



Syphilis Enhanced Surveillance Form

Version 15
CONFIDENTIAL



CIDR ID: _____

A. Case Details

Patient Clinic ID	<input type="text"/>	Clinic/Practice Name	<input type="text"/>
Lab specimen ID	<input type="text"/>	Laboratory name	<input type="text"/>
Forename	<input type="text"/>	Surname	<input type="text"/>
Date of birth	<input type="text"/>		
Sex (at birth)	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
Gender identity	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Nonbinary
	<input type="checkbox"/> Trans male	<input type="checkbox"/> Trans female	<input checked="" type="checkbox"/> Unknown

Note: please complete sex (assigned at birth) and gender identity for all cases. A trans male refers to person who identifies as male and was assigned female at birth. A trans female refers to a person who identifies as female and was assigned male at birth. Non-binary refers to a person who does not identify as being exclusively female or male.

Country of birth	<input type="text"/>	County of residence	<input type="text"/>
Ethnicity	<input type="checkbox"/> White – Irish <input type="checkbox"/> White – Irish Traveller <input type="checkbox"/> White – Any other white background <input type="checkbox"/> Black or Black Irish - African <input type="checkbox"/> Black or Black Irish – Any <input type="checkbox"/> Mixed background <input type="checkbox"/> Not known	<input type="checkbox"/> Asian or Asian Irish - Chinese <input type="checkbox"/> Asian or Asian Irish – Indian/Pakistani/Bangladeshi <input type="checkbox"/> Asian or Asian Irish – Any other Asian background <input type="checkbox"/> Arabic <input type="checkbox"/> Roma <input type="checkbox"/> Other	

Note: ethnicity should be self-reported and refers to how the individual case identifies themselves.

B. Clinical Details

Mode of transmission	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> gbMSM	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other. If other mode of transmission, please specify		<input type="text"/>
Country of infection	<input type="text"/>		
HIV status?	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Unknown
If HIV negative, was the patient taking HIV pre-exposure prophylaxis at the time of syphilis diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Does the patient have symptoms of syphilis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Is the patient a commercial sex worker (CSW)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Did the patient have contact with a CSW?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

C. Case classification (please select one)

- Confirmed case (patient meets the clinical and laboratory criteria)
- Probable case (patient is symptomatic but does not meet the laboratory criteria)

D. For cases diagnosed in pregnancy

Is the patient pregnant? Yes No Unknown

If yes, please complete rest of this section. If no, proceed to section E.

Patient diagnosed as a result of antenatal screening? Yes No Unknown

If yes, gestation at screening /40

History of treated syphilis prior to pregnancy? Yes No Unknown

For this pregnancy, date syphilis treatment completed

Pregnancy outcome Live birth Stillbirth Miscarriage Termination

Gestation at birth /40

Maternity hospital



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E. Comments

F. Form Completed by

Completed by

Date

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Position

Doctor

Nurse

Public health

Health advisor

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".

A separate form is available from <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/syphilis/surveillanceforms/> for congenital cases

See <https://www.hpsc.ie/a-z/sexuallytransmittedinfections/syphilis/> for syphilis case definition.