



Congenital Syphilis Case Investigation Form (CIF)

NB: [To be completed and submitted together with Notifiable Medical Conditions (NMC) Case Notification Form (CNF)]

Infant Information

1	Case Notification number													
2	Date of notification													
3	Date of delivery (dd/mm/yyyy)													
4	Name and surname of infant													
5	Patient folder number/Patient HPRS-PRN													
6	Status of the patient													
7	Gestational age at delivery	____ weeks												
8	Birth weight or weight of fetus (if stillbirth/miscarriage)	____ grams												
9	Age at syphilis test													
10	Date of syphilis test (RPR) (dd/mm/yyyy)													
11	Result of RPR syphilis test	Reactive Non-Reactive												
12	If reactive, RPR titre level (ratio)													
13	Specimen barcode of syphilis test													
14	Other syphilis tests done – Tick all that apply Specify whether done on blood, CSF, placenta, amniotic fluid, autopsy material, exudate or body fluids State results for each test if done	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Test</th> <th style="width: 25%;">Type of specimen</th> <th style="width: 25%;">Result</th> </tr> </thead> <tbody> <tr> <td>TPAb/ TPHA/ TPPA</td> <td></td> <td></td> </tr> <tr> <td>VDRL (on CSF)</td> <td></td> <td></td> </tr> <tr> <td>Fluorescent treponemal antibody – absorption test</td> <td></td> <td></td> </tr> </tbody> </table>	Test	Type of specimen	Result	TPAb/ TPHA/ TPPA			VDRL (on CSF)			Fluorescent treponemal antibody – absorption test		
		Test	Type of specimen	Result										
		TPAb/ TPHA/ TPPA												
		VDRL (on CSF)												
Fluorescent treponemal antibody – absorption test														

		Treponema pallidum PCR		
		Dark field microscopy		
		If other, specify _____		
15	<p>Does the infant/child have features suggestive of early congenital syphilis?</p> <p>If yes tick all that apply</p>	<p>No clinical features suggestive of early congenital syphilis</p> <p>Hepatosplenomegaly</p> <p>Rash</p> <p>Jaundice</p> <p>Anaemia</p> <p>Nasal discharge</p> <p>Mucosal lesions</p> <p>Pseudoparalysis of limb/s</p> <p>Delayed milestones</p> <p>Failure to thrive</p> <p>Pneumonia</p> <p>Thrombocytopenia</p> <p>Lymphadenopathy</p> <p>Neurological complications</p> <p>If other, specify _____</p>		
16	<p>Does the infant/ child have any radiological findings suggestive of congenital syphilis?</p> <p>If yes tick all that apply</p>	<p>No radiological features suggestive of early congenital syphilis</p> <p>Periostitis</p> <p>Metaphysitis</p> <p>Osteochondritis</p> <p>Osteomyelitis</p> <p>If other, specify _____</p>		
17	Treatment for syphilis received	Yes	No	
18	Specify treatment for syphilis received	<p>crystalline penicillin G</p> <p>benzathine penicillin G</p> <p>procaine penicillin G</p> <p>Bicillin CR (benzathine penicillin G + procaine penicillin G)</p>		

		If other, specify _____ Dose: _____ units/kg																		
19	If no, the reason for not receiving the above listed treatment	Penicillin shortage Adverse reaction to treatment Stillbirth If other, specify: _____																		
20	Date of syphilis treatment- 1st dose received (dd/mm/yyyy)																			
21	Number of doses received																			
22	Duration of treatment	_____ days																		
23	Other tests done (result)	<table border="0"> <thead> <tr> <th style="text-align: left;">Please tick all that apply</th> <th style="text-align: left;">Test results</th> </tr> </thead> <tbody> <tr> <td>Toxoplasmosis</td> <td>:</td> </tr> <tr> <td>Rubella virus</td> <td>:</td> </tr> <tr> <td>CMV</td> <td>:</td> </tr> <tr> <td>HSV</td> <td>:</td> </tr> <tr> <td>HIV</td> <td>:</td> </tr> <tr> <td>TB</td> <td>:</td> </tr> <tr> <td>Malaria</td> <td>:</td> </tr> <tr> <td>If other, specify: _____</td> <td>:</td> </tr> </tbody> </table>	Please tick all that apply	Test results	Toxoplasmosis	:	Rubella virus	:	CMV	:	HSV	:	HIV	:	TB	:	Malaria	:	If other, specify: _____	:
Please tick all that apply	Test results																			
Toxoplasmosis	:																			
Rubella virus	:																			
CMV	:																			
HSV	:																			
HIV	:																			
TB	:																			
Malaria	:																			
If other, specify: _____	:																			
24	Other relevant laboratory tests eg) LFTs																			
25	Specimen barcode of HIV test																			

Maternal Information

1	Name and surname of mother	
2	Patient folder number/Patient HPRS-PRN	
3	Gestational age at delivery/stillbirth/miscarriage	_____ weeks
4	Syphilis test done during pregnancy	Yes No
5	Date of syphilis test (RPR) (dd/mm/yyyy)	
6	Result of RPR syphilis test	Reactive Non-Reactive
7	If reactive, RPR titre level (ratio)	

8	Specimen barcode of booking syphilis test	
9	Repeat RPR test done at 32 weeks or after	Yes No
10	Date of syphilis test (RPR) (dd/mm/yyyy)	
11	Result of RPR syphilis test	Reactive Non-Reactive
12	If reactive, RPR titre level (ratio)	
13	Specimen barcode of syphilis test at 32 weeks	
14	Treatment for syphilis received	Yes No
15	Specify treatment for syphilis received	crystalline penicillin G benzathine penicillin G procaine penicillin G Bicillin CR (benzathine penicillin G + procaine penicillin G) If other, specify: _____ Dose: units
16	Date of syphilis treatment 1 st dose received (dd/mm/yyyy)	
17	Gestational age at 1 st dose	
18	Number of syphilis treatment doses received	
19	HIV status	Positive Negative
20	If HIV positive, VL if available	

Notifier Details

1	Name of notifier	
2	Occupation	
3	Contact number	
4	Facility	
5	Sector	Private Public
6	Province	
7	District	

1. Complete the NMC Case Notification Form (CNF).
2. Complete this Congenital Syphilis Case Investigation Form (CIF).
3. Send the CNF & the CIF to NMCsurveillanceReport@nicd.ac.za or fax to 086 639 1638 or NMC hotline 072 621 3805. Form(s) can be sent via sms, whatsapp, email, or fax.