

Investigation form for Syphilis

This form is filled in coordination with the treating physician.

The name of the patient is not recorded in the form.

The form is filled in case of alert/outbreak of syphilis

A Investigator

Investigator name	Setting	Date of investigation	Case ESU ID
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B Patient demography

Age (year)	Gender	Nationality	Caza of residence
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C Disease and diagnostic circumstances

<p>► Reason for testing:</p> <table> <tr> <td> <input type="checkbox"/> Symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Chancre <input type="checkbox"/> Rash <input type="checkbox"/> Mucous membrane lesions <input type="checkbox"/> Alopecia <input type="checkbox"/> Regional lymphadenopathy: cervical, inguinal <input type="checkbox"/> Neurological <input type="checkbox"/> Cardiovascular (aneurysm of ascending aorta) <input type="checkbox"/> Other, specify: </td> <td> <input type="checkbox"/> Screening: <ul style="list-style-type: none"> <input type="checkbox"/> Patient with reported risk factors <input type="checkbox"/> Contact tracing <input type="checkbox"/> Patient with no risk factors <input type="checkbox"/> Blood donor screening <input type="checkbox"/> Pre-medical / surgical screening <input type="checkbox"/> Prenuptial screening <input type="checkbox"/> Prenatal screening <input type="checkbox"/> Immigration screening <input type="checkbox"/> Other, specify: </td> </tr> </table>		<input type="checkbox"/> Symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Chancre <input type="checkbox"/> Rash <input type="checkbox"/> Mucous membrane lesions <input type="checkbox"/> Alopecia <input type="checkbox"/> Regional lymphadenopathy: cervical, inguinal <input type="checkbox"/> Neurological <input type="checkbox"/> Cardiovascular (aneurysm of ascending aorta) <input type="checkbox"/> Other, specify: 	<input type="checkbox"/> Screening: <ul style="list-style-type: none"> <input type="checkbox"/> Patient with reported risk factors <input type="checkbox"/> Contact tracing <input type="checkbox"/> Patient with no risk factors <input type="checkbox"/> Blood donor screening <input type="checkbox"/> Pre-medical / surgical screening <input type="checkbox"/> Prenuptial screening <input type="checkbox"/> Prenatal screening <input type="checkbox"/> Immigration screening <input type="checkbox"/> Other, specify:
<input type="checkbox"/> Symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Chancre <input type="checkbox"/> Rash <input type="checkbox"/> Mucous membrane lesions <input type="checkbox"/> Alopecia <input type="checkbox"/> Regional lymphadenopathy: cervical, inguinal <input type="checkbox"/> Neurological <input type="checkbox"/> Cardiovascular (aneurysm of ascending aorta) <input type="checkbox"/> Other, specify: 	<input type="checkbox"/> Screening: <ul style="list-style-type: none"> <input type="checkbox"/> Patient with reported risk factors <input type="checkbox"/> Contact tracing <input type="checkbox"/> Patient with no risk factors <input type="checkbox"/> Blood donor screening <input type="checkbox"/> Pre-medical / surgical screening <input type="checkbox"/> Prenuptial screening <input type="checkbox"/> Prenatal screening <input type="checkbox"/> Immigration screening <input type="checkbox"/> Other, specify: 		
<p>► Dates:</p> <p>Year of first symptoms: _____ </p> <p>Year of first diagnosis: _____ </p>			
<p>► Stage of syphilis:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Primary (up to 3 months prior to onset of symptoms) <input type="checkbox"/> Secondary (6 months prior to onset of symptoms) <input type="checkbox"/> Early latent (1 year to the diagnosis) <input type="checkbox"/> Late latent <input type="checkbox"/> Congenital <input type="checkbox"/> Undetermined 			
<p>► Other STD infections:</p> <table> <tr> <td> <input type="checkbox"/> Viral hepatitis B <input type="checkbox"/> Viral hepatitis C <input type="checkbox"/> Viral hepatitis D </td> <td> <input type="checkbox"/> Gonococci <input type="checkbox"/> Chlamydia <input type="checkbox"/> HIV </td> </tr> </table>		<input type="checkbox"/> Viral hepatitis B <input type="checkbox"/> Viral hepatitis C <input type="checkbox"/> Viral hepatitis D	<input type="checkbox"/> Gonococci <input type="checkbox"/> Chlamydia <input type="checkbox"/> HIV
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D Congenital syphilis

▶ Mother status: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic, specify stage: <input type="checkbox"/> Unknown	▶ Was the mother known to be infected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▶ Did the mother have prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	▶ Did the mother have specific treatment for syphilis? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
▶ Clinical presentation of the child: <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Hepatosplenomegaly <input type="checkbox"/> Jaundice (nonviral hepatitis) <input type="checkbox"/> Rash <input type="checkbox"/> Anemia <input type="checkbox"/> Edema (nephrotic syndrome and/or malnutrition)	
<input type="checkbox"/> Snuffles <input type="checkbox"/> Condyloma lata <input type="checkbox"/> Pseudoparalysis, <input type="checkbox"/> Other, specify:	

E Laboratory testing

Syphilis	Test	Date result	Result	Notes
	<input type="checkbox"/> Demonstration of <i>T. pallidum</i> by dark field microscopy			
	<input type="checkbox"/> PCR			
	<input type="checkbox"/> DFA-TP (direct fluorescent antibody)			
	<input type="checkbox"/> VDRL (Venereal Disease Research Laboratory)			
	<input type="checkbox"/> RPR (rapid plasma regain)			
	<input type="checkbox"/> FTA-ABS (fluorescent treponemal antibody absorbed)			
	<input type="checkbox"/> MHA-TP (microhemagglutination assay for antibody to <i>Treponema pallidum</i>)			
	<input type="checkbox"/> TP-PA (<i>T. pallidum</i> particle agglutination)			
	<input type="checkbox"/> EIA (enzyme immunoassay)			
	<input type="checkbox"/> CIA (chemiluminescence immunoassay)			
	<input type="checkbox"/> InnoLIA			
	<input type="checkbox"/> Other, specify			

F General risk factors

Area	Factor	No	Yes	Specify
Professional	Health care professional	<input type="checkbox"/>	<input type="checkbox"/>	Profession:
	Contact with blood	<input type="checkbox"/>	<input type="checkbox"/>	
	Blood exposure injury	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Blood exposure professions	<input type="checkbox"/>	<input type="checkbox"/>	
Health care	Admitted to hospitals	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Had surgery	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Had dialysis	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Received blood products	<input type="checkbox"/>	<input type="checkbox"/>	Nb times:
	Received blood derived products	<input type="checkbox"/>	<input type="checkbox"/>	Products:
	Had transplantation	<input type="checkbox"/>	<input type="checkbox"/>	Organ:
	Dental care	<input type="checkbox"/>	<input type="checkbox"/>	
Household	Sharing toothbrushes	<input type="checkbox"/>	<input type="checkbox"/>	Frequency:
	Sharing "rasoirs"	<input type="checkbox"/>	<input type="checkbox"/>	Frequency:
	Sharing personal items	<input type="checkbox"/>	<input type="checkbox"/>	What:
Other	Participated in invasive religious rituals	<input type="checkbox"/>	<input type="checkbox"/>	
	Tatoos	<input type="checkbox"/>	<input type="checkbox"/>	
	Body piercing	<input type="checkbox"/>	<input type="checkbox"/>	

G Confidential risk factors

Area	Factor	No	Yes	Specify
Drugs				
	Injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>	
	Sharing needles	<input type="checkbox"/>	<input type="checkbox"/>	
	Invasive inhalation	<input type="checkbox"/>	<input type="checkbox"/>	
Prison				
	Incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	
STD				
	STD: VHB, VHC, VHD, HIV, syphilis, gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	What:
	Contact with a person with STD: home	<input type="checkbox"/>	<input type="checkbox"/>	
	Contact with a person with STD: sex	<input type="checkbox"/>	<input type="checkbox"/>	
	Contact with a person with STD: other	<input type="checkbox"/>	<input type="checkbox"/>	Specify:
Sexual risk				
	Male partners	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Female partners	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Sexual workers	<input type="checkbox"/>	<input type="checkbox"/>	Nb:
	Protective behavior	<input type="checkbox"/>	<input type="checkbox"/>	

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H Partners protection

Specify number

	Identified	Screened	Positive	Treated
Regular				
Casual				
Sex workers				
Other:				

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I. Notes