Thunder Bay District
Health Unit

MAIN OFFICE
999 Balmoral Street
Thunder Bay, ON
P7B 6E7

Toll free
in 807 area code
1-888-294-6630

FAX
Sexual Health/
Street Outreach
(807) 625-4866

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www.tbdhu.com

Fax

Sexual Health/Street Outreach

To

Company

Fax

From	**Thunder Bay District Health Unit – Sexual Health Program**
Phone	(807) 625-5976
Fax	(807) 625-4866
Date	
Pages	3 including cover

The Thunder Bay District Health Unit recently received a positive report of syphilis for a client in your care. Please complete the included form and fax the information to 807-625-4866 within **5 days.**

Please refer to the Canadian Paediatric Society's Position Statement: Diagnosis and Management of Congenital Syphilis – Avoiding Missed Opportunities. If you require assistance, please call a Public Health Nurse in the Sexual Health Program at 807-625-8347.

If you are no longer the provider for this client, please indicate who this letter should be forwarded to.

Infant Syphilis Follow-up Form

Please fax back to: 807-625-4866

Thunder Bay District Health Unit

Date: _____

To: _____

Infant's Demographics

Name of Infant: _____

DOB of Infant: _____

Sex of Infant: ❒ Male ❒ Female

Guardian's Demographics

Name of Biological Mother: _____

DOB of Biological Mother: _____

Address of Biological Mother: _____

Phone Number of Biological Mother: _____

Is the biological mother the legal guardian? ❒ Yes ❒ No (If no, please complete the following)

Relationship of Legal Guardian to Infant: _____

Name of Legal Guardian: _____

DOB of Legal Guardian: _____

Address of Legal Guardian: _____

Phone Number of Legal Guardian: _____

Health Care Provider(s)

Provider consulted who specializes in paediatric Syphilis care: _____

Follow-up care and testing will be provided by: _____

Biological Mother

Was maternal treatment completed more than 4 weeks before delivery? ❒ Yes ❒ No

Please provide details on the biological mother's treatment and follow-up:

_____

_____

_____

_____

Infant Investigations & Laboratory Results

Paired maternal-infant NTT titers ordered in the immediate post-partum period? ❒ Yes ❒ No

Evaluations completed to assess for congenital syphilis:

❒ Lumbar Puncture ❒ Long Bone Radiograph ❒ CBC ❒ LFTs

❒ Screening Audiology ❒ Ophthalmologic assessment ❒ Other _____

Infant Physical Examination

Has a physical examination been completed, looking for signs of congenital syphilis? ❒ Yes ❒ No

❒ Asymptomatic ❒ Hutchinson teeth

❒ Skin lesions ❒ Early Fulminant disseminated infection

❒ Hydrops ❒ Mucocutaneous lesions

❒ Jaundice ❒ Osteochondritis

❒ Rhinitis ❒ Anemia

❒ Hepatosplenomegaly ❒ Neurosyphilis

❒ Interstitial keratitis ❒ Lymphadenopathy

❒ Bone involvement

Infant Diagnosis

Has the infant been diagnosed with congenital syphilis? ❒ Yes ❒ No

Infant Medication Regimen

_____

_____

_____

_____

Infant Follow-Up

Follow-up physical assessments/serological tests planned for:

❒ 6-8 weeks ❒ 3 months ❒ 4 months ❒ 6 months ❒ 12-18 months

Counselling

Legal Guardian informed of infant's syphilis test results? ❒ Yes ❒ No

Syphilis education and required follow-up reviewed with Legal Guardian? ❒ Yes ❒ No

At this time, is there a need for Public Health to be involved? ❒ Yes ❒ No

_____ _____

Signature of Health Care Provider Date