SYPHILIS

(Early Congenital, Primary, Secondary, Early Latent, Late Latent, Infectious Neurosyphilis, Non-infectious Neurosyphilis, Tertiary)

EARLY CONGENITAL (within 2 years of birth)

Case Definition

Confirmed Case:
Laboratory confirmation of infection:

- Identification of *Treponema pallidum* by dark-field microscopy, fluorescent antibody or equivalent examination of material from nasal discharges, skin lesions, placenta, umbilical cord or autopsy material of a neonate (up to 4 weeks of age).
  OR
- Reactive serology (non-treponemal and treponemal) from venous blood (not cord blood) in an infant/child with clinical, laboratory or radiographic evidence of congenital syphilis (including evidence on physical examination, on radiographs of long bones, a reactive CSF VDRL, an elevated CSF cell count or protein without other cause), whose mother is without documented evidence of adequate treatment.
  OR
- Detection of *T. pallidum* DNA in an appropriate clinical specimen.

Clinical Evidence

Most (2/3) will be asymptomatic. Symptoms include low birth weight, rhinitis, anemia, rash, hepatosplenomegaly, metaphyseal dystrophy and stillbirth.

PRIMARY

Case Definition

Confirmed Case:
Laboratory confirmation of infection:

- Identification of *T. pallidum* by dark-field microscopy, fluorescent antibody, nucleic acid testing, or equivalent examination of material from a chancre or a regional lymph node.
  OR
- Presence of one or more typical lesions (chancres) and reactive treponemal serology, regardless of non-treponemal test reactivity, in individuals with no previous history of syphilis.
  OR
- Presence of one or more typical lesions (chancres) and a fourfold or greater increase in the titre over the last known non-treponemal test in individuals with a past history of syphilis treatment.

Clinical Evidence

Painless, indurated chancre (usually genital), non-tender regional lymphadenopathy.

SECONDARY

Case Definition

Confirmed Case:
Laboratory evidence of infection:

- Identification of *T. pallidum* by dark-field microscopy, fluorescent antibody, nucleic acid testing or equivalent examination of mucocutaneous lesions, condylomata lata and reactive serology (non-treponemal and treponemal).
  OR
- Presence of typical signs or symptoms (e.g. mucocutaneous lesions, alopecia, loss of eyelashes and lateral third of eyebrows, iritis, generalized lymphadenopathy, fever, malaise or splenomegaly).
  AND
- Either a reactive serology (non-treponemal and treponemal) OR a fourfold or greater increase in titre over the last known non-treponemal test.

Clinical Evidence

Non-pruritic maculopapular eruption (trunk, palms, soles), generalized non-tender lymphadenopathy, condyloma lata, mucous patches, fever, malaise.

EARLY LATENT (<1 year after infection)

Case Definition

Confirmed Case:
Laboratory confirmation of infection:

- An asymptomatic patient with reactive serology (treponemal and/or non-treponemal) who within the previous 12 months had one of the following:
  - Non-reactive serology OR
  - Symptoms suggestive of primary or secondary syphilis OR
  - Exposure to a sexual partner with primary, secondary or early latent syphilis

Clinical Evidence

Asymptomatic

LATE LATENT (>1 year after infection or of unknown duration)

Case Definition

Confirmed Case:
Laboratory confirmation of infection:

- An asymptomatic patient with persistently reactive treponemal serology (regardless of non-treponemal serology reactivity) who does not meet the criteria for early latent disease and who has not been previously treated for syphilis.

Clinical Evidence

Asymptomatic

INFECTIOUS NEUROSYPHILIS (<1 year after infection)

Case Definition

Confirmed Case:
Laboratory confirmation of infection:

- Fits the criteria for Primary, Secondary or Early Latent.
  AND
  One of the following:
  - Reactive CSF-VDRL in non-bloody cerebrospinal fluid (CSF)
    OR
  - Clinical evidence of neurosyphilis AND either elevated CSF leukocytes OR elevated CSF protein in the absence of other known causes.

NON-INFECTIOUS NEUROSYPHILIS (>1 year after infection)

Case Definition

Confirmed Case:
Laboratory confirmation of infection:

- Reactive treponemal serology (regardless of non-treponemal serology reactivity)
  AND
  One of the following:
  - Reactive CSF-VDRL in non-bloody cerebrospinal fluid (CSF)
    OR
  - Clinical evidence of neurosyphilis AND either elevated CSF leukocytes OR elevated CSF protein in the absence of other known causes.

TERTIARY (Other than Neurosyphilis)

Case Definition

Confirmed Case:
Laboratory confirmation of infection:

- Reactive treponemal serology (regardless of non-treponemal serology reactivity) together with characteristic late abnormalities of the cardiovascular system, bone, skin or other structures, in the absence of other known causes of these abnormalities (*T. pallidum* is rarely seen in these lesions, although when present, is diagnostic).
  AND
- No clinical or laboratory evidence of neurosyphilis.

Clinical Evidence

Aortic lesions or gummas on skin, viscera, bone and mucosal surfaces.

Reporting Requirements

- Report confirmed cases to DHW Surveillance Team via Panorama.
  - Select appropriate initial staging option in the “staging” field in Panorama

- Update the staging field if/when new information becomes available

Additional Forms

None.

Data Entry

Complete data entry in Panorama.