



# Syphilis Infectious Disease Reporting Form

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

## Patient Education

For HCPs taking on this responsibility, SMDHU requires that the following information be included in your counselling:

**HCP taking on responsibility to provide the following syphilis education**     No     Yes (check boxes below that apply)

- Provide key infection details: bacterial infection transmitted by unprotected sex
- Review that symptoms vary depending on stage or an infected person may be asymptomatic
- Review health complications associated with syphilis
- Advise patient/partners that they should abstain from sexual contact for 7 days after first line treatment and until infectious lesions/secondary rashes have resolved. If alternate treatment used, abstain until treatment completed.
- Encourage the consistent use of condoms and barriers for oral, anal, and vaginal sex with all sexual partners
- Advise patient to test for other sexually transmitted and blood borne infections (STBBI)
- Review with patient that serological monitoring is advised after treatment (stage specific as per table below)

Primary, secondary and early latent syphilis	3, 6, 12 months after treatment
Late latent, tertiary	12 and 24 months after treatment
Neurosyphilis	6, 12 and 24 months after treatment
HIV infected (any stage)	3, 6, 12 and 24 months after treatment and yearly thereafter

## Partner/Contact Notification

**Health Care Providers that wish to assume responsibility for partner notification**, the following information must be provided to the SMDHU: contact's name, sex, date of birth, address, phone number. This information is kept confidential and is important that notification be documented for legal purposes.

Patient Syphilis Stage	Time period that partner(s) must be notified, seek assessment and be tested
Primary syphilis	3 mos prior to the patient developing symptoms or, if asymptomatic, 3 mos prior to diagnosis
Secondary syphilis	6 mos prior to the patient developing symptoms or, if asymptomatic, 6 mos prior to diagnosis
Early latent	1 year before patient diagnosis
Late latent	Assess marital or long-term partners and children, if appropriate

**HCP taking on responsibility to interview patient for partner(s) contact information**     No     Yes

# of partners in the stage specific timeframe listed in table above \_\_\_\_\_

- Patient declined to give partner(s) names and information. Patient will provide to Public Health Investigator.
- Untraceable partner(s): anonymous partner(s) or insufficient contact information
- All partner(s) information is listed below

We will be contacting the individuals named below to verify partner notification is complete. Please provide information including full name and demographic information.

Name	Male / Female / Other	Contact information (i.e. address, phone number, email, online profile user name)	Age/DOB	Date of last exposure

Physician or Nurse Practitioner signature \_\_\_\_\_ Date signed \_\_\_\_\_

# Benzathine penicillin G LA (Bicillin) Order Form: STI Medication Program

**Return fax: 705-733-7738**

**Medications are provided free of charge to be used ONLY for the treatment of sexually transmitted infections.**

**Please remember to fax in reporting forms with your order and to order before your supply runs out.**

**Ordering Health Care Provider/Clinic Information:**

**Date of Order:** \_\_\_\_\_

Health Care Name: _____	Contact Person: _____
Office address: _____	Telephone number: _____
_____	Fax number: _____
_____	(E-mail) _____

Medications cannot be sent by courier. Please indicate the preferred location for medication pick up.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Barrie (15 Sperling Drive)           | <input type="checkbox"/> Barrie (80 Bradford Street)      | <input type="checkbox"/> Cookstown (2-25 King Street South) |
| <input type="checkbox"/> Collingwood (280 Pretty River Pky)   | <input type="checkbox"/> Gravenhurst (2-5 Pineridge Gate) | <input type="checkbox"/> Huntsville (34 Chaffey Street)     |
| <input type="checkbox"/> Orillia (120-169 Front Street South) | <input type="checkbox"/> Midland (B-865 Hugel Avenue)     |   |

**Bicillin Order Request**

<b>NOTE:</b>	<p>Single-dose Bicillin® L-A treatment (2 preloaded 1.2 million IU syringes) for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary Syphilis</li> <li><input type="checkbox"/> Secondary Syphilis</li> <li><input type="checkbox"/> Early Latent Syphilis</li> <li><input type="checkbox"/> Treatment for sexual contacts in the preceding 90 days to primary, secondary, and early latent syphilis.</li> </ul>	<p>Three-dose Bicillin® L-A treatment (6 preloaded 1.2 million IU syringes) for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Late Latent Syphilis</li> <li><input type="checkbox"/> Latent Syphilis of Unknown Duration</li> <li><input type="checkbox"/> Cardiovascular Syphilis and tertiary syphilis not involving the central nervous system</li> <li><input type="checkbox"/> Primary, Secondary or Early Latent Syphilis Case or Syphilis Contact who is also HIV infected</li> </ul> <p>Note: Some experts recommend 3 weekly doses of Benzathine Penicillin G (Bicillin) in HIV infected individuals.</p>
<b>Physician must indicate stage of infection.</b>		

**NOTE:** Bicillin must be stored and transported in cold chain temperature range (Between +2.0°C to +8.0°C).

**Alternate Treatment for People with Penicillin Allergies**

<p>Doxycycline 100 mg PO BID for 14 days for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary Syphilis</li> <li><input type="checkbox"/> Secondary Syphilis</li> <li><input type="checkbox"/> Early Latent Syphilis</li> </ul>	<p>Doxycycline 100 mg PO BID for 28 days for:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Latent Syphilis</li> <li><input type="checkbox"/> Late Latent Syphilis</li> <li><input type="checkbox"/> Cardiovascular Syphilis</li> <li><input type="checkbox"/> Gumma</li> </ul>
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# Benzathine penicillin G LA (Bicillin) Order Form: STI Medication Program

**Return fax: 705-733-7738**

For SMDHU Use Only: Available STI medication for order	# Units on site	# Units ordered	# Units filled	Lot #	Expiry date	PHN initial
Benzathine penicillin G LA (Bicillin) 1.2 MU IM (Needs to be stored in monitored refrigerator)						
Doxycycline 100 mg x 28 tablets PO						
Doxycycline 100 mg x 56 tablets PO						

For SMDHU Use Only:	
Authorizing PHN:	iPHIS #:
Order Packed By:	Date:

**Health Care Provider will be notified when medication is available for pick up.**

Questions? Contact us at Simcoe Muskoka District Health Unit – # 705-721-7520 or #1-877-721-7520 ext. 8376