



# Report of Notifiable Condition Syphilis Infection or Related Death

South Australian Public Health Act 2011

**FAX** completed Syphilis Infection or Related Death form to the Communicable Disease Control Branch (CDCB) on (08) 7425 6696

or

**PHONE** 1300 232 272 (Monday–Friday 8:30am–5pm) as soon as practicable and in any event within 3 days of suspecting or confirming a diagnosis.

## A CASE DETAILS Please print clearly and tick all applicable boxes

Last name \_\_\_\_\_

Given name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of death (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode

Contact number \_\_\_\_\_

**Sex assigned at birth**  Male  Female  Non-binary sex

**Gender at notification**  Man/Male  Woman/Female  Non-binary gender  Other – *Specify:* \_\_\_\_\_

**Is the person of Aboriginal or Torres Strait Islander origin?**  
Persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes  
 Yes, Aboriginal  Yes, Torres Strait Islander  No

**Where was the person born?**  
 Australia  Overseas – *Specify country:* \_\_\_\_\_

**Primary language spoken at home**  
 English  Other – *Specify:* \_\_\_\_\_

**Pregnancy status**  
 Yes, currently pregnant – *Specify gestation:* \_\_\_\_\_  
 Recent delivery or loss of pregnancy – *Specify date:* \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Unknown: **due to the risk of congenital syphilis, urgently recall the person to determine pregnancy status**  
 Not pregnant or not applicable

## B LABORATORY AND CLINICAL DETAILS

**Current pathology results received from**  
 Abbotts  Clinpath  Other – *Specify:* \_\_\_\_\_  
 Australian Clinical Labs  SA Pathology

**Serology results**  
Date of specimen collection \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Syphilis screen</b> (eg EIA and/or TTPA) <input type="checkbox"/> Reactive/previously detected <input type="checkbox"/> Non-reactive <input type="checkbox"/> Not done	<b>RPR</b> <input type="checkbox"/> Reactive – <i>Specify titre:</i> _____ <input type="checkbox"/> Non-reactive <input type="checkbox"/> Not done
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**NAT (PCR) – *Specify site:***  
Date of specimen collection \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Detected  Not detected  Pending  Not done

**Other – *Specify:*** \_\_\_\_\_

**Previous syphilis results (most recent if multiple)**  
Laboratory \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Yes, previous negative screen  No previous results  
 Yes, previous positive screen  Unknown

## C CLINICAL DETAILS

**Signs or symptoms at time of specimen collection**  
 Asymptomatic  Condyloma lata  
 Chancre (syphilitic lesion)  Ocular symptoms  
– *Specify site:* \_\_\_\_\_  Neurological symptoms  
 Rash  Other – *Specify:* \_\_\_\_\_

## Syphilis stage at the time of specimen collection (refer to page 2)

<input type="checkbox"/> Primary (for example chancre)	<input type="checkbox"/> Tertiary (late symptomatic)
<input type="checkbox"/> Secondary (for example rash)	<input type="checkbox"/> Old treated syphilis infection <i>Provide treatment details below and skip to section F</i>
<input type="checkbox"/> Early neurosyphilis (clinical/lab evidence of infection in previous 2 years)	<input type="checkbox"/> Congenital syphilis <i>Skip to section F and phone notify all congenital syphilis cases</i>
<input type="checkbox"/> Early latent (asymptomatic; lab evidence of infection in previous 2 years)	
<input type="checkbox"/> Late latent (asymptomatic; infection >2 years or at an unknown time)	

## Has the current infection been adequately treated?

Yes – *Specify:*

Service (name and location)	Date commenced ____/____/____
Drug name	Dose _____ Route _____

Service (name and location)	Date commenced ____/____/____
Drug name	Dose _____ Route _____

No, in progress – *Specify:* \_\_\_\_\_  
 No, referred to specialist – *Specify:* \_\_\_\_\_  
 No, lost to follow up

**Why was the person tested?** TICK ONE ONLY

<input type="checkbox"/> Presented with clinical symptoms	<input type="checkbox"/> Prison screening
<input type="checkbox"/> Contact of a person with syphilis	<input type="checkbox"/> Treatment monitoring
<input type="checkbox"/> STI screening (incl. health checks)	<input type="checkbox"/> Screening for other purposes – <i>Specify:</i> _____
<input type="checkbox"/> Antenatal screening	

## D EPIDEMIOLOGICAL INFORMATION

**Sexual partner/s in the last 12 months** TICK ALL THAT APPLY  
 Male  Female  Non binary/gender diverse

**Has the person engaged in sex work in the past 12 months?**  Yes  No  Not asked

**Has the person had sex with a sex worker in the past 12 months?**  Yes  No  Not asked

**Where was this infection likely to have been acquired?** TICK ONE ONLY  
 South Australia  Interstate – *Specify state:* \_\_\_\_\_  
 Overseas – *Specify country:* \_\_\_\_\_

**Has the person used drugs in the past 12 months?** TICK ALL THAT APPLY  
 Yes, injecting drug use – *Specify drug:* \_\_\_\_\_  
 Yes, non-injecting drug use – *Specify drug:* \_\_\_\_\_  
 No  Not asked

**At the time of specimen collection, was the person taking pre-exposure prophylaxis for HIV (PrEP)?**  
 Yes  No

## E SEXUAL PARTNER NOTIFICATION

A partner notification officer will be in contact with any person diagnosed with infectious syphilis (primary, secondary, early latent) to facilitate partner notification. For persons diagnosed with non-infectious syphilis (late latent, tertiary) the treating doctor should test current sexual partner/s. Medical practitioners are reminded of their legal obligations under the *Children and Young People (Safety) Act 2017* regarding the diagnosis of a sexually transmitted infection in a child.

## F DOCTOR DETAILS (stamp acceptable)

Name \_\_\_\_\_

Address of practice/hospital \_\_\_\_\_

Postcode

Contact number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please inform the person you have notified SA Health

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www.sahealth.sa.gov.au/NotifiableDiseaseReporting

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## INTERPRETATION OF SYPHILIS SEROLOGY

Proper interpretation of test results for syphilis usually requires a detailed history of the patient's illness including when the patient was infected, previous test results and any treatment. Syphilis testing should be conducted as part of screening in sexually active persons (or on clinical suspicion). Investigate all persons presenting with other STIs, including chlamydia, gonorrhoea, HIV, HBV and HCV for syphilis. Syphilis and HIV coinfection is common.

Test	Result	Interpretation	Action
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Non reactive Non reactive Non reactive	<ul style="list-style-type: none"> <li>No evidence of syphilis</li> </ul>	<ul style="list-style-type: none"> <li>Repeat in 1 month if clinical suspicion or risk factors present</li> </ul>
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Non reactive Non reactive	<ul style="list-style-type: none"> <li>False reactive screen</li> <li>Incubating infection</li> </ul>	<ul style="list-style-type: none"> <li>Review clinical history, repeat test in 1 month if indicated</li> </ul>
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Non reactive Reactive	<ul style="list-style-type: none"> <li>Early infection (uncommon pattern)</li> </ul>	<ul style="list-style-type: none"> <li>Review risk history and clinical findings</li> <li>Repeat RPR on the day of treatment</li> </ul>
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Reactive Non reactive	<ul style="list-style-type: none"> <li>Confirmed exposure to <i>T. pallidum</i></li> <li>Early infection</li> <li>Syphilis any stage except secondary</li> <li>Treated syphilis</li> </ul>	<ul style="list-style-type: none"> <li>Review clinical history and risk markers</li> <li>Stage using clinical picture</li> <li>Treat appropriate to stage</li> <li>Repeat RPR on the day of treatment</li> </ul>
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Reactive Reactive <1:16	<ul style="list-style-type: none"> <li>Confirmed exposure to <i>T. pallidum</i></li> <li>Syphilis any stage except secondary</li> <li>Treated syphilis</li> </ul>	<ul style="list-style-type: none"> <li>Stage using clinical picture</li> <li>Treat appropriate to stage</li> <li>Repeat RPR on the day of treatment</li> </ul>
Treponemal screen (EIA) Confirmatory tests (TPPA) RPR	Reactive Reactive Reactive ≥1:16	<ul style="list-style-type: none"> <li>Confirmed exposure to <i>T. pallidum</i></li> <li>Syphilis any stage</li> <li>Treated syphilis (less likely)</li> </ul>	<ul style="list-style-type: none"> <li>Stage using clinical picture</li> <li>Treat appropriate to stage</li> <li>Repeat RPR on the day of treatment</li> </ul>

### Assessment of risk markers

- Contact with known case of syphilis
- Men who have sex with men
- Sex worker involvement
- Previous STI including HIV
- New and/or casual sex partners
- Sex overseas
- Injecting drug use
- Sex partners of any of the above

### Clinical history

- History of a painless indurated ulcer in the genital, perianal area, or mouth
- A high proportion of cases do not recall a painless ulcer
- Has client ever been given injectable penicillin or is aware of previous treatment or testing for syphilis?
- History of a non-pruritic maculopapular eruption, lymphadenopathy, fever, malaise
- Neurological or cardiac signs

## STAGING AND ANTIBIOTIC TREATMENT OF SYPHILIS INFECTION

### Acute infectious syphilis of less than 2 years duration

		Treatment
<b>Primary syphilis</b>	<ul style="list-style-type: none"> <li>Typically one or more painless ulcers in the genital, perianal area or mouth</li> <li>Take a dry swab of any potentially syphilitic lesion for syphilis PCR (NAAT)</li> <li>Exclude genital herpes infection</li> </ul>	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
<b>Secondary syphilis</b>	<ul style="list-style-type: none"> <li>Otherwise unexplained generalised cutaneous or localised eruption, palmar or plantar rash</li> <li>Mucous patches (membranous lesions of mouth, buccal mucosa or lips)</li> <li>Generalised lymphadenopathy</li> <li>RPR Reactive and titre ≥1:16</li> </ul>	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
<b>Early neurosyphilis</b>	<ul style="list-style-type: none"> <li>Signs of meningitis, visual changes, or cranial nerve involvement</li> <li>Can occur in association with secondary syphilis</li> <li>Requires CSF examination seek urgent expert guidance on diagnosis and management</li> </ul>	Seek expert guidance
<b>Early latent syphilis</b>	<ul style="list-style-type: none"> <li>No symptoms or signs at presentation, may have history of genital ulcer or generalised rash within last 24 months</li> <li>Previous non reactive serology within the last 24 months</li> <li>If previously infected a 4 fold increase in RPR titre within the last 24 months indicates reinfection</li> </ul>	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
<b>Congenital syphilis</b>	<ul style="list-style-type: none"> <li>Mother has positive serology and not treated or treatment in last month of pregnancy</li> <li>Seek urgent expert guidance</li> </ul>	Seek expert guidance

### Non infectious syphilis of greater than 2 years duration or uncertain duration

<b>Late latent syphilis</b>	<ul style="list-style-type: none"> <li>No symptoms or signs</li> <li>Reassess clinical history and risk markers</li> </ul>	Benzathine penicillin 1.8g (= 2.4 million units) IM, once a week for 3 doses
<b>Late symptomatic syphilis</b>	<ul style="list-style-type: none"> <li>Otherwise unexplained CNS or cardiovascular signs or symptoms</li> <li>Seek expert guidance on diagnosis and management</li> </ul>	Seek expert guidance

### If allergic to penicillin, desensitise or seek expert advice

Adelaide Sexual Health Centre offers specialist advice on sexually transmitted infections and partner notification and can be contacted on (08) 7117 2800

For syphilis partner notification advice or assistance in Aboriginal and/or Torres Strait Islander patients, call the SA Syphilis Register on 1300 232 272