

ISOSS syphilis paediatric notification

form date 06/23

REPORTING HOSPITAL: [Pre-populated]

HOSPITAL CODE (ICH use): [Pre-populated]

PART 1: CHILD INFORMATION

I. Demographic details

Date of birth: ___/___/___ Male or Female
 Indeterminate Initials: Soundex:

NHS/CHI no.: Hospital no.:

Ethnic origin:

White

- British
 Irish
 Any other White background

Black or Black British

- Caribbean
 African
 Any other Black background

Other Ethnic Groups

- Chinese
 Any other ethnic group

Mixed

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other mixed background

Asian or Asian British

- Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Not stated

Place of birth:

UK – hospital of birth:

Mother's date of birth:...../...../.....

Home postcode (leave off last letter):

Home postcode at birth (if different from above):

II. Pregnancy outcome

Exposed to other maternal infection(s)?

None HIV HBV HCV

Other, specify:

Was a Syphilis Birth Plan used and made available for paediatric/neonatal follow-up? Yes, BASHH Syphilis birthplan* local/other syphilis birthplan No, reason:.....

* [see BASHH Birthplan](#)

III. Perinatal details

Other confirmed infection(s) in infant? No Yes, specify:

Congenital conditions?

No Yes, specify:

Other infant problems? None Jaundice Anaemia Hydrops Pyrexia Limb swelling/pain

Other, specify:

PART 2: DETAILS OF CHILD'S TESTING AND TREATMENT

I. Identification and clinical presentation

How did the child come to medical attention?

Signs/symptoms in the child, specify..... Maternal illness Antenatal screening

Other, specify:

II. Laboratory investigation results

Diagnostic test results (child): *please note that for surveillance purposes ISOSS will not seek further follow-up if RPR negative at 3 months

Type of test	Date of test	Result
RPR (birth)	___/___/___	_____
RPR (3mths)	___/___/___	_____
EIA-IgM (birth)	___/___/___	_____
EIA-IgM (3mths)	___/___/___	_____

III. Treatment details

Did the infant receive treatment for syphilis infection?

- No, mother adequately treated for syphilis in pregnancy and/or infant RPR negative
- No, other.....
- Yes, benzyl penicillin Yes, other specify:

Date(s) of treatment: ___/___/___ (or ___/___/___ to ___/___/___)

- Reason(s) for treatment:** Mother insufficiently treated in pregnancy Clinical signs of syphilis
- Confirmed congenital syphilis (*Lab tests: Infant RPR 4x mother's, IgM +ve, Microscopy +ve, PCR +ve*)
 - Other, specify:

PART 3: CHILD FOLLOW-UP

- Still in follow-up at this unit
- Discharged (following negative RPR)
- Follow-up elsewhere, details:
- Lost to follow-up, details.....
- Known to have left UK
- Deceased, date of death: ___/___/___ & cause of death:

Please indicate if this is a looked after child (foster care or adopted)

PART 4: ADDITIONAL INFORMATION

Please enter any additional information below

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