* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)

Manitoba
Health, Seniors and Active Living

CONGENITAL SYPHILIS INVESTIGATION FORM — CASE FORM

*I. INFANT CASE IDENTIFICATION

subject > client details > personal information

1. LAST NAME	2. FIRST NAME	3. DATE OF BIRTH/DELIVERY (YYYY - MM - DD)
4. ALTERNATE LAST NAME	5. ALTERNATE FIRST NAME	6. SEX ○ FEMALE ○ MALE ○ INTERSEX ○ UNKNOWN
7. REGISTRATION NUMBER (FORMER MHSC) (6 DIGITS)	8. HEALTH NUMBER (PHIN) (9 DIGITS)	9. ALTERNATE ID (SPECIFY TYPE OF ID)
10. MOTHER'S ADDRESS AT TIME OF BIRTH ➔ ☐ ADDRESS IN FIRST NATION COMMUNITY		11. CITY/TOWN/VILLAGE
12. PROVINCE/TERRITORY	13. POSTAL CODE (OF ABOVE ADDRESS) (A#A #A#)	14. CURRENT PHONE NUMBER (### - ### - ####)

15. ETHNIC ORIGIN (VOLUNTARY, PARENT/GUARDIAN SELF-REPORTED – CHOOSE ONE ONLY)

○ AFRICAN
○ ASIAN (INCLUDES MIDDLE EAST, PHILIPPINES)
○ CARIBBEAN
○ EUROPEAN (INCLUDES EASTERN EUROPE)
○ LATIN, CENTRAL AND SOUTH AMERICAN (INCLUDES MEXICO)
○ NORTH AMERICAN (INCLUDES CANADA, USA)
○ NORTH AMERICAN INDIGENOUS
○ OCEANIA (INCLUDES PACIFIC ISLANDS)
○ DECLINED
○ NOT ASKED
○ UNKNOWN

16. INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, PARENT/GUARDIAN SELF-REPORTED)
○ FIRST NATIONS ○ MÉTIS ○ INUIT ○ NOT ASKED ○ DECLINED

17. FIRST NATIONS STATUS (VOLUNTARY, PARENT/GUARDIAN SELF-REPORTED)
○ STATUS ○ NON-STATUS ○ NOT ASKED ○ DECLINED

18. ALTERNATE LOCATION INFORMATION (IF ANY)

MHSU USE ONLY

II. ACQUISITION EXPOSURE DETAILS

(MATERNAL CLIENT INFORMATION)

investigation > exposure summary > create acquisition event

MODE OF TRANSMISSION = PERINATAL; EXPOSURE START DATE = DATE OF BIRTH

19. MOTHER'S LAST NAME	20. MOTHER'S FIRST NAME	21. MOTHER'S DATE OF BIRTH (YYYY - MM - DD)
22. MOTHER'S REGISTRATION NUMBER (FORMER MHSC) (6 DIGITS)	23. MOTHER'S HEALTH NUMBER (PHIN) (9 DIGITS)	24. ALTERNATE ID (SPECIFY TYPE OF ID)

25. ☐ MOTHER NOT IDENTIFIABLE

III.INVESTIGATION INFORMATION

investigation > investigation details > investigation information

26. *INVESTIGATION DISPOSITION: ○ FOLLOW-UP COMPLETE ○ UNABLE TO COMPLETE INTERVIEW ○ PENDING

investigation > investigation details > resp. org/investigator

27. *RESPONSIBLE ORGANIZATION (PRIMARY): ○ WRHA ○ NRHA ○ PMH ○ SH-SS ○ IERHA ○ FNIHB ○ CSC

28. OTHER RESPONSIBLE ORGANIZATIONS INVOLVED: ☐ WRHA ☐ NRHA ☐ PMH ☐ SH-SS ☐ IERHA ☐ FNIHB ☐ CSC ☐ DND

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Manitoba
Health, Seniors and Active Living

IV.*INFECTION INFORMATION

Refer to disease protocol: https://www.gov.mb.ca/health/publichealth/cdc/protocol/syphilis.pdf

investigation > investigation details > disease summary

29. STAGE	30. CASE CLASSIFICATION
☐ EARLY CONGENITAL (ONSET <2 YEARS AFTER BIRTH)	☐ LAB CONFIRMED ☐ CLINICALLY CONFIRMED ☐ PROBABLE ☐ NOT A CASE
☐ LATE CONGENITAL (>2 YEARS AFTER BIRTH)	☐ LAB CONFIRMED ☐ NOT A CASE
☐ SYPHILITIC STILLBIRTH	☐ LAB CONFIRMED ☐ PROBABLE ☐ NOT A CASE

31. **CASE CLASSIFICATION NOTES:** **(SEE CASE DEFINITIONS ON PAGES 5 AND 6. IN PHIMS, DOCUMENT RATIONALE FOR CASE CLASSIFICATION AND CLINICIANS CONSULTED (E.G. PEDS ID) IN A NOTE).**

V. SIGNS AND SYMPTOMS

investigation > signs and symptoms

32. **SIGNS AND SYMPTOMS** ○ ASYMPTOMATIC ○ SYMPTOMATIC ○ UNKNOWN

☐ CEREBROSPINAL FLUID (CSF) ABNORMALITIES (ELEVATED CSF CELL COUNT OR PROTEIN WITHOUT OTHER CAUSE)	☐ RASH
☐ CHARACTERISTIC CLINICAL LATE MANIFESTATIONS OF SYPHILIS***	☐ RADIOGRAPHIC EVIDENCE OF SYPHILIS IN LONG BONES
☐ CONDYLOMATA LATA	☐ REACTIVE CSF VDRL
☐ HEPATOSPLENOMEGALY	☐ REACTIVE SEROLOGY
☐ JAUNDICE	☐ REACTIVE SEROLOGY WITH RISING TITRES
☐ PSEUDOPARALYSIS	☐ REACTIVE SEROLOGY WITH 4X HIGHER THAN MOTHER (ON SAME DATE)
☐ PCR POSITIVE	☐ RUNNY NOSE (SNUFFLES)
☐ GESTATIONAL AGE AT BIRTH (SPECIFY IN WEEKS)	☐ OTHER (SPECIFY)
☐ BIRTHWEIGHT (SPECIFY IN GRAMS)	

*** MAY INCLUDE KERATITIS, NERVE DEAFNESS, ANTERIOR BOWING OF SHINS, FRONTAL BOSSING, MULBERRY MOLARS, HUTCHINSON'S TEETH, SADDLE NOSE, RHAGADES, OR CLUTTON'S JOINTS.

VI. TREATMENT INFORMATION (FOR INFANT, EXCLUDES STILLBIRTHS)

investigation > prescriptions > prescription summary

33. PRESCRIBER NAME	34. TREATMENT FACILITY
SPECIFY	SPECIFY
☐ BENZATHINE PENICILLIN G (SPECIFY DOSAGE, ROUTE, FREQUENCY, DURATION, AND START DATE):	☐ OTHER (SPECIFY DRUG, DOSAGE, ROUTE, FREQUENCY, DURATION, AND START DATE):
SPECIFY START DATE: YYYY-MM-DD	SPECIFY START DATE: YYYY-MM-DD

35. **ALLERGIES (RELEVANT TO TREATMENT, IF ANY)**

subject > allergies

SPECIFY

VII. OUTCOMES AT TIME OF INVESTIGATION

investigation > outcomes

☐ HOSPITAL ADMISSION	☐ HOSPITAL DISCHARGE	☐ ICU ADMISSION	☐ ICU DISCHARGE
YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD	YYYY-MM-DD

○ FATAL	○ OTHER SIGNIFICANT OUTCOME/SEQUELAE
SPECIFY DATE OF DEATH YYYY-MM-DD	SPECIFY

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Manitoba
Health, Seniors and Active Living

VIII. RISK FACTOR INFORMATION

subject > risk factors

COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED:	YES	NO	UN-KNOWN	DECLINED TO ANSWER	NOT ASKED
INFANT RISK FACTORS					
BORN TO INFECTED MOTHER	○	○	○	○	○
CONTACT TO A NEW OR PREVIOUSLY DIAGNOSED CASE (OTHER THAN MOTHER)	○	○	○	○	○
OTHER RISK FACTOR SPECIFY	○	○	○	○	○
MATERNAL RISK FACTORS					
HOUSING UNSTABLE	○	○	○	○	○
PRENATAL CARE RECEIVED (AT LEAST ONE VISIT FOR PREGNANCY-RELATED CARE) SPECIFY TRIMESTER OF FIRST VISIT	○	○	○	○	○
PRENATAL CARE – NUMBER OF VISITS (FOR ANY PREGNANCY-RELATED CARE) SPECIFY NUMBER OF VISITS	○	○	○	○	○
LABORATORY TESTING FOR SYPHILIS DURING FIRST TRIMESTER	○	○	○	○	○
LABORATORY TESTING FOR SYPHILIS AT 28-32 WEEKS GESTATION	○	○	○	○	○
LABORATORY TESTING FOR SYPHILIS AT DELIVERY	○	○	○	○	○
LABORATORY TESTING – NUMBER OF TIMES TESTED FOR SYPHILIS DURING PREGNANCY (INCLUDING DELIVERY) SPECIFY NUMBER OF TESTS	○	○	○	○	○
MATERNAL DIAGNOSIS DATE (DURING PREGNANCY) SPECIFY DATE YYYY-MM-DD	○	○	○	○	○
MATERNAL HISTORY OF STBBI'S (DURING PREGNANCY) SPECIFY INFECTIONS AND DATES DIAGNOSED	○	○	○	○	○
MATERNAL INCARCERATION DURING PREGNANCY	○	○	○	○	○
MATERNAL PARTNER WITH UNTREATED INFECTION	○	○	○	○	○
REINFECTION OR RELAPSE DURING PREGNANCY AFTER APPROPRIATE THERAPY (KNOWN OR SUSPECTED) SPECIFY DETAILS	○	○	○	○	○
SUBSTANCE USE DURING PREGNANCY (SELF DECLARED) SPECIFY SUBSTANCE(S) AND METHOD OF USE	○	○	○	○	○
SUBSTANCE USE DURING PREGNANCY – CRYSTAL METH (SELF DECLARED) SPECIFY METHOD OF USE	○	○	○	○	○
TREATMENT FOR INFECTION DURING PREGNANCY SPECIFY TREATMENT AND DATE ADMINISTERED YYYY-MM-DD	○	○	○	○	○
TREATMENT FOR INFECTION DURING PREGNANCY ASSESSED AS INADEQUATE (SEE CASE DEFINITIONS)	○	○	○	○	○
TREATMENT – INADEQUATE SEROLOGIC RESPONSE DOCUMENTED DURING PREGNANCY (SEE CASE DEFINITIONS)	○	○	○	○	○
OTHER RISK FACTOR SPECIFY	○	○	○	○	○

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Manitoba
Health, Seniors and Active Living

IX. EVIDENCE-BASED INTERVENTIONS

investigation > treatment and interventions >intervention summary

36. RECOMMENDED INTERVENTIONS	37. DATE (YYYY-MM-DD)
☐ REFERRAL FOR TREATMENT (SPECIFY)	
☐ REFERRAL TO PEDIATRIC INFECTIOUS DISEASES (SPECIFY DATE)	
☐ OTHER (SPECIFY)	

X.* REPORTER INFORMATION (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)

38. FORM COMPLETED BY (PRINT NAME)	39. FACILITY NAME/ADDRESS		REPORTER USE ONLY
40. SIGNATURE	41. PHONE	42. FAX	
43. FORM COMPLETION DATE YYYY-MM-DD	44. ORGANIZATION (IF APPLICABLE) ○ WRHA ○ NRHA ○ PMH ○ SH-SS ○ IERHA ○ FNIHB ○ CSC		STAMP HERE

XI.* RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY (PRIMARY INVESTIGATOR)

investigation > investigation details > close investigation

45. FORM COMPLETED BY (PRINT NAME)	46. SIGNATURE	47. FORM COMPLETION DATE YYYY-MM-DD
48. FORM REVIEWED BY (PRINT NAME)	49. FORM REVIEWED DATE YYYY-MM-DD	RHA USE ONLY
50. INVESTIGATION STATUS ○ ONGOING ○ CLOSED TO THE REGION	51. ORGANIZATION ○ WRHA ○ NRHA ○ PMH ○ SH-SS ○ IERHA ○ FNIHB ○ CSC	STAMP HERE

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH
AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT
http://www.gov.mb.ca/health/publichealth/surveillance/forms.html
A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES
AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT
http://www.gov.mb.ca/health/publichealth/surveillance/forms.html

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Manitoba
Health, Seniors and Active Living

Congenital Syphilis Case Definitions

Laboratory Confirmed Case-Early Congenital Syphilis (within 2 years of birth):

- Identification of *T. pallidum* by dark-field microscopy[a], fluorescent antibody[b], detection of *T. pallidum* (TP) – specific nucleic acid (using NAT, e.g., PCR – polymerase chain reaction) in an appropriate clinical specimen, or equivalent examination of material from nasal discharges, skin lesions, placenta or umbilical cord, or autopsy material of a neonate (up to four weeks of age);

OR

- Reactive serology (treponemal and nontreponemal) from venous blood (not cord blood) in an infant/child with or without clinical, laboratory, or radiographic evidence consistent with congenital syphilis[c] but who has one or both of the following:
    - Rising syphilis serologic titres upon follow-up where there is evidence that the mother had a syphilis infection during pregnancy
    - Titres greater than or equal to fourfold higher than those of the mother when collected at the same time or on the same day, in the immediate post-natal period.

OR

- A child who does not meet the above criteria but has persistently reactive treponemal serology between 18 and 24 months of age (regardless of maternal treatment status and infectious status).

Clinically Confirmed Case-Early Congenital Syphilis (within 2 years of birth):

- Reactive serology (treponemal and nontreponemal) from venous blood (not cord blood) in an infant/child with clinical, laboratory, or radiographic evidence consistent with congenital syphilis[c] whose mother:
    - Was seropositive or PCR positive for syphilis during pregnancy or at delivery , AND
    - Had inadequate treatment[d] (i.e., no documented evidence of adequate treatment), OR
    - Demonstrated to have evidence of reinfection or relapse in pregnancy following appropriate therapy.

[a] Not available in most medical laboratories including Cadham Provincial Laboratory (CPL).

[b] Fluorescent antibody testing for syphilis is not routinely available in Manitoba but may be used in exceptional circumstances.

[c] Includes any evidence of congenital syphilis on physical examination (e.g. hepatosplenomegaly, consistent rash, condyloma lata, snuffles, pseudoparalysis), evidence of congenital syphilis on radiographs of long bones, a reactive CSF (cerebrospinal fluid) VDRL (Venereal Disease Research laboratory test), an elevated CSF cell count or protein without other cause.

[d] Inadequate treatment consists of any non-penicillin therapy or penicillin administered during pregnancy but less than 30 days before delivery.

Probable Case-Early Congenital Syphilis (within 2 years of birth)[e]:

- Reactive serology (treponemal and nontreponemal) from venous blood (not cord blood) in an infant/child without clinical, laboratory, or radiographic manifestations of congenital syphilis whose mother had untreated or inadequately[f] treated syphilis at delivery.

[e] A persistent treponemal serologic reaction at 18-24 months of age confirms the diagnosis of congenital syphilis. An absent serologic reaction (treponemal and nontreponemal) at 18-24 months of age excludes the case (i.e., it is no longer probable or confirmed).

[f]Inadequate treatment consists of any non-penicillin therapy or penicillin administered during pregnancy but less than 30 days before delivery.

Laboratory Confirmed Case-Syphilitic Stillbirth:

- A fetal death that occurs after 20 weeks gestation where the mother had untreated or inadequately treated syphilis at delivery;
  AND
- Laboratory confirmation of infection (i.e., detection of T. pallidum DNA in an appropriate clinical specimen, fluorescent antibody or equivalent examination of material from placenta, umbilical cord or autopsy material).

Probable Case-Syphilitic Stillbirth:

- A fetal death that occurs after 20 weeks gestation where the mother had untreated or inadequately treated infectious syphilis at delivery with no other cause of stillbirth established.

Case Definition Reference Table:

STAGE	CASE CLASSIFI-CATION	LAB CRITERIA	PRESENCE OF MATERNAL CRITERIA (SEE NOTE A)	PRESENCE OF INFANT CRITERIA (SEE NOTE B OR C)
EARLY CONGENITAL (ONSET <2 YEARS AFTER BIRTH)	LAB CONFIRMED	IDENTIFICATION OF T. PALLIDUM BY DARK-FIELD MICROSCOPY, FLUORESCENT ANTIBODY, OR T. PALLIDUM SPECIFIC NUCLEIC ACID (E.G. NAT, PCR)	NOT REQUIRED	NOT REQUIRED
		REACTIVE SEROLOGY WITH RISING TITRES	PRESENT	NOT REQUIRED
		REACTIVE SEROLOGY WITH TITRES ≥ 4X HIGHER THAN MOTHER (ON THE SAME DATE)	PRESENT	NOT REQUIRED
		REACTIVE SEROLOGY AFTER 18-24 MONTHS OF AGE	NOT REQUIRED	EARLY MANIFESTATIONS NOT REQUIRED; ABSENCE OF LATE MANIFESTATIONS
	CLINICALLY CONFIRMED	REACTIVE SEROLOGY	PRESENT	EARLY MANIFESTATIONS PRESENT[B]
	PROBABLE	REACTIVE SEROLOGY FROM VENOUS BLOOD	PRESENT	NOT REQUIRED
	NOT A CASE	DOES NOT MEET ANY OF ABOVE CRITERIA		
		INITIALLY CLASSIFIED AS CASE, FOLLOWED BY NEGATIVE REACTIVE SEROLOGY FROM VENOUS BLOOD AFTER 18-24 MONTHS OF AGE		
LATE CONGENITAL (>2 YEARS AFTER BIRTH)	LAB CONFIRMED	REACTIVE SEROLOGY FROM VENOUS BLOOD AFTER 24 MONTHS OF AGE	NO OTHER KNOWN SOURCE OF EXPOSURE	LATE MANIFESTATIONS PRESENT[C]
SYPHILITIC STILLBIRTH	LAB CONFIRMED	LABORATORY CONFIRMATION OF INFECTION[D]	PRESENT	FETAL DEATH AFTER 20 WEEKS GESTATION
	PROBABLE	NOT REQUIRED	PRESENT	FETAL DEATH AFTER 20 WEEKS GESTATION; AND NO OTHER CAUSE OF STILLBIRTH ESTABLISHED

[A] MATERNAL CRITERIA INCLUDES **LAB CONFIRMATION** OF SYPHILIS DURING PREGNANCY **AND EITHER INADEQUATE TREATMENT OR SUSPECTED REINFECTION/RELAPSE** FOLLOWING APPROPRIATE THERAPY.

- INADEQUATE TREATMENT IS DEFINED AS ANY NON-PENICILLIN THERAPY, PENICILLIN ADMINISTERED LESS THAN 30 DAYS BEFORE DELIVERY, OR INSUFFICIENT DOSE.
- SUSPECTED REINFECTION/RELAPSE DURING PREGNANCY CAN INCLUDE AN INADEQUATE SEROLOGIC RESPONSE TO TREATMENT (LESS THAN 4-FOLD DECREASE IN NTT TITERS BY 3 MONTHS) OR CLINICAL SUSPICION OF RELAPSE/REINFECTION.

[B] INFANT CRITERIA FOR **EARLY CONGENITAL** STAGE INCLUDES **CONSISTENT CLINICAL, LABORATORY, OR RADIOGRAPHIC MANIFESTATIONS**, INCLUDING HEPATOSPLENOMEGALY, SYPHILITIC RASH, CONDYLOMA LATA, SNUFFLES, PSEUDOPARALYSIS, JAUNDICE/HEPATITIS, EDEMA, EVIDENCE OF CONGENITAL SYPHILIS ON RADIOGRAPHS OF LONG BONES, A REACTIVE CSF VDRL, OR AN ELEVATED CSF CELL COUNT OR PROTEIN WITHOUT OTHER CAUSE.

[C] INFANT CRITERIA FOR **LATE CONGENITAL** STAGE INCLUDES **CONSISTENT CLINICAL, LABORATORY, OR RADIOGRAPHIC MANIFESTATIONS** INCLUDING INTERSTITIAL KERATITIS, NERVE DEAFNESS, ANTERIOR BOWING OF SHINS, FRONTAL BOSSING, MULBERRY MOLARS, HUTCHINSON'S TEETH, SADDLE NOSE, RHAGADES, OR CLUTTON'S JOINTS.

[D] LABORATORY CONFIRMATION OF INFECTION IN STILLBIRTHS INCLUDES DETECTION OF T. *PALLIDUM* DNA IN AN APPROPRIATE CLINICAL SPECIMEN, FLUORESCENT ANTIBODY OR EQUIVALENT EXAMINATION OF MATERIAL FROM PLACENTA, UMBILICAL CORD OR AUTOPSY MATERIAL.