The Revised Congenital Syphilis Report Form – What's New, Why, and How to Use It

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Background

- **The congenital syphilis (CS) report form (REV 4–2010) expires April 2013**
- **REV 4–2010 with shortcomings:**
  - Case classification
  - Older/suboptimal technology and treatment
- **Opportunity to revise collected data elements**
  - More consistent with CS surveillance case definition
  - Update to reflect current technology and treatment
  - Include more informative data elements (e.g., testing by trimester, specific signs of CS in baby)
- ***NO* CHANGE TO EXISTING CASE DEFINITION OF CS**

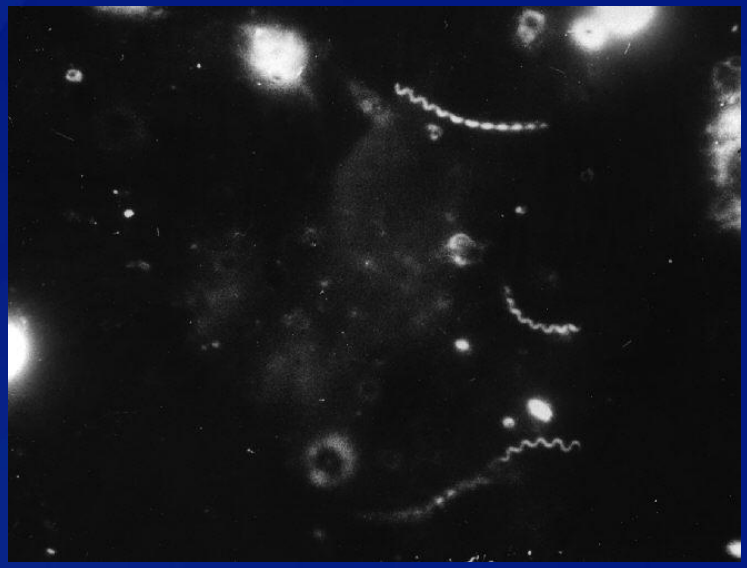
Today's Discussion

- Review CS surveillance case definition
- Case classification algorithms
- Data elements no longer collected on revised CS form
- New data elements collected on revised CS form, and why they are of interest
- Scenarios
- Questions and answers
- http://www.cdc.gov/std/program/resources.htm

SURVEILLANCE CASE DEFINITION OF CS

CSTE Case Definition of CS

- Syphilis, Congenital (Revised 9/96)*
  - Confirmed: a case that is laboratory confirmed (by darkfield microscopy or special stain, such as fluorescent antibody) in specimens from lesions, placenta, umbilical cord, or autopsy material



* **MMWR Morb Mortal Wkly Rep**. 1997 Oct 31;45(53):1-87.

CSTE Case Definition of CS

- Syphilis, Congenital (Revised 9/96)*
  - Probable: a condition affecting an infant whose mother had untreated or inadequately treated† syphilis at delivery, regardless of signs in the infant, OR
  - An infant or child who has a reactive treponemal test for syphilis and any one of the following:
    - Any evidence of congenital syphilis on physical examination
    - Any evidence of congenital syphilis on radiographs of long bones
    - A reactive cerebrospinal fluid (CSF) venereal disease research laboratory (VDRL) test
    - An elevated CSF cell count or protein (without other cause)
    - A reactive treponemal IgM test (e.g., fluorescent treponemal antibody absorbed—19S-IgM antibody test, IgM EIA)

† non-penicillin therapy or penicillin administered <30 days before delivery

* **MMWR Morb Mortal Wkly Rep**. 1997 Oct 31;45(53):1-87.

CSTE Case Definition of Syphilitic Stillbirth

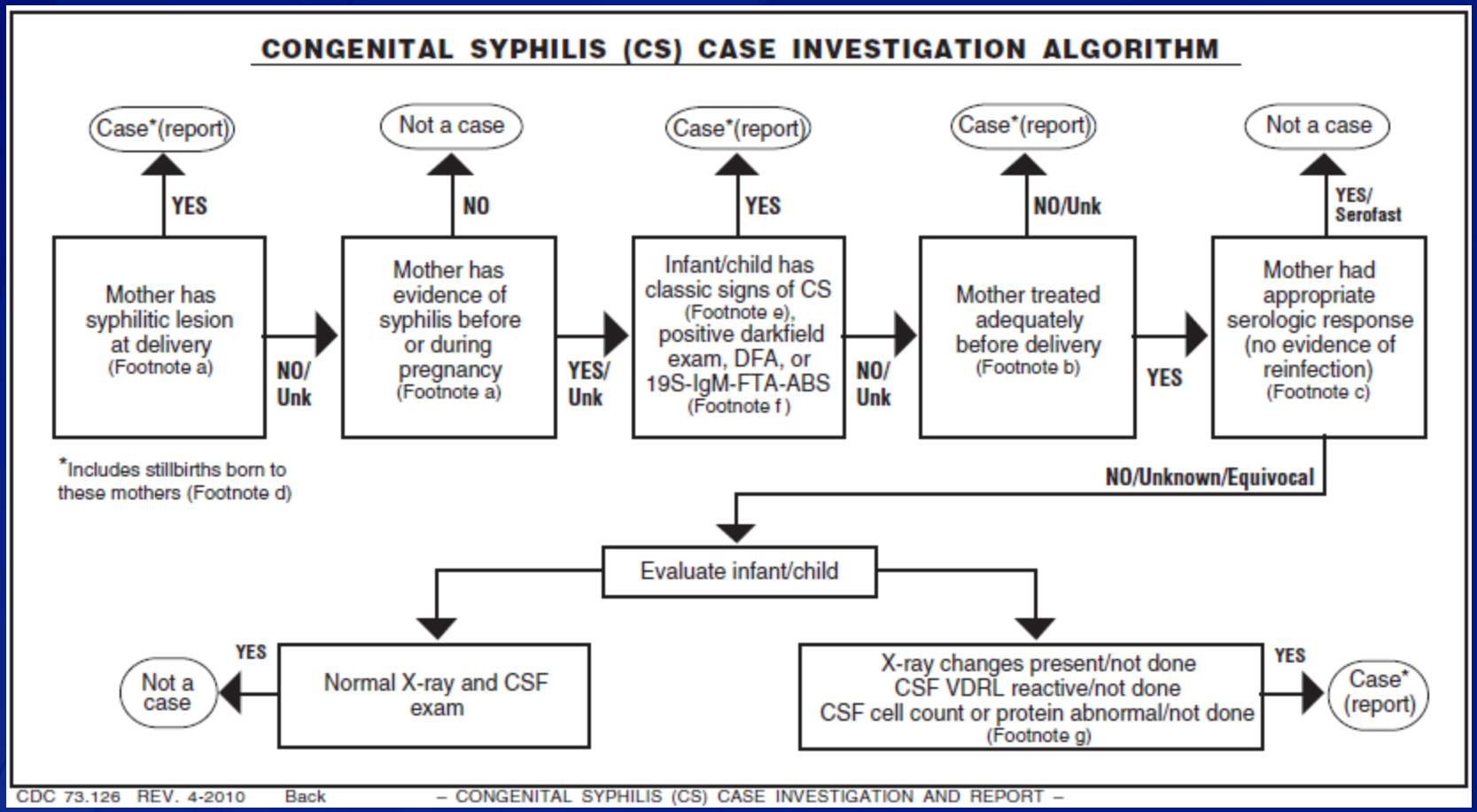
- **A fetal death that occurs**
  - After a 20-week gestation, or
  - In which the fetus weighs >500 g

  …and the mother had untreated or inadequately treated* syphilis at delivery

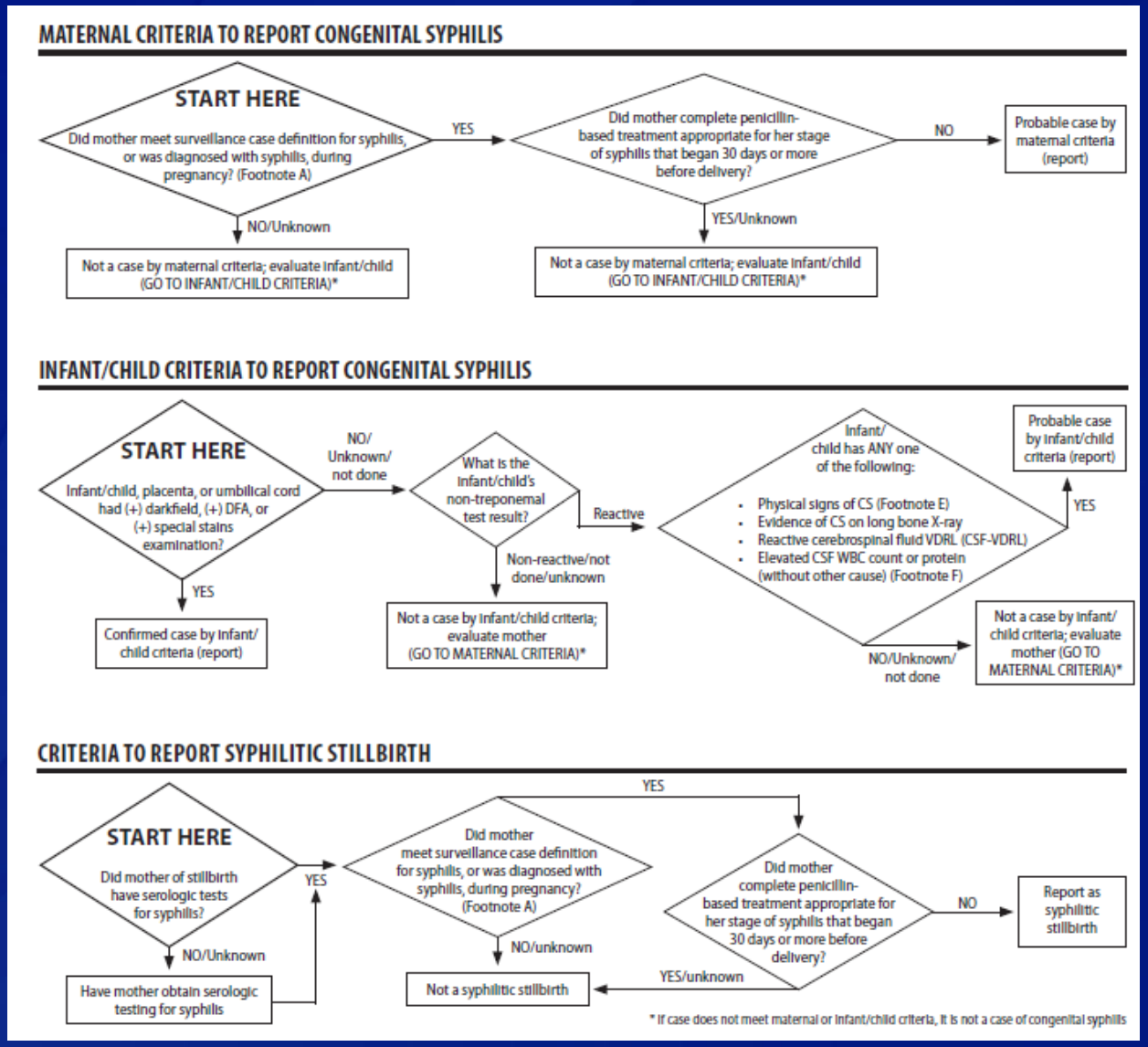
- **Reported as "congenital syphilis"**

* non-penicillin therapy or penicillin administered <30 days before delivery

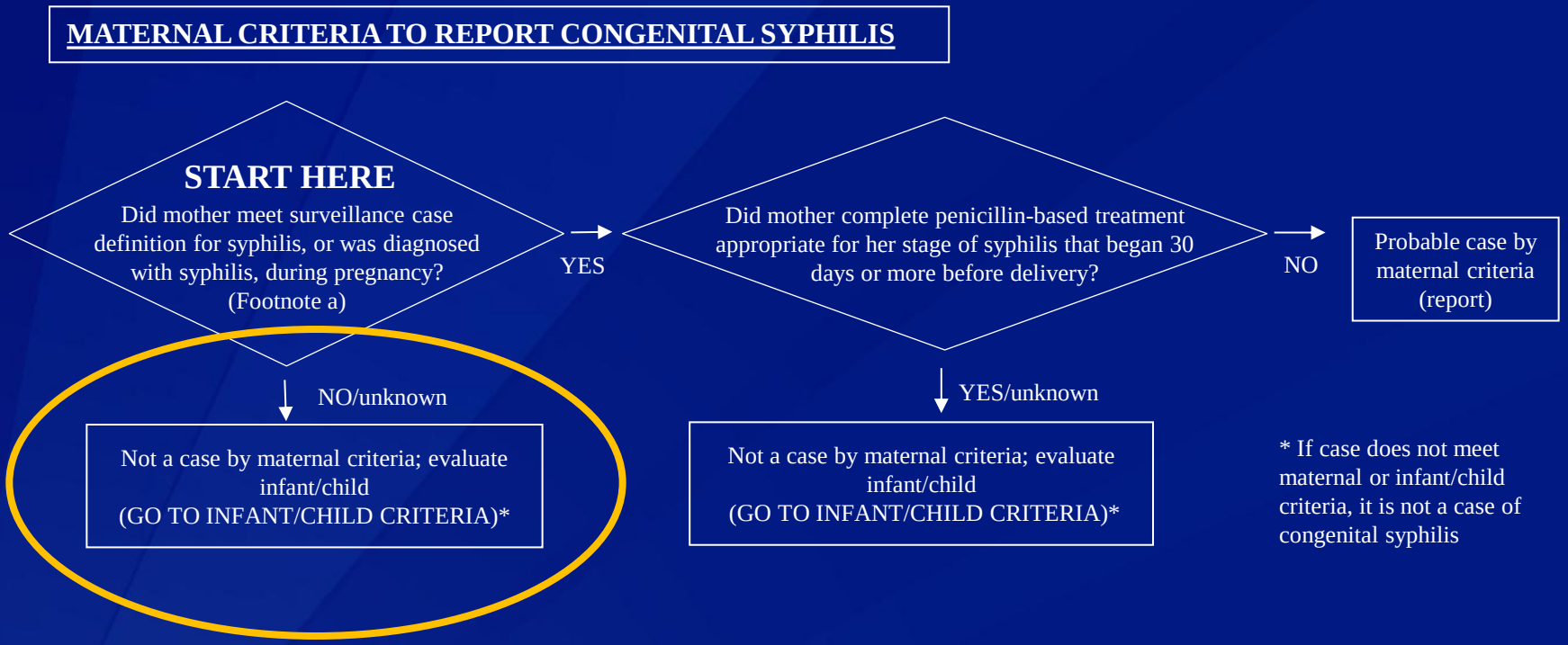
Old CS Report Form



Algorithms on Revised CS Form



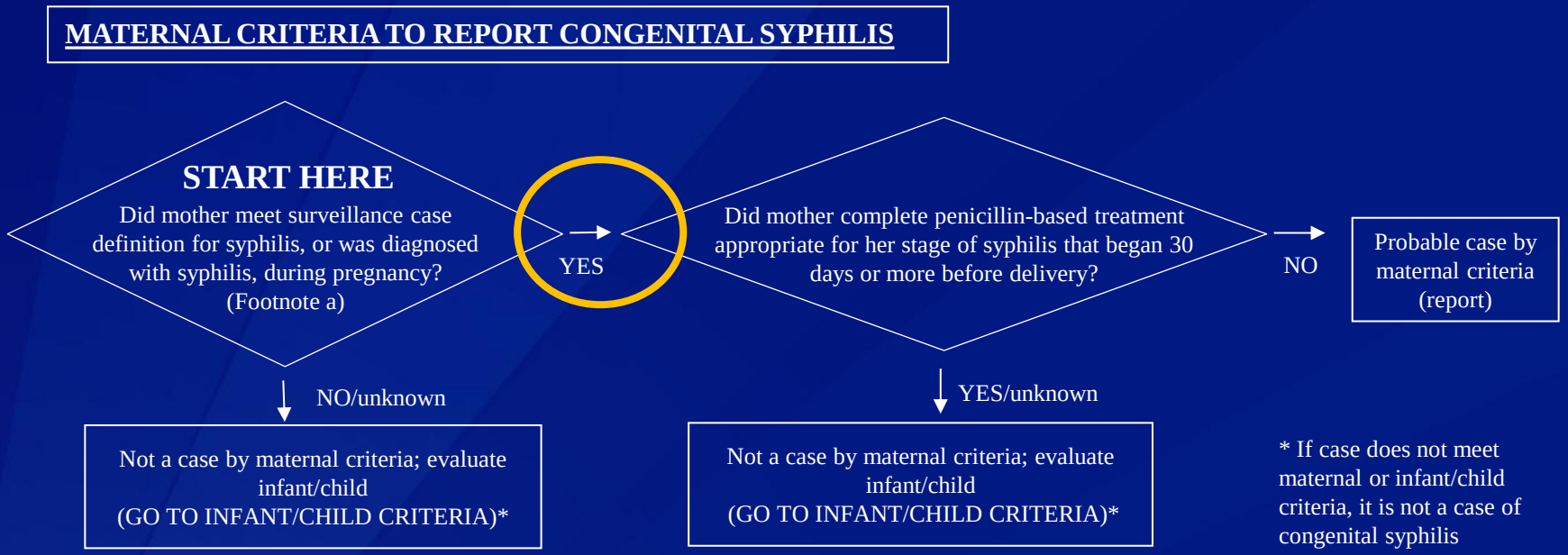
Maternal Criteria Algorithm



* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

****MMWR Recomm Rep.** 1997 May 2;46(RR-10):1-55.

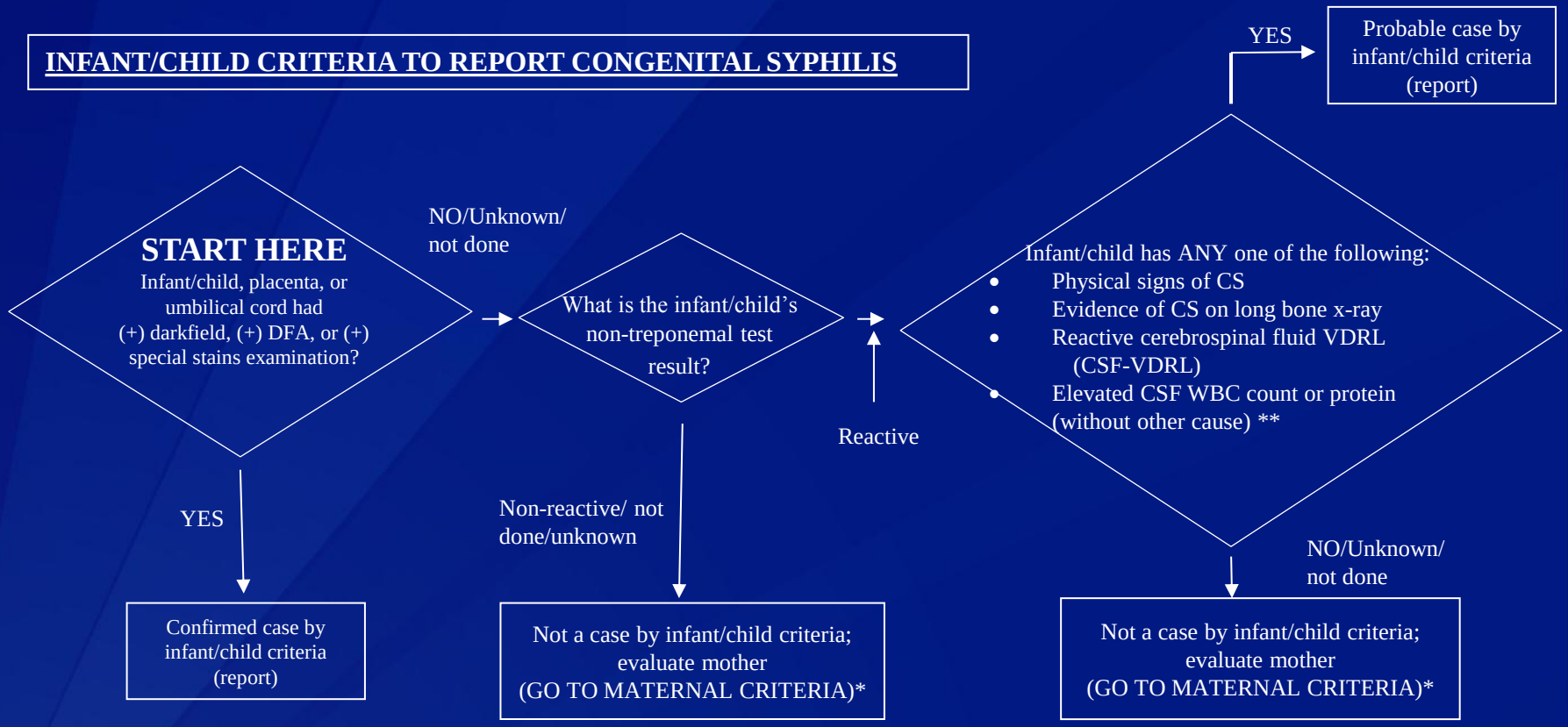
Maternal Criteria Algorithm



* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

****MMWR Recomm Rep.** 1997 May 2;46(RR-10):1-55.

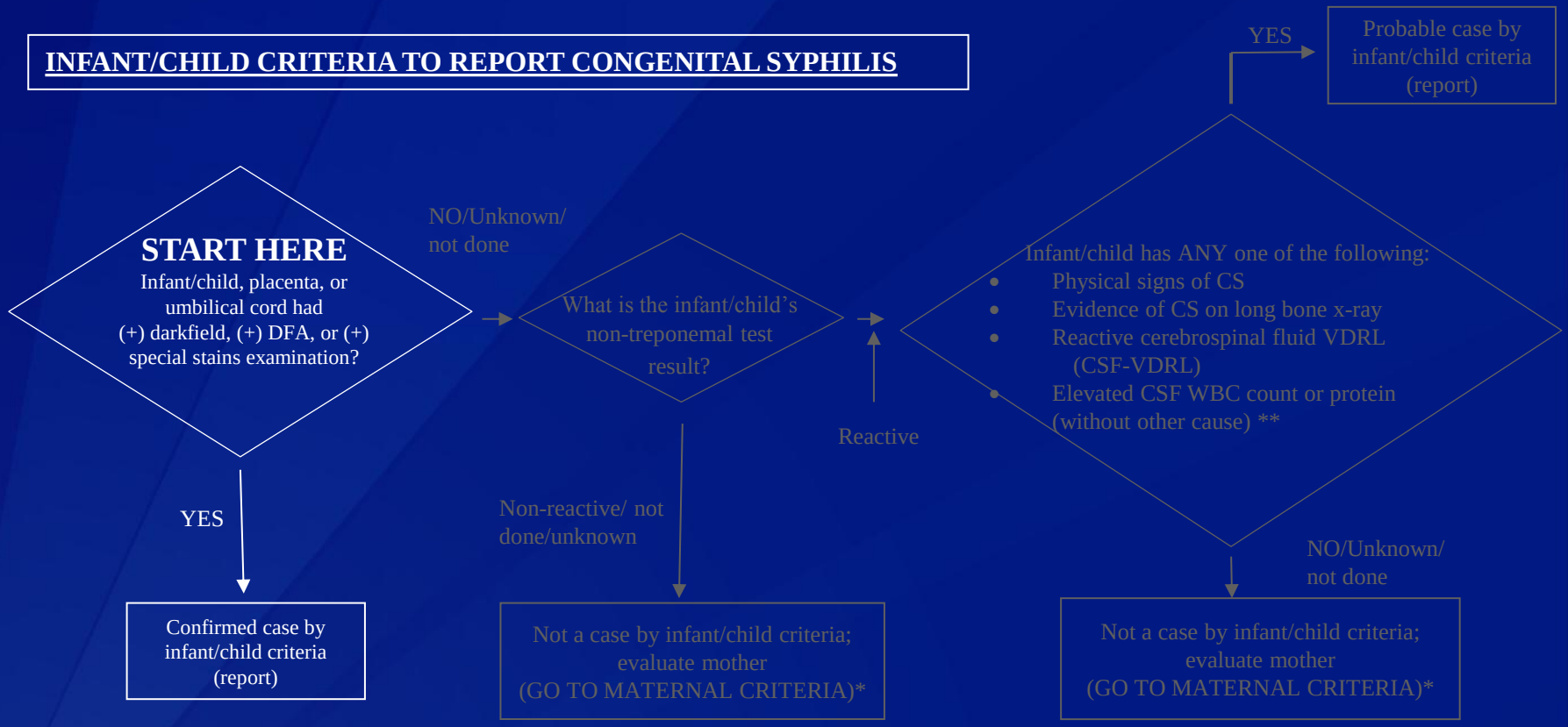
Infant/Child Criteria Algorithm



* * During the first 30 days of life, a CSF WBC count of >15 WBC/mm^3 or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm^3 or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

Infant/Child Criteria Algorithm



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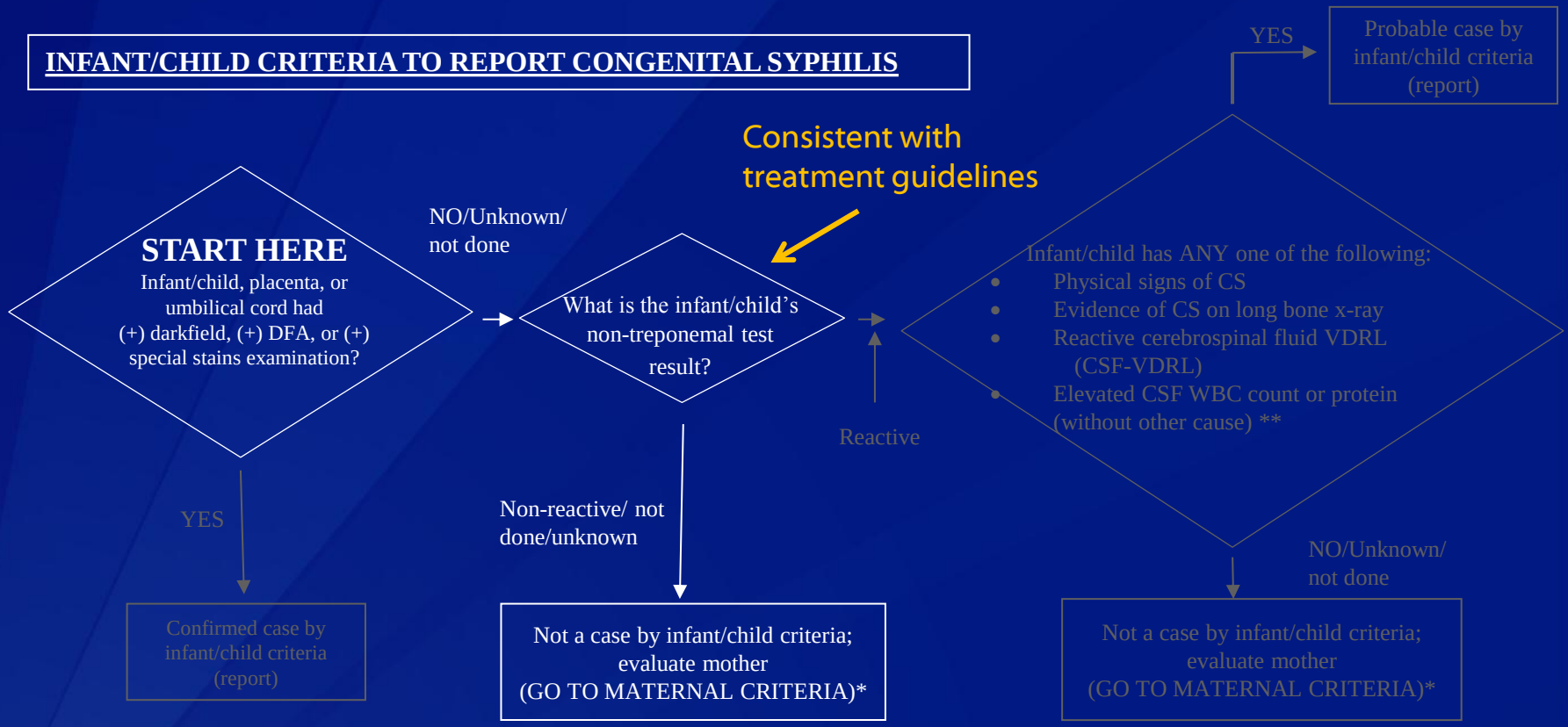
* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

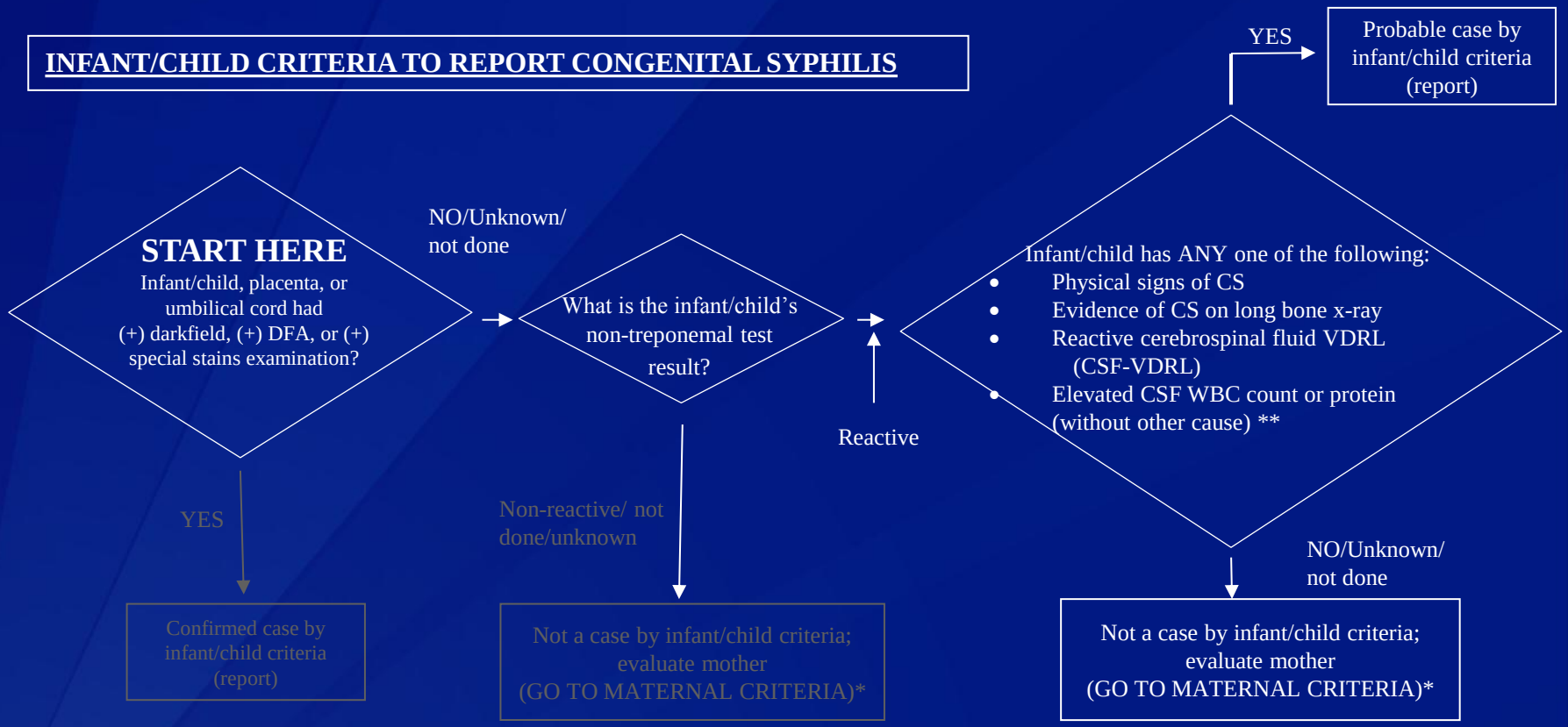
Infant/Child Criteria Algorithm



** During the first 30 days of life, a CSF WBC count of >15 WBC/mm^3 or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm^3 or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

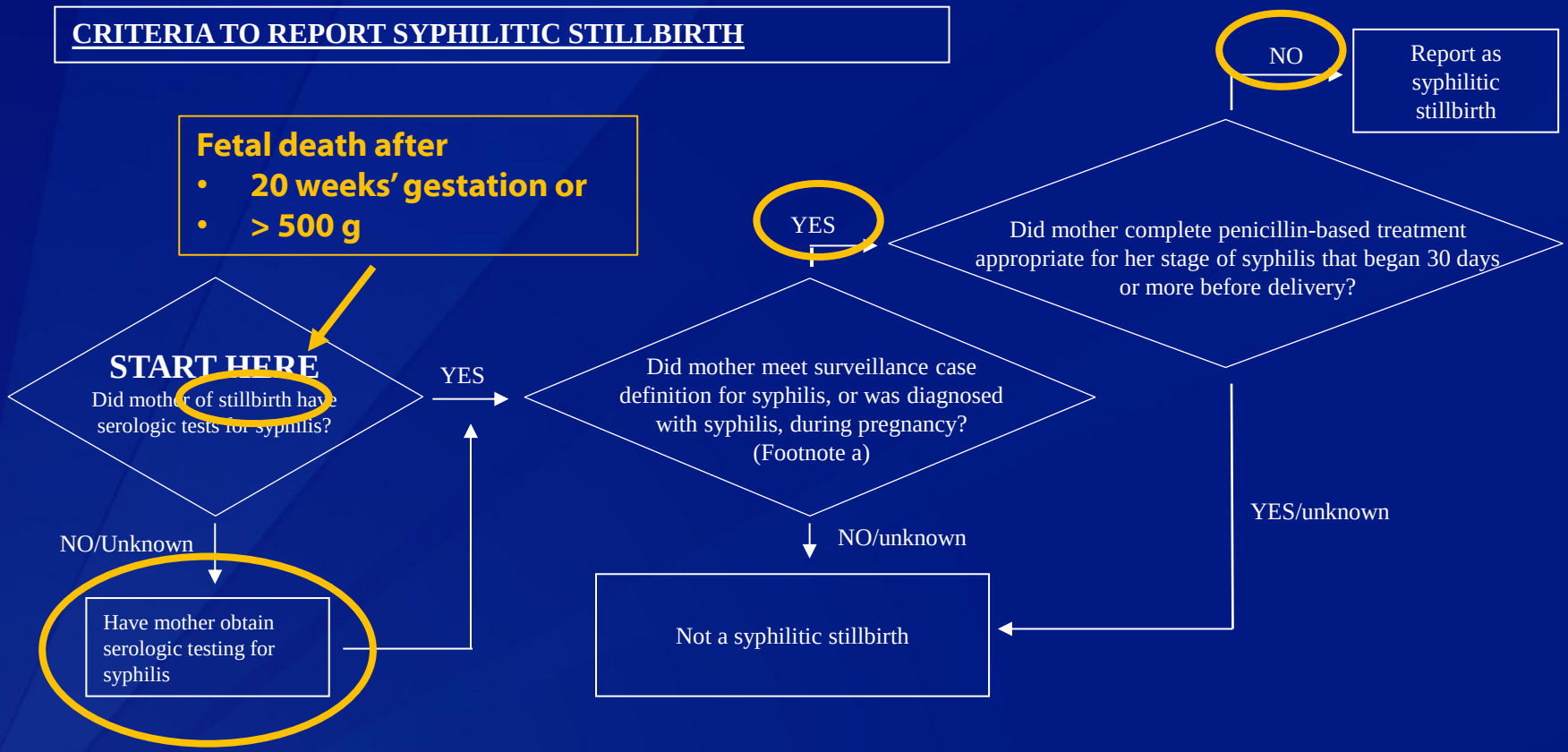
Infant/Child Criteria Algorithm



** During the first 30 days of life, a CSF WBC count of >15 WBC/mm^3 or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm^3 or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

Syphilitic Stillbirth Criteria Algorithm



Data elements omitted in revised CS report form

- Did mother have prenatal care (part of new element)
- Did mother have treponemal test (part of new element)
- Nontreponemal test in pregnancy, at delivery, or soon after delivery within 3 days (part of new element)
- Number of prenatal visits
- Sex of infant/child
- Did mother have DFA or lesions at delivery
- IgM-specific treponemal test result
- Ampicillin as a treatment for CS
- Number of non-treponemal titers reduced (now most recent (last) and first titers of current pregnancy collected)

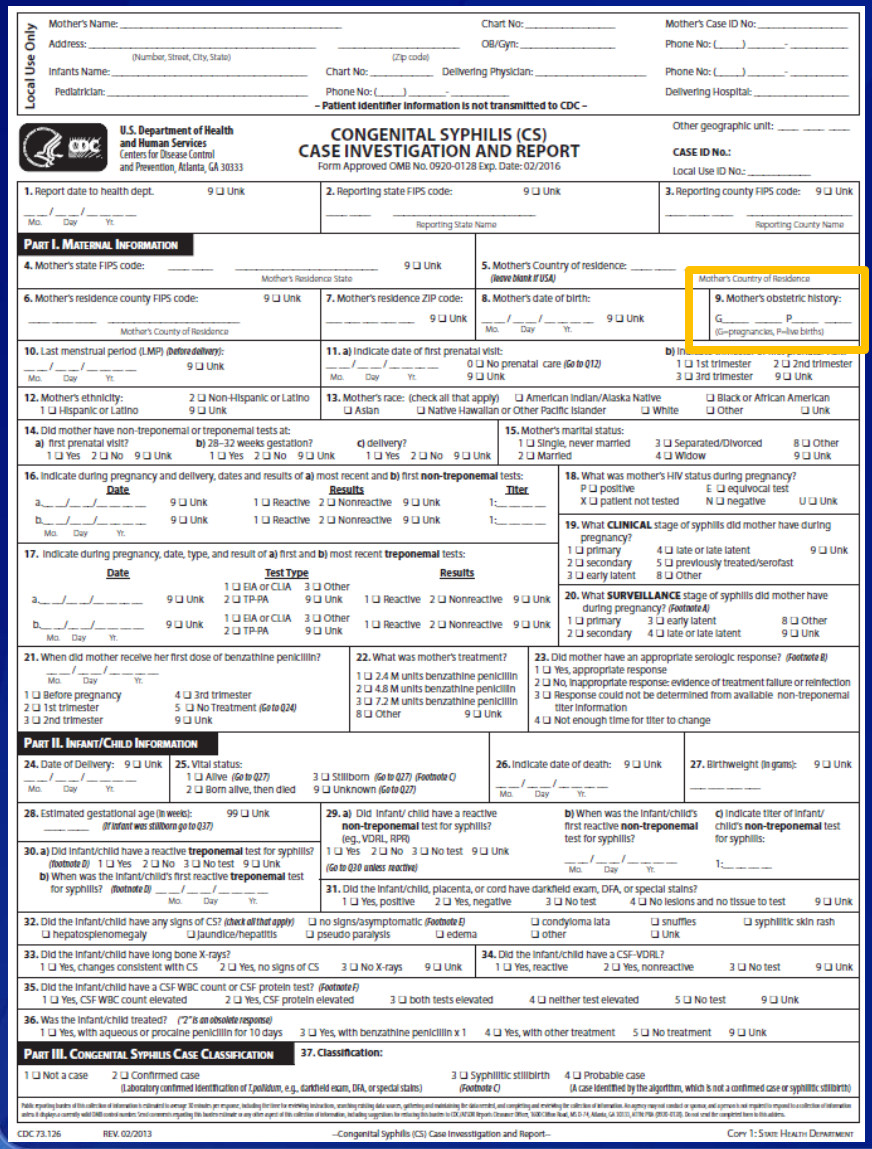
New data elements in revised CS report form

- **Mother's obstetric history**
- **Trimester of first prenatal visit**
- **Did mother have non-treponemal or treponemal tests at 1st trimester, 28–32 weeks gestation, and delivery?**
  - Number of titers recorded reduced (first and most recent (last) titers now recorded)
- **Indicate during pregnancy , date, type, and result of a) first and b) most recent maternal treponemal tests.**
- **What was mother's HIV status during pregnancy?**
- **What clinical stage of syphilis did mother have during pregnancy?**

New data elements (cont'd)

- **What surveillance stage of syphilis did mother have during pregnancy?**
- **When did mother receive her first dose of benzathine penicillin, and what was her treatment (e.g., dose).**
- **Modified responses to mother's serologic response to treatment (e.g., "equivocal" omitted)**
- **Did the infant/child have any signs of CS? (Specific signs and symptoms of CS are listed)**
- **Did the infant/child have a CSF white blood cell count or CSF protein test?**
  - Results of both tests are recorded; footnote provides quantitative measure of "elevated"

(9.) Mother's Obstetric History



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____-_____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____-_____

Pediatrician: _____ Phone No: (____) _____-_____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

2. Reporting state FIPS code: 9 ☐ Unk — ____ ____ (Reporting State Name)

3. Reporting county FIPS code: 9 ☐ Unk — ____ ____ ____ (Reporting County Name)

Part I. Maternal Information

4. Mother's state FIPS code: ____ ____ (Mother's Residence State) 9 ☐ Unk

5. Mother's Country of residence: ____ ____ *(leave blank if USA)* (Mother's Country of Residence)

6. Mother's residence county FIPS code: 9 ☐ Unk — ____ ____ ____ (Mother's County of Residence)

7. Mother's residence ZIP code: ____ ____ ____ ____ 9 ☐ Unk

8. Mother's date of birth: ___/___/___ (Mo. Day Yr.) 9 ☐ Unk

9. Mother's obstetric history: G.____ ____ P.____ ____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: ___/___/___ (Mo. Day Yr.) 9 ☐ Unk

11. a) Indicate date of first prenatal visit: ___/___/___ (Mo. Day Yr.) 0 ☐ No prenatal care *(Go to Q12)* 9 ☐ Unk

b) In [illegible] 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date		Results		Titer
a.	___/___/___	9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive 9 ☐ Unk	1:____
b.	___/___/___ (Mo. Day Yr.)	9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive 9 ☐ Unk	1:____

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date		Test Type		Results	
a.	___/___/___	9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk
b.	___/___/___ (Mo. Day Yr.)	9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk

18. What was mother's HIV status during pregnancy?
P ☐ positive E ☐ equivocal test
X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ☐ primary 4 ☐ late or late latent 9 ☐ Unk
2 ☐ secondary 5 ☐ previously treated/serofast
3 ☐ early latent 8 ☐ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*
1 ☐ primary 3 ☐ early latent 8 ☐ Other
2 ☐ secondary 4 ☐ late or late latent 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin? ___/___/___ (Mo. Day Yr.)
1 ☐ Before pregnancy 4 ☐ 3rd trimester
2 ☐ 1st trimester 5 ☐ No Treatment *(Go to Q24)*
3 ☐ 2nd trimester 9 ☐ Unk

22. What was mother's treatment?
1 ☐ 2.4 M units benzathine penicillin
2 ☐ 4.8 M units benzathine penicillin
3 ☐ 7.2 M units benzathine penicillin
8 ☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ☐ Yes, appropriate response
2 ☐ No, inappropriate response: evidence of treatment failure or reinfection
3 ☐ Response could not be determined from available non-treponemal titer information
4 ☐ Not enough time for titer to change

Part II. Infant/Child Information

24. Date of Delivery: 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

25. Vital status: 1 ☐ Alive *(Go to Q27)* 2 ☐ Born alive, then died 3 ☐ Stillborn *(Go to Q27) (Footnote C)* 9 ☐ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

27. Birthweight (in grams): 9 ☐ Unk — ____ ____ ____

28. Estimated gestational age (in weeks): 99 ☐ Unk — ____ ____ *(If infant was stillborn go to Q31)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk *(Go to Q30 unless reactive)*

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? ___/___/___ (Mo. Day Yr.)

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:____

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk

b) When was the infant/child's first reactive **treponemal** test for syphilis? *(Footnote D)* ___/___/___ (Mo. Day Yr.)

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the infant/child have any signs of CS? *(check all that apply)* ☐ no signs/asymptomatic *(Footnote E)* ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ pseudo paralysis ☐ edema ☐ condyloma lata ☐ other ☐ snuffles ☐ Unk ☐ syphilitic skin rash

33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? *("2" is an obsolete response)* 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

Part III. Congenital Syphilis Case Classification

37. Classification:
1 ☐ Not a case 2 ☐ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains) 3 ☐ Syphilitic stillbirth *(Footnote C)* 4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

9. Mother's obstetric history:

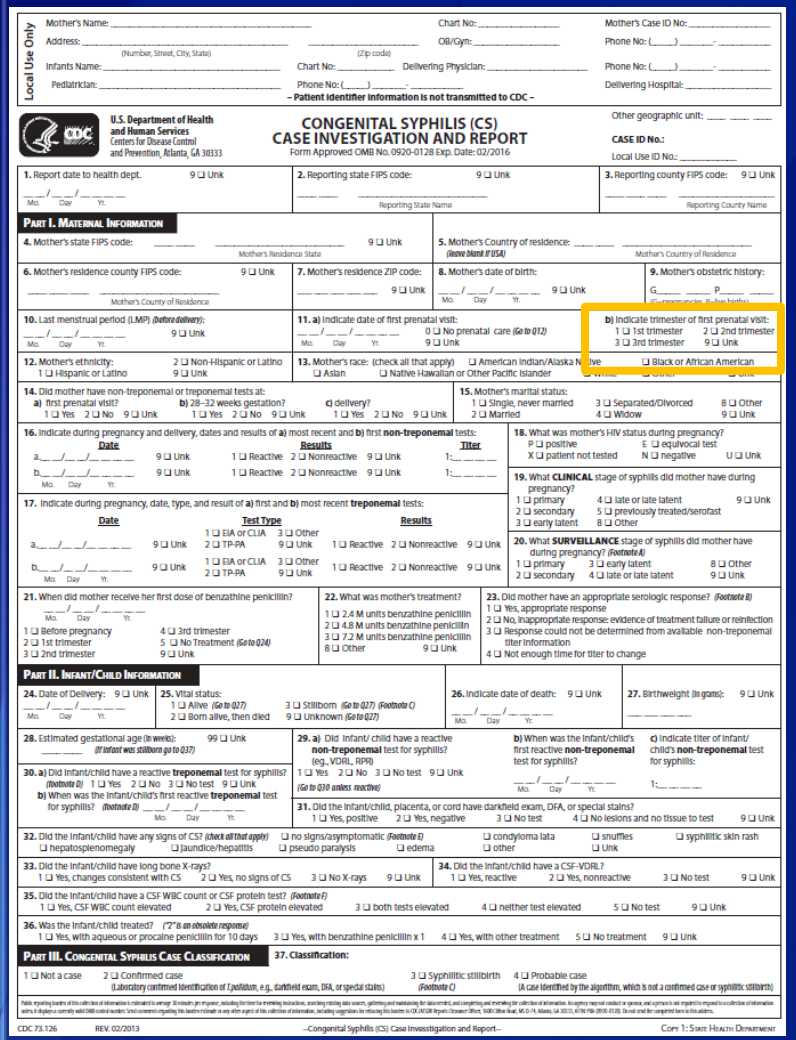
G_____ _____ P_____ _____

(G=pregnancies, P=live births)

(9.) Mother's Obstetric History

- **"Mother's obstetric history"**
  - G = "Gravida", **how many times mom has been pregnant**, including this pregnancy
    - Includes stillbirths, elective terminations, etc.
  - P = "Para", **how many live births mom has delivered**
    - Can be greater than G (e.g., G1P2 = twins)
  - If unavailable, enter "99" for both G and P
- **Rationale:**
  - Included to potentially detect CS in siblings — If current pregnancy is mom's second (i.e., G2P2), was first pregnancy a missed case of CS?

(11b.) Trimester of first prenatal visit



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ _____ OB/Gyn: _____ Phone No: (____) _____-_____

(Number, Street, City, State) (Zip code)

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____-_____

Pediatrician: _____ Phone No: (____) _____-_____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

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Centers for Disease Control and Prevention, Atlanta, GA 30333

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Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — ___ / ___ / ___ ___ (Mo. Day Yr.)

2. Reporting state FIPS code: 9 ☐ Unk — ___ ___ (Reporting State Name)

3. Reporting county FIPS code: 9 ☐ Unk — ___ ___ ___ (Reporting County Name)

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: ___ ___ (Mother's Residence State) 9 ☐ Unk

5. Mother's Country of residence: ___ ___ (Mother's Country of Residence) *(leave blank if USA)*

6. Mother's residence county FIPS code: 9 ☐ Unk — ___ ___ ___ (Mother's County of Residence)

7. Mother's residence ZIP code: ___ ___ ___ ___ 9 ☐ Unk

8. Mother's date of birth: ___ / ___ / ___ ___ ___ ___ 9 ☐ Unk (Mo. Day Yr.)

9. Mother's obstetric history: G___ ___ P___ ___ (G—pregnancies, P—live births)

10. Last menstrual period (LMP) *(before delivery)*: ___ / ___ / ___ ___ ___ ___ 9 ☐ Unk (Mo. Day Yr.)

11. a) Indicate date of first prenatal visit: ___ / ___ / ___ ___ ___ ___ 0 ☐ No prenatal care *(Go to 012)* 9 ☐ Unk (Mo. Day Yr.)

b) Indicate trimester of first prenatal visit: 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American

14. Did mother have non-treponemal or treponemal tests at: **a)** first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk **b)** 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk **c)** delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date		Results		Titer
a.	___ / ___ / ___ ___ ___ ___	9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk		1:___ ___ ___
b.	___ / ___ / ___ ___ ___ ___	9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk		1:___ ___ ___

(Mo. Day Yr.)

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date		Test Type		Results	
			1 ☐ EIA or CLIA 3 ☐ Other			
a.	___ / ___ / ___ ___ ___ ___	9 ☐ Unk	2 ☐ TP-PA 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive		9 ☐ Unk
			1 ☐ EIA or CLIA 3 ☐ Other			
b.	___ / ___ / ___ ___ ___ ___	9 ☐ Unk	2 ☐ TP-PA 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive		9 ☐ Unk

(Mo. Day Yr.)

18. What was mother's HIV status during pregnancy? P ☐ positive E ☐ equivocal test X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy? 1 ☐ primary 2 ☐ secondary 3 ☐ early latent 4 ☐ late or late latent 5 ☐ previously treated/serofast 8 ☐ Other 9 ☐ Unk

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)* 1 ☐ primary 2 ☐ secondary 3 ☐ early latent 4 ☐ late or late latent 8 ☐ Other 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin? ___ / ___ / ___ ___ ___ ___ (Mo. Day Yr.)
1 ☐ Before pregnancy 2 ☐ 1st trimester 3 ☐ 2nd trimester 4 ☐ 3rd trimester 5 ☐ No Treatment *(Go to 024)* 9 ☐ Unk

22. What was mother's treatment? 1 ☐ 2.4 M units benzathine penicillin 2 ☐ 4.8 M units benzathine penicillin 3 ☐ 7.2 M units benzathine penicillin 8 ☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)* 1 ☐ Yes, appropriate response 2 ☐ No, inappropriate response: evidence of treatment failure or reinfection 3 ☐ Response could not be determined from available non-treponemal titer information 4 ☐ Not enough time for titer to change

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ☐ Unk — ___ / ___ / ___ ___ ___ ___ (Mo. Day Yr.)

25. Vital status: 1 ☐ Alive *(Go to 027)* 2 ☐ Born alive, then died 3 ☐ Stillborn *(Go to 027)* *(Footnote C)* 9 ☐ Unknown *(Go to 027)*

26. Indicate date of death: 9 ☐ Unk — ___ / ___ / ___ ___ ___ ___ (Mo. Day Yr.)

27. Birthweight (in grams): 9 ☐ Unk — ___ ___ ___ ___

28. Estimated gestational age (in weeks): 99 ☐ Unk — ___ ___ *(If infant was stillborn go to 037)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk *(Go to 030 unless reactive)*

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? ___ / ___ / ___ ___ ___ ___ (Mo. Day Yr.)

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:___ ___ ___

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk

b) When was the Infant/child's first reactive **treponemal** test for syphilis? *(Footnote D)* ___ / ___ / ___ ___ ___ ___ (Mo. Day Yr.)

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the infant/child have any signs of CS? *(check all that apply)* ☐ no signs/asymptomatic *(Footnote E)* ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ pseudo paralysis ☐ edema ☐ condyloma lata ☐ other ☐ snuffles ☐ Unk ☐ syphilitic skin rash

33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? *("2" is an obsolete response)* 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification: 1 ☐ Not a case 2 ☐ Confirmed case (Laboratory confirmed identification of *T. pallidum*, e.g., darkfield exam, DFA, or special stains) 3 ☐ Syphilitic stillbirth *(Footnote C)* 4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and an organization is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

b) Indicate trimester of first prenatal visit:

1 ☐ 1st trimester 2 ☐ 2nd trimester

3 ☐ 3rd trimester 9 ☐ Unk

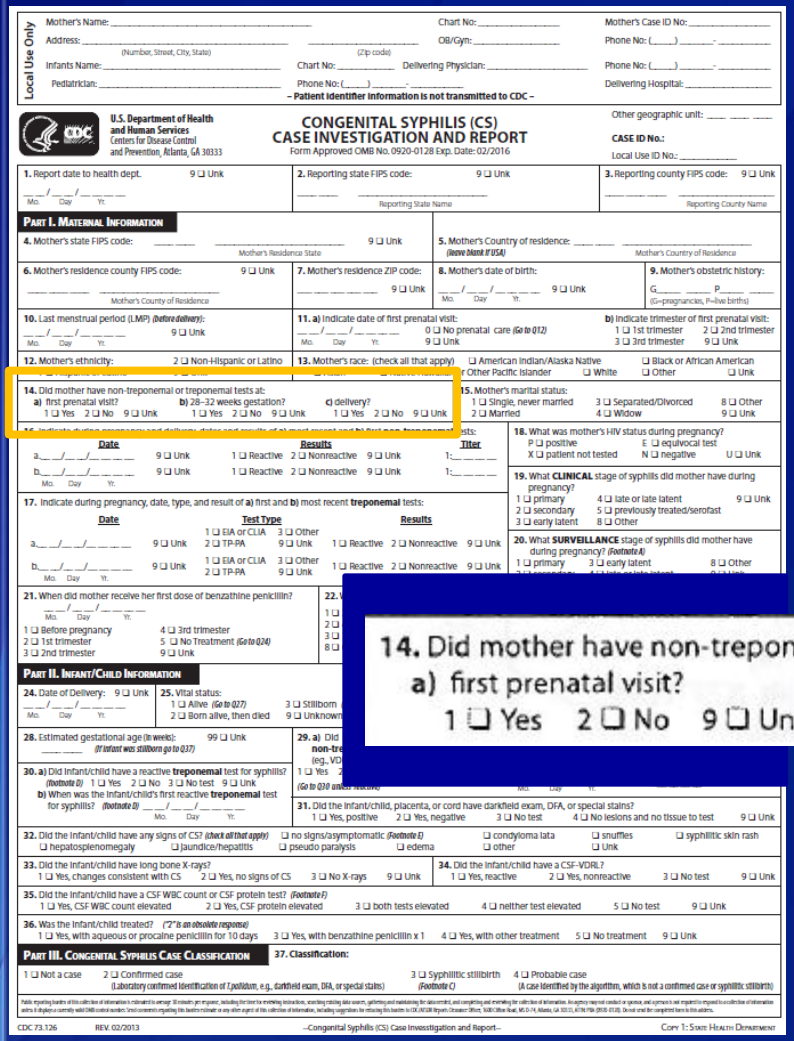
(11b.) Trimester of first prenatal visit

- **"Indicate trimester of first prenatal visit":**
  - 1st, 2nd, or 3rd trimester
  - Replaces "Number of prenatal visits"
- **Rationale:**
  - Most states mandate screening for syphilis at first prenatal visit*
  - Treatment with penicillin early in pregnancy can prevent deaths associated with CS†
  - Might reveal access to care issues (e.g., first visit during 3rd trimester)

* MMWR Morb Mortal Wkly Rep. 2010 Apr 16;59(14):413-7.

† Pediatrics. 2002 May;109(5):E79-9.

(14.) Mother's serologic testing at 1st trimester, 28–32 weeks, and delivery



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (___) ___-____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (___) ___-____

Pediatrician: _____ Phone No: (___) ___-____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — Mo. Day Yr.

2. Reporting state FIPS code: 9 ☐ Unk — Reporting State Name

3. Reporting county FIPS code: 9 ☐ Unk — Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: 9 ☐ Unk — Mother's Residence State

5. Mother's Country of residence: (leave blank if USA) — Mother's Country of Residence

6. Mother's residence county FIPS code: 9 ☐ Unk — Mother's County of Residence

7. Mother's residence ZIP code: 9 ☐ Unk

8. Mother's date of birth: 9 ☐ Unk — Mo. Day Yr.

9. Mother's obstetric history: G.____ ____ P.____ ____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: 9 ☐ Unk — Mo. Day Yr.

11. a) Indicate date of first prenatal visit: 0 ☐ No prenatal care *(Go to Q12)* 9 ☐ Unk — Mo. Day Yr.

b) Indicate trimester of first prenatal visit: 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 2 ☐ Non-Hispanic or Latino

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Black or African American ☐ Other Pacific Islander ☐ White ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy, and delivery, dates and results of **a)** most recent and **b)** first non-treponemal tests:

	Date	Results	Titer
a.	___/___/___ 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk	1:____
b.	___/___/___ 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk	1:____

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date	Test Type	Results
a.	___/___/___ 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk
b.	___/___/___ 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk

18. What was mother's HIV status during pregnancy? P ☐ positive E ☐ equivocal test X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy? 1 ☐ primary 2 ☐ secondary 3 ☐ early latent 4 ☐ late or late latent 5 ☐ previously treated/serofast 8 ☐ Other 9 ☐ Unk

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)* 1 ☐ primary 3 ☐ early latent 8 ☐ Other

21. When did mother receive her first dose of benzathine penicillin? — Mo. Day Yr.
1 ☐ Before pregnancy 2 ☐ 1st trimester 3 ☐ 2nd trimester 4 ☐ 3rd trimester 5 ☐ No Treatment *(Go to Q24)* 9 ☐ Unk

22. 1 ☐ 2 ☐ 3 ☐ 8 ☐

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ☐ Unk — Mo. Day Yr.

25. Vital status: 1 ☐ Alive *(Go to Q27)* 2 ☐ Born alive, then died 3 ☐ Stillborn 9 ☐ Unknown

28. Estimated gestational age (in weeks): 99 ☐ Unk *(If infant was stillborn go to Q37)*

29. a) Did ... non-tre... (eg., VD... 1 ☐ Yes 2 ... *(Go to Q30 unless reactive)* — Mo. Day Yr.

30. a) Did Infant/child have a reactive **treponemal** test for syphilis? *(footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk
b) When was the Infant/child's first reactive **treponemal** test for syphilis? *(footnote D)* ___/___/___ — Mo. Day Yr.

31. Did the Infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the Infant/child have any signs of CS? *(check all that apply)* ☐ no signs/asymptomatic *(Footnote E)* ☐ condyloma lata ☐ snuffles ☐ syphilitic skin rash ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ pseudo paralysis ☐ edema ☐ other ☐ Unk

33. Did the Infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the Infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the Infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the Infant/child treated? *("2" is an obsolete response)* 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification: 1 ☐ Not a case 2 ☐ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains) 3 ☐ Syphilitic stillbirth *(Footnote C)* 4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

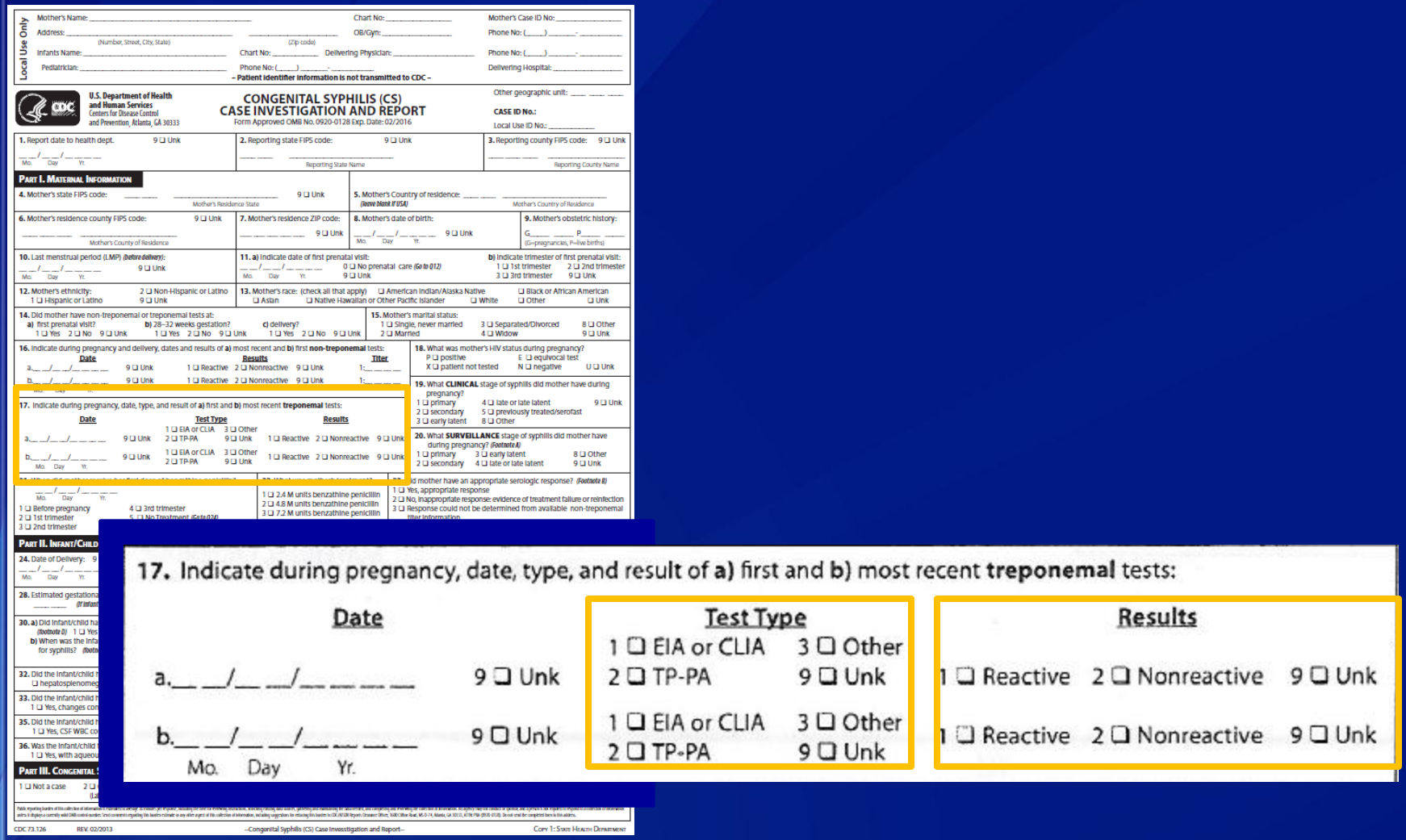
14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

(14.) Mother's serologic testing at 1st trimester, 28–32 weeks, and delivery

- **"Did mother have non-treponemal or treponemal tests at:"**
  - First prenatal visit
  - 28–32 weeks gestation
  - At delivery
- **Rationale:**
  - These time points (1st trimester, 28–32 weeks, delivery) correspond with treatment guidelines on screening for CS*
  - Might also reveal quality of care issues (e.g., titers only drawn at delivery)

* MMWR Recomm Rep. 2010 Dec 17;59(RR-12):1-110.

(17.) Date and type of maternal treponemal tests



CONGENITAL SYPHILIS (CS)
CASE INVESTIGATION AND REPORT
Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

17. Indicate during pregnancy, date, type, and result of a) first and b) most recent **treponemal** tests:

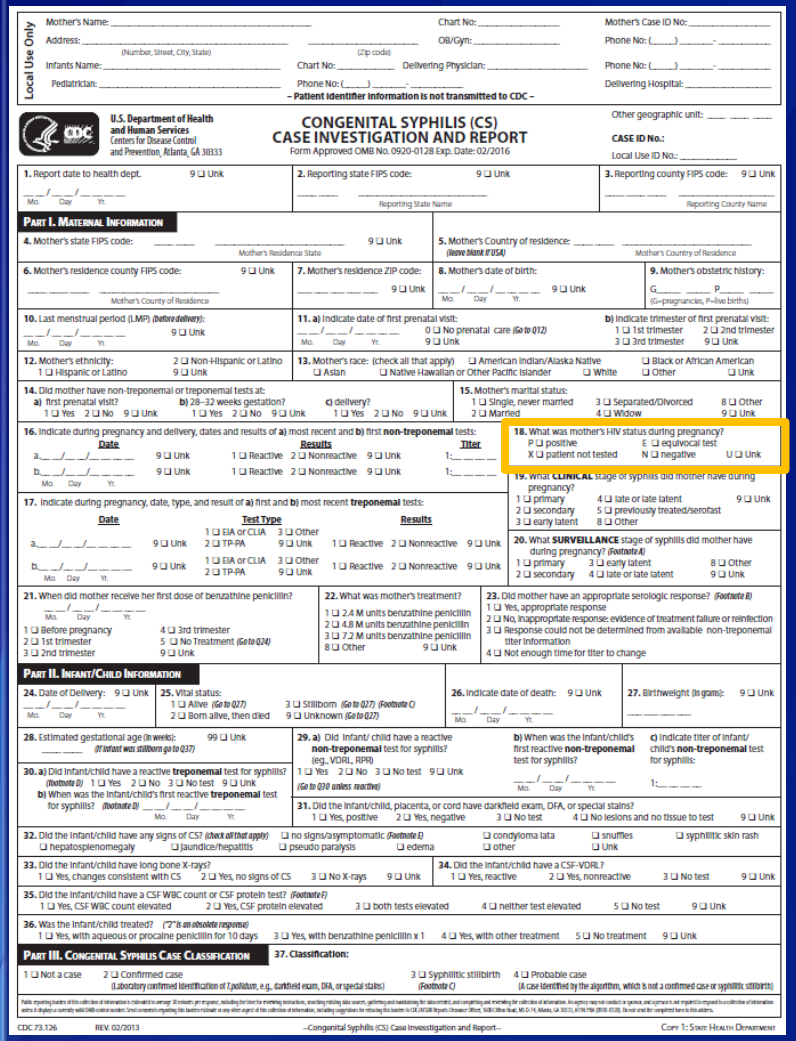
	Date	Test Type	Results
a.	__ __/__ __/__ __ __ __ 9 ☐ Unk (Mo. Day Yr.)	1 ☐ EIA or CLIA 3 ☐ Other 2 ☐ TP-PA 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk
b.	__ __/__ __/__ __ __ __ 9 ☐ Unk (Mo. Day Yr.)	1 ☐ EIA or CLIA 3 ☐ Other 2 ☐ TP-PA 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk

(17.) Date and type of maternal treponemal tests

- **Rationale:**
  - Reverse testing algorithm (e.g., screening with treponemal tests) identifies mothers not previously detected
    - Treponemal test (TT) (+), nontreponemal test (NT) (-)
    - Current recommendations for reverse testing are to confirm TT (+), NT (-) with a second TT (e.g., TP-PA)
    - Clinical implications not clear*
  - Will help quantify number of cases identified by reverse testing; how many cases consistent with guidelines for reverse testing

* MMWR Morb Mortal Wkly Rep. 2011 Feb 11;60(5):133-7; Sex Transm Dis. 2013 Apr;40(4):311-5.

(18.) Mother's HIV status



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (___) ___-____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (___) ___-____

Pediatrician: _____ Phone No: (___) ___-____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — Mo. Day Yr.

2. Reporting state FIPS code: 9 ☐ Unk — Reporting State Name

3. Reporting county FIPS code: 9 ☐ Unk — Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: 9 ☐ Unk — Mother's Residence State

5. Mother's Country of residence: (leave blank if USA) — Mother's Country of Residence

6. Mother's residence county FIPS code: 9 ☐ Unk — Mother's County of Residence

7. Mother's residence ZIP code: 9 ☐ Unk

8. Mother's date of birth: 9 ☐ Unk — Mo. Day Yr.

9. Mother's obstetric history: G.____ ____ P.____ ____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: 9 ☐ Unk — Mo. Day Yr.

11. a) Indicate date of first prenatal visit: 0 ☐ No prenatal care *(Go to Q12)* 9 ☐ Unk — Mo. Day Yr.

b) Indicate trimester of first prenatal visit: 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date	Results	Titer
a.	___/___/___ 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk	1:___
b.	___/___/___ 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk	1:___

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date	Test Type	Results
a.	___/___/___ 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk
b.	___/___/___ 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk

18. What was mother's HIV status during pregnancy?
P ☐ positive E ☐ equivocal test
X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ☐ primary 4 ☐ late or late latent 9 ☐ Unk
2 ☐ secondary 5 ☐ previously treated/serofast
3 ☐ early latent 8 ☐ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*
1 ☐ primary 3 ☐ early latent 8 ☐ Other
2 ☐ secondary 4 ☐ late or late latent 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin? ___/___/___
1 ☐ Before pregnancy 4 ☐ 3rd trimester
2 ☐ 1st trimester 5 ☐ No Treatment *(Go to Q24)*
3 ☐ 2nd trimester 9 ☐ Unk

22. What was mother's treatment?
1 ☐ 2.4 M units benzathine penicillin
2 ☐ 4.8 M units benzathine penicillin
3 ☐ 7.2 M units benzathine penicillin
8 ☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ☐ Yes, appropriate response
2 ☐ No, inappropriate response: evidence of treatment failure or reinfection
3 ☐ Response could not be determined from available non-treponemal titer information
4 ☐ Not enough time for titer to change

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ☐ Unk ___/___/___ — Mo. Day Yr.

25. Vital status: 1 ☐ Alive *(Go to Q27)* 2 ☐ Born alive, then died 3 ☐ Stillborn *(Go to Q27) (Footnote C)* 9 ☐ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ☐ Unk ___/___/___ — Mo. Day Yr.

27. Birthweight (in grams): 9 ☐ Unk ____ ____ ____

28. Estimated gestational age (in weeks): 99 ☐ Unk ____ ____ *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk *(Go to Q30 unless reactive)*

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? ___/___/___ — Mo. Day Yr.

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:____ ____

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk

b) When was the infant/child's first reactive **treponemal** test for syphilis? *(footnote D)* ___/___/___ — Mo. Day Yr.

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the infant/child have any signs of CS? *(check all that apply)* ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ no signs/asymptomatic *(Footnote E)* ☐ pseudo paralysis ☐ edema ☐ condyloma lata ☐ other ☐ snuffles ☐ Unk ☐ syphilitic skin rash

33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? *("2" is an obsolete response)* 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:
1 ☐ Not a case
2 ☐ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains)
3 ☐ Syphilitic stillbirth *(Footnote C)*
4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

18. What was mother's HIV status during pregnancy?

P ☐ positive E ☐ equivocal test

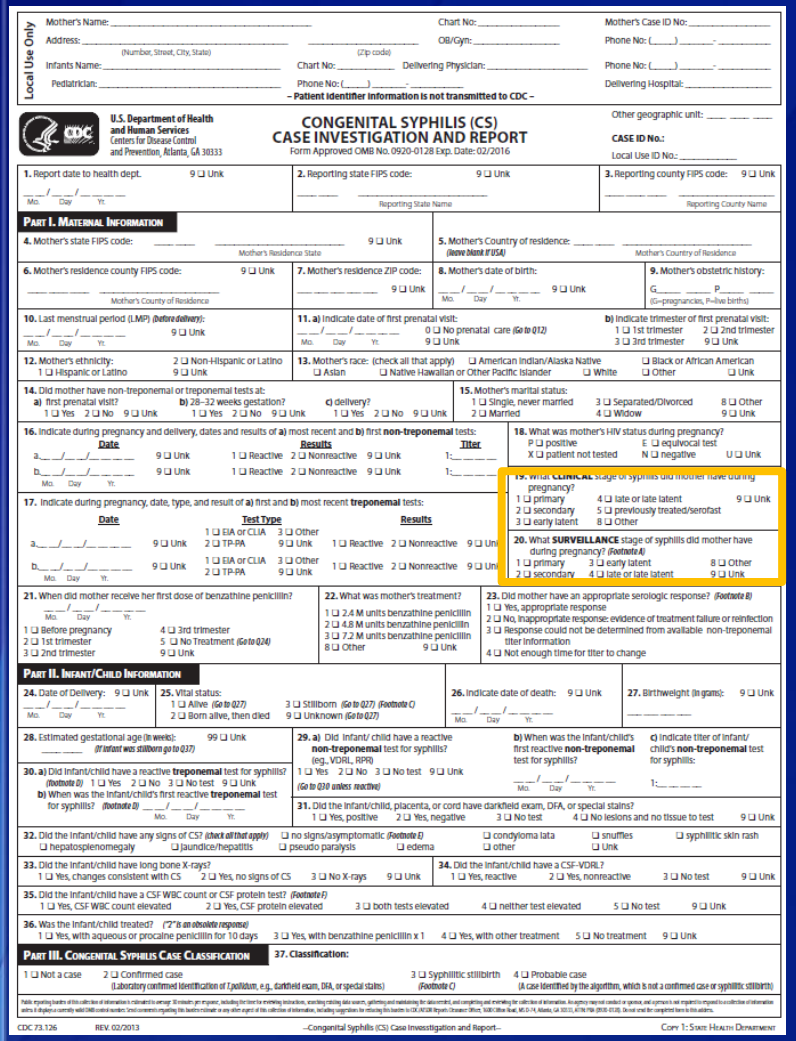
X ☐ patient not tested N ☐ negative U ☐ Unk

(18.) Mother's HIV status

- **"What was mother's HIV status during pregnancy?"**
  - Answer based upon abstraction from medical records, not patient interview:
    - Positive, negative, equivocal test, patient not tested
    - Unknown (if no data available)
- **Rationale**
  - Women with syphilis are at risk for infection with HIV*
    - First prenatal visit screening for HIV is recommended
  - Mother-to-child transmission of HIV can be prevented†

* All persons with syphilis should be tested for HIV (MMWR Recomm Rep. 2010 Dec 17;59(RR-12):1-110.)
† http://www.cdc.gov/hiv/topics/perinatal/ (last accessed 2./27/13)

(19.) and (20.) Mother's stage of infection



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____-_____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____-_____

Pediatrician: _____ Phone No: (____) _____-_____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: _____ _____ _____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — Mo. Day Yr.

2. Reporting state FIPS code: 9 ☐ Unk — Reporting State Name

3. Reporting county FIPS code: 9 ☐ Unk — Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: 9 ☐ Unk — Mother's Residence State

5. Mother's Country of residence: (*leave blank if USA*) — Mother's Country of Residence

6. Mother's residence county FIPS code: 9 ☐ Unk — Mother's County of Residence

7. Mother's residence ZIP code: 9 ☐ Unk

8. Mother's date of birth: Mo. Day Yr. 9 ☐ Unk

9. Mother's obstetric history: G_____ _____ P_____ _____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) (*before delivery*): Mo. Day Yr. 9 ☐ Unk

11. a) Indicate date of first prenatal visit: Mo. Day Yr. 0 ☐ No prenatal care (*Go to 12*) 9 ☐ Unk

b) Indicate trimester of first prenatal visit: 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date		Results		Titer
a.	Mo. Day Yr.	9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk	1:_____
b.	Mo. Day Yr.	9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk	1:_____

18. What was mother's HIV status during pregnancy? P ☐ positive E ☐ equivocal test X ☐ patient not tested N ☐ negative U ☐ Unk

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date		Test Type		Results	
a.	Mo. Day Yr.	9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk
b.	Mo. Day Yr.	9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive	9 ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ☐ primary 2 ☐ secondary 3 ☐ early latent 4 ☐ late or late latent 5 ☐ previously treated/serofast 8 ☐ Other 9 ☐ Unk

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? (*Footnote A*)
1 ☐ primary 2 ☐ secondary 3 ☐ early latent 4 ☐ late or late latent 8 ☐ Other 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin? Mo. Day Yr.
1 ☐ Before pregnancy 2 ☐ 1st trimester 3 ☐ 2nd trimester 4 ☐ 3rd trimester 5 ☐ No Treatment (*Go to 24*) 9 ☐ Unk

22. What was mother's treatment?
1 ☐ 2.4 M units benzathine penicillin 2 ☐ 4.8 M units benzathine penicillin 3 ☐ 7.2 M units benzathine penicillin 8 ☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? (*Footnote B*)
1 ☐ Yes, appropriate response
2 ☐ No, inappropriate response: evidence of treatment failure or reinfection
3 ☐ Response could not be determined from available non-treponemal titer information
4 ☐ Not enough time for titer to change

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ☐ Unk — Mo. Day Yr.

25. Vital status: 1 ☐ Alive (*Go to Q27*) 2 ☐ Born alive, then died 3 ☐ Stillborn (*Go to Q27*) (*Footnote C*) 9 ☐ Unknown (*Go to Q27*)

26. Indicate date of death: 9 ☐ Unk — Mo. Day Yr.

27. Birthweight (in grams): 9 ☐ Unk

28. Estimated gestational age (in weeks): 99 ☐ Unk (*If infant was stillborn go to Q37*)

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk (*Go to Q30 unless reactive*)

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? Mo. Day Yr.

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:_____

30. a) Did infant/child have a reactive **treponemal** test for syphilis? (*footnote D*) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk

b) When was the infant/child's first reactive **treponemal** test for syphilis? (*footnote D*) Mo. Day Yr.

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the infant/child have any signs of CS? (*check all that apply*) ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ no signs/asymptomatic (*Footnote E*) ☐ pseudo paralysis ☐ edema ☐ condyloma lata ☐ other ☐ snuffles ☐ Unk ☐ syphilitic skin rash

33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? (*Footnote F*) 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? (*"2" is an obsolete response*) 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:
1 ☐ Not a case 2 ☐ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains) 3 ☐ Syphilitic stillbirth (*Footnote C*) 4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?

1 ☐ primary
2 ☐ secondary
3 ☐ early latent
4 ☐ late or late latent
5 ☐ previously treated/serofast
8 ☐ Other
9 ☐ Unk

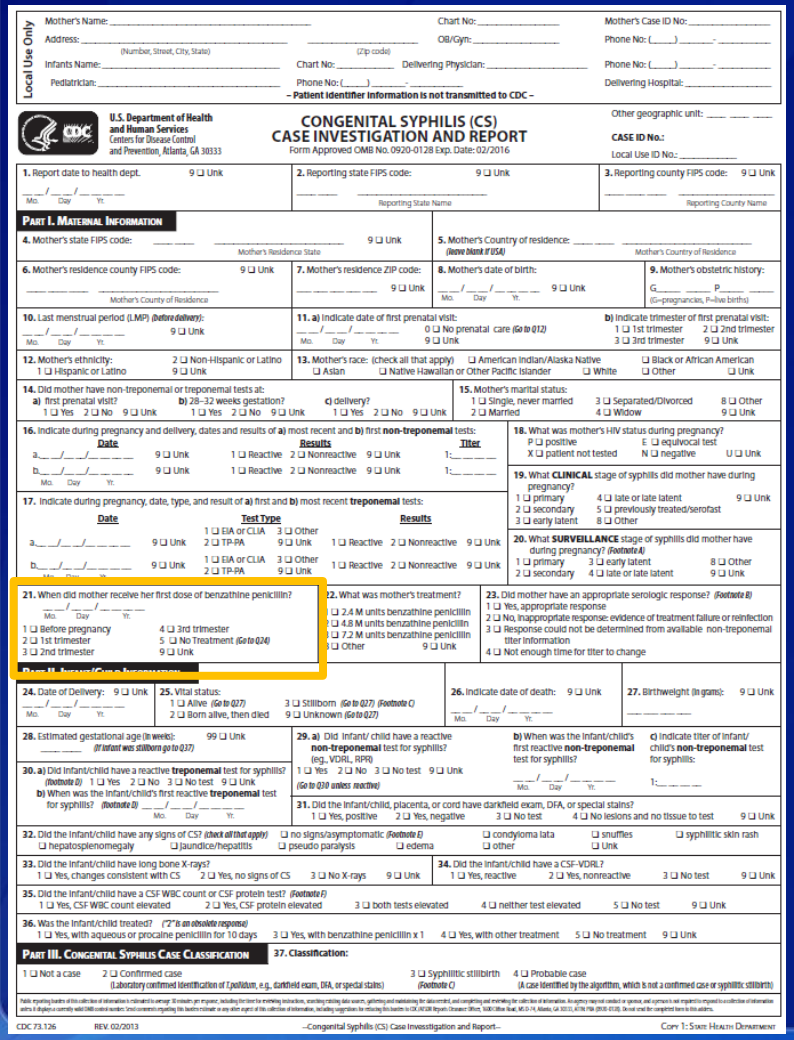
20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*

1 ☐ primary
2 ☐ secondary
3 ☐ early latent
4 ☐ late or late latent
8 ☐ Other
9 ☐ Unk

(19.) and (20.) Mother's stage of infection

- **Revised CS report form specifies *clinical* and *surveillance* stage of infection**
  - Primary, secondary, (early or late) latent, late
  - Previously treated/serofast if titers remain present but low
  - Clinical diagnosis might differ from surveillance case definition
    - If mother doesn't have syphilis, check "other" for surveillance stage of infection
- **Rationale:**
  - Dosage of penicillin depends upon stage of infection

(21.) When mother received her first dose of benzathine penicillin



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____ - _____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____ - _____

Pediatrician: _____ Phone No: (____) _____ - _____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

2. Reporting state FIPS code: 9 ☐ Unk — ____ ____ (Reporting State Name)

3. Reporting county FIPS code: 9 ☐ Unk — ____ ____ ____ (Reporting County Name)

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: ____ ____ (Mother's Residence State) 9 ☐ Unk

5. Mother's Country of residence: ____ ____ (*Leave blank if USA*) (Mother's Country of Residence)

6. Mother's residence county FIPS code: 9 ☐ Unk — ____ ____ ____ (Mother's County of Residence)

7. Mother's residence ZIP code: ____ ____ ____ ____ 9 ☐ Unk

8. Mother's date of birth: ___/___/___ (Mo. Day Yr.) 9 ☐ Unk

9. Mother's obstetric history: G.____ P.____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: ___/___/___ (Mo. Day Yr.) 9 ☐ Unk

11. a) Indicate date of first prenatal visit: ___/___/___ (Mo. Day Yr.) 0 ☐ No prenatal care *(Go to Q12)* 9 ☐ Unk

b) Indicate trimester of first prenatal visit: 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date		Results		Titer
a.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive	9 ☐ Unk	1:____
b.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive	9 ☐ Unk	1:____

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date	Test Type		Results		
a.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive	9 ☐ Unk
b.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA	3 ☐ Other 9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive	9 ☐ Unk

18. What was mother's HIV status during pregnancy?
P ☐ positive E ☐ equivocal test
X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ☐ primary 4 ☐ late or late latent 9 ☐ Unk
2 ☐ secondary 5 ☐ previously treated/serofast
3 ☐ early latent 8 ☐ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*
1 ☐ primary 3 ☐ early latent 8 ☐ Other
2 ☐ secondary 4 ☐ late or late latent 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin?
___/___/___ (Mo. Day Yr.)
1 ☐ Before pregnancy 4 ☐ 3rd trimester
2 ☐ 1st trimester 5 ☐ No Treatment *(Go to Q24)*
3 ☐ 2nd trimester 9 ☐ Unk

22. What was mother's treatment?
☐ 2.4 M units benzathine penicillin
☐ 4.8 M units benzathine penicillin
☐ 7.2 M units benzathine penicillin
☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ☐ Yes, appropriate response
2 ☐ No, inappropriate response: evidence of treatment failure or reinfection
3 ☐ Response could not be determined from available non-treponemal titer information
4 ☐ Not enough time for titer to change

24. Date of Delivery: 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

25. Vital status: 1 ☐ Alive *(Go to Q27)* 2 ☐ Born alive, then died 3 ☐ Stillborn *(Go to Q27)* *(Footnote C)* 9 ☐ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

27. Birthweight (in grams): 9 ☐ Unk — ____ ____ ____

28. Estimated gestational age (in weeks): 99 ☐ Unk — ____ ____ *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk *(Go to Q30 unless reactive)*

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? ___/___/___ (Mo. Day Yr.) 3 ☐ No test

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:____

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk

b) When was the infant/child's first reactive **treponemal** test for syphilis? *(footnote D)* ___/___/___ (Mo. Day Yr.)

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the infant/child have any signs of CS? *(check all that apply)* ☐ no signs/asymptomatic *(Footnote E)* ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ pseudo paralysis ☐ edema ☐ condyloma lata ☐ other ☐ snuffles ☐ Unk ☐ syphilitic skin rash

33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? *("2" is an obsolete response)* 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:
1 ☐ Not a case 2 ☐ Confirmed case (Laboratory-confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains) 3 ☐ Syphilitic stillbirth *(Footnote C)* 4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

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21. When did mother receive her first dose of benzathine penicillin?

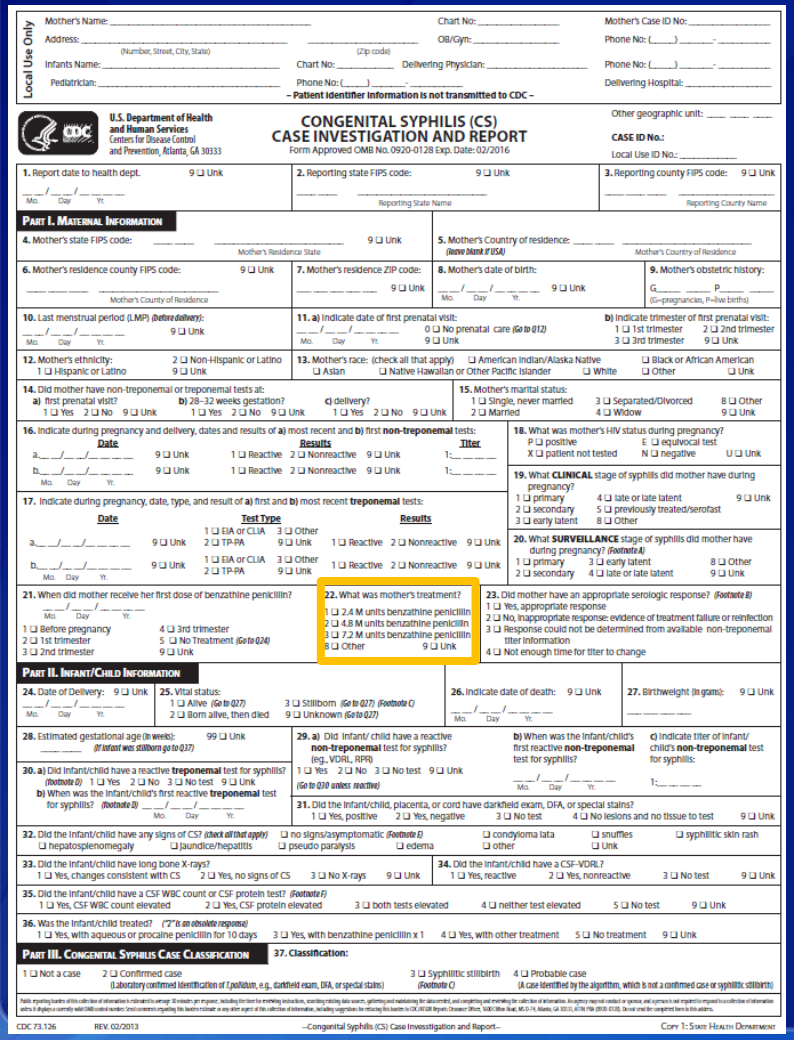
___/___/___
Mo. Day Yr.

1 ☐ Before pregnancy
2 ☐ 1st trimester
3 ☐ 2nd trimester
4 ☐ 3rd trimester
5 ☐ No Treatment *(Go to Q24)*
9 ☐ Unk

(21.) When mother received her first dose of benzathine penicillin

- **Rationale:**
  - Combined with date of serologic test results, can give indication of how timely treatment was received

(22.) What was mother's treatment



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____ - _____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____ - _____

Pediatrician: _____ Phone No: (____) _____ - _____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

2. Reporting state FIPS code: 9 ☐ Unk — ____ ____ Reporting State Name

3. Reporting county FIPS code: 9 ☐ Unk — ____ ____ ____ Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: ____ ____ Mother's Residence State 9 ☐ Unk

5. Mother's Country of residence: ____ ____ (*leave blank if USA*) Mother's Country of Residence

6. Mother's residence county FIPS code: 9 ☐ Unk — ____ ____ ____ Mother's County of Residence

7. Mother's residence ZIP code: ____ ____ ____ ____ 9 ☐ Unk

8. Mother's date of birth: ___/___/___ (Mo. Day Yr.) 9 ☐ Unk

9. Mother's obstetric history: G.____ P.____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: ___/___/___ (Mo. Day Yr.) 9 ☐ Unk

11. a) Indicate date of first prenatal visit: ___/___/___ (Mo. Day Yr.) 0 ☐ No prenatal care *(Go to Q12)* 9 ☐ Unk

b) Indicate trimester of first prenatal visit: 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date		Results		Titer
a.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive	9 ☐ Unk	1:____
b.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive	9 ☐ Unk	1:____

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date	Test Type	Results
a.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk
b.	___/___/___ (Mo. Day Yr.) 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk

18. What was mother's HIV status during pregnancy?
P ☐ positive E ☐ equivocal test
X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ☐ primary 4 ☐ late or late latent 9 ☐ Unk
2 ☐ secondary 5 ☐ previously treated/serofast
3 ☐ early latent 8 ☐ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*
1 ☐ primary 3 ☐ early latent 8 ☐ Other
2 ☐ secondary 4 ☐ late or late latent 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin? ___/___/___ (Mo. Day Yr.)
1 ☐ Before pregnancy 4 ☐ 3rd trimester
2 ☐ 1st trimester 5 ☐ No Treatment *(Go to Q24)*
3 ☐ 2nd trimester 9 ☐ Unk

22. What was mother's treatment?
1 ☐ 2.4 M units benzathine penicillin
2 ☐ 4.8 M units benzathine penicillin
3 ☐ 7.2 M units benzathine penicillin
8 ☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ☐ Yes, appropriate response
2 ☐ No, inappropriate response: evidence of treatment failure or reinfection
3 ☐ Response could not be determined from available non-treponemal titer information
4 ☐ Not enough time for titer to change

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

25. Vital status: 1 ☐ Alive *(Go to Q27)* 2 ☐ Born alive, then died 3 ☐ Stillborn *(Go to Q27)* *(Footnote C)* 9 ☐ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ☐ Unk — ___/___/___ (Mo. Day Yr.)

27. Birthweight (in grams): 9 ☐ Unk — ____ ____ ____

28. Estimated gestational age (in weeks): 99 ☐ Unk — ____ ____ *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk *(Go to Q30 unless reactive)*

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? ___/___/___ (Mo. Day Yr.)

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:____

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk

b) When was the infant/child's first reactive **treponemal** test for syphilis? *(Footnote D)* ___/___/___ (Mo. Day Yr.)

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the infant/child have any signs of CS? *(check all that apply)* ☐ no signs/asymptomatic *(Footnote E)* ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ pseudo paralysis ☐ edema ☐ condyloma lata ☐ other ☐ snuffles ☐ Unk ☐ syphilitic skin rash

33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? *("2" is an obsolete response)* 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:
1 ☐ Not a case
2 ☐ Confirmed case (Laboratory-confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains)
3 ☐ Syphilitic stillbirth *(Footnote C)*
4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

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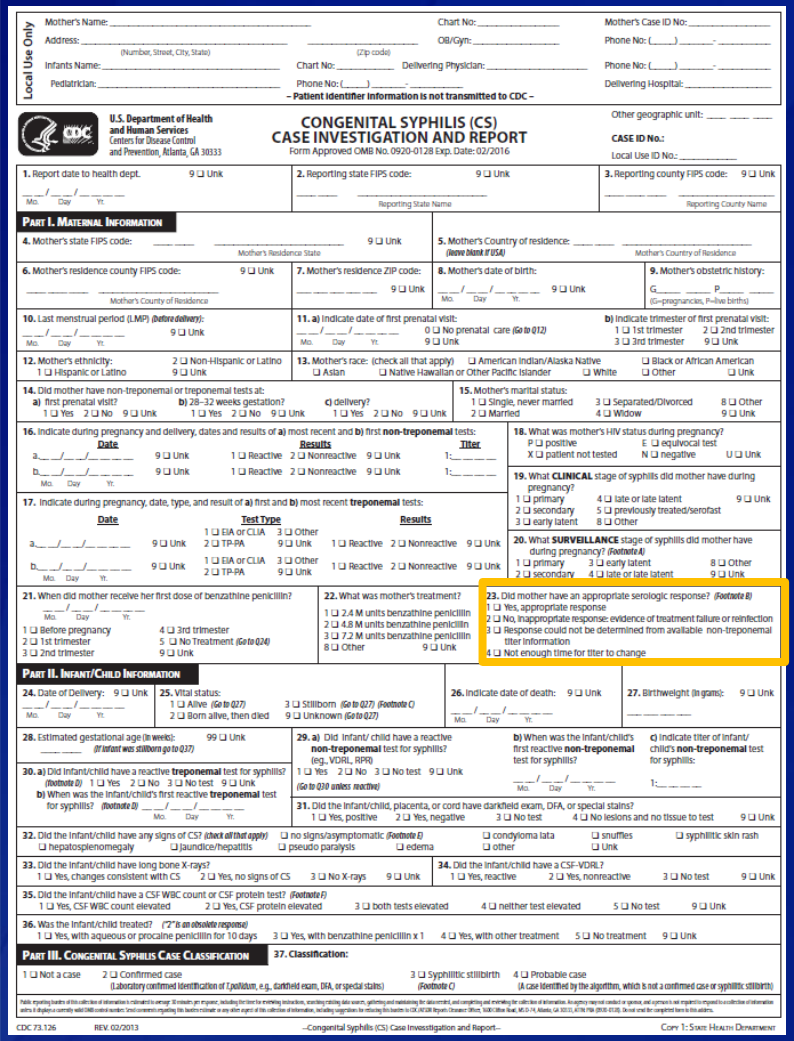
22. What was mother's treatment?

1 ☐ 2.4 M units benzathine penicillin
2 ☐ 4.8 M units benzathine penicillin
3 ☐ 7.2 M units benzathine penicillin
8 ☐ Other 9 ☐ Unk

(22.) What was mother's treatment

- **"What was mother's treatment?"**
  - 2.4 million units benzathine penicillin
  - 4.8 million units benzathine penicillin
  - 7.2 million units benzathine penicillin
  - Other
  - Unknown
- **Rationale:**
  - Dose of benzathine penicillin dependent upon stage
  - Combined with stage of infection, can indicate quality of care

(23.) Mother's serologic response to treatment



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____-_____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____-_____

Pediatrician: _____ Phone No: (____) _____-_____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ☐ Unk — Mo. Day Yr.

2. Reporting state FIPS code: 9 ☐ Unk — Reporting State Name

3. Reporting county FIPS code: 9 ☐ Unk — Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: 9 ☐ Unk — Mother's Residence State

5. Mother's Country of residence: *(leave blank if USA)* — Mother's Country of Residence

6. Mother's residence county FIPS code: 9 ☐ Unk — Mother's County of Residence

7. Mother's residence ZIP code: 9 ☐ Unk

8. Mother's date of birth: 9 ☐ Unk — Mo. Day Yr.

9. Mother's obstetric history: G.____ P.____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: 9 ☐ Unk — Mo. Day Yr.

11. a) Indicate date of first prenatal visit: 0 ☐ No prenatal care *(Go to Q12)* 9 ☐ Unk — Mo. Day Yr.

b) Indicate trimester of first prenatal visit: 1 ☐ 1st trimester 2 ☐ 2nd trimester 3 ☐ 3rd trimester 9 ☐ Unk

12. Mother's ethnicity: 1 ☐ Hispanic or Latino 2 ☐ Non-Hispanic or Latino 9 ☐ Unk

13. Mother's race: (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Black or African American ☐ Other ☐ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk
c) delivery? 1 ☐ Yes 2 ☐ No 9 ☐ Unk

15. Mother's marital status: 1 ☐ Single, never married 2 ☐ Married 3 ☐ Separated/Divorced 4 ☐ Widow 8 ☐ Other 9 ☐ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date	Results	Titer
a.	__/__/__ 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk	1:____
b.	__/__/__ 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk	1:____

Mo. Day Yr.

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date	Test Type	Results
a.	__/__/__ 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk
b.	__/__/__ 9 ☐ Unk	1 ☐ EIA or CLIA 2 ☐ TP-PA 3 ☐ Other 9 ☐ Unk	1 ☐ Reactive 2 ☐ Nonreactive 9 ☐ Unk

Mo. Day Yr.

18. What was mother's HIV status during pregnancy?
P ☐ positive E ☐ equivocal test
X ☐ patient not tested N ☐ negative U ☐ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ☐ primary 4 ☐ late or late latent 9 ☐ Unk
2 ☐ secondary 5 ☐ previously treated/serofast
3 ☐ early latent 8 ☐ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*
1 ☐ primary 3 ☐ early latent 8 ☐ Other
2 ☐ secondary 4 ☐ late or late latent 9 ☐ Unk

21. When did mother receive her first dose of benzathine penicillin? Mo. Day Yr.
1 ☐ Before pregnancy 4 ☐ 3rd trimester
2 ☐ 1st trimester 5 ☐ No Treatment *(Go to Q24)*
3 ☐ 2nd trimester 9 ☐ Unk

22. What was mother's treatment?
1 ☐ 2.4 M units benzathine penicillin
2 ☐ 4.8 M units benzathine penicillin
3 ☐ 7.2 M units benzathine penicillin
8 ☐ Other 9 ☐ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ☐ Yes, appropriate response
2 ☐ No, inappropriate response: evidence of treatment failure or reinfection
3 ☐ Response could not be determined from available non-treponemal titer information
4 ☐ Not enough time for titer to change

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ☐ Unk — Mo. Day Yr.

25. Vital status: 1 ☐ Alive *(Go to Q27)* 2 ☐ Born alive, then died 3 ☐ Stillborn *(Go to Q27)* *(Footnote C)* 9 ☐ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ☐ Unk — Mo. Day Yr.

27. Birthweight (in grams): 9 ☐ Unk

28. Estimated gestational age (in weeks): 99 ☐ Unk *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk *(Go to Q30 unless reactive)*

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? Mo. Day Yr.

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:____

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk

b) When was the infant/child's first reactive **treponemal** test for syphilis? *(Footnote D)* Mo. Day Yr.

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 ☐ Yes, positive 2 ☐ Yes, negative 3 ☐ No test 4 ☐ No lesions and no tissue to test 9 ☐ Unk

32. Did the infant/child have any signs of CS? *(check all that apply)* ☐ no signs/asymptomatic *(Footnote E)* ☐ condyloma lata ☐ snuffles ☐ syphilitic skin rash ☐ hepatosplenomegaly ☐ jaundice/hepatitis ☐ pseudo paralysis ☐ edema ☐ other ☐ Unk

33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of CS 3 ☐ No X-rays 9 ☐ Unk

34. Did the infant/child have a CSF-VDRL? 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive 3 ☐ No test 9 ☐ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, CSF protein elevated 3 ☐ both tests elevated 4 ☐ neither test elevated 5 ☐ No test 9 ☐ Unk

36. Was the infant/child treated? *("2" is an obsolete response)* 1 ☐ Yes, with aqueous or procaine penicillin for 10 days 3 ☐ Yes, with benzathine penicillin x 1 4 ☐ Yes, with other treatment 5 ☐ No treatment 9 ☐ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:
1 ☐ Not a case 2 ☐ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains) 3 ☐ Syphilitic stillbirth *(Footnote C)* 4 ☐ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS-D-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

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23. Did mother have an appropriate serologic response? *(Footnote B)*

1 ☐ Yes, appropriate response

2 ☐ No, inappropriate response: evidence of treatment failure or reinfection

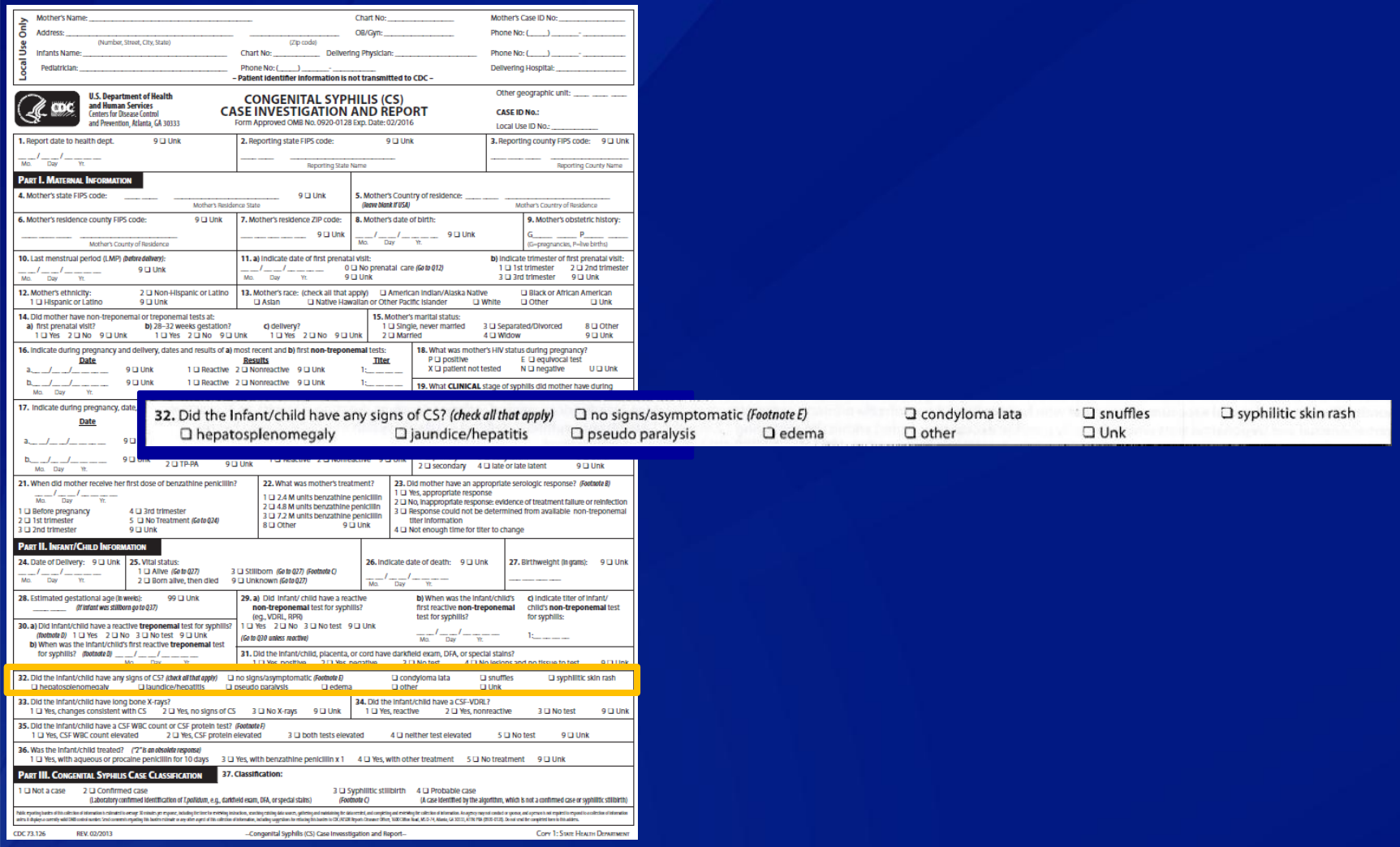
3 ☐ Response could not be determined from available non-treponemal titer information

4 ☐ Not enough time for titer to change

(23.) Mother's serologic response to treatment

- **"Did mother have an appropriate serologic response?"**
  - Yes, appropriate response
  - No, inappropriate response: evidence of treatment failure or reinfection
  - Response could not be determined from available non-treponemal titer information (e.g., only 1 titer available)
    - "Equivocal" response no longer considered
  - Not enough time for titer to change
- **Rationale**
  - Serologic response is *not* part of CS case definition
  - Included for case management purposes

(32.) Specific signs of CS



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____-_____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____-_____

Pediatrician: _____ Phone No: (____) _____-_____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

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Other geographic unit: ____ ____ ____

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1. Report date to health dept. 9 ❑ Unk — Mo. Day Yr.

2. Reporting state FIPS code: 9 ❑ Unk — Reporting State Name

3. Reporting county FIPS code: 9 ❑ Unk — Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: 9 ❑ Unk — Mother's Residence State

5. Mother's Country of residence: (*leave blank if USA*) — Mother's Country of Residence

6. Mother's residence county FIPS code: 9 ❑ Unk — Mother's County of Residence

7. Mother's residence ZIP code: 9 ❑ Unk

8. Mother's date of birth: 9 ❑ Unk — Mo. Day Yr.

9. Mother's obstetric history: G.____ P.____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: 9 ❑ Unk — Mo. Day Yr.

11. a) Indicate date of first prenatal visit: 0 ❑ No prenatal care *(Go to 12)* 9 ❑ Unk — Mo. Day Yr.

b) Indicate trimester of first prenatal visit: 1 ❑ 1st trimester 2 ❑ 2nd trimester 3 ❑ 3rd trimester 9 ❑ Unk

12. Mother's ethnicity: 1 ❑ Hispanic or Latino 2 ❑ Non-Hispanic or Latino 9 ❑ Unk

13. Mother's race: (check all that apply) ❑ American Indian/Alaska Native ❑ Asian ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Black or African American ❑ Other ❑ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ❑ Yes 2 ❑ No 9 ❑ Unk
b) 28–32 weeks gestation? 1 ❑ Yes 2 ❑ No 9 ❑ Unk
c) delivery? 1 ❑ Yes 2 ❑ No 9 ❑ Unk

15. Mother's marital status: 1 ❑ Single, never married 2 ❑ Married 3 ❑ Separated/Divorced 4 ❑ Widow 8 ❑ Other 9 ❑ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date	Results	Titer
a.	__/__/__	9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk	1:____
b.	__/__/__	9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk	1:____

18. What was mother's HIV status during pregnancy?
P ❑ positive E ❑ equivocal test
X ❑ patient not tested N ❑ negative U ❑ Unk

19. What **CLINICAL** stage of syphilis did mother have during

17. Indicate during pregnancy, date

Date

a. __/__/__ 9 ❑

b. __/__/__ 9 ❑ Unk — Mo. Day Yr.

2 ❑ TP-PA 9 ❑ Unk

2 ❑ secondary 4 ❑ late or late latent 9 ❑ Unk

21. When did mother receive her first dose of benzathine penicillin? — Mo. Day Yr.
1 ❑ Before pregnancy
2 ❑ 1st trimester
3 ❑ 2nd trimester
4 ❑ 3rd trimester
5 ❑ No Treatment *(Go to Q24)*
9 ❑ Unk

22. What was mother's treatment?
1 ❑ 2.4 M units benzathine penicillin
2 ❑ 4.8 M units benzathine penicillin
3 ❑ 7.2 M units benzathine penicillin
8 ❑ Other 9 ❑ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ❑ Yes, appropriate response
2 ❑ No, inappropriate response: evidence of treatment failure or reinfection
3 ❑ Response could not be determined from available non-treponemal titer information
4 ❑ Not enough time for titer to change

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 ❑ Unk — Mo. Day Yr.

25. Vital status:
1 ❑ Alive *(Go to Q27)*
2 ❑ Born alive, then died
3 ❑ Stillborn *(Go to Q27)* *(Footnote C)*
9 ❑ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ❑ Unk — Mo. Day Yr.

27. Birthweight (in grams): 9 ❑ Unk

28. Estimated gestational age (in weeks): 99 ❑ Unk
(If infant was stillborn go to Q37)

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR)
1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
(Go to Q30 unless reactive)

b) When was the infant/child's first reactive **non-treponemal** test for syphilis? — Mo. Day Yr.

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: 1:____

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk

b) When was the infant/child's first reactive **treponemal** test for syphilis? *(Footnote D)* — Mo. Day Yr.

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?
1 ❑ Yes, positive 2 ❑ Yes, negative 3 ❑ No test 4 ❑ No lesions and no tissue to test 9 ❑ Unk

32. Did the Infant/child have any signs of CS? *(check all that apply)*
❑ no signs/asymptomatic *(Footnote E)* ❑ condyloma lata ❑ snuffles ❑ syphilitic skin rash
❑ hepatosplenomegaly ❑ jaundice/hepatitis ❑ pseudo paralysis ❑ edema ❑ other ❑ Unk

33. Did the infant/child have long bone X-rays?
1 ❑ Yes, changes consistent with CS 2 ❑ Yes, no signs of CS 3 ❑ No X-rays 9 ❑ Unk

34. Did the infant/child have a CSF-VDRL?
1 ❑ Yes, reactive 2 ❑ Yes, nonreactive 3 ❑ No test 9 ❑ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)*
1 ❑ Yes, CSF WBC count elevated 2 ❑ Yes, CSF protein elevated 3 ❑ both tests elevated 4 ❑ neither test elevated 5 ❑ No test 9 ❑ Unk

36. Was the Infant/child treated? *("2" is an obsolete response)*
1 ❑ Yes, with aqueous or procaine penicillin for 10 days 3 ❑ Yes, with benzathine penicillin x 1 4 ❑ Yes, with other treatment 5 ❑ No treatment 9 ❑ Unk

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:
1 ❑ Not a case
2 ❑ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains)
3 ❑ Syphilitic stillbirth *(Footnote C)*
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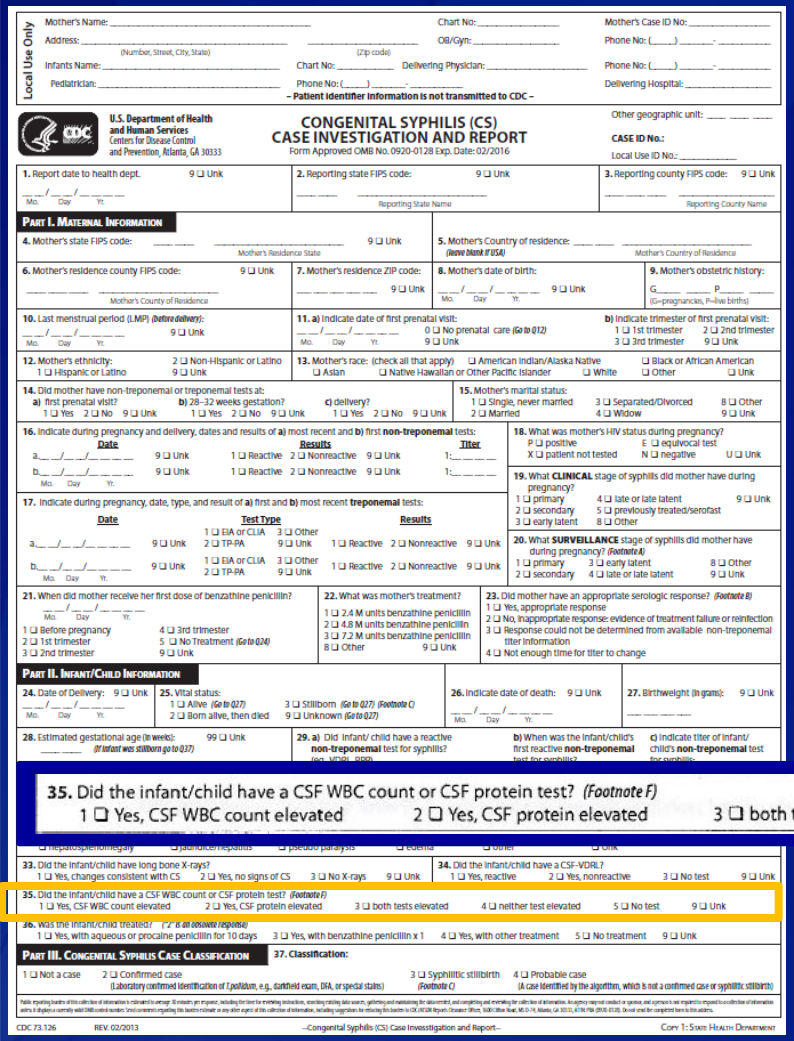
32. Did the Infant/child have any signs of CS? *(check all that apply)*
❑ no signs/asymptomatic *(Footnote E)* ❑ condyloma lata ❑ snuffles ❑ syphilitic skin rash
❑ hepatosplenomegaly ❑ jaundice/hepatitis ❑ pseudo paralysis ❑ edema ❑ other ❑ Unk

(32.) Specific signs and symptoms of CS

- **The revised CS report form lists specific signs:**
  - No signs/asymptomatic
  - Condyloma lata
  - Snuffles (nasal discharge)
  - Syphilitic skin rash
  - Hepatosplenomegaly (enlarged liver and spleen)
  - jaundice/hepatitis
  - Pseudoparalysis
  - Edema (swelling of limbs or extremities)
  - Other
  - Unknown
- **Rationale: more informative about clinical signs**

(35.) Cerebrospinal fluid (CSF) analysis



Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____-_____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____-_____

Pediatrician: _____ Phone No: (____) _____-_____ Delivering Hospital: _____

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Other geographic unit: ____ ____ ____

CASE ID No.:

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1. Report date to health dept. 9 ❑ Unk — ___/___/___ (Mo. Day Yr.)

2. Reporting state FIPS code: 9 ❑ Unk — ____ ____ (Reporting State Name)

3. Reporting county FIPS code: 9 ❑ Unk — ____ ____ (Reporting County Name)

Part I. Maternal Information

4. Mother's state FIPS code: ____ ____ (Mother's Residence State) 9 ❑ Unk

5. Mother's Country of residence: ____ ____ (Mother's Country of Residence) *(leave blank if USA)*

6. Mother's residence county FIPS code: 9 ❑ Unk — ____ ____ (Mother's County of Residence)

7. Mother's residence ZIP code: ____ ____ 9 ❑ Unk

8. Mother's date of birth: ___/___/___ (Mo. Day Yr.) 9 ❑ Unk

9. Mother's obstetric history: G.____ P.____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: ___/___/___ (Mo. Day Yr.) 9 ❑ Unk

11. a) Indicate date of first prenatal visit: ___/___/___ (Mo. Day Yr.) 0 ❑ No prenatal care *(Go to 12)* 9 ❑ Unk

b) Indicate trimester of first prenatal visit: 1 ❑ 1st trimester 2 ❑ 2nd trimester 3 ❑ 3rd trimester 9 ❑ Unk

12. Mother's ethnicity: 1 ❑ Hispanic or Latino 2 ❑ Non-Hispanic or Latino 9 ❑ Unk

13. Mother's race: (check all that apply) ❑ American Indian/Alaska Native ❑ Asian ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Black or African American ❑ Other ❑ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ❑ Yes 2 ❑ No 9 ❑ Unk
b) 28–32 weeks gestation? 1 ❑ Yes 2 ❑ No 9 ❑ Unk
c) delivery? 1 ❑ Yes 2 ❑ No 9 ❑ Unk

15. Mother's marital status: 1 ❑ Single, never married 2 ❑ Married 3 ❑ Separated/Divorced 4 ❑ Widow 8 ❑ Other 9 ❑ Unk

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:
Date — Results — Titer
a. ___/___/___ 9 ❑ Unk — 1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk — 1:____
b. ___/___/___ 9 ❑ Unk — 1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk — 1:____
(Mo. Day Yr.)

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:
Date — Test Type (1 ❑ EIA or CLIA 2 ❑ TP-PA 3 ❑ Other) — Results
a. ___/___/___ 9 ❑ Unk — 1 ❑ EIA or CLIA 2 ❑ TP-PA 3 ❑ Other 9 ❑ Unk — 1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk
b. ___/___/___ 9 ❑ Unk — 1 ❑ EIA or CLIA 2 ❑ TP-PA 3 ❑ Other 9 ❑ Unk — 1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk
(Mo. Day Yr.)

18. What was mother's HIV status during pregnancy?
P ❑ positive E ❑ equivocal test
X ❑ patient not tested N ❑ negative U ❑ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ❑ primary 4 ❑ late or late latent 9 ❑ Unk
2 ❑ secondary 5 ❑ previously treated/serofast
3 ❑ early latent 8 ❑ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)*
1 ❑ primary 3 ❑ early latent 8 ❑ Other
2 ❑ secondary 4 ❑ late or late latent 9 ❑ Unk

21. When did mother receive her first dose of benzathine penicillin? ___/___/___ (Mo. Day Yr.)
1 ❑ Before pregnancy 4 ❑ 3rd trimester
2 ❑ 1st trimester 5 ❑ No Treatment *(Go to Q24)*
3 ❑ 2nd trimester 9 ❑ Unk

22. What was mother's treatment?
1 ❑ 2.4 M units benzathine penicillin
2 ❑ 4.8 M units benzathine penicillin
3 ❑ 7.2 M units benzathine penicillin
8 ❑ Other 9 ❑ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
1 ❑ Yes, appropriate response
2 ❑ No, inappropriate response: evidence of treatment failure or reinfection
3 ❑ Response could not be determined from available non-treponemal titer information
4 ❑ Not enough time for titer to change

Part II. Infant/Child Information

24. Date of Delivery: 9 ❑ Unk — ___/___/___ (Mo. Day Yr.)

25. Vital status: 1 ❑ Alive *(Go to Q27)* 2 ❑ Born alive, then died 3 ❑ Stillborn *(Go to Q27) (Footnote C)* 9 ❑ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ❑ Unk — ___/___/___ (Mo. Day Yr.)

27. Birthweight (in grams): 9 ❑ Unk — ____ ____ ____

28. Estimated gestational age (in weeks): 99 ❑ Unk — ____ ____ *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg, VDRL, RPR)

b) When was the infant/child's first reactive **non-treponemal** test for syphilis?

c) Indicate titer of infant/ child's **non-treponemal** test for syphilis:

❑ Hepatosplenomegaly ❑ Jaundice/Hepatitis ❑ Pseudo paralysis ❑ Edema ❑ Other ❑ Unk

33. Did the infant/child have long bone X-rays?
1 ❑ Yes, changes consistent with CS 2 ❑ Yes, no signs of CS 3 ❑ No X-rays 9 ❑ Unk

34. Did the infant/child have a CSF-VDRL?
1 ❑ Yes, reactive 2 ❑ Yes, nonreactive 3 ❑ No test 9 ❑ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)*
1 ❑ Yes, CSF WBC count elevated 2 ❑ Yes, CSF protein elevated 3 ❑ both tests elevated 4 ❑ neither test elevated 5 ❑ No test 9 ❑ Unk

36. Was the infant/child treated? *("2" is an acceptable response)*
1 ❑ Yes, with aqueous or procaine penicillin for 10 days 3 ❑ Yes, with benzathine penicillin x 1 4 ❑ Yes, with other treatment 5 ❑ No treatment 9 ❑ Unk

Part III. Congenital Syphilis Case Classification

37. Classification:
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35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)*
1 ❑ Yes, CSF WBC count elevated 2 ❑ Yes, CSF protein elevated 3 ❑ both tests elevated 4 ❑ neither test elevated 5 ❑ No test 9 ❑ Unk

(35.) Cerebrospinal fluid (CSF) analysis

- **"Did the infant/child have a CSF WBC count or protein test?"**
  - Yes, CSF white blood cell (WBC) count elevated*
  - Yes, CSF protein elevated*
  - Both tests elevated
  - Neither test elevated
  - No test
  - Unknown
- **Rationale**
  - More informative regarding evidence of neurosyphilis

* During the first 30 days of life, a CSF WBC count of >15 WBC/mm^3 or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm^3 or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

SUMMARY

- **Revisions to the CS report form**
  - Algorithms more consistent with CS case definition
    - Maternal serologic response to treatment not considered
    - ***Probable***, not "presumptive" cases
  - Updates some data elements
    - Ampicillin no longer a treatment for CS
    - Treponemal IgM data no longer collected
  - Introduces some new data elements
    - Maternal treponemal test type (EIA, CIA, TP-PA)
    - Maternal HIV status
    - Specific signs of CS in infant/child on exam
    - Others

SCENARIOS

One possible scenario*

- **Mother's information:**
  - 27 yo mother, who is EIA (+) with RPR of **1:16**
  - previously treated for secondary syphilis (2009) with 2.4 MU bicillin
    - last reported RPR of **1:2**
  - Mother has no symptoms, and reports no symptoms consistent with syphilis in past 12 months
- **Question:**
  - **What stage of syphilis does this mother have?**

* All persons and events depicted in this scenario are fictitious. Any similarity to actual persons, living or dead, or events is absolutely unintentional.

Answer: late latent syphilis

- **Mother has no symptoms**
  - Mother reports no symptoms consistent with syphilis in past 12 months
- **Mother has reactive treponemal test (EIA (+))**
  - Mother treated for secondary syphilis in the past
- **Mother's last RPR = 1:2, but her titer is now 1:16**
  - *Four-fold increase in non-treponemal titer*
- **Mother meets case definition for *late latent syphilis***

Scenario -- continued

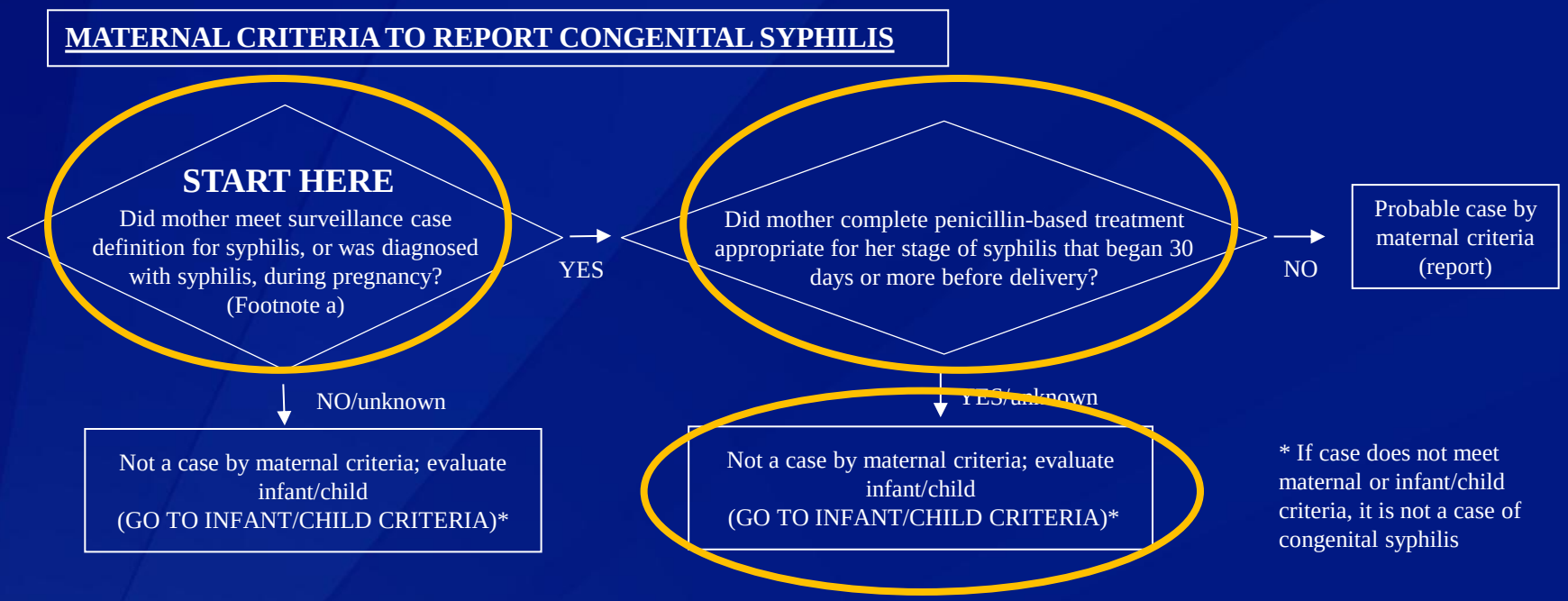
- The mother with late latent syphilis received her first dose of 2.4 million units of benzathine penicillin 40 days before delivery.
- She received her 3rd dose of benzathine penicillin (e.g., she completed treatment) 26 days before delivery
- Question:
  - Was this mother adequately treated for syphilis?

Answer: yes, mother was adequately treated

- **Mother received 7.2 MU bicillin penicillin**
  - Appropriate treatment for late latent syphilis*
- **Mother completed treatment 26 days before delivery**
  - *Began treatment more than 30 days before delivery*

* MMWR Recomm Rep. 2010 Dec 17;59(RR-12):1-110

Revisions to Algorithm for CS Report Form



* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

Another scenario*

- **Child's information:**
  - Mother's information unavailable
  - Seen at pediatrician's office for fever and bloody, runny nose
  - 3 month-old male with RPR of **1:8**
  - Lumbar puncture:
    - WBC count = 3 WBC/mm^3
    - CSF protein = 58 mg/dL
  - No long bone X-ray data available

* All persons and events depicted in this case study are fictitious. Any similarity to actual persons, living or dead, or events is absolutely unintentional.

Question

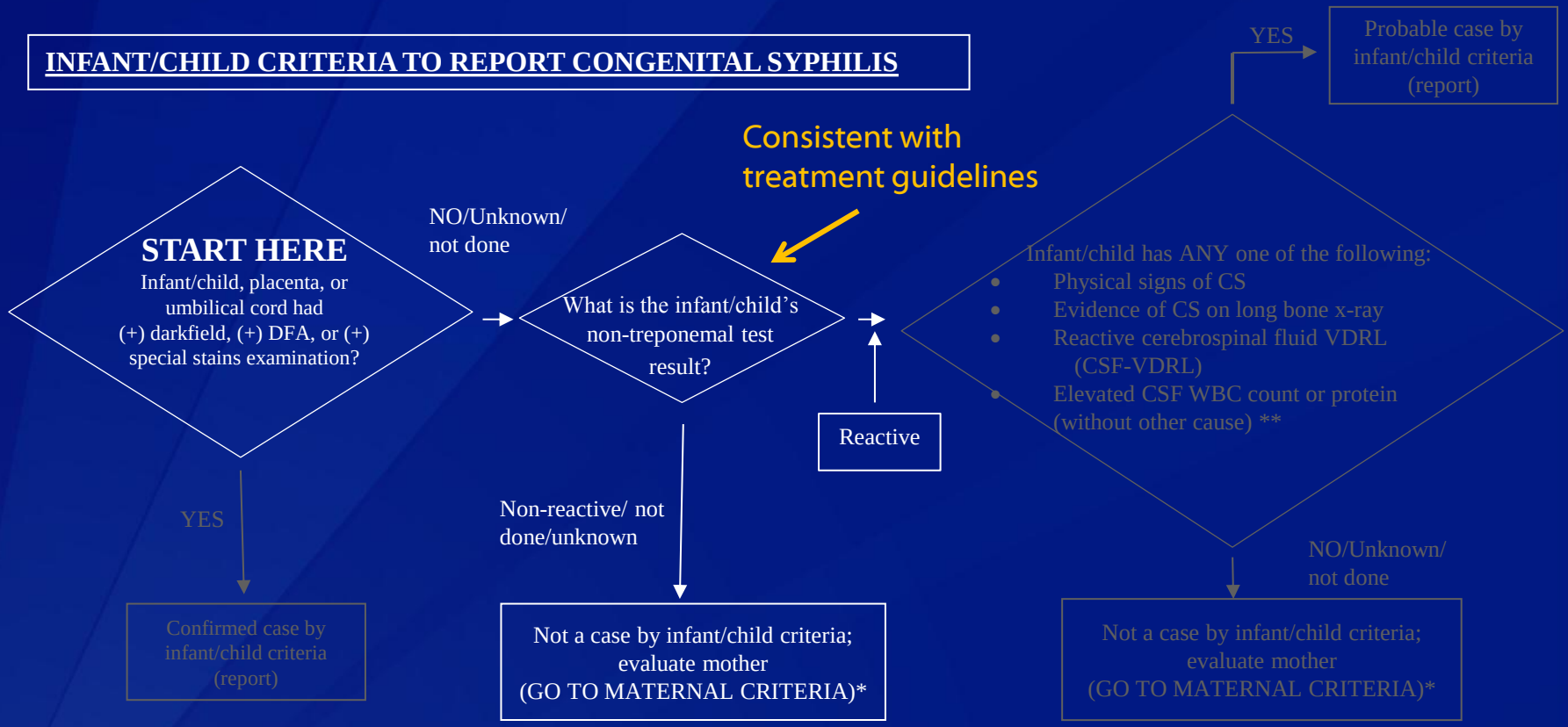
- Is this child's serology consistent with a diagnosis of congenital syphilis?

Answer: Yes, non-treponemal (+)

- **Child *does* have a reactive non-treponemal test result**
  - Titer of 1:8
  - Child does *not* have a reactive treponemal test
  - Case definition (9/1996) requires reactive treponemal test, ***however***
    - Before reverse sequence testing, would have reactive non-treponemal test first
    - Current treatment guidelines do ***not*** recommend screening infants/children with treponemal test (would reflect maternal serology)*

* MMWR Recomm Rep. 2010 Dec 17;59(RR-12):1-110

Infant/Child Criteria Algorithm



* * During the first 30 days of life, a CSF WBC count of >15 WBC/mm^3 or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm^3 or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

Next question:

- Should this child be reported as a case of congenital syphilis?

Answer: Yes, physical signs (+) and elevated CSF protein

- **Child has physical signs of CS**
  - Snuffles (bloody runny nose)
- **Child has elevated CSF protein**
  - Child is > 30 days old
  - CSF > 40 mg/dl = "elevated"; child's CSF = 58 mg/dl
- **Only one finding is sufficient to qualify as a probable case of CS** (here, there are two findings)

* MMWR Recomm Rep. 2010 Dec 17;59(RR-12):1-110

Reporting CS Case Data — Paper

- **Currently reporting via hard copy (paper):**
  - Use revised CS report form and instructions:
    - http://www.cdc.gov/std/program/resources.htm
    - Or contact Ms. Darlene Davis (404-639-1838); dwd1@cdc.gov

Reporting CS Case Data — Electronically

- **Currently reporting electronically:**
  - Report data elements that are currently reported
    - Report new data elements when able
  - CDC transitioning to revised CS report form
    - Revised NETSS implementation plan pending in coming months
    - Working on accommodating new data elements
- **Questions about data elements?**
    - Contact John Su
      - 404-639-3526; ezu2@cdc.gov

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  - Pablo Sanchez

Thanks! And now, for some questions…

For more information please contact Centers for Disease Control and Prevention

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.