [ ]  | Client Telephone #:  **Specify \_ \_** [ ]  Home [ ]  Mobile [ ]  Work [ ]  OtherAlternate Telephone #:  **Specify \_ \_** [ ]  Home [ ]  Mobile [ ]  Work [ ]  OtherEmail (if available):  **Specify \_ \_** |

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| **Record of File** |
| **♦ Responsible Health Unit** | **Date** | **♦ Investigator’s Name** | **Investigator’s Signature** | **Investigator’s Initials** | **Designation** |
| Specify | **❖**Investigation Start DateYYYY-MM-DD | Specify | Specify | Specify | [ ]  PHI [ ]  PHN[ ]  Other \_\_\_\_\_\_\_  |

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| **Call Log Details**  |
|  | **Date** | **Start Time** | **Type of Call** | **Call To/From** | **Outcome****(contact made, v/m, text, email, no answer, etc.)** | **Investigator’s initials** |
| Call 1 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 2 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 3 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Call 4 | YYYY-MM-DD |  | [ ]  Outgoing[ ]  Incoming |  |  |  |  |
| Date letter sent: YYYY-MM-DD |

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| **Client Language / Proxy Information** | **Clinician/Health Care Provider Information** |
| Preferred Language: [ ]  English [ ]  French [ ]  Other:  **Specify \_ \_**Translation required*?* [ ]  Yes [ ]  NoProxy respondent (if applicable) [ ]  Yes [ ]  NoName:  **Enter name \_ \_**Relationship to client  **Specify \_ \_** | Name: **Enter name \_ \_**Telephone #:  **Specify \_ \_**Clinic/Hospital name:  **Specify \_ \_**Role**:** [ ]  Attending Physician [ ]  Family Physician [ ]  Specialist [ ]  Walk-In Physician [ ]  Nurse Practitioner [ ]  Unknown  [ ]  Other  **Enter role \_ \_**  |

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| **Ontario Congenital Syphilis Case Definition** |
| **Confirmed Case****(within 2 years of birth)** | Laboratory confirmation of infection:* Identification of T. pallidum by dark-field microscopy, direct fluorescent antibody microscopy, NAAT or equivalent examination of material from nasal discharges, skin lesions, placenta, umbilical cord or autopsy material of a newborn (up to 4 weeks of age)

**OR** * Reactive serology (non-treponemal and treponemal) from venous blood (not cord blood) in an infant/child **with** clinical, laboratory or radiographic evidence of congenital syphilis

**OR** * Detection of T. pallidum deoxyribonucleic acid (DNA) in an appropriate clinical specimen
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*\*at this time, there is no surveillance case definition for: probable early congenital syphilis or late congenital syphilis.
See* ***Appendix A*** *for examples of clinical, laboratory, or radiographic evidence of congenital syphilis*

**Infant Case**

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| **CASE DETAILS** |
| **Aetiologic Agent** | Treponema Pallidum |
| **Disease Code** | Early Congenital Syphilis |
| **Encounter type** | [ ]  Case [ ]  Contact  |
| **♦ Classification** | [ ]  Confirmed [ ]  Person Under Investigation (PUI)[ ]  Does Not Meet Definition  | **♦ Classification Date**  | YYYY-MM-DD |
| **♦ Encounter status** | [ ]  Closed – Follow-up Complete [ ]  Closed- Duplicate-Do Not Use [ ]  Closed - Entered In Error [ ]  Closed- Lost to Follow Up [ ]  Closed - Does Not Meet Definition [ ]  Closed – Referred to MOHLTC[ ]  Closed – Referred to FNIHB [ ]  Open – Ongoing Monitoring [ ]  Open – Referred to other PHU  | **♦ Date**  | YYYY-MM-DD |

| **CLINICAL DETAILS**  |
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| **SYMPTOMS** |
| **♦ Symptom** | **♦ Response** | **❖ Onset Date**YYYY-MM-DD |
| **Yes** | **No** | **Don’t know** | **Not asked** | **Refused** |
| **Asymptomatic** |  |  |  |  |  | YYYY-MM-DD |
| **Anemia** |  |  |  |  |  | YYYY-MM-DD |
| **Congenital Rhinitis (Snuffles)** |  |  |  |  |  | YYYY-MM-DD |
| Condylomata lata |  |  |  |  |  | YYYY-MM-DD |
| Deafness |  |  |  |  |  | YYYY-MM-DD |
| Enlarged liver and spleen (Hepatosplenomegaly) |  |  |  |  |  | YYYY-MM-DD |
| Hutchinson teeth |  |  |  |  |  | YYYY-MM-DD |
| Interstitial keratitis |  |  |  |  |  | YYYY-MM-DD |
| Jaundice |  |  |  |  |  | YYYY-MM-DD |
| Mucosal lesions |  |  |  |  |  | YYYY-MM-DD |
| Mulberry molars |  |  |  |  |  | YYYY-MM-DD |
| Necrotizing funisitis |  |  |  |  |  | YYYY-MM-DD |
| Osteochondritis |  |  |  |  |  | YYYY-MM-DD |
| Perichondritis |  |  |  |  |  | YYYY-MM-DD |
| Rash |  |  |  |  |  | YYYY-MM-DD |
| Saber shins |  |  |  |  |  | YYYY-MM-DD |
| Saddlenose |  |  |  |  |  | YYYY-MM-DD |
| Swollen lymph nodes (Lymphadenopathy) |  |  |  |  |  | YYYY-MM-DD |
| Thrombocytopenia |  |  |  |  |  | YYYY-MM-DD |
| Other (specify): |  |  |  |  |  | YYYY-MM-DD |
| Other (specify): |  |  |  |  |  | YYYY-MM-DD |

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| **SEROLOGICAL TESTING** |
| **❖ Reason for Testing:** **□** Symptoms **□** Maternal exposure **□** Post-mortem **□** Other: ­­­\_\_\_\_\_\_\_\_\_\_\_ **□** Unknown  |
| **❖ Testing History (Serology):** |
| **Specimen Collection Date** | **Chemiluminescent Microparticle Immunoassay (CMIA)** | **Rapid Plasma Reagin (RPR) Enter titre if reactive** | **Treponema pallidum Particle Agglutination (TPPA) if applicable** |
| YYYY-MM-DD | **□** Reactive **□** Non-reactive**□** Inconclusive | **□** Reactive \_\_\_\_\_\_\_\_\_\_**□** Non-reactive | **□** Reactive **□** Non-reactive**□** Inconclusive |
| YYYY-MM-DD | **□** Reactive **□** Non-reactive**□** Inconclusive | **□** Reactive \_\_\_\_\_\_\_\_\_\_**□** Non-reactive | **□** Reactive **□** Non-reactive**□** Inconclusive |
| YYYY-MM-DD | **□** Reactive **□** Non-reactive**□** Inconclusive | **□** Reactive \_\_\_\_\_\_\_\_\_\_**□** Non-reactive | **□** Reactive **□** Non-reactive**□** Inconclusive |
| YYYY-MM-DD | **□** Reactive **□** Non-reactive**□** Inconclusive | **□** Reactive \_\_\_\_\_\_\_\_\_\_**□** Non-reactive | **□** Reactive **□** Non-reactive**□** Inconclusive |

| **OTHER CLINICAL INVESTIGATIONS** |
| --- |
| **Test** | **Specimen Collection Date (leave blank if not done)** | **Specimen Site** | **Result** |
| **Direct fluorescence antibody (DFA)** | YYYY-MM-DD |  |  |
| **Nucleic acid amplification test (NAAT) \**available at NML only*** | YYYY-MM-DD |  |  |
| **Cerebrospinal fluid (CSF)** | YYYY-MM-DD |  | *Elevated CSF WBC:***□** Yes **□** No **□** Unknown *Elevated CSF protein:***□** Yes **□** No **□** Unknown *VDRL:***□** Reactive **□** Non-reactive **□** Inconclusive*FTA ABS***□** Reactive **□** Non-reactive **□** Inconclusive |
| **Other:**  | YYYY-MM-DD |  |  |
| **Radiography** | **Date Completed (leave blank if not done)** | **Site** | **Evidence of congenital syphilis** |
| **Long bone radiographs** | YYYY-MM-DD |  | **□** Yes **□** No **□** Unknown  |

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| **Treatment ❖** | Date(s) of treatment:YYYY-MM-DDYYYY-MM-DDYYYY-MM-DD | Drug:Dose:Route: [ ]  IM [ ]  IV Frequency:Duration:  |
| **Complications ❖** | [ ]  None [ ]  Hydrops fetalis [ ]  Preterm birth (<37 weeks gestation) [ ]  Low birth weight [ ]  Small for gestational age [ ]  Unknown [ ]  Other  **Specify \_ \_**   |
| **Outcomes ❖** | [ ]  Fatal [ ]  Unknown  |

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| **Infant Risk Factors** |
| **Medical Risk Factors** | **❖ Response** | **Details***iPHIS character limit: 50.* |
| **Yes** | **No** | **Unknown** | **Not asked** |
| Client was born to a case or carrier | ☐ | ☐ | ☐ | ☐ | If yes, specify |
| HIV status | ☐ | ☐ | ☐ | ☐ | ☐ Negative ☐ Positive ☐ Test not offered ☐ Test Refused ☐ Unknown  |
| Other | ☐ | ☐ | ☐ | ☐ |  |
| Unknown | ☐ | ☐ | ☐ | ☐ |  |

**Maternal Case iPHIS Entry Checklist**

**In an effort to ensure comprehensive data is available to understand the epidemiology of congenital syphilis in Ontario, please revisit the maternal case/contact associated with this congenital syphilis case and ensure the following items have been completed:**

[ ]  Maternal case/contact linked to infant case

[ ]  Maternal case/contact classification (staging) updated

[ ]  Treatment date and details are entered

[ ]  Maternal case/contact risk factors completed, specifically:

[ ]  Pregnant

[ ]  Prenatal care received

[ ]  Received testing for syphilis >4 weeks prior to delivery

[ ]  Received testing for syphilis during first trimester

[ ]  Received testing for syphilis at 28-32 weeks gestation

[ ]  Received testing for syphilis at delivery

[ ]  Appropriate treatment for syphilis stage completed >4 weeks prior to delivery

**For assistance**

* Refer to **Appendix B** of this document for risk factor definitions
* Refer to PHO’s Congenital Syphilis iPHIS Quick Reference Guide
* Contact epir@oahpp.ca with questions.

**Appendix A: Clinical, Laboratory or Radiographic Evidence
of Congenital Syphilis**

For additional information, refer to: <https://cps.ca/en/documents/position/congenital-syphilis>

**Clinical**

**Symptoms/clinical features associated with congenital syphilis**

* Fever
* Rhinitis/snuffles
* Rash
* Lymphadenopathy
* Necrotizing funisitis (hardening/inflammation of umbilical cord)
* Acute meningitis
* Hydrocephalus
* Hepatosplenomegaly
* Condylomata lata
* Hydrops fetalis
* Stillbirth
* Low birth weight
* Small for gestational age
* Any other abnormality not better explained by an alternative diagnosis
* Premature birth (<37 weeks gestation)
* Musculoskeletal abnormalities
	+ Osteochondritis
	+ Perichondritis
	+ Pseudoparalysis
	+ Saddle nose
	+ Saber shins
	+ Winged scapula
	+ Frontal bossing
	+ Arthropathy
* Hematological abnormalities
	+ Anemia
	+ Thrombocytopenia
* Interstitial keratitis
* Hutchinson teeth

Many infants are asymptomatic at birth and symptoms may appear over the first few weeks or months of life.

**Other Clinical Evidence**

* Cerebrospinal fluid (CSF) analysis
	+ Elevated white blood cell counts with no other defined cause
	+ Elevated protein with no other defined cause

**Radiographic**

* Long bone radiograph (X-ray) findings indicative of congenital syphilis (e.g., periostitis, osteochondritis)

**Other Laboratory Evidence**

* Infant RPR relative to maternal RPR at birth (at least 4-fold (2-tube) higher)
* Persisting positive treponemal in infant >18 months of age
* Reactive CSF VDRL/non-trepenomal test

**Appendix B: Risk Factor Definitions**

**Maternal Risk Factors**

* **Repeat STI:** Self-reported history of previous infection(s) with current or other STI. Includes reinfections.
* **Co-diagnosis/co-infection with existing STI (specify):** Any STIs diagnosed at the same time as the current reportable STI, or the client reports an existing STI upon diagnosis of the current STI.
* **Anonymous sex:** Client had sex with someone unknown to them pre and post sexual encounter.
* **Contact is HIV positive:** Sexual contact or sharing of drug equipment with a confirmed case of Acquired Immunodeficiency Syndrome or carrier of Human Immunodeficiency Virus.
* **Correctional facility:** Individual was previously admitted to or currently resides within a correctional facility which is a possible site of disease acquisition.
* **Inhalation drug use:** The individual inhales, smokes, or snorts recreational/illicit drugs
(e.g., crack cocaine, cocaine)
* Injection drug use: Recreational/illicit drug use or steroids administered using a needle or syringe pierced through the skin into the body (e.g., heroin, steroids).
* **Underhoused/Homeless:** Definition: Lacks a fixed, regular and adequate night-time residence and has a night-time residence that is:
* A supervised publicly or privately operated shelter designed to provide temporary living accommodations;
* An institution that provides a temporary residence for individuals intended to be institutionalized;
* A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
* **Met contact through internet:** Individual initially met their contact through an internet based environment.
* **More than one sex contact in last 6 months:** Sex with multiple partners in last 6 months.
* **New contact in past 2 months:** Individual reports a new sexual partner within the last two months.
* **No condom used:** Individual initiated sexual activity without a condom. Does not include a malfunction of the condom or human error (for this see condom breakage).
* **Sex for drugs/shelter/food/survival:** The individual engages in sexual activity to receive any of the above.
* **Sex trade worker:** The individual engages in sexual activities for money.
* **Sex with opposite sex:** The individual engaged in sexual activities with a member of the opposite sex.
* **Sex with same sex:** he individual engaged in sexual activities with a member of the same sex.
* **Unknown:** No known factor which could have caused the infection or the reportable disease/event could be identified by the client or the health unit was unable to collect any risk factor information from the client.
* **Other:** A risk factor of interest that is not currently specified on the Risks screen in iPHIS for the case/episode/encounter under investigation

**The following are to be completed for all pregnant cases of syphilis and all maternal cases associated with a congenital syphilis case (including non-infectious and infectious cases).**

**Prenatal Care Access**

Prenatal care received *(No, Yes, <4 visits, Yes, ≥4 visits, Unknown):* Client received prenatal care. Select appropriate response from drop-down field.

**Screening Access**

* Received testing for syphilis >4 weeks prior to delivery (*Yes, No, Unknown, Refused testing*): Client was tested for syphilis >4 weeks prior to delivery of infant.
* Received testing for syphilis during first trimester *(Yes, No, Unknown, Refused testing):* Client received syphilis screening during their first trimester (prior to the end of the 12th week of pregnancy). This **does not** refer to follow-up testing for earlier syphilis infections or when a pregnant person is tested due to presentation of symptomatic infection.
* Received testing for syphilis at 28-32 weeks gestation *(Yes, No, Unknown, Not applicable, Refused testing):* Client received syphilis screening during the period between the start of the 28th week of pregnancy and the end of the 32nd week of pregnancy. This **does not** refer to follow-up testing for syphilis infections identified earlier in pregnancy or when a pregnant person is tested due to presentation of symptomatic infection.
* Received testing for syphilis at delivery *(Yes, No, Unknown, Not applicable, Refused testing):* Client received syphilis screening at the time of delivery. This **does not** refer to follow-up testing for syphilis infections identified earlier in pregnancy or when a pregnant person is tested due to presentation of symptomatic infection.

**Treatment Access**

Appropriate treatment for syphilis stage completed >4 weeks prior to delivery *(Yes, No, Unknown):* Client completed an appropriate course of treatment for the stage of syphilis, as outlined in the [Canadian Guidelines for Sexually Transmitted Infections](https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/syphilis/treatment-follow-up.html#a2) > 4 weeks prior to delivery.