ISOSS paediatric syphilis notification

form date 11/19

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

PART 1: CHILD INFORMATION

I. Demographic details

Date of birth: ____/____/____	☐ **Male** or ☐ **Female**	**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: ....
☐ Abroad – country of birth: ....

Home postcode (leave off last letter): ☐☐☐☐ ☐☐■
Home postcode at birth (if different from above): ☐☐☐☐ ☐☐■

Does the child have siblings? ☐ No (skip to next section) ☐ Yes (answer questions below)
Have siblings been seen for syphilis screening? ☐ No ☐ Yes* ☐ N/A (not required)
***If yes, dates of birth of all screened siblings:** ______________________________

II. Pregnancy outcome

Gestational age: …….. weeks **Birthweight:** ………….. kg

Mother's date of birth: ____/____/____ **Mother's NHS/CHI no.:** ....

Hospital of antenatal care: ....

Concurrent maternal infection(s) during pregnancy?
☐ None ☐ HIV ☐ HBV ☐ HCV
☐ Other, specify: ....

Was BASHH Syphilis Birth Plan* used? ☐ No ☐ Yes ☐ Not known
* see https://www.bashhguidelines.org/media/1196/syphillis-bp_print_2016_p3.pdf

III. Perinatal details

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

Congenital abnormalities?
☐ No ☐ Yes, specify: ....

Other infant problems? ☐ None ☐ Jaundice ☐ Anaemia ☐ Hydrops ☐ Pyrexia ☐ Limb swelling/pain
☐ Other, specify: ....

PART 3: DETAILS OF CONGENITAL SYPHILIS INFECTION

I. Identification and clinical presentation

How did the child come to medical attention?
☐ Signs/symptoms in the child ☐ Maternal illness ☐ Antenatal screening
☐ Other, specify: ....

What assessment for syphilis was done at birth (tick all that apply)?
☐ Clinical assessment, date: ____/____/____ and details: ....
....
☐ Initial blood tests ☐ Treatment ☐ No assessment required ☐ Not known

Child's clinical presentation (tick all that apply):

☐ Desquamation
☐ Rhinitis
☐ Marked lymphadenopathy
☐ Hepatosplenomegaly
☐ Pseudoparalysis
☐ Oedema
☐ X-ray signs, details: ……………………………………….
☐ Other, details: ………………………………………………

☐ Condyloma lata
☐ Syphilitic skin rash
☐ Mucosal lesion
☐ Maculo-papular rash
☐ Rash palms/soles
☐ Vesicles/bullae
☐ Nasal mucosa ulceration

II. Laboratory investigation results

Diagnostic test results (child):

Type of test	Date of test	Result: positive	negative	equivocal	insufficient sample	
RPR	____/____/____	☐	☐	☐	☐	Titre: __________
	____/____/____	☐	☐	☐	☐	Titre: __________
	____/____/____	☐	☐	☐	☐	Titre: __________
EIA-IgM	____/____/____	☐	☐	☐	☐	
	____/____/____	☐	☐	☐	☐	
	____/____/____	☐	☐	☐	☐	
Other (specify): ______________	____/____/____	☐	☐	☐	☐	Titre: __________
Other (specify): ______________	____/____/____	☐	☐	☐	☐	Titre: __________
Other (specify): ______________	____/____/____	☐	☐	☐	☐	Titre: __________

III. Treatment details

Did the infant receive treatment for syphilis infection? ☐ No* ☐ Yes, 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: ……………………………………………………………………………………………………

*If no, why? ………

PART 4: CHILD FOLLOW-UP

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