**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  Other  Alternate Telephone #:  **Specify \_ \_**  Home  Mobile  Work  Other Email (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  Other  Alternate Telephone #:  **Specify \_ \_**  Home  Mobile  Work  Other Email (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 Date  YYYY-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  No Proxy respondent (if applicable)  Yes  No  Name:  **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 |

*\*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-DD  YYYY-MM-DD  YYYY-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](mailto: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.