



Syphilitic Stillbirth Reporting Form

Healthcare professionals (HCPs) have a legislative duty to report notifiable and reportable diseases to the Chief Public Health Officer (CPHO) as required in the [NWT Public Health Act](#) (2009, SNWT 2007, c.17, SI-007-2009), with required information and timelines for reporting as defined in the [Disease Surveillance Regulations](#) (2009, R-096-2009). This information is used for territorial and national surveillance and informs public health planning and interventions.

When to report:

To fulfill the reporting requirements for reporting syphilitic stillbirth cases, the Syphilitic Stillbirth Reporting Form should be completed and submitted to the Office of the Chief Public Health Officer (OCPHO) within **24 hours** of diagnosis or opinion.

Where to find the Report Form:

All current reporting forms can be found on the Department of Health and Social Services (HSS) website under **Forms**:
<https://www.hss.gov.nt.ca/professionals/en/services/forms>

How to Report

Please send completed report forms to the OCPHO by:

How-to	
Medical Confidential Fax	867-873-0442
Secure File Transfer	cdcu@gov.nt.ca

Case Definitions

Confirmed case – Syphilitic stillbirth

A fetal death that occurs after 20 weeks gestation, or in which the fetal weight is greater than 500g with laboratory confirmation of syphilis infection - i.e. identification of *Treponema pallidum* by nucleic acid detection (PCR or equivalent), fluorescent antibody or equivalent examination of material in an appropriate clinical specimen.¹

Note: In order to improve capture of congenital syphilis stillbirths, it is critical that stillbirth investigation protocols include a swab (e.g. nasopharyngeal, oral, umbilical cord, placenta) for syphilis PCR testing

Probable case – Syphilitic stillbirth

A fetal death that occurs after 20 weeks gestation, or in which the fetal weight is greater than 500g where the mother/birthing parent had:

- Untreated or inadequately treated² infectious syphilis prior to delivery

OR

- Evidence of reinfection during the pregnancy (i.e. non-treponemal titers increasing at least four-fold) or relapse in pregnancy following appropriate treatment (such as rising titres), with no other cause of stillbirth established.

¹ In addition to serological samples, appropriate clinical specimens for the diagnosis of syphilitic stillbirth include nasal secretions, skin lesions, fluid from blisters or exudative skin rashes, placenta, umbilical cord, or autopsy clinical material.

² Inadequate treatment is any treatment without long-acting penicillin, or long-acting penicillin given less than 30 days before delivery, or insufficient reduction in non-treponemal titers despite receiving treatment (according to [guidelines](#)). A lack of documentation of treatment should be considered 'inadequate treatment.'



Syphilitic Stillbirth Reporting Form

SECTION 1 – DECEDENT INFORMATION

Type of syphilitic stillbirth to report:	Confirmed	Probable		
Weeks gestation at time of delivery:	Weight (grams) at delivery:			
Date of delivery:	Decedent name (if available):			
A) LABORATORY TESTING (complete all that apply)				
Type of specimen(s) taken:	Fetal blood	Placenta	Umbilical cord	Autopsy clinical material
	Nasopharyngeal	Skin lesion	Fluid from blisters or exudative skin rashes	
	Other (specify):			

Date of specimen collection:

SECTION 2 – MOTHER/BIRTHING PARENT INFORMATION

Affix Label	Last Name:	Date of diagnosis of syphilis:
	First Name	Stage of syphilis at diagnosis:
	HCN:	Treatment date 1:
	Birthdate (dd/mmm/yyyy):	Treatment drug 1:
	Home community:	Treatment date 2:
	Treatment drug 2:	

SECTION 3 – ADDITIONAL NOTES

SECTION 4 – REPORTING HEALTH SERVICE PROVIDER INFORMATION

Clinic site or Hospital unit:		
Name (print):	Signature:	Date: