**Ontario Congenital Syphilis Investigation Tool**

**Please complete the Birthing Parent Case iPHIS Entry Checklist on page 9 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 Client 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 [ ]  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 \_ \_**  |

**Infant Case**

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| **CASE DETAILS** |
| **Aetiologic Agent** | *Treponema Pallidum* |
| **Disease Code** | [ ]  Early Congenital Syphilis[ ]  Late Congenital Syphilis[ ]  Syphilitic Stillbirth |
| **Encounter type** | [ ]  Case  |
| **♦ Classification** | [ ]  Confirmed [ ]  Probable [ ]  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**  |
| --- |
| **SYMPTOMS** |
| **♦ Symptom** | **♦ Response** | **❖ Onset Date**YYYY-MM-DD |
| **Yes** | **No** | **Don’t know** | **Not asked** | **Refused** |
| **Asymptomatic** |  |  |  |  |  | YYYY-MM-DD |
| **Anemia** |  |  |  |  |  | YYYY-MM-DD |
| **Ascites** |  |  |  |  |  |  |
| **Cardiovascular manifestations** |  |  |  |  |  | YYYY-MM-DD |
| Condylomata lata |  |  |  |  |  |  |
| **Congenital rhinitis (snuffles)** |  |  |  |  |  | YYYY-MM-DD |
| Deafness |  |  |  |  |  | YYYY-MM-DD |
| Enlarged liver and spleen (hepatosplenomegaly) |  |  |  |  |  | YYYY-MM-DD |
| Fever |  |  |  |  |  |  |
| Hair loss (alopecia) |  |  |  |  |  |  |
| Headache |  |  |  |  |  |  |
| Hutchinson teeth |  |  |  |  |  | YYYY-MM-DD |
| Interstitial keratitis |  |  |  |  |  | YYYY-MM-DD |
| Iritis |  |  |  |  |  |  |
| Jaundice |  |  |  |  |  | YYYY-MM-DD |
| Lesions, gummatous |  |  |  |  |  |  |
| Lymph nodes swelling/pain (lymphadenopathy) |  |  |  |  |  |  |
| Mucosal lesions |  |  |  |  |  | YYYY-MM-DD |
| Mucous patches |  |  |  |  |  |  |
| Mulberry molars |  |  |  |  |  | YYYY-MM-DD |
| Necrotizing funisitis |  |  |  |  |  | YYYY-MM-DD |
| Neurological symptoms |  |  |  |  |  |  |
| Osseous lesions |  |  |  |  |  |  |
| Osteochondritis |  |  |  |  |  | YYYY-MM-DD |
| Perichondritis |  |  |  |  |  | YYYY-MM-DD |
| Rash |  |  |  |  |  | YYYY-MM-DD |
| Rash, macular |  |  |  |  |  |  |
| Rash, maculopapular |  |  |  |  |  |  |
| Rash, papular |  |  |  |  |  |  |
| Retinitis |  |  |  |  |  |  |
| Saber shins |  |  |  |  |  | YYYY-MM-DD |
| Saddlenose |  |  |  |  |  | YYYY-MM-DD |
| Thrombocytopenia |  |  |  |  |  | YYYY-MM-DD |
| Uveitis |  |  |  |  |  |  |
| 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)**  | 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 [ ]  Intrauterine growth restriction[ ]  Meningitis [ ]  Pseudoparalysis [ ]  Hydrops fetalis [ ]  Preterm birth (<37 weeks gestation) [ ]  Low birth weight [ ]  Small for gestational age [ ]  Unknown [ ]  Other  **Specify \_ \_**   |
| **Outcomes ❖** | [ ]  Fatal [ ]  Unknown  |
|  | If fatal, Date of death: YYYY-MM-DD |

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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 | ☐ | ☐ | ☐ | ☐ |  |

**Birthing Parent 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 birthing parent** **case/contact encounter associated with this congenital syphilis case and ensure the following items have been completed:**

[ ]  Birthing parent case/contact linked to infant case

[ ]  Birthing parent case/contact classification (staging) updated

[ ]  Birthing parent treatment date and details are entered

[ ]  Birthing parent case/contact risk factors completed (see Appendix A), 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 A** of this document for risk factor definitions
* Refer to PHO’s Syphilis (including Congenital Syphilis) iPHIS Quick Reference Guide
* Contact Communicable.DiseaseControl@oahpp.ca for support, as needed

**Appendix A: Risk Factor Definitions**

**Birthing Parent Risk Factors**

**The following are to be completed for all pregnant cases of syphilis and all birthing parent 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 the fetus.
* 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.