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|  | **Congenital Syphilis Enhanced Surveillance Form**Version 5CONFIDENTIAL | Home - Health Protection Surveillance Centre |
| CIDR ID: | Enter text here |
| **A. Case Details** |
|  | Patient Hospital No. | Enter text here |  | Hospital Name | Enter text here |  |
|  | Forename | Enter text here |  | Surname | Enter text here |  |
|  | Date of birth | Click to enter a date. |  | Address | Enter text here |  |
|  | Sex | [ ]  Male [ ]  Female  |  |  |  |
|  | If multiple birth: | Enter text here | of | Enter text here |  |  | County | Choose an item. |  |
|  | Country of birth | Choose an item. |  | Gestational age | Enter text here | / 40 weeks |  |
|  | Birthweight | Enter text here | grams |  | Hospital/place of birth | Enter text here |  |
|  | Ethnicity | [ ]  White – Irish  | [ ]  Asian or Asian Irish - Chinese |
|  |  | [ ]  White – Irish Traveller | [ ]  Asian or Asian Irish – Indian/Pakistani/Bangladeshi |  |
|  |  | [ ]  White – Any other white background | [ ]  Asian or Asian Irish – Any other Asian background |  |
|  |  | [ ]  Black or Black Irish - African | [ ]  Arabic |  |
|  |  | [ ]  Black or Black Irish – Any  | [ ]  Roma |  |
|  |  | [ ]  Mixed background | [ ]  Other |  |
|  |  | [ ]  Not known |  |  |
|  |  |  |
|  | **B. Clinical Details** |
|  | How did the child come to medical attention? |
|  |  | [ ]  Antenatal screening | [ ]  Maternal illness | [ ]  Signs/symptoms in child |
|  |  | [ ]  Stillbirth | [ ]  Other. If other, please specify | Enter text here |  |
|  | Age at presentation | Enter text here | [ ]  Days [ ]  Weeks [ ]  Months [ ]  Year(s) Please tick one  |
|  | Is the patient (child) symptomatic? | [ ]  Yes [ ]  No [ ]  Unk |
|  | **If yes, please indicate symptoms:** |  |  |
|  | Stillbirth | [ ]  Yes [ ]  No [ ]  Unk | Mucocutaneous lesions | [ ]  Yes [ ]  No [ ]  Unk |
|  | Hepatosplenomegaly | [ ]  Yes [ ]  No [ ]  Unk | Condyloma lata | [ ]  Yes [ ]  No [ ]  Unk |
|  | Bony radiological changes | [ ]  Yes [ ]  No [ ]  Unk | Anaemia | [ ]  Yes [ ]  No [ ]  Unk |
|  | Pseudoparalysis | [ ]  Yes [ ]  No [ ]  Unk | Malnutrition | [ ]  Yes [ ]  No [ ]  Unk |
|  | Nephrotic syndrome | [ ]  Yes [ ]  No [ ]  Unk | Persistent rhinitis  | [ ]  Yes [ ]  No [ ]  Unk |
|  | Central nervous involvement | [ ]  Yes [ ]  No [ ]  Unk | Jaundice | [ ]  Yes [ ]  No [ ]  Unk |
|  |  | If yes, please provide details | Enter text here |  |
|  | If other signs/symptoms, please specify: | Enter text here |  |  |  |
|  | Date of diagnosis/confirmation | Click to enter a date. |  Please record laboratory results overleaf  |
|  | Outcome  | [ ]  No long-term sequelae [ ]  Long-term sequelae [ ]  Died |  |
|  | If died, date of death:  | Click to enter a date. |  |  |
|  |  |  |
| **C. Child’s Laboratory results** |
|  | 1) Reactive non-treponemal test - VDRL |  |
|  | Date – Mother | Click to enter a date. |  Result - Mother | Enter text here |  |
|  | Date – Child | Click to enter a date. |  Result – Child  | Enter text here |  |  |
|  | 2) Reactive non-treponemal test – RPR  |  |
|  | Date – Mother | Click to enter a date. |  Result - Mother | Enter text here |  |  |
|  | Date - Child | Click to enter a date. |  Result - Child | Enter text here |  |  |
|  | 3) Demonstration of treponemes – by DFA-TP or immunohistochemistry |
|  | Date  | Click to enter a date. |  Specimen | [ ]  Umbilical cord | [ ]  Nasal discharge  | [ ]  Placenta |
|  |  |  |  | [ ]  Autopsy material  | [ ]  Skin lesion material  |  |
|  | 4) Detection of T. pallidum nucleic acid by PCR  |  |  |  |  |
|  | Date  | Click to enter a date. |  Specimen | [ ]  Umbilical cord | [ ]  Body fluids  | [ ]  Placenta  |
|  |  |  |  | [ ]  Autopsy material  | [ ]  Exudate from suspicious materials  |
|  | 5) Failure to demonstrate loss of maternal TPPA  |
|  | Date  | Click to enter a date. |  Result  | Enter text here |  |  |
|  | Date | Click to enter a date. |  Result | Enter text here |  |  |
|  |  |  |  |  |  |  |
| **D. Mother’s details**  |
|  | Mother’s Hospital No.  | Enter text here |  Maternity hospital/unit | Enter text here |  |
|  | Surname | Enter text here |  Address  | Enter text here |  |
|  | Forename | Enter text here |  |  |
|  | Country of birth  | Choose an item. |  County | Choose an item. |  |
|  | Date of birth  | Click to enter a date. |  |  |  |
|  | Ethnicity  | [ ]  White – Irish  | [ ]  Asian or Asian Irish - Chinese  |  |
|  |  | [ ]  White – Irish Traveller  | [ ]  Asian or Asian Irish – Indian/Pakistani/Bangladeshi  |  |
|  |  | [ ]  White – Any other white background  | [ ]  Asian or Asian Irish – Any other Asian background  |  |
|  |  | [ ]  Black or Black Irish - African  | [ ]  Arabic  |  |
|  |  | [ ]  Black or Black Irish – Any | [ ]  Roma  |  |
|  |  | [ ]  Mixed background | [ ]  Other  |  |
|  |  | [ ]  Not known  |  |  |
|  |  |  |
|  | **E. Maternal diagnosis**  |  |
|  | Date of maternal syphilis diagnosis  | Click to enter a date. |  |  |
|  | Mother diagnosed as a result of antenatal screening? | [ ]  Yes [ ]  No [ ]  Unknown |  |
|  | Mother treated for syphilis prior to pregnancy? | [ ]  Yes [ ]  No [ ]  Unknown |  |
|  | Mother treated for syphilis infection during pregnancy? | [ ]  Yes [ ]  No [ ]  Unknown |  |
|  |  | If yes, please specify therapy | Enter text here |  |
|  |  | If yes, date treatment completed  | Click to enter a date. |  |  |
|  |  |  |  |
|  | Stage of infection | Early infectious syphilis | Late syphilis | Unknown stage of infection |  |
|  |  | [ ]  Primary  | [ ]  Late latent  | [ ]  Unknown  |  |
|  |  | [ ]  Secondary  | [ ]  Latent of undetermined duration  |  |
|  |  | [ ]  Early latent  | [ ]  Tertiary  |  |  |
|  |  |  |  |  |  |
|  | **F. Comments**  |  |
|  | Enter text here |  |
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|  | **G. Reporting paediatrician**  |  |
|  | Name | Enter text here |  Contact telephone number | Enter text here |  |
|  | Contact email | Enter text here |  |  |  |
|  |  |  |  |  |  |

Please return the completed form to your local Department of Public Health.

See <http://www.hpsc.ie/NotifiableDiseases/Whotonotify/> for names and contact details. If sending by post, please place form in a sealed envelope marked “Private and Confidential”.