Northwestern Health Unit
www.nwhu.on.ca

Northwestern Health Unit Control of Infectious Diseases
Syphilis Public Health Case Investigation

Please return this completed form to the Northwestern Health Unit by fax at 807-468-3813

DATE: _____ ☐ **Internal Case**

Client demographics: Please confirm current address, telephone, and email, or affix label.	
Name:	Telephone:
Gender:	Email:
DOB (YY/MM/DD):	Address, including postal code:
Health Card #:	

Physician/NP/Midwife completing form:	
Name:	
Facility:	
Telephone #:	ext.:
Fax #:	

Is client First Nations? No ☐ Yes ☐
If yes, do they live in a First Nations community? No ☐ Yes ☐ Specify which community: _____

Reason For Testing			
☐ Routine	☐ Contact Tracing	☐ Prenatal	☐ Immigration
☐ Other:			
☐ Symptomatic (please describe):			
Does the client have a history of previously treated syphilis infection? ☐ No ☐Yes			
If YES, date of treatment:			
If YES, is reinfection suspected? ☐ No (DO NOT complete rest of form) ☐ Yes (complete form)			
Has the client had previous bloodwork for syphilis? ☐ No ☐ Yes			
If YES, date of last test:			

Risk Factors (select all that apply):	
☐ Pregnant	☐ Under housed
☐ Repeat infection	☐ Incarceration
☐ Substance misuse	☐ Travel
☐ Sex with opposite sex	☐ Sex with same sex
☐ No condom use	☐ Condom breakage
☐ New partner in last 2 months	☐ More than 1 partner in last 6 months
☐ Sex trade worker	☐ Purchased sex
☐ Other: _____	

Counselling
Client is aware of diagnosis: ☐ Yes ☐ No
Client has been advised of:
☐ Transmission and risk factors for other STIs and BBIs
☐ No sexual contact with untreated partner(s)
☐ Risk reduction including condom use/ harm reduction services
☐ No sexual contact for 7 days after treatment completed & all sores/rashes healed
☐ Need for repeat serology at ☐ 1 month (pregnant)*
☐3 months ☐ 6 months ☐ 12 months ☐ 24 months

*primary, secondary, early latent - monthly testing until delivery if at high-risk of re-infection
late latent - at time of delivery AND 12 AND 24 months

Client Name: _____ DOB: _____

Staging and Partner notification	Preferred Treatment	Alternative Treatment
☐ Primary *Notify partners from past 3 months*	Long acting benzathine penicillin G	Doxycycline 100 mg PO BID x 14 days Administered on:
☐ Secondary *Notify partners from past 6 months*	2.4 million units IM as a single dose	
☐ Early latent *Notify partners from past 1 year*	Administered on:	
☐ Late latent *Notify long-term partners and children as appropriate*	Long acting benzathine penicillin G 2.4 million units IM weekly for 3 doses (1) Administered on: (2) Administered on: (3) Administered on:	Doxycycline 100 mg PO BID x 28 days Administered on:
Other Stage/ Treatment:		

Contacts information
LIST PARTNER INFO HERE LIST PARTNER INFO HERE LIST PARTNER INFO HERE LIST PARTNER INFO HERE
In all cases, clients are to be advised to notify all contacts based on staging
☐ Healthcare provider to notify partner(s) ☐ Client has been notified that they will be contacted by public health to discuss contact management ☐ This person is a contact of a case and is being treated.

Notes:

If first line therapy is not in stock at your facility, contact your local NWHU 1-800-830-5978 to obtain medication.
☐ Allergy to Penicillin, consult ID specialist **and** provide documentation of treatment administered. Thank you for your assistance.

_____ _____

Kit Young Hoon, MBBS, MPH, MSC, FRCPC
Medical Officer of Health

Enter name and designation