Congenital syphilis

CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM
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REPORTING INFORMATION
(To be completed by the CPSP)

Report number:	
Month of reporting:	
Province:	
Today's date:	

Please complete the following sections for the case identified above. If the information asked for below is not readily available, please leave it blank. Strict confidentiality of information will be assured.

CASE DEFINITION FOR CONGENITAL SYPHILIS

Report any neonate, infant, or child <4 years old with a new diagnosis of confirmed or probable congenital syphilis in the last month.

Confirmed congenital syphilis (requires one of the following)
1. Identification of *Treponema pallidum* in the infant/child's specimen by polymerase chain reaction (PCR) or fluorescent antibody examination
2. Reactive serology from venous blood in an infant that is four-fold greater than the maternal serology collected near the time of birth
3. Reactive serology from venous blood in an infant that persists beyond their second birthday

Probable congenital syphilis
1. Infant born to a mother who had untreated or inadequately treated syphilis at delivery, regardless of findings in the infant

OR BOTH OF THE FOLLOWING:

2. An infant or child with a reactive treponemal test result
3. One of the following additional criteria:
   a. Clinical signs of congenital syphilis on physical examination
   b. Evidence of congenital syphilis on radiographs of long bones
   c. Abnormal cerebrospinal fluid cell count or protein without other cause
   d. Reactive treponemal immunoglobulin M (IgM) (19S-IgM antibody test or IgM enzyme-linked immunosorbent assay)

Please specify if the case you are reporting is: ❍ Confirmed congenital syphilis ❍ Probable congenital syphilis

SECTION 1 – PROVIDER

1.1 Do you have access to an infectious diseases specialist (by telephone or in person)? ❍ Yes ❍ No ❍ I am one

SECTION 2 – PATIENT DEMOGRAPHIC INFORMATION

2.1 Month and year of birth: _____ /_______ (MM / YYYY)

2.2 Sex: ❍ Male ❍ Female ❍ Intersex

2.3 Province/territory of birth: ________________

2.4 First 3 digits of postal code: ____ ____ ____

SECTION 3 – MATERNAL AND PRENATAL HISTORY

3.1 Maternal age at time of delivery: ❍ ____ years ❍ Unknown

3.2 Maternal population group (select all that apply):

❑ Arab	❑ Black	❑ Chinese	❑ Filipino
❑ Japanese	❑ Korean	❑ Latin American	❑ White
❑ First Nations	❑ Inuit	❑ Métis	❑ Unknown
❑ Southeast Asian (e.g., Vietnamese, Cambodian, Laotian)	❑ South Asian (e.g., East Indian, Pakistani, Sri Lankan)	❑ West Asian (e.g., Iranian, Afghan)	❑ Other, specify: ________________

3.3 Has the mother lived in Canada for less than 10 years? ❍ Yes ❍ No ❍ Unknown

3.4 **Maternal social/behavioural characteristics:**

Substance use in pregnancy?	❍ Yes	❍ No	❍ Unknown
Specify (if known): ______________________			
Injection drug use?	❍ Yes	❍ No	❍ Unknown
Housing insecurity/homelessness?	❍ Yes	❍ No	❍ Unknown
Sex work/trafficking?	❍ Yes	❍ No	❍ Unknown
Involvement of child protection with other children?	❍ Yes	❍ No	❍ Unknown
Receiving social welfare assistance?	❍ Yes	❍ No	❍ Unknown

3.5 For each trimester of pregnancy, was at least one prenatal visit conducted?
❍ Yes ❍ Only second and third trimester visits
❍ Only third trimester visits ❍ No documented prenatal care ❍ Unknown

3.6 What, if any, barriers to prenatal care did the mother experience?____
____

3.7 Was the mother screened for syphilis during pregnancy? ❍ Yes ❍ No ❍ Unknown
***If no*, proceed to question 3.10.**
If yes, was the syphilis screen positive?
❍ Yes; Initial rapid plasma regain (RPR) 1: _____ ❍ Yes; Initial RPR Unknown ❍ No ❍ Unknown

3.8 Maternal syphilis stage:
❍ Primary (chancre, <3 weeks since infection)
❍ Secondary (rash, systemic symptoms)
❍ Latent (asymptomatic): Specify estimated date of infection: ❑ <12 months ago ❑ >12 months ago ❑ Unknown
❍ Tertiary (cardiovascular manifestations, neurosyphilis) ❍ Unknown

3.9 Did the mother receive treatment for syphilis in pregnancy? ❍ Yes ❍ No ❍ Unknown
***If no*, proceed to question 3.10.**
3.9.1 Antibiotics choice: ❍ Benzathine penicillin G ❍ Other, specify: ________________ ❍ Unknown
3.9.2 Trimester of treatment (select all that apply):
❑ First ❑ Second ❑ Third ❑ <4 weeks before delivery only ❑ Unknown
3.9.3 Post-treatment RPR (fill in all known):
_____ months after treatment ❍ Known; 1:_____ ❍ Unknown ❍ Not completed
_____ months after treatment ❍ Known; 1:_____ ❍ Unknown ❍ Not completed
_____ months after treatment ❍ Known; 1:_____ ❍ Unknown ❍ Not completed
3.9.4 Interpretation: ❍ Adequate response ❍ Inadequate response ❍ Unknown

3.10 Was the mother tested at/near the time of birth? ❍ Yes ❍ No ❍ Unknown
If yes, specify: RPR 1: _____ ❍ Unknown

3.11 Maternal co-infections at any time during this pregnancy (select all that apply):
❑ Human immunodeficiency virus ❑ Hepatitis B ❑ Hepatitis C ❑ Herpes simplex virus
❑ Chlamydia ❑ Gonorrhoea ❑ No known co-infections
❑ Other, specify: __________

SECTION 4 – DIAGNOSIS AND EVALUATION OF PATIENT

4.1 Month and year of diagnosis: _____ /_______
MM YYYY

4.2 Was the patient screened for congenital syphilis at birth? ❍ Yes ❍ No ❍ Unknown
If yes, patient's RPR at birth: ❍ Positive; 1: ____ ❍ Positive; result unknown ❍ Negative ❍ Unknown

4.3 How was the diagnosis of confirmed or probable congenital syphilis supported (select all that apply)?

Physical examination findings:
❑ Rash ❑ Jaundice ❑ Hepatomegaly ❑ Splenomegaly ❑ "Snuffles" (copious nasal secretions)
❑ Small for gestational age ❑ Prematurity; gestational age at birth ___weeks ___days
❑ Other: _______________

Hematologic/biochemical abnormalities:
❑ Complete blood count, specify: Hemoglobin _____ White blood cell count _____ Platelet count ______
❑ Liver enzymes, specify:
Alanine transaminase (ALT)____ Aspartate transaminase (AST)____ Alkaline phosphatase (ALP)____
❑ Other, specify: ________________

Microbiologic work-up:
❑ Treponemal testing (TP-EIA, TP-PA, etc.) ___________
❑ Cerebrospinal fluid cell count, specify: White blood cell count _____ Red blood cell count _____
❑ Cerebrospinal fluid chemistry, specify: Protein _____ Glucose _____
❑ Cerebrospinal fluid venereal disease research laboratory (VDRL) test______
❑ Other, specify: ________________

Radiologic work-up:

❑ Neuroimaging Result: ❑ Abnormal ❑ Normal
❑ Long bone X-rays Result: ❑ Abnormal ❑ Normal
❑ Abdominal ultrasound Result: ❑ Abnormal ❑ Normal
❑ Other, specify: ________________
Findings:____

Other work-ups:

❑ Ophthalmologic exam Result: ❑ Abnormal ❑ Normal
❑ Hearing screen Result: ❑ Abnormal ❑ Normal
❑ Other, specify: ________________

SECTION 5 – PATIENT CLINICAL MANAGEMENT AND COMPLICATIONS

5.1 Antibiotic management:

Age at treatment initiation: ❍ <1 week old ❍ 1–4 weeks old ❍ 4 weeks–2 years old ❍ >2 years old
a) Antibiotic selection: ❍ Aqueous penicillin G ❍ Benzathine penicillin G ❍ Other, specify: _________ ❍ Unknown
b) Dose, specify: _________________ ❍ units/kg ❍ mg/kg ❍ Unknown
c) Dosing frequency: ❍ Once ❍ Daily ❍ Weekly ❍ q2 weeks ❍ q6 hours ❍ q8 hours ❍ q12 hours ❍ Unknown
d) Duration of therapy, specify: ____________________ ❍ Dose(s) ❍ Days ❍ Weeks ❍ Unknown

5.2 Complications of confirmed or probable congenital syphilis (select all that apply):

❑ Death ❑ Liver failure ❑ Coagulopathy
❑ Seizures ❑ Hydrops fetalis ❑ Encephalopathy
❑ Neurosyphilis ❑ Sensorineural hearing loss ❑ Perichondritis/osteochondritis
❑ None of the above ❑ Hospitalization in intensive care unit ❑ Other, specify:______________
❑ Unknown

❍ **I agree to be contacted by the CPSP for further information on this questionnaire.**
❍ **I do not wish to be contacted by the CPSP for further information on this questionnaire.**

SECTION 6 – REPORTING PHYSICIAN

First name________________________ Surname____
Address____
City___________________________________ Province_________________________ Postal code_______________
Telephone number___________________________________ Fax number____________________________________
E-mail____ Date completed_________________________________

Thank you for completing this form

(CS 06/2021)