Thunder Bay District
Health Unit

MAIN OFFICE
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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

Phone

Fax (807) 625-4866

Date

Pages

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 2 weeks.

Please note, due to the increase in syphilis cases across the district, we are asking healthcare providers to complete the Risk Factors section of this form. This will aid in evaluating and implementing measures to curtail the spread of syphilis.

Please refer to the **Canadian Paediatric Society's Position Statement: Diagnosis and Management of Congenital Syphilis – Avoiding Missed Opportunities** and the **Public Health Agency of Canada's Canadian Guidelines on Sexually Transmitted Infections Syphilis Guide**.

Health care providers can order free STI meds (including Long Acting Penicillin G Benzathine) by visiting **https://www.tbdhu.com/stimeds.**

If you have any questions regarding completing this form, staging and treating your patient, please call a Public Health Nurse at

Prenatal Syphilis Follow-up Form

Please fax back to: 807-625-4866

Clinic:	Clinic Fax:
Physician/NP/Midwife:	Date:

Client demographics: please confirm current address and telephone number(s)/e-mail by filling in information below or affixing label.

Name:	Telephone #:
Gender: AFFIX LABEL HERE	Email:
DOB (yyyy/mm/dd):	Address:

Reason for Testing

☐ Routine	☐ Prenatal
☐ Contact Tracing	☐ Immigration

☐ **Symptomatic** (please describe)

Does the client have a history of previously treated syphilis infection? ☐ **No** ☐ **Yes**

If YES, date of treatment:

If YES, is reinfection suspected?
☐ **No** (do NOT complete the rest of the form)
☐ **Yes** (complete form)

Has the client had previous bloodwork for syphilis?
☐ **No** ☐ **Yes**

If YES, date of last test:

☐ **Difficulty contacting/locating client for recommended follow-up**

Risk Factor	Yes	No	Unknown
Sex with opposite sex	☐	☐	☐
Pregnant	☐	☐	☐
New partner in last 2 months	☐	☐	☐
Under housed/homeless	☐	☐	☐
Sex trade work	☐	☐	☐
Sex with trade worker	☐	☐	☐
Correctional facility	☐	☐	☐
Travel outside of province If YES, specify:	☐	☐	☐

Other:

Staging	Treatment	Treatment Considerations
☐ Primary *Notify partners from past 3 months* ☐ Secondary *Notify partners from past 6 months* ☐ Early Latent *Notify partners from past 1 year* F/U Bloodwork at 1, 3, 6, 12 months	Long-acting benzathine penicillan G 2.4 million units* IM *two separate, 1.2 million unit syringes, administered in each gluteal muscle, for a total of 2.4 million units. Administered on:	*For pregnant clients, some experts recommend that primary, secondary and early latent cases be treated with two (2) doses of benzathine penicillin G-LA 2.4 million units one (1) week apart, particularly in the third trimester.* *two separate, 1.2 million unit syringes, administered in each gluteal muscle, for a total of 2.4 million units.
☐ Late Latent *Notify long-term partners and children as appropriate* F/U Bloodwork at 12 and 24 months	Long-acting benzathine penicillan G 2.4 million units* IM for three (3) doses *two separate, 1.2 million unit syringes, administered in each gluteal muscle, for a total of 2.4 million units. Administered on: 1. 2. 3.	

Who is Client's Prenatal Care Provider?

What is clients estimated date of delivery?

☐ **Client is aware of diagnosis**
☐ **20 weeks gestational ultrasound planned to assess for congenital syphilis**
☐ **Client is at high risk of syphilis re-infection**
☐ **Monthly syphilis screening planned throughout pregnancy**
☐ **Repeat syphilis screening planned at 28-32 weeks gestation**
☐ **Physical examination of infant for congenital syphilis planned at delivery**
☐ **Paired maternal-infant syphilis NTT (RPR) titers planned at delivery**
☐ **Client is comfortable notifying partner(s)**

Advise Client of all the following

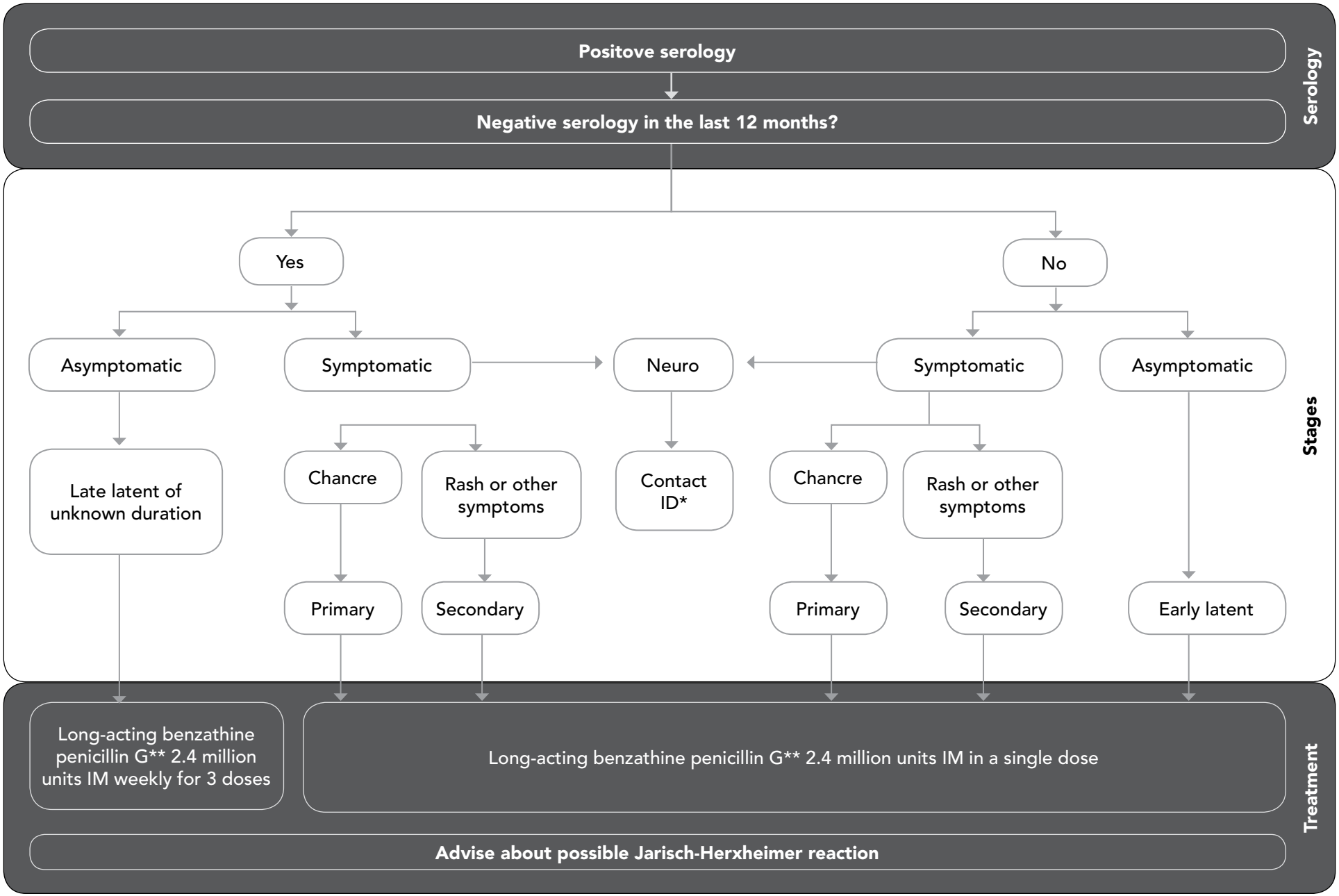
☐ **No sexual contact for 7 days post treatment & until all sores/rashes healed**	☐ **No sexual contact with untreated partner(s)**
☐ **Transmission and risk factors for other STBBIs**	☐ **Risk reduction with condom use**

Thunder Bay District Health Unit

AUGUST 2026

If you do not have first-line therapy in stock at your facility, you can call the Sexual Health Clinic at 807-625-8347 or visit https://www.tbdhu.com/stimeds.

Algorithm for Syphilis Staging Treatment



**Infectious Disease Specialist*
***Alternative treatment to be considered in case of penicillin allergy.*