

Report of Notifiable Conditions Sexually Transmitted Infections or Related Death

South Australian Public Health Act 2011

GONORRHOEA • DONOVANOSIS • GENITAL CHLAMYDIA • CHANCROID • SYPHILIS

FAX completed Sexually Transmitted Infections or Related Death form to the Communicable Disease Control Branch (CDCB) on (08) 7425 6696

or **PHONE** 1300 232 272 (Mon - Fri 8:30am - 5pm) as soon as practicable and in any event within 3 days of suspecting or confirming a diagnosis.

A CASE DETAILS Please print clearly and tick all applicable boxes

Last name _____
 Given name _____
 Date of birth ____/____/____ Male Female Transgender
 Residential address _____
 Suburb _____ Postcode _____
 Phone (H) _____ (M) _____

Is the person of Aboriginal or Torres Strait Islander origin?
 For persons of both Aboriginal and Torres Strait Islander origin, mark both 'Yes' boxes
 Yes Aboriginal Yes Torres Strait Islander No

Where was the person born?
 Australia Overseas *Specify country:* _____

Has the person worked as a sex worker in the last 12 months?
 Yes No

Date of death (if applicable) ____/____/____

B DISEASE TO NOTIFY Please tick the relevant diagnosis Only one disease per form

Gonorrhoea Donovanosis Genital chlamydia Chancroid Syphilis

Q1 & Q2: TICK ALL THAT APPLY

Q1: Specify diagnosis site / specimen
 Urethra Urine Cervix
 Vagina Pharynx Rectum
 Other *Specify:* _____

Q2: What symptoms does the person present with?
 None Orchitis
 Urethral or vaginal discharge Proctitis/tenesmus
 Dysuria Pharyngitis
 Abdominal pain Genito-anal lesion
 Rash
 Other *Specify:* _____

Q3: Indicate stage of syphilitic infection
Acute infectious syphilis <2 years duration
 Primary (for example genital ulcer)
 Secondary (for example rash)
 Early latent syphilis
 Early neurosyphilis
 Congenital
Late syphilis > 2 years duration
 Late latent (asymptomatic)
 Late symptomatic (including neurosyphilis)
Other treponemal infection
Specify: _____

Q4: Is the case pregnant?
 Not applicable Not known No
 Yes gestation *Specify:* _____

Q5: Has the current infection been adequately treated?
 Yes - treatment and date *Specify:* ____/____/____
 No - lost to follow up
 No - referred to specialist *Specify:* _____
 No - other *Specify:* _____

Pathology / Specimen collection Date ____/____/____

Positive pathology results received from:
 Abbots Clinpath Australian Clinical Labs SA Path Other *Specify:* _____

C CASE HISTORY

The person's sexual partner/s in the last 12 months?
 Male Female Male & Female Transgender

Where was this infection likely to have been acquired?
 PLEASE TICK ONE ONLY
 South Australia
 Interstate *Specify state:* _____
 Overseas *Specify country:* _____

Has the person had sexual activity with a sex worker in the last 12 months?
 Yes No

At the time of diagnosis, was the person taking pre-exposure prophylaxis for HIV (PrEP)?
 Yes No

Why was the person tested?
 PLEASE TICK ONE ONLY
 Presented with clinical symptoms
 Contact of a person with the same disease
 STI screening
 Antenatal screening
 Screening for other purposes *Specify:* _____

D SEXUAL PARTNER NOTIFICATION

Partner notification for chlamydia and gonorrhoea is the responsibility of the treating doctor and an essential component of the clinical management of cases. If you require advice, a Partner Notification Officer can be contacted by telephoning (08) 7117 2816. Web resources for patients to anonymously inform partners are:
www.letthemknow.org.au
www.thedramadownunder.info/notify
www.bettertoknow.org.au

Syphilis, donovanosis or chancroid
 Please advise the person that a Partner Notification Officer may be in contact to facilitate partner notification.
 Medical practitioners are reminded of their legal obligations under the **Children's Protection Act 1993** with regard to the diagnosis of a sexually transmitted infection in a child.

E DOCTOR DETAILS (Stamp acceptable)

Name _____
 Address of practice/hospital _____

 _____ Postcode _____
 Phone (Clinic) _____ (Mobile) _____
 Signature _____ Date ____/____/____

 **Please inform the person you have notified SA Health**

CONFIDENTIAL

www.sahealth.sa.gov.au/NotifiableDiseaseReporting

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Interpretation of syphilis serology

Proper interpretation of test results for syphilis usually requires a detailed history of the patient's illness including when the patient was infected, previous test results and any treatment. Syphilis testing may be conducted as part of screening in high-risk populations (or on clinical suspicion). Investigate all patients presenting with other STIs, including chlamydia, gonorrhoea, HIV, HBV and HCV for syphilis. Syphilis and HIV coinfection is common.

Test	Result	Interpretation	Action
Treponemal screen Confirmatory tests RPR	Non reactive Non reactive Non reactive	<ul style="list-style-type: none"> No evidence of syphilis 	<ul style="list-style-type: none"> Repeat in 1 month if clinical suspicion or risk factors present
Treponemal screen Confirmatory tests RPR	Reactive Non reactive Non reactive	<ul style="list-style-type: none"> False reactive screen Incubating infection 	<ul style="list-style-type: none"> Review clinical history, repeat test in 1 month if indicated
Treponemal screen Confirmatory tests RPR	Reactive Non reactive Reactive	<ul style="list-style-type: none"> Early infection (uncommon pattern) 	<ul style="list-style-type: none"> Review risk history and clinical findings Repeat RPR on the day of treatment
Treponemal screen Confirmatory tests RPR	Reactive Reactive Non reactive	<ul style="list-style-type: none"> Confirmed exposure to <i>T. pallidum</i> Early infection Syphilis any stage except secondary Treated syphilis 	<ul style="list-style-type: none"> Review clinical history and risk markers Stage using clinical picture Treat appropriate to stage Repeat RPR on the day of treatment
Treponemal screen Confirmatory tests RPR	Reactive Reactive Reactive <1:16	<ul style="list-style-type: none"> Confirmed exposure to <i>T. pallidum</i> Syphilis any stage except secondary Treated syphilis 	<ul style="list-style-type: none"> Stage using clinical picture Treat appropriate to stage Repeat RPR on the day of treatment
Treponemal screen Confirmatory tests RPR	Reactive Reactive Reactive ≥1:16	<ul style="list-style-type: none"> Confirmed exposure to <i>T. pallidum</i> Syphilis any stage Treated syphilis (less likely) 	<ul style="list-style-type: none"> Stage using clinical picture Treat appropriate to stage Repeat RPR on the day of treatment

Confirmatory tests TPPA or FTA-abs

Assessment of risk markers

- Contact with known case of syphilis
- Men who have sex with men
- Sex worker involvement
- Previous STI including HIV
- Multiple sex partners
- Sex overseas
- Injecting drug use
- Sex partners of any of the above

Clinical history

- History of a painless indurated ulcer in the genital, perianal area, or mouth
- A high proportion of cases do not recall a painless ulcer
- Has client ever been given injectable penicillin or is aware of previous treatment or testing for syphilis?
- History of a non-pruritic maculopapular eruption, lymphadenopathy, fever, malaise
- Neurological or cardiac signs

Staging and antibiotic treatment of syphilis infection

Acute infectious syphilis of less than 2 years duration

		Treatment
Primary syphilis	<ul style="list-style-type: none"> Typically one or more painless ulcers in the genital, perianal area or mouth Consider treponemal NAAT of ulcer if serology negative or screening test not confirmed by another treponemal test Exclude genital herpes infection 	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
Secondary syphilis	<ul style="list-style-type: none"> Otherwise unexplained generalised cutaneous or localised eruption, palmar or plantar rash Mucous patches (membranous lesions of mouth, buccal mucosa or lips) Generalised lymphadenopathy RPR Reactive and titre ≥=1:16 	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
Congenital syphilis	<ul style="list-style-type: none"> Mother has positive serology and not treated or treatment in last month of pregnancy Seek expert guidance 	Seek expert guidance
Early neuro syphilis	<ul style="list-style-type: none"> Signs of meningitis or cranial nerve involvement Can occur in association with secondary syphilis Requires CSF examination seek expert guidance on diagnosis and management 	Seek expert guidance
Early latent syphilis	<ul style="list-style-type: none"> No symptoms or signs at presentation, may have history of genital ulcer or generalised rash within last 24 months May have previous non reactive serology within the last 24 months If previously infected a 4 fold increase in RPR titre within the last 24 months indicates reinfection 	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose
Probable infectious	No signs or symptoms and would be classified as late latent infection but diagnosis considered when: <ul style="list-style-type: none"> Contact of an infectious syphilis case RPR ≥=1:16 Previous serology negative more than 24 months ago A 4 fold increase in RPR titre but previous test more than 24 months ago 	Benzathine penicillin 1.8g (= 2.4 million units) IM, as a single dose

Non infectious syphilis of greater than 2 years duration or uncertain duration

Late latent syphilis	<ul style="list-style-type: none"> No symptoms or signs Reassess clinical history and risk markers 	Benzathine penicillin 1.8g (= 2.4 million units) IM, once a week for 3 doses
Late symptomatic syphilis	<ul style="list-style-type: none"> Otherwise unexplained CNS or cardiovascular signs or symptoms Seek expert guidance on diagnosis and management 	Seek expert guidance

If allergic to penicillin desensitise or seek expert advice

Adelaide Sexual Health Centre offers specialist advice on sexually transmitted infections and partner notification and can be contacted by telephoning (08) 7117 2800

For syphilis partner notification advice or assistance in Aboriginal and/or Torres Strait Islander patients, call the SA Syphilis Register on 1300 232 272