

Section A: Patient Identifiers

Patient Firstname	<input type="text"/>	Patient surname	<input type="text"/>
Patient Clinic ID	<input type="text"/>	Clinic/Practice Name/Service	<input type="text"/>
Lab specimen ID	<input type="text"/>	Laboratory name:	<input type="text"/>
Sex	F <input type="checkbox"/> M <input type="checkbox"/> U <input type="checkbox"/>	Date of birth	<input type="text"/>

Section B: Stage of infection - please choose one (see definitions on page 2)

☐ Latent of undetermined duration OR Late Syphilis
For cases of latent of undetermined duration or late syphilis, please sign & return to your local Dept. of Public Health.
 Name Date:

☐ Early Syphilis - Primary, Secondary or Early latent (<1 year)
Please complete sections C-F and return to your local Department of Public Health.

Section C: Patient Information (for completion for early syphilis cases)

County of residence (plus postcode) **HSE Area of residence**

Country of birth:

Section D: Clinical Details (for completion for early syphilis cases)

Country of infection: **Probable place of acquisition (e.g. city, sex on premises venue):**

Mode of Transmission Heterosexual ☐ MSM (homo/bisexual male) ☐ Other Unknown ☐

Date of diagnosis

HIV status Positive ☐ Negative ☐ Unknown ☐ **If HIV positive, year of diagnosis**

	Yes	No	Unk	
Does the patient have symptoms of syphilis (see overleaf)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the patient pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please complete section F overleaf
Was the patient identified via contact tracing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the patient a commercial sex worker (CSW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Did the patient have contact with a CSW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section E: Form completed by (for completion for early syphilis cases)

Completed by: **Date:**

Position: Doctor ☐ Nurse ☐ Public health ☐ Health advisor ☐

Comments

Section F: For cases diagnosed in pregnancy (for completion for early syphilis cases)

Patient diagnosed as a result of antenatal screening? Yes ☐ No ☐ Unknown ☐

If yes, gestation at screening /40

History of treated syphilis prior to pregnancy? Yes ☐ No ☐ Unknown ☐

For this pregnancy, date syphilis treatment completed

Pregnancy outcome Live birth ☐ Stillbirth ☐ Miscarriage ☐ Termination ☐

Gestation at birth /40

Definitions

Primary Syphilis:

Any person with one or several (usually painless) chancres in the genital, perineal, anal area, or mouth, or pharyngeal mucosa, or elsewhere.

Secondary Syphilis:

Any person with at least one of the following:

- Diffuse maculo-papular rash often involving palms and soles
- Generalised lymphadenopathy
- Condyloma lata
- Enanthema
- Alopecia diffusa
- Ocular manifestations of early syphilis
- Neurological manifestations of early syphilis

Early latent syphilis (<1 year):

Positive syphilis serology, no symptoms or signs of early syphilis and a negative reference syphilis screening test within previous 12 months.