Congenital Syphilis Enhanced Surveillance Form

Version 5

CONFIDENTIAL

CIDR ID:

A. Case Details

Patient Hospital No.

Forename

Date of birth

Sex ☐ Male ☐ Female

If multiple birth: of

Country of birth

Birthweight grams

Hospital Name

Surname

Address

County

Gestational age / 40 weeks

Hospital/place of birth

Ethnicity

☐ White – Irish
☐ White – Irish Traveller
☐ White – Any other white background
☐ Black or Black Irish - African
☐ Black or Black Irish – Any
☐ Mixed background
☐ Not known
☐ Asian or Asian Irish - Chinese
☐ Asian or Asian Irish – Indian/Pakistani/Bangladeshi
☐ Asian or Asian Irish – Any other Asian background
☐ Arabic
☐ Roma
☐ Other

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

Age at presentation ☐ 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

If other signs/symptoms, please specify:

Date of diagnosis/confirmation Please record laboratory results overleaf

Outcome ☐ No long-term sequelae ☐ Long-term sequelae ☐ Died

If died, date of death:

C. Child's Laboratory results

1) Reactive non-treponemal test - VDRL

Date – Mother Result - Mother

Date – Child Result – Child

2) Reactive non-treponemal test – RPR

Date – Mother Result - Mother

Date - Child Result - Child

3) Demonstration of treponemes – by DFA-TP or immunohistochemistry

Date Specimen ☐ Umbilical cord ☐ Nasal discharge ☐ Placenta ☐ Autopsy material ☐ Skin lesion material

4) Detection of T. pallidum nucleic acid by PCR

Date Specimen ☐ Umbilical cord ☐ Body fluids ☐ Placenta ☐ Autopsy material ☐ Exudate from suspicious materials

5) Failure to demonstrate loss of maternal TPPA

Date Result

Date Result

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D. Mother's details

Mother's Hospital No.		Maternity hospital/unit	
Surname		Address	
Forename			
Country of birth		County	
Date of birth			

Ethnicity

- ☐ White – Irish
- ☐ White – Irish Traveller
- ☐ White – Any other white background
- ☐ Black or Black Irish - African
- ☐ Black or Black Irish – Any
- ☐ Mixed background
- ☐ Not known
- ☐ Asian or Asian Irish - Chinese
- ☐ Asian or Asian Irish – Indian/Pakistani/Bangladeshi
- ☐ Asian or Asian Irish – Any other Asian background
- ☐ Arabic
- ☐ Roma
- ☐ Other

E. Maternal diagnosis

Date of maternal syphilis diagnosis | | | | | | | |

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

If yes, date treatment completed | | | | | | | |

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

G. Reporting paediatrician

Name		Contact telephone number	
Contact email			

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".