

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

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Division of STD Prevention

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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**

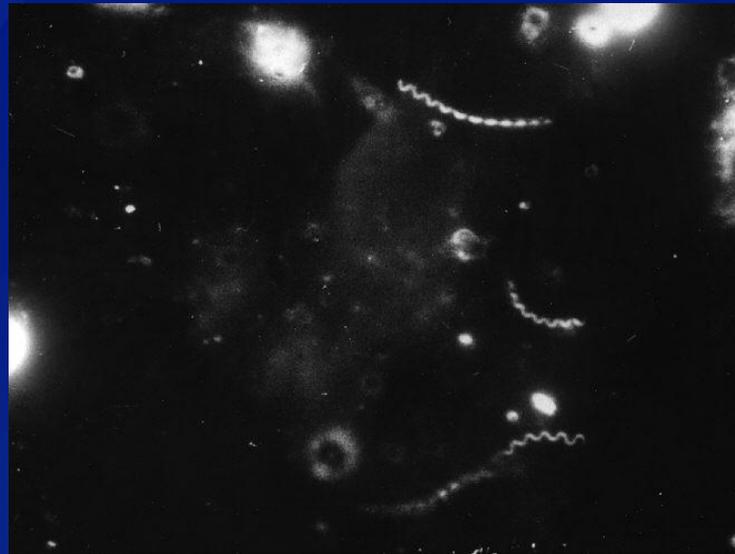
Today's Discussion

- ❑ 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

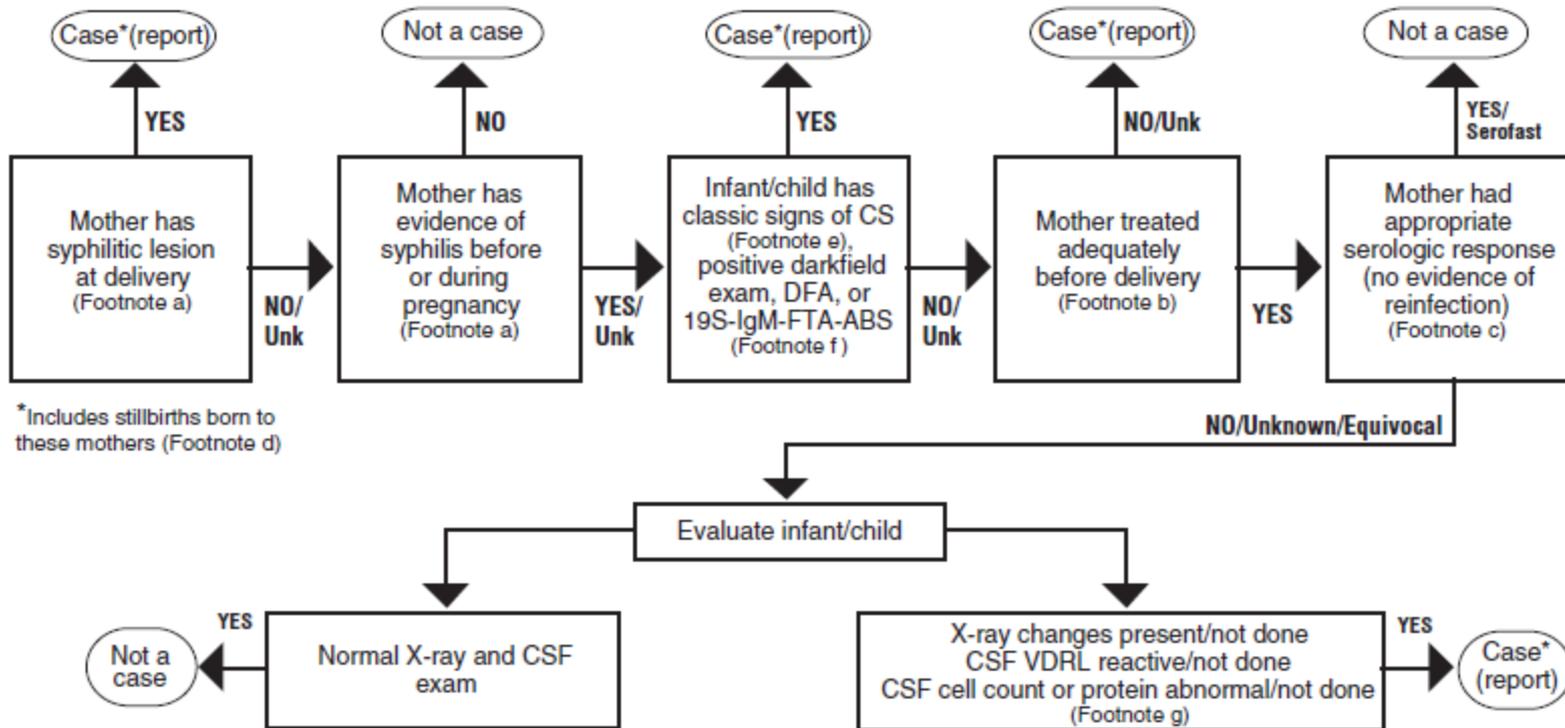
...and the mother had untreated or inadequately treated* syphilis at delivery

□ Reported as “congenital syphilis”

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

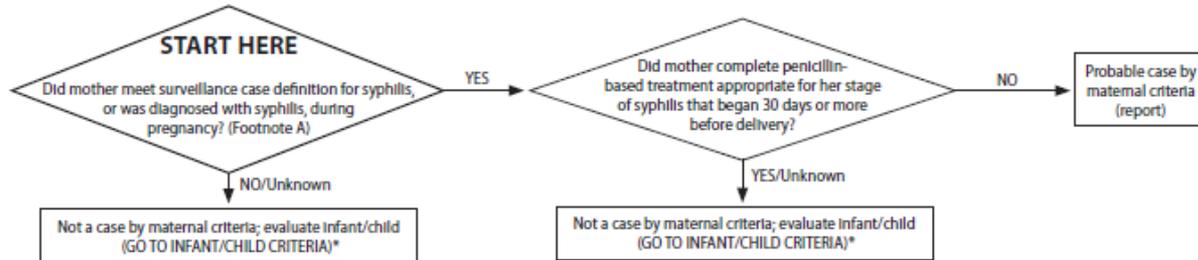
Old CS Report Form

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION ALGORITHM

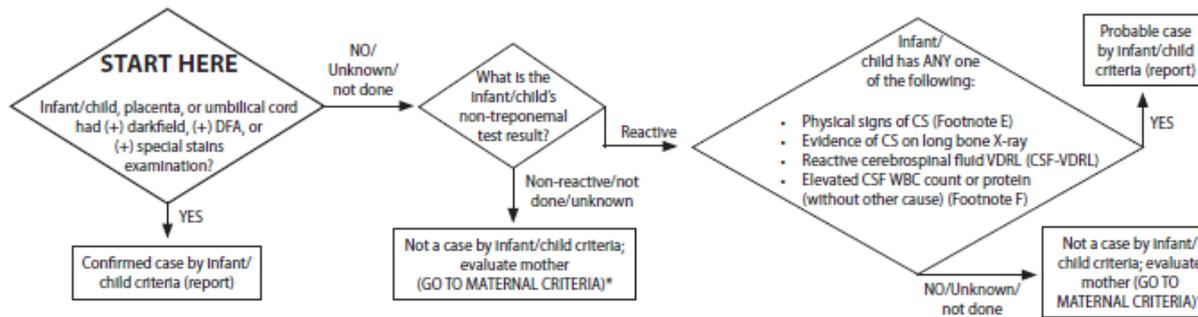


Algorithms on Revised CS Form

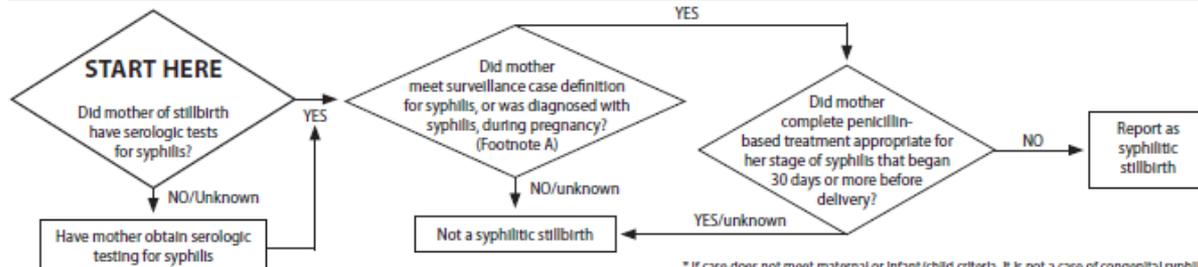
MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



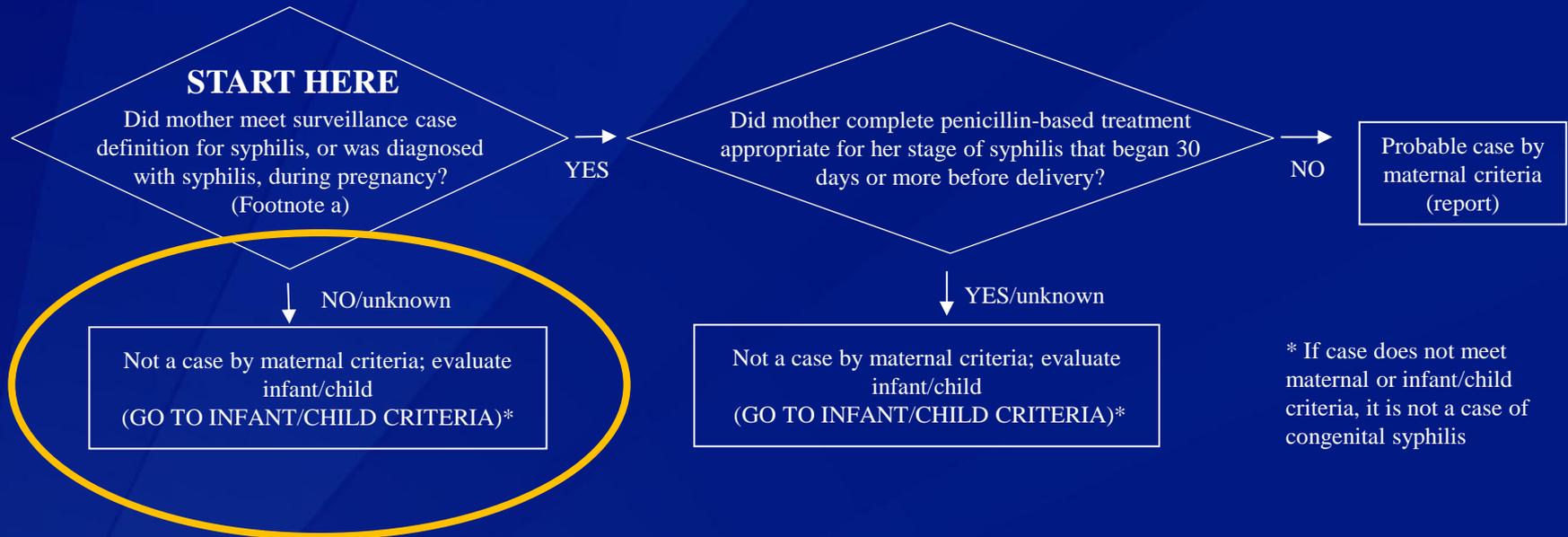
CRITERIA TO REPORT SYPHILITIC STILLBIRTH



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

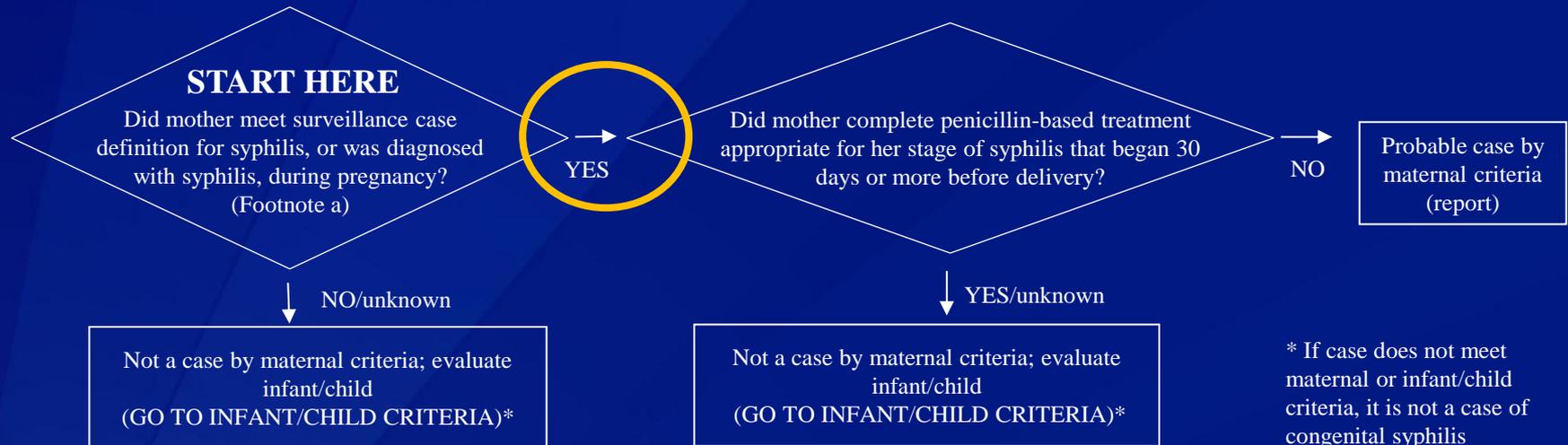
Maternal Criteria Algorithm

MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



Maternal Criteria Algorithm

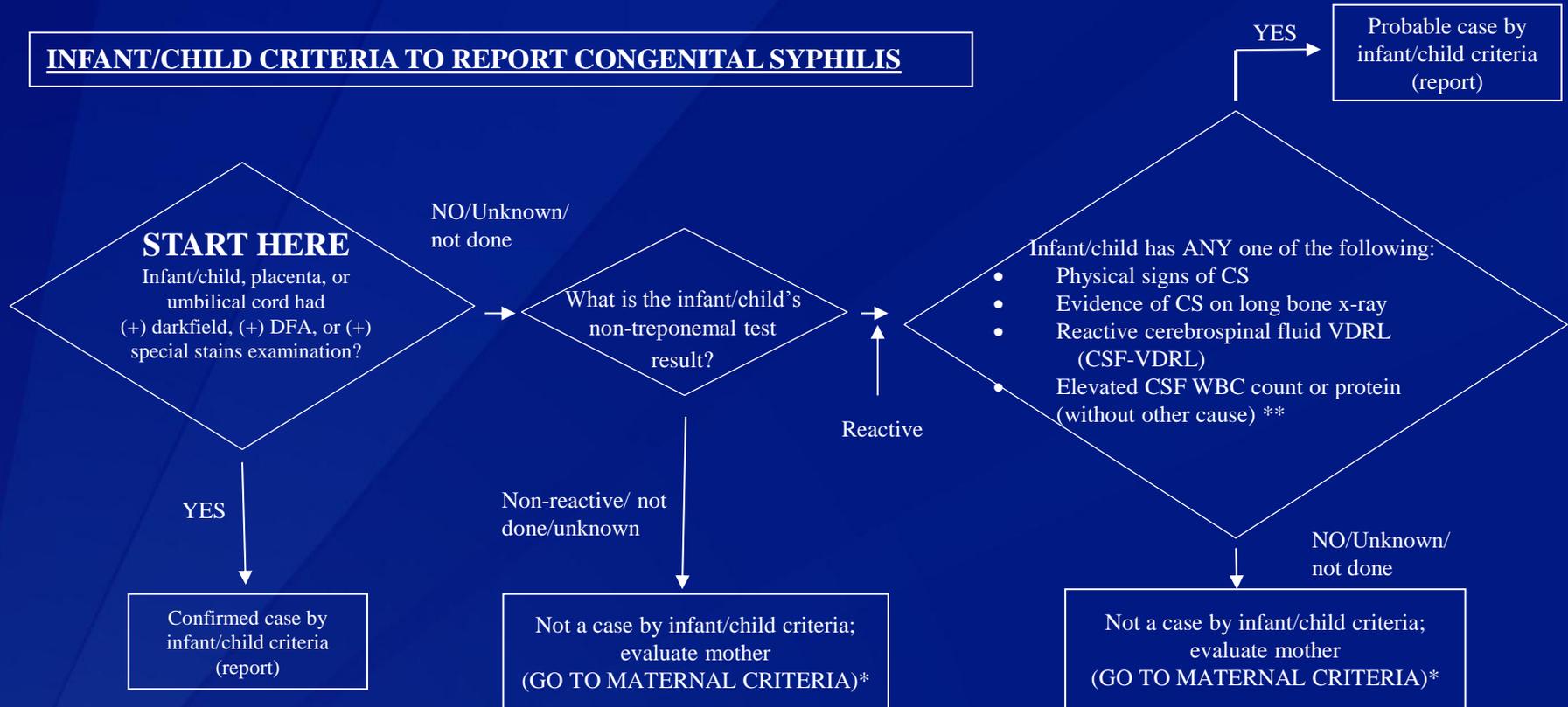
MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



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

Infant/Child Criteria Algorithm

INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS

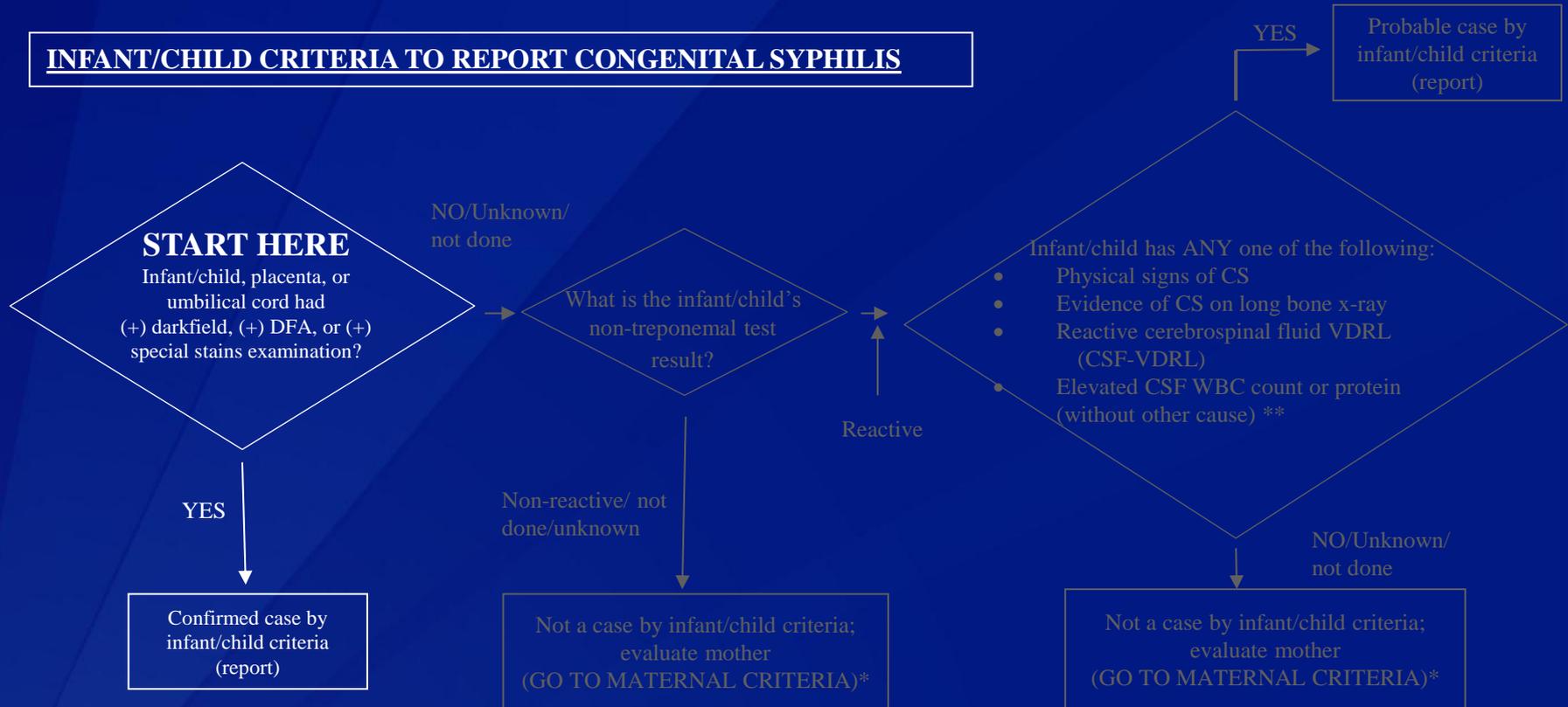


** During the first 30 days of life, a CSF WBC count of >15 WBC/mm³ or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm³ or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

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

Infant/Child Criteria Algorithm

INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS

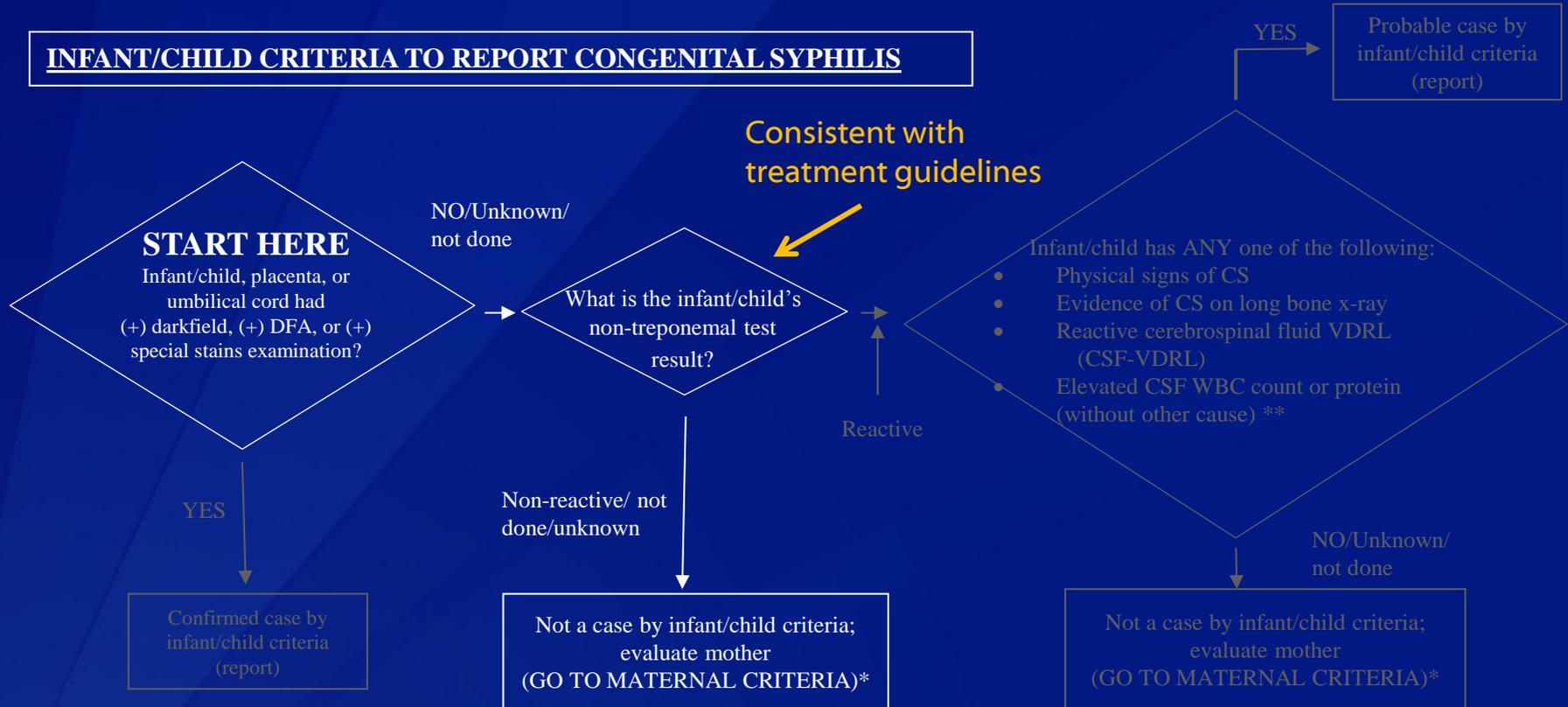


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Infant/Child Criteria Algorithm

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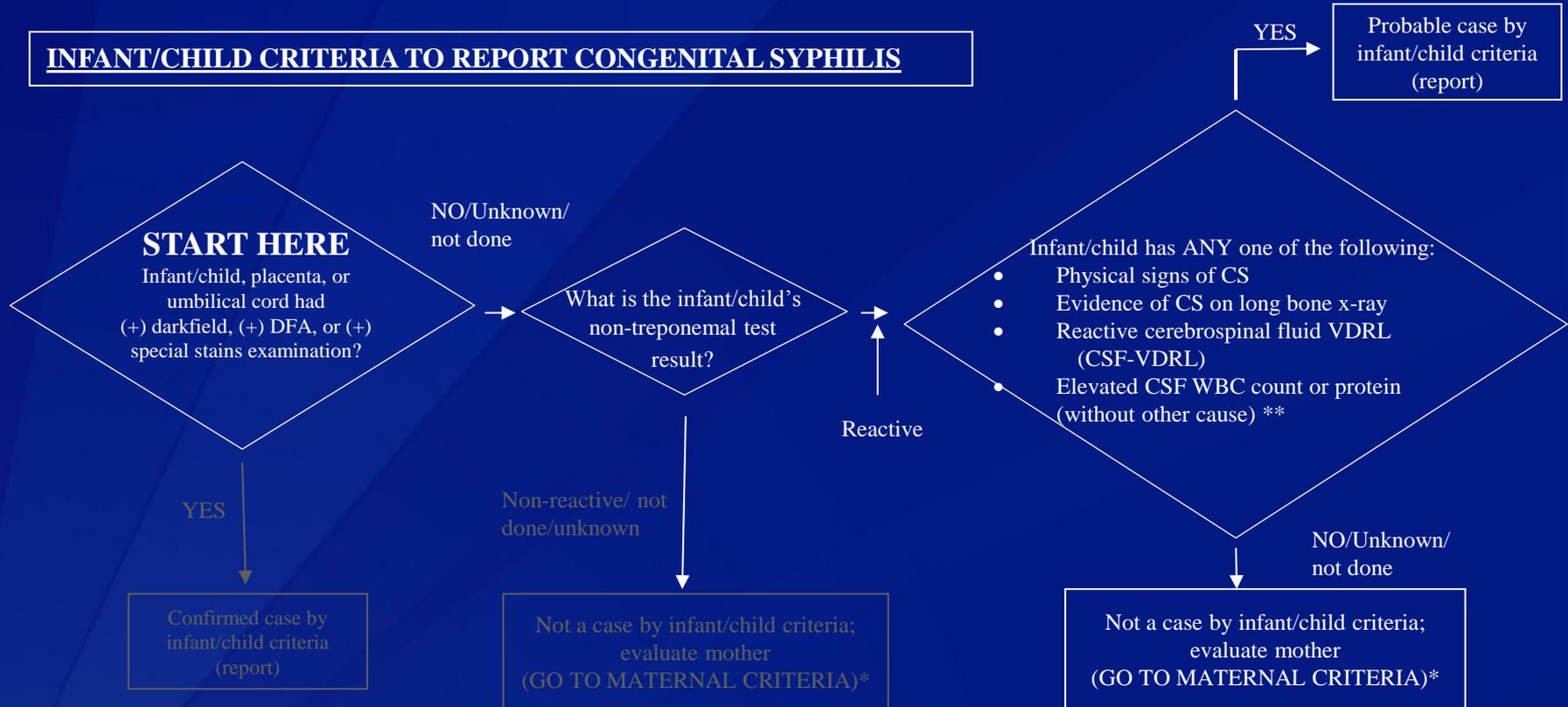


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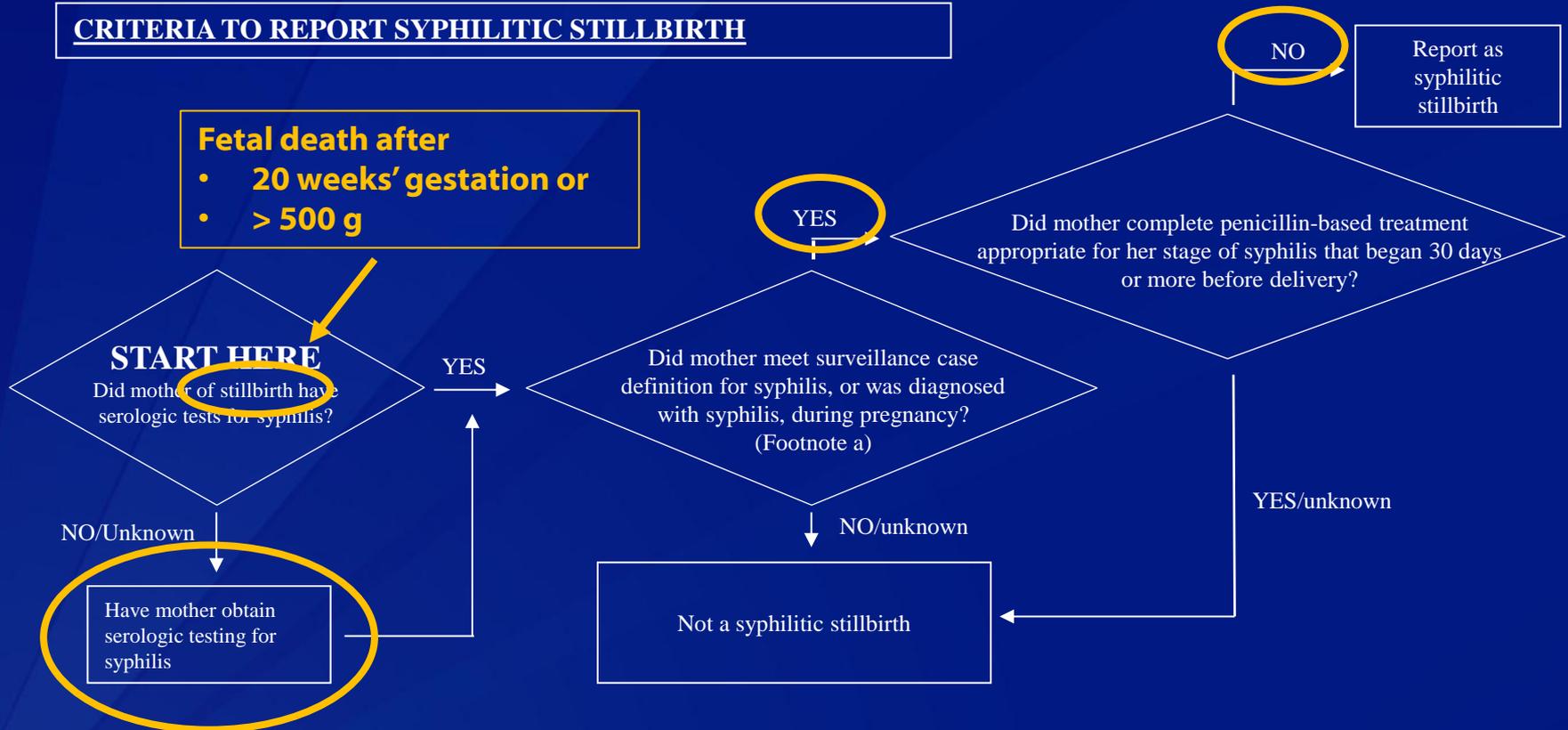
* If case does not meet maternal or infant/child criteria, it is not a case of congenital syphilis

Syphilitic Stillbirth Criteria Algorithm

CRITERIA TO REPORT SYPHILITIC STILLBIRTH

Fetal death after

- 20 weeks' gestation or
- > 500 g



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) _____ OBI/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										
1. Report date to health dept. 9 <input type="checkbox"/> Unk Mo. / Day / Year 2. Reporting state FIPS code: 9 <input type="checkbox"/> Unk Reporting State Name: _____ 3. Reporting county FIPS code: 9 <input type="checkbox"/> Unk Reporting County Name: _____										
PART I. MATERNAL INFORMATION										
4. Mother's state FIPS code: _____ Mother's Residence State: 9 <input type="checkbox"/> Unk 5. Mother's Country of residence: _____ (Leave Blank if USA) Mother's Country of Residence: _____										
6. Mother's residence county FIPS code: _____ Mother's Country of Residence: _____ 7. Mother's residence ZIP code: _____ 8. Mother's date of birth: _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk 9. Mother's obstetric history: G _____ P _____ (G=pregnancies, P=live births)										
10. Last menstrual period (LMP) (date of delivery): _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk 11. a) Indicate date of first prenatal visit: _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk b) Indicate trimester: 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk										
12. Mother's ethnicity: 1 <input type="checkbox"/> Non-Hispanic or Latino 2 <input type="checkbox"/> Hispanic or Latino 9 <input type="checkbox"/> Unk 13. Mother's race: (check all that apply) 1 <input type="checkbox"/> American Indian/Alaska Native 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 <input type="checkbox"/> White 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk 14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk 15. Mother's marital status: 1 <input type="checkbox"/> Single, never married 2 <input type="checkbox"/> Separated/Divorced 3 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widowed 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk										
16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests: <table border="1"> <thead> <tr> <th>Date</th> <th>Results</th> <th>Titers</th> </tr> </thead> <tbody> <tr> <td>a. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> <tr> <td>b. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> </tbody> </table> 18. What was mother's HIV status during pregnancy? P <input type="checkbox"/> positive E <input type="checkbox"/> equivocal test X <input type="checkbox"/> patient not tested N <input type="checkbox"/> negative U <input type="checkbox"/> Unk		Date	Results	Titers	a. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____	b. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____
Date	Results	Titers								
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b. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____								
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests: <table border="1"> <thead> <tr> <th>Date</th> <th>Test Type</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>a. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> </tr> <tr> <td>b. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> </tr> </tbody> </table> 19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> primary 2 <input type="checkbox"/> secondary 3 <input type="checkbox"/> early latent 4 <input type="checkbox"/> late or late latent 5 <input type="checkbox"/> previously treated/serostat 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk		Date	Test Type	Results	a. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	b. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk
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b. _____ Mo. / Day / Year 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk								
20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote #) 1 <input type="checkbox"/> primary 2 <input type="checkbox"/> secondary 3 <input type="checkbox"/> early latent 4 <input type="checkbox"/> late or late latent 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk										
21. When did mother receive her first dose of benzathine penicillin? 1 <input type="checkbox"/> Before pregnancy 2 <input type="checkbox"/> 1st trimester 3 <input type="checkbox"/> 2nd trimester 4 <input type="checkbox"/> 3rd trimester 5 <input type="checkbox"/> No Treatment (Go to Q24) 9 <input type="checkbox"/> Unk										
22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk										
23. Did mother have an appropriate serologic response? (Footnote #) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change 9 <input type="checkbox"/> Unk										
PART II. INFANT/CHILD INFORMATION										
24. Date of Delivery: 9 <input type="checkbox"/> Unk Mo. / Day / Year 25. Vital status: 1 <input type="checkbox"/> Alive (Go to Q27) 2 <input type="checkbox"/> Stillborn (Go to Q27) (Footnote C) 3 <input type="checkbox"/> Unknown (Go to Q27) 9 <input type="checkbox"/> Unk 26. Indicate date of death: _____ Mo. / Day / Year 27. Birthweight (in grams): 9 <input type="checkbox"/> Unk										
28. Estimated gestational age (in weeks): _____ (If infant was stillborn go to Q27) 99 <input type="checkbox"/> Unk 29. a) Did Infant/child have a reactive non-treponemal test for syphilis? (eg, VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk (Go to Q30 unless reactive) b) When was the Infant/child's first reactive non-treponemal test for syphilis? _____ Mo. / Day / Year 1: _____ 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 #) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk b) When was the Infant/child's first reactive treponemal test for syphilis? (Footnote #) _____ Mo. / Day / Year										
31. Did the Infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk										
32. Did the Infant/child have any signs of CS? (check all that apply) 1 <input type="checkbox"/> hepatosplenomegaly 2 <input type="checkbox"/> jaundice/hepatitis 3 <input type="checkbox"/> no signs/asymptomatic (Footnote #) 4 <input type="checkbox"/> pseudo paralysis 5 <input type="checkbox"/> edema 6 <input type="checkbox"/> condyloma lata 7 <input type="checkbox"/> other 8 <input type="checkbox"/> snuffles 9 <input type="checkbox"/> syphilitic skin rash 9 <input type="checkbox"/> Unk										
33. Did the Infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Unk 34. Did the Infant/child have a CSF-VDRL? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk										
35. Did the Infant/child have a CSF-WBC count or CSF protein test? (Footnote #) 1 <input type="checkbox"/> Yes, CSF-WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk										
36. Was the Infant/child treated? (*7 is an absolute response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 2 <input type="checkbox"/> Yes, with benzathine penicillin x 1 3 <input type="checkbox"/> Yes, with other treatment 4 <input type="checkbox"/> Yes, with benzathine penicillin x 1 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk										
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION										
37. Classification: 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield exam, DFA, or special stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)										

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: _____ (Number, Street, City, State) (ZIP code) City: _____ 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 CASE ID No: _____ Local Use ID No: _____														
1. Report date to health dept. 9 <input type="checkbox"/> Link Mo: ____ Day: ____ Yes	2. Reporting state FIPS code: 9 <input type="checkbox"/> Link Reporting State Name: _____	3. Reporting county FIPS code: 9 <input type="checkbox"/> Link Reporting County Name: _____												
PART I. MATERNAL INFORMATION														
4. Mother's state FIPS code: _____ Mother's Residence State: _____	5. Mother's Country of residence: _____ (Leave Blank if USA)	6. Mother's residence county FIPS code: _____ Mother's County of Residence: _____												
7. Mother's residence ZIP code: _____ Mother's County of Residence: _____	8. Mother's date of birth: _____ Mo: ____ Day: ____ Yes	9. Mother's obstetric history: _____ G: _____ P: _____ (G=gravida, P=para, births)												
10. Last menstrual period (LMP) (before delivery): _____ Mo: ____ Day: ____ Yes	11. a) Indicate date of first prenatal visit: _____ Mo: ____ Day: ____ Yes 0 <input type="checkbox"/> No prenatal care (Go to Q12)	b) Indicate trimester of first prenatal visit: 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk												
12. Mother's ethnicity: 2 <input type="checkbox"/> Non-Hispanic or Latino 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> Hispanic or Latino	13. Mother's race: (check all that apply) 1 <input type="checkbox"/> American Indian/Alaska Native 9 <input type="checkbox"/> Link 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Native Hawaiian or other Pacific Islander	14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk												
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a. ____/____/____	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1:_____											
b. ____/____/____	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1:_____											
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests: <table border="1"> <thead> <tr> <th>Date</th> <th>Test Type</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>a. ____/____/____</td> <td>1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> </tr> <tr> <td>b. ____/____/____</td> <td>1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> </tr> </tbody> </table>		Date	Test Type	Results	a. ____/____/____	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	b. ____/____/____	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	18. What was mother's HIV status during pregnancy? 1 <input type="checkbox"/> Positive 2 <input type="checkbox"/> Equivocal test 9 <input type="checkbox"/> Unk 3 <input type="checkbox"/> Patient not tested 4 <input type="checkbox"/> Negative			
Date	Test Type	Results												
a. ____/____/____	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk												
b. ____/____/____	1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk												
19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Secondary 3 <input type="checkbox"/> Tertiary 4 <input type="checkbox"/> Late or late latent 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk 5 <input type="checkbox"/> Previously treated/seroconverted 6 <input type="checkbox"/> Early latent		20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote B) 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Early latent 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk 3 <input type="checkbox"/> Secondary 4 <input type="checkbox"/> Late or late latent												
21. When did mother receive her first dose of benzathine penicillin? 1 <input type="checkbox"/> Before pregnancy 4 <input type="checkbox"/> 3rd trimester 5 <input type="checkbox"/> No Treatment (Go to Q24) 2 <input type="checkbox"/> 1st trimester 3 <input type="checkbox"/> 2nd trimester 9 <input type="checkbox"/> Unk	22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	23. Did mother have an appropriate serologic response? (Footnote B) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change												
PART II. INFANT/CHILD INFORMATION														
24. Date of Delivery: 9 <input type="checkbox"/> Link Mo: ____ Day: ____ Yes	25. Vitals status: 1 <input type="checkbox"/> Alive (Go to Q27) 3 <input type="checkbox"/> Stillborn (Go to Q27) (Footnote C) 2 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unknown (Go to Q27)	26. Indicate date of death: 9 <input type="checkbox"/> Link Mo: ____ Day: ____ Yes												
27. Birthweight (in grams): 9 <input type="checkbox"/> Link	28. Estimated gestational age (in weeks): 99 <input type="checkbox"/> Link (If infant was stillborn go to Q27)													
29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg, VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk (Go to Q28 unless reactive)	b) When was the infant/child's first reactive non-treponemal test for syphilis? Mo: ____ Day: ____ Yes	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk b) When was the infant/child's first reactive treponemal test for syphilis? (Footnote B) Mo: ____ Day: ____ Yes	31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk													
32. Did the infant/child have any signs of CS? (check all that apply) 1 <input type="checkbox"/> No signs/asymptomatic (Footnote B) 2 <input type="checkbox"/> condyroma lata 3 <input type="checkbox"/> snuffles 4 <input type="checkbox"/> syphilitic skin rash 5 <input type="checkbox"/> hepatosplenomegaly 6 <input type="checkbox"/> jaundice/hepatitis 7 <input type="checkbox"/> pseudo paralysis 8 <input type="checkbox"/> edema 9 <input type="checkbox"/> other	33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Unk													
34. Did the infant/child have a CSF-VDRL? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	35. Did the infant/child have a CSF-WBC count or CSF protein test? (Footnote F) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk													
36. Was the infant/child treated? (Footnote G) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 3 <input type="checkbox"/> Yes, with benzathine penicillin x 1 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk	PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION													
37. Classification: 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield exam, DFA, or special stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)	38. Classification: 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield exam, DFA, or special stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)													

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: _____	City/State: _____
	Infants Name: _____	Chart No: _____	Delivering Physician: _____
	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	
1. Report date to health dept. 9 <input type="checkbox"/> Unk		2. Reporting state FIPS code: 9 <input type="checkbox"/> Unk	
3. Reporting county FIPS code: 9 <input type="checkbox"/> Unk		4. Reporting state name: _____	
5. Reporting county name: _____		6. Reporting state FIPS code: 9 <input type="checkbox"/> Unk	
7. Mother's state of residence: _____		8. Mother's country of residence: _____ (leave blank if USA)	
9. Mother's residence county FIPS code: 9 <input type="checkbox"/> Unk		10. Mother's residence ZIP code: 9 <input type="checkbox"/> Unk	
11. Mother's date of birth: Mo. / Day / Year _____		12. Mother's obstetric history: G. _____ P. _____ (G=pregnancies, P=live births)	
13. Last menstrual period (LMP) (before delivery): Mo. / Day / Year _____		14. Indicate date of first prenatal visit: Mo. / Day / Year _____	
15. Indicate trimester of first prenatal visit: 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk		16. Mother's ethnicity: 2 <input type="checkbox"/> Non-Hispanic or Latino	
17. Mother's race (check all that apply): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unk		18. Mother's marital status: 1 <input type="checkbox"/> Single, never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated/Divorced 4 <input type="checkbox"/> Widowed 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	
19. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk		20. Did mother have non-treponemal or treponemal tests at: b) 28–32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk	
21. Did mother have non-treponemal or treponemal tests at: c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk		22. What was mother's HIV status during pregnancy? P <input type="checkbox"/> positive E <input type="checkbox"/> equivocal test X <input type="checkbox"/> patient not tested N <input type="checkbox"/> negative U <input type="checkbox"/> Unk	
23. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:		24. What CLINICAL stage of syphilis did mother have during pregnancy? 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Unk 2 <input type="checkbox"/> secondary 5 <input type="checkbox"/> previously treated/serostat 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other	
25. When did mother receive her first dose of benzathine penicillin? Mo. / Day / Year _____		26. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (see table) 1 <input type="checkbox"/> primary 2 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other 3 <input type="checkbox"/> previously treated/serostat 4 <input type="checkbox"/> late or late latent 5 <input type="checkbox"/> secondary 6 <input type="checkbox"/> previously treated/serostat 7 <input type="checkbox"/> early latent	
27. Date: Mo. / Day / Year _____		28. Test Type: 1 <input type="checkbox"/> EA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	
29. Results: 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk		29. Titer: _____	
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360. Date: Mo. / Day / Year _____		361. Date: Mo. / Day / Year _____	
362. Date: Mo. / Day / Year _____		363. Date: Mo. / Day / Year _____	
364. Date: Mo. / Day / Year _____		365. Date: Mo. / Day / Year _____	
366. Date: Mo. / Day / Year _____		367. Date: Mo. / Day / Year _____	
368. Date: Mo. / Day / Year _____		369. Date: Mo. / Day / Year _____	
370. Date: Mo. / Day / Year _____		371. Date: Mo. / Day / Year _____	
372. Date: Mo. / Day / Year _____		373. Date: Mo. / Day / Year _____	
374. Date: Mo. / Day / Year _____		375. Date: Mo. / Day / Year _____	
376. Date: Mo. / Day / Year _____		377. Date: Mo. / Day / Year _____	
378. Date: Mo. / Day / Year _____		379. Date: Mo. / Day / Year _____	
380. Date: Mo. / Day / Year _____		381. Date: Mo. / Day / Year _____	
382. Date: Mo. / Day / Year _____		383. Date: Mo. / Day / Year _____	
384. Date: Mo. / Day / Year _____		385. Date: Mo. / Day / Year _____	
386. Date: Mo. / Day / Year _____		387. Date: Mo. / Day / Year _____	
388. Date: Mo. / Day / Year _____		389. Date: Mo. / Day / Year _____	
390. Date: Mo. / Day / Year _____		391. Date: Mo. / Day / Year _____	
392. Date: Mo. / Day / Year _____		393. Date: Mo. / Day / Year _____	
394. Date: Mo. / Day / Year _____		395. Date: Mo. / Day / Year _____	
396. Date: Mo. / Day / Year _____		397. Date: Mo. / Day / Year _____	
398. Date: Mo. / Day / Year _____		399. Date: Mo. / Day / Year _____	
400. Date: Mo. / Day / Year _____		401. Date: Mo. / Day / Year _____	
402. Date: Mo. / Day / Year _____		403. Date: Mo. / Day / Year _____	
404. Date: Mo. / Day / Year _____		405. Date: Mo. / Day / Year _____	
406. Date: Mo. / Day / Year _____		407. Date: Mo. / Day / Year _____	
408. Date: Mo. / Day / Year _____		409. Date: Mo. / Day / Year _____	
410. Date: Mo. / Day / Year _____		411. Date: Mo. / Day / Year _____	
412. Date: Mo. / Day / Year _____		413. Date: Mo. / Day / Year _____	
414. Date: Mo. / Day / Year _____		415. Date: Mo. / Day / Year _____	
416. Date: Mo. / Day / Year _____		417. Date: Mo. / Day / Year _____	
418. Date: Mo. / Day / Year _____		419. Date: Mo. / Day / Year _____	
420. Date: Mo. / Day / Year _____		421. Date: Mo. / Day / Year _____	
422. Date: Mo. / Day / Year _____		423. Date: Mo. / Day / Year _____	
424. Date: Mo. / Day / Year _____		425. Date: Mo. / Day / Year _____	
426. Date: Mo. / Day / Year _____		427. Date: Mo. / Day / Year _____	
428. Date: Mo. / Day / Year _____		429. Date: Mo. / Day / Year _____	
430. Date: Mo. / Day / Year _____		431. Date: Mo. / Day / Year _____	
432. Date: Mo. / Day / Year _____		433. Date: Mo. / Day / Year _____	
434. Date: Mo. / Day / Year _____		435. Date: Mo. / Day / Year _____	
436. Date: Mo. / Day / Year _____		437. Date: Mo. / Day / Year _____	
438. Date: Mo. / Day / Year _____		439. Date: Mo. / Day / Year _____	
440. Date: Mo. / Day / Year _____		441. Date: Mo. / Day / Year _____	
442. Date: Mo. / Day / Year _____		443. Date: Mo. / Day / Year _____	
444. Date: Mo. / Day / Year _____			

(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)

(17.) Date and type of maternal treponemal tests

Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____
 Address: _____ (Number, Street, City, State) _____ (ZIP code) _____ (City/State) _____ 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 / Yes

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 / Yes

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

10. Last menstrual period (LMP) (before delivery): _____
 Mo. / Day / Yes

11. a) Indicate date of first prenatal visit: _____
 Mo. / Day / Yes
 0 No prenatal care (6 or 02)
 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 9 Unk
 1 Hispanic or Latino

13. Mother's race: (check all that apply) American Indian/Alaska Native Black or African American
 Asian Native Hawaiian or 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 3 Separated/Divorced 8 Other
 2 Married 4 Widow

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

Date	Results	Titers
a. _____	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1. _____
b. _____	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1. _____

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

Date	Test Type	Results
a. _____	1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk
b. _____	1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> 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/serostat
 3 early latent 8 Other

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

21. Did mother have an appropriate serologic response? (see table 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 test information

22. Did mother have an appropriate response?
 1 2.4 M units benzathine penicillin
 2 4.8 M units benzathine penicillin
 3 7.2 M units benzathine penicillin

23. When was the response?
 1 Before pregnancy
 2 1st trimester
 3 2nd trimester
 4 3rd trimester
 5 No Treatment (6 or 02)

PART II. INFANT/CHILD

24. Date of Delivery: 9
 Mo. / Day / Yes

25. Estimated gestation at infant: _____

26. a) Did infant/child have (see table B) 1 Yes
 b) When was the infant for syphilis? (see table B)

27. Did the infant/child have hepatosplenomegaly?
 1 Yes, changes consistent with CS
 2 No, changes not consistent with CS
 3 Unk

28. Was the infant/child with aqueous?
 1 Yes
 2 No
 3 Unk

PART III. CONGENITAL:
 1 Not a case 2 IA

Notes: Reporting units are in units of a standard international unit (IU) per milliliter (mL) of serum. For EIA or CLIA, the test result is reported as reactive or non-reactive. For TP-PA, the test result is reported as reactive or non-reactive. For EIA or CLIA, the test result is reported as reactive or non-reactive. For TP-PA, the test result is reported as reactive or non-reactive. For EIA or CLIA, the test result is reported as reactive or non-reactive. For TP-PA, the test result is reported as reactive or non-reactive.

CDC 73.126 REV. 02/2013 - Congenital Syphilis (CS) Case Investigation and Report - Copy 1: See Health Department

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

Date

a. ____/____/____ 9 Unk

b. ____/____/____ 9 Unk

Mo. Day Yr.

Test Type

1 EIA or CLIA 3 Other
 2 TP-PA 9 Unk

1 EIA or CLIA 3 Other
 2 TP-PA 9 Unk

Results

1 Reactive 2 Nonreactive 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

(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: _____
	Infants Name: _____	Chart No: _____	Delivering Physician: _____
	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	
1. Report date to health dept. 9 <input type="checkbox"/> Unk		2. Reporting state FIPS code: 9 <input type="checkbox"/> Unk	
3. Reporting county FIPS code: 9 <input type="checkbox"/> Unk		Other geographic unit: _____	
Mo: ___ Day: ___ Yes		Reporting State Name: _____ Reporting County Name: _____	
PART I. MATERNAL INFORMATION			
4. Mother's state FIPS code: _____		5. Mother's Country of residence: _____ (leave blank if USA)	
6. Mother's residence county FIPS code: 9 <input type="checkbox"/> Unk		7. Mother's residence ZIP code: 9 <input type="checkbox"/> Unk	
8. Mother's date of birth: _____		9. Mother's obstetric history: _____	
Mo: ___ Day: ___ Yes		G: _____ P: _____ (G=pregnancies, P=live births)	
10. Last menstrual period (LMP) (before delivery): 9 <input type="checkbox"/> Unk		11. a) Indicate date of first prenatal visit: _____	
Mo: ___ Day: ___ Yes		0 <input type="checkbox"/> No prenatal care (Go to Q12)	
12. Mother's ethnicity: 2 <input type="checkbox"/> Non-Hispanic or Latino		b) Indicate trimester of first prenatal visit: 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk	
1 <input type="checkbox"/> Hispanic or Latino		13. Mother's race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other <input type="checkbox"/> Unk	
14. Did mother have non-treponemal or treponemal tests at: a) 1st prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk		<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unk	
b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk		15. Mother's marital status: 1 <input type="checkbox"/> Single, never married 3 <input type="checkbox"/> Separated/Divorced 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widowed 9 <input type="checkbox"/> Unk	
c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk		16. Indicate during pregnancy and delivery, dates and results of a) first and b) most recent and c) first non-treponemal tests:	
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:		18. What was mother's HIV status during pregnancy? P <input type="checkbox"/> positive E <input type="checkbox"/> equivocal test X <input type="checkbox"/> patient not tested N <input type="checkbox"/> negative U <input type="checkbox"/> Unk	
Date: _____ Results: _____ Titer: _____		19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> primary 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Unk 2 <input type="checkbox"/> secondary 5 <input type="checkbox"/> previously treated/serostat 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	
Date: _____ Test Type: _____ Results: _____		20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote B) 1 <input type="checkbox"/> primary 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> secondary 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Unk	
Date: _____ Test Type: _____ Results: _____		21. When did mother receive her first dose of benzathine penicillin? _____ Mo: ___ Day: ___ Yes	
1 <input type="checkbox"/> Before pregnancy 4 <input type="checkbox"/> 3rd trimester		22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	
2 <input type="checkbox"/> 1st trimester 5 <input type="checkbox"/> No Treatment (Go to Q24) 3 <input type="checkbox"/> 2nd trimester 9 <input type="checkbox"/> Unk		23. Did mother have an appropriate serologic response? (Footnote B) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change	
PART II. INFANT/CHILD INFORMATION			
24. Date of Delivery: 9 <input type="checkbox"/> Unk		25. Vital status: 3 <input type="checkbox"/> Stillborn (Go to Q27) (Footnote C) 1 <input type="checkbox"/> Alive (Go to Q27) 2 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unknown (Go to Q27)	
Mo: ___ Day: ___ Yes		26. Indicate date of death: 9 <input type="checkbox"/> Unk Mo: ___ Day: ___ Yes	
27. Birthweight (in grams): 9 <input type="checkbox"/> Unk		28. Estimated gestational age (in weeks): 99 <input type="checkbox"/> Unk (If infant was stillborn go to Q27)	
29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg, VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk (Go to Q30 unless reactive)		b) When was the infant/child's first reactive non-treponemal test for syphilis? _____ Mo: ___ Day: ___ Yes	
30. a) Did infant/child have a reactive treponemal test for syphilis? (Footnote B) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk		c) Indicate titer of infant/child's non-treponemal test for syphilis: _____	
b) When was the infant/child's first reactive treponemal test for syphilis? (Footnote B) _____ Mo: ___ Day: ___ Yes		31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk	
32. Did the infant/child have any signs of CS? (check all that apply) <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> pseudo paralysis <input type="checkbox"/> no signs/asymptomatic (Footnote B)		33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Unk	
<input type="checkbox"/> condylofoma lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash <input type="checkbox"/> other <input type="checkbox"/> Unk		34. Did the infant/child have a CSF-VDRL? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	
35. Did the infant/child have a CSF-WBC count or CSF protein test? (Footnote F) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk		36. Was the infant/child treated? (I ² is an obsolete response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 3 <input type="checkbox"/> Yes, with benzathine penicillin x 1 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk	
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION			
37. Classification:		3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C)	
1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (laboratory confirmed identification of T pallidum, e.g., darkfield exam, DFA, or special stains)		4 <input type="checkbox"/> Probable case (a case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)	
<small> Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project (0920-0128), Washington, DC 20503. </small>			

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: _____
	Infants Name: _____	Chart No: _____	Delivering Physician: _____
	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	
1. Report date to health dept. 9 <input type="checkbox"/> Link		3. Reporting county FIPS code: 9 <input type="checkbox"/> Link	
2. Reporting state FIPS code: 9 <input type="checkbox"/> Link		4. Reporting county name: _____	
PART I. MATERNAL INFORMATION			
4. Mother's state FIPS code: _____		5. Mother's country of residence: _____ (leave blank if USA)	
6. Mother's residence county FIPS code: 9 <input type="checkbox"/> Link		7. Mother's residence ZIP code: 9 <input type="checkbox"/> Link	
8. Mother's date of birth: _____		9. Mother's obstetric history: _____ (G=gravida, P=live births)	
10. Last menstrual period (LMP) (before delivery): 9 <input type="checkbox"/> Link		11. a) Indicate date of first prenatal visit: _____	
12. Mother's ethnicity: 2 <input type="checkbox"/> Non-Hispanic or Latino		b) Indicate trimester of first prenatal visit: 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk	
13. Mother's race: (check all that apply) 1 <input type="checkbox"/> American Indian/Alaska Native 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 <input type="checkbox"/> White 6 <input type="checkbox"/> Other		14. Mother's marital status: 1 <input type="checkbox"/> Single, never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated/Divorced 4 <input type="checkbox"/> Widowed 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	
15. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk		16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests:	
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:		18. What was mother's HIV status during pregnancy? P <input type="checkbox"/> positive E <input type="checkbox"/> equivocal test X <input type="checkbox"/> patient not tested N <input type="checkbox"/> negative	
19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> primary 2 <input type="checkbox"/> secondary 3 <input type="checkbox"/> early latent 4 <input type="checkbox"/> late or late latent 5 <input type="checkbox"/> previously treated/serofast 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk		20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote A) 1 <input type="checkbox"/> primary 2 <input type="checkbox"/> secondary 3 <input type="checkbox"/> early latent 4 <input type="checkbox"/> late or late latent 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	
21. When did mother receive her first dose of benzathine penicillin? _____		22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	
23. Did mother have an appropriate serologic response? (Footnote B) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change		24. Date of Delivery: 9 <input type="checkbox"/> Link	
25. Vital status: 1 <input type="checkbox"/> Alive (to 027) 2 <input type="checkbox"/> Stillborn (to 027) (Footnote C) 3 <input type="checkbox"/> Unknown (to 027)		26. Indicate date of death: 9 <input type="checkbox"/> Link	
27. Birthweight (in grams): 9 <input type="checkbox"/> Link		28. Estimated gestational age (in weeks): 99 <input type="checkbox"/> Link (If infant was stillborn go to Q37)	
29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg, VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk		b) When was the infant/child's first reactive non-treponemal test for syphilis? (Footnote D) _____	
30. a) Did infant/child have a reactive treponemal test for syphilis? (Footnote E) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk		31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk	
32. Did the infant/child have any signs of CS? (check all that apply) 1 <input type="checkbox"/> hepatosplenomegaly 2 <input type="checkbox"/> jaundice/hepatitis 3 <input type="checkbox"/> pseudo paralysis 4 <input type="checkbox"/> no signs/asymptomatic (Footnote F)		33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Unk	
34. Did the infant/child have a CSF-WBC count or CSF protein test? (Footnote F) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk		35. Did the infant/child have a CSF-WBC count or CSF protein test? (Footnote F) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	
36. Was the infant/child treated? (F* is an obsolete response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 2 <input type="checkbox"/> Yes, with benzathine penicillin x 1 3 <input type="checkbox"/> Yes, with other treatment 4 <input type="checkbox"/> Yes, no treatment 9 <input type="checkbox"/> Unk		37. Classification: 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (laboratory confirmed identification of T pallidum, e.g., cultured exam, DFA, or special stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case of syphilis stillbirth)	

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

(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: _____ (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 <input type="checkbox"/> Link	2. Reporting state FIPS code: 9 <input type="checkbox"/> Link	3. Reporting county FIPS code: 9 <input type="checkbox"/> Link
PART I. MATERNAL INFORMATION 4. Mother's state FIPS code: _____ 9 <input type="checkbox"/> Link 5. Mother's Country of residence: _____ (Have blank if USA) 6. Mother's residence county FIPS code: _____ 9 <input type="checkbox"/> Link 7. Mother's residence ZIP code: _____ 9 <input type="checkbox"/> Link 8. Mother's date of birth: _____ Mo. / Day / Yr. 9 <input type="checkbox"/> Link 9. Mother's obstetric history: _____ G. _____ P. _____ (G=pregnancies, P=live births) 10. Last menstrual period (LMP) (before delivery): _____ Mo. / Day / Yr. 9 <input type="checkbox"/> Link 11. a) Indicate date of first prenatal visit: _____ Mo. / Day / Yr. 9 <input type="checkbox"/> Link b) Indicate trimester of first prenatal visit: 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk 12. Mothers ethnicity: 2 <input type="checkbox"/> Non-Hispanic or Latino 1 <input type="checkbox"/> Hispanic or Latino 13. Mothers race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk 14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk 15. Mother's marital status: 1 <input type="checkbox"/> Single, never married 3 <input type="checkbox"/> Separated/Divorced 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widow 9 <input type="checkbox"/> Unk 16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests: a) _____ Date _____ Results _____ Titer _____ b) _____ Date _____ Results _____ Titer _____ 17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests: a) _____ Date _____ Test Type _____ Results _____ b) _____ Date _____ Test Type _____ Results _____ 18. What was mother's HIV status during pregnancy? P <input type="checkbox"/> positive X <input type="checkbox"/> patient not tested E <input type="checkbox"/> equivocal test N <input type="checkbox"/> negative 9 <input type="checkbox"/> Unk 19. What CLINICAL stage of syphilis did mother have during pregnancy? 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Unk 2 <input type="checkbox"/> secondary 5 <input type="checkbox"/> previously treated/serofast 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other 20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Report if) 4 <input type="checkbox"/> primary 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> secondary 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Unk 21. When did mother receive her first dose of benzathine penicillin? Mo. / Day / Yr. _____ 1 <input type="checkbox"/> Before pregnancy 4 <input type="checkbox"/> 3rd trimester 2 <input type="checkbox"/> 1st trimester 5 <input type="checkbox"/> No Treatment (Go to Q24) 3 <input type="checkbox"/> 2nd trimester 9 <input type="checkbox"/> Unk 22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 4 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk 23. Did mother have an appropriate serologic response? (Report if) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change 24. Date of Delivery: 9 <input type="checkbox"/> Link 25. Vital status: 1 <input type="checkbox"/> Alive (Go to Q27) 3 <input type="checkbox"/> Stillborn (Go to Q27) (Report if) 9 <input type="checkbox"/> Unknown (Go to Q27) 26. Indicate date of death: _____ Mo. / Day / Yr. _____ 27. Birthweight (in grams): _____ 9 <input type="checkbox"/> Link 28. Estimated gestational age (in weeks): _____ 9 <input type="checkbox"/> Link 29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg, VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk (Go to Q29 unless reactive) b) When was the infant/child's first reactive non-treponemal test for syphilis? _____ Mo. / Day / Yr. _____ Titer: _____ c) Indicate titer of infant/child's non-treponemal test for syphilis: _____ 30. a) Did infant/child have a reactive treponemal test for syphilis? (Report if) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk b) When was the infant/child's first reactive treponemal test for syphilis? (Report if) _____ Mo. / Day / Yr. _____ 31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk 32. Did the infant/child have any signs of CS? (check all that apply) <input type="checkbox"/> no signs/symptomatic (Report if) <input type="checkbox"/> conjunctiva lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> edema <input type="checkbox"/> other <input type="checkbox"/> Unk 33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Unk 34. Did the infant/child have a CSF-VDRL? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk 35. Did the infant/child have a CSF-WBC count or CSF protein test? (Report if) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk 36. Was the infant/child treated? (2* is an absolute response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 3 <input type="checkbox"/> Yes, with benzathine penicillin x1 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION 37. Classification: 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of Treponema, e.g., darkfield exam, DFA, or special stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Report if) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case of syphilitic stillbirth)		

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

(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)	OB/Gyn: _____	Phone No: (____) _____
	Infants Name: _____	Chart No: _____	Delivering Physician: _____
	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	
1. Report date to health dept. 9 <input type="checkbox"/> Unk		2. Reporting state FIPS code: 9 <input type="checkbox"/> Unk	
3. Reporting county FIPS code: 9 <input type="checkbox"/> Unk		4. Reporting State Name: _____	
5. Reporting County Name: _____		Other geographic unit: _____	
PART I. MATERNAL INFORMATION			
4. Mother's state FIPS code: _____		5. Mother's Country of residence: _____ (Have them # USA)	
6. Mother's residence county FIPS code: _____		7. Mother's residence ZIP code: _____	
8. Mother's date of birth: _____		9. Mother's obstetric history: _____	
10. Last menstrual period (LMP) (before delivery): _____		11. a) Indicate date of first prenatal visit: _____	
11. a) Indicate date of first prenatal visit: _____		b) Indicate trimester of first prenatal visit: _____	
12. Mother's ethnicity: _____		13. Mother's race: (check all that apply) _____	
14. Did mother have non-treponemal or treponemal tests at: _____		15. Mother's marital status: _____	
16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests: _____		18. What was mother's HIV status during pregnancy? _____	
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests: _____		19. What CLINICAL stage of syphilis did mother have during pregnancy? _____	
21. When did mother receive her first dose of benzathine penicillin? _____		20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? _____	
22. What was mother's treatment? _____		23. Did mother have an appropriate serologic response? (Post-tx) _____	
PART II. INFANT/CHILD INFORMATION			
24. Date of Delivery: _____		25. Vital Status: _____	
26. Estimated gestational age (in weeks): _____		27. Birthweight (in grams): _____	
28. a) Did infant/child have a reactive non-treponemal test for syphilis? _____		29. b) When was the infant/child's first reactive non-treponemal test for syphilis? _____	
29. a) Did infant/child have a reactive treponemal test for syphilis? _____		30. c) Indicate titer of infant/child's non-treponemal test for syphilis: _____	
31. Did the infant/child have any signs of CS? _____		32. Did the infant/child have a CSF-WBC count or CSF-protein test? _____	
33. Did the infant/child have long bone X-rays? _____		34. Did the infant/child have a CSF-VDR? _____	
35. Was the infant/child treated? _____		36. Was the infant/child treated? _____	
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION			
37. Classification: _____		38. Classification: _____	

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 <input type="checkbox"/> Link	2. Reporting state FIPS code: 9 <input type="checkbox"/> Link	3. Reporting county FIPS code: 9 <input type="checkbox"/> Link
Mo. / Day / Yr. _____ Reporting State Name _____ Reporting County Name _____		
PART I. MATERNAL INFORMATION		
4. Mother's state FIPS code: 9 <input type="checkbox"/> Link	Mother's Residence State	5. Mother's Country of residence: _____ (Have None if USA) Mother's Country of Residence
6. Mother's residence county FIPS code: 9 <input type="checkbox"/> Link	Mother's residence ZIP code: 9 <input type="checkbox"/> Link	8. Mother's date of birth: Mo. / Day / Yr. _____ 9 <input type="checkbox"/> Link
9. Mother's obstetric history: _____ G. _____ P. _____ (G=pregnancies, P=live births)	10. Last menstrual period (LMP) (before delivery): Mo. / Day / Yr. _____ 9 <input type="checkbox"/> Link	11. a) Indicate date of first prenatal visit: _____ 0 <input type="checkbox"/> No prenatal care (Go to 012) 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Link
12. Mother's ethnicity: 2 <input type="checkbox"/> Non-Hispanic or Latino 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> Hispanic or Latino	13. Mother's race: (check all that apply) 1 <input type="checkbox"/> American Indian/Alaska Native 1 <input type="checkbox"/> Black or African American 2 <input type="checkbox"/> Asian 3 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 4 <input type="checkbox"/> White 5 <input type="checkbox"/> Other 9 <input type="checkbox"/> Link	14. Did mother have non-treponemal or treponemal tests at: a) 1st prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link
15. Mother's marital status: 1 <input type="checkbox"/> Single, never married 3 <input type="checkbox"/> Separated/Divorced 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widow 9 <input type="checkbox"/> Link	16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests: Date Results Titer a. _____ 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Link b. _____ 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Link	17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests: Date Test Type Results a. _____ 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> EA or CLIA 3 <input type="checkbox"/> Other 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Link b. _____ 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> EA or CLIA 3 <input type="checkbox"/> Other 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Link
18. What was mother's HIV status during pregnancy? 1 <input type="checkbox"/> Positive 3 <input type="checkbox"/> Equivocal test 4 <input type="checkbox"/> Negative 9 <input type="checkbox"/> Link X <input type="checkbox"/> patient not tested N <input type="checkbox"/> negative	19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> primary 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Link 2 <input type="checkbox"/> secondary 5 <input type="checkbox"/> previously treated/serostat 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other	20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote B) 1 <input type="checkbox"/> primary 3 <input type="checkbox"/> early latent 9 <input type="checkbox"/> Link 2 <input type="checkbox"/> secondary 4 <input type="checkbox"/> late or late latent
21. When did mother receive her first dose of benzathine penicillin? Mo. / Day / Yr. _____ 1 <input type="checkbox"/> Before pregnancy 4 <input type="checkbox"/> 3rd trimester 2 <input type="checkbox"/> 1st trimester 5 <input type="checkbox"/> No Treatment (Go to 024) 3 <input type="checkbox"/> 2nd trimester 9 <input type="checkbox"/> Link	22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Link	23. Did mother have an appropriate serologic response? (Footnote B) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change
PART II. INFANT/CHILD INFORMATION		
24. Date of Delivery: Mo. / Day / Yr. _____ 9 <input type="checkbox"/> Link	25. Vital Status: 1 <input type="checkbox"/> Alive (Go to 027) 3 <input type="checkbox"/> Stillborn (Go to 027) (Footnote C) 2 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unknown (Go to 027)	26. Indicate date of death: Mo. / Day / Yr. _____ 9 <input type="checkbox"/> Link
27. Birthweight (in grams): 9 <input type="checkbox"/> Link	28. Estimated gestational age (in weeks): 99 <input type="checkbox"/> Link (If infant was stillborn go to 027)	29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg, VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link (Go to 020 unless reactive) b) When was the infant/child's first reactive treponemal test for syphilis? (Footnote B) Mo. / Day / Yr. _____ T: _____
30. a) Did infant/child have a reactive treponemal test for syphilis? (Footnote B) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link b) When was the infant/child's first reactive treponemal test for syphilis? (Footnote B) Mo. / Day / Yr. _____ T: _____	31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Link	32. Did the infant/child have any signs of CS? (check all that apply) (Footnote B) 1 <input type="checkbox"/> hepatosplenomegaly 2 <input type="checkbox"/> jaundice/hepatitis 3 <input type="checkbox"/> pseudo paralysis 4 <input type="checkbox"/> edema 5 <input type="checkbox"/> condyloma lata 6 <input type="checkbox"/> snuffles 7 <input type="checkbox"/> syphilitic skin rash 8 <input type="checkbox"/> other 9 <input type="checkbox"/> Link
33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Link	34. Did the infant/child have a CSF-VDRL? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link	35. Did the infant/child have a CSF-WBC count or CSF protein test? (Footnote D) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link
36. Was the infant/child treated? ("?" is an absolute response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 3 <input type="checkbox"/> Yes, with benzathine penicillin x 1 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Link	PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION	
1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (laboratory confirmed identification of Treponema, e.g., cultured, PCR, or special stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)	37. Classification: _____	

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: _____ 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 <input type="checkbox"/> Link		2. Reporting state FIPS code: 9 <input type="checkbox"/> Link	
3. Reporting county FIPS code: 9 <input type="checkbox"/> Link		Reporting State Name: _____ Reporting County Name: _____	
PART I. MATERNAL INFORMATION			
4. Mother's state FIPS code: 9 <input type="checkbox"/> Link		5. Mother's Country of residence: _____ (Have client # USA)	
6. Mother's residence county FIPS code: 9 <input type="checkbox"/> Link		7. Mother's residence ZIP code: 9 <input type="checkbox"/> Link	
8. Mother's date of birth: _____ Mo. / Day / Yr.		9. Mother's obstetric history: G. _____ P. _____ (G=pregnancies, P=live births)	
10. Last menstrual period (LMP) (before delivery): _____ Mo. / Day / Yr.		11. a) Indicate date of first prenatal visit: _____ Mo. / Day / Yr.	
12. Mother's ethnicity: 2 <input type="checkbox"/> Non-Hispanic or Latino 9 <input type="checkbox"/> Link		b) Indicate trimester of first prenatal visit: 0 <input type="checkbox"/> No prenatal care (6 to 012) 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Link	
13. Mother's race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other 9 <input type="checkbox"/> Link		14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link	
b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link		c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link	
15. Mother's marital status: 1 <input type="checkbox"/> Single, never married 3 <input type="checkbox"/> Separated/Divorced 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widow 9 <input type="checkbox"/> Link		16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests: Date Results Titer a. _____ 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Link b. _____ 9 <input type="checkbox"/> Link 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Link	
17. Indicate during pregnancy, date: _____ Mo. / Day / Yr.		18. What was mother's HIV status during pregnancy? P <input type="checkbox"/> positive E <input type="checkbox"/> equivocal test X <input type="checkbox"/> patient not tested N <input type="checkbox"/> negative 9 <input type="checkbox"/> Link	
19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> Primary 2 <input type="checkbox"/> Secondary 3 <input type="checkbox"/> Latent 4 <input type="checkbox"/> Tertiary 5 <input type="checkbox"/> Unknown 9 <input type="checkbox"/> Link		20. Indicate during pregnancy, date: _____ Mo. / Day / Yr.	
21. When did mother receive her first dose of benzathine penicillin? Mo. / Day / Yr.		22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Link	
23. Did mother have an appropriate serologic response? (Footnote B) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change		24. Date of Delivery: 9 <input type="checkbox"/> Link	
25. Vital status: 1 <input type="checkbox"/> Alive (6 to 027) 2 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unknown (6 to 027)		26. Indicate date of death: 9 <input type="checkbox"/> Link	
27. Birthweight (in grams): 9 <input type="checkbox"/> Link		28. Estimated gestational age (in weeks): 9 <input type="checkbox"/> Link (If infant was stillborn go to 027)	
29. a) Did infant/child have a reactive non-treponemal test for syphilis? (Footnote B) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link b) When was the infant/child's first reactive treponemal test for syphilis? (Footnote B) _____ Mo. / Day / Yr.		c) Indicate titer of infant/child's non-treponemal test for syphilis: _____ T: _____	
30. a) Did infant/child have a reactive treponemal test for syphilis? (Footnote B) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link b) When was the infant/child's first reactive treponemal test for syphilis? (Footnote B) _____ Mo. / Day / Yr.		31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no positive test 9 <input type="checkbox"/> Link	
32. Did the infant/child have any signs of CS? (check all that apply) <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> pseudo paralysis <input type="checkbox"/> edema <input type="checkbox"/> condyloma lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash		33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Link	
34. Did the infant/child have a CSF-VDR? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link		35. Did the infant/child have a CSF-WBC count or CSF-protein test? (Footnote E) 1 <input type="checkbox"/> Yes, CSF-WBC count elevated 2 <input type="checkbox"/> Yes, CSF-protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link	
36. Was the infant/child treated? ("?" is an absolute response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 3 <input type="checkbox"/> Yes, with benzathine penicillin x 1 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Link		PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION	
37. Classification: 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (laboratory confirmed identification of <i>T. pallidum</i> , e.g., cultured neon, IGA, or special stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)			

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)		City/Zip: _____		OB/Gyn: _____	
Infants Name: _____		Chart No: _____		Delivering Physician: _____	
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		
1. Report date to health dept. 9 <input type="checkbox"/> Link			2. Reporting state FIPS code: 9 <input type="checkbox"/> Link		3. Reporting county FIPS code: 9 <input type="checkbox"/> Link
Mo. / Day / Yr.			Reporting State Name		Reporting County Name
PART I. MATERNAL INFORMATION					
4. Mother's state FIPS code: 9 <input type="checkbox"/> Link			5. Mother's Country of residence: _____ (Have None if USA)		
6. Mother's residence county FIPS code: 9 <input type="checkbox"/> Link			7. Mother's residence ZIP code: 9 <input type="checkbox"/> Link		8. Mother's date of birth: Mo. / Day / Yr. 9 <input type="checkbox"/> Link
9. Mother's obstetric history: G. _____ P. _____ (G=pregnancies, P=live births)					
10. Last menstrual period (LMP) (before delivery): Mo. / Day / Yr. 9 <input type="checkbox"/> Link			11. a) Indicate date of first prenatal visit: 0 <input type="checkbox"/> No prenatal care (Go to Q12) 9 <input type="checkbox"/> Link		b) Indicate trimester of first prenatal visit: 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Link
12. Mother's ethnicity: 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Non-Hispanic or Latino 9 <input type="checkbox"/> Link			13. Mother's race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other 9 <input type="checkbox"/> Link		
14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link			b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link		c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Link
15. Mother's marital status: 1 <input type="checkbox"/> Single, never married 3 <input type="checkbox"/> Separated/Divorced 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Link			2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widow 9 <input type="checkbox"/> Link		
16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests:			18. What was mother's HIV status during pregnancy? P <input type="checkbox"/> positive E <input type="checkbox"/> equivocal test X <input type="checkbox"/> patient not tested N <input type="checkbox"/> negative 9 <input type="checkbox"/> Link		
a. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link			b. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link		19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> primary 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Link
c. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link			d. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link		2 <input type="checkbox"/> secondary 5 <input type="checkbox"/> previously treated/asortast 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Link
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:			20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote F)		
a. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link			b. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link		1 <input type="checkbox"/> primary 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Link
c. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link			d. Date: Mo. / Day / Yr. 9 <input type="checkbox"/> Link		2 <input type="checkbox"/> secondary 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Link
21. When did mother receive her first dose of benzathine penicillin? Mo. / Day / Yr. _____			22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Link		
1 <input type="checkbox"/> Before pregnancy 4 <input type="checkbox"/> 3rd trimester 2 <input type="checkbox"/> 1st trimester 5 <input type="checkbox"/> No Treatment (Go to Q24) 3 <input type="checkbox"/> 2nd trimester 9 <input type="checkbox"/> Link			23. Did mother have an appropriate serologic response? (Footnote H) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change 9 <input type="checkbox"/> Link		
PART II. INFANT/CHILD INFORMATION					
24. Date of Delivery: Mo. / Day / Yr. 9 <input type="checkbox"/> Link			25. Vital Status: 1 <input type="checkbox"/> Alive (Go to Q27) 3 <input type="checkbox"/> Stillborn (Go to Q27) (Footnote G) 9 <input type="checkbox"/> Unknown (Go to Q27)		26. Indicate date of death: Mo. / Day / Yr. 9 <input type="checkbox"/> Link
27. Birthweight (lb grams): Mo. / Day / Yr. 9 <input type="checkbox"/> Link					
28. Estimated gestational age (in weeks): 99 <input type="checkbox"/> Link (If infant was stillborn go to Q27)			29. a) Did infant/child have a reactive non-treponemal test for syphilis? (Go to Q35)		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: _____					
35. Did the infant/child have a CSF WBC count or CSF protein test? (Footnote F) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk					
32. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Link 34. Did the infant/child have a CSF-VDR? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link					
35. Did the infant/child have a CSF WBC count or CSF protein test? (Footnote F) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Link					
36. Was the infant/child treated? (Footnote I) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 3 <input type="checkbox"/> Yes, with benzathine penicillin x1 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Link					
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION					
37. Classification: 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (laboratory confirmed identification of Treponema, e.g., cultured neon, IFA, or specific stains) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote C) 4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)					
<small>*Mark reporting health care providers of laboratory a minimum of every 2 years. Marking for test for meningitis, syphilis, toxoplasmosis, and congenital toxoplasmosis and screening for congenital toxoplasmosis. An agency may not collect or report on results of laboratory tests unless it is approved by the state health department. Do not report on results of laboratory tests for congenital toxoplasmosis, toxoplasmosis, or congenital toxoplasmosis. Do not report on results of laboratory tests for congenital toxoplasmosis, toxoplasmosis, or congenital toxoplasmosis. Do not report on results of laboratory tests for congenital toxoplasmosis, toxoplasmosis, or congenital toxoplasmosis.</small>					
CDC F3.126		REV. 02/2013		Congenital Syphilis (CS) Case Investigation and Report	
				Com 1-Save Health Dimensions	

(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/mm³ or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm³ 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

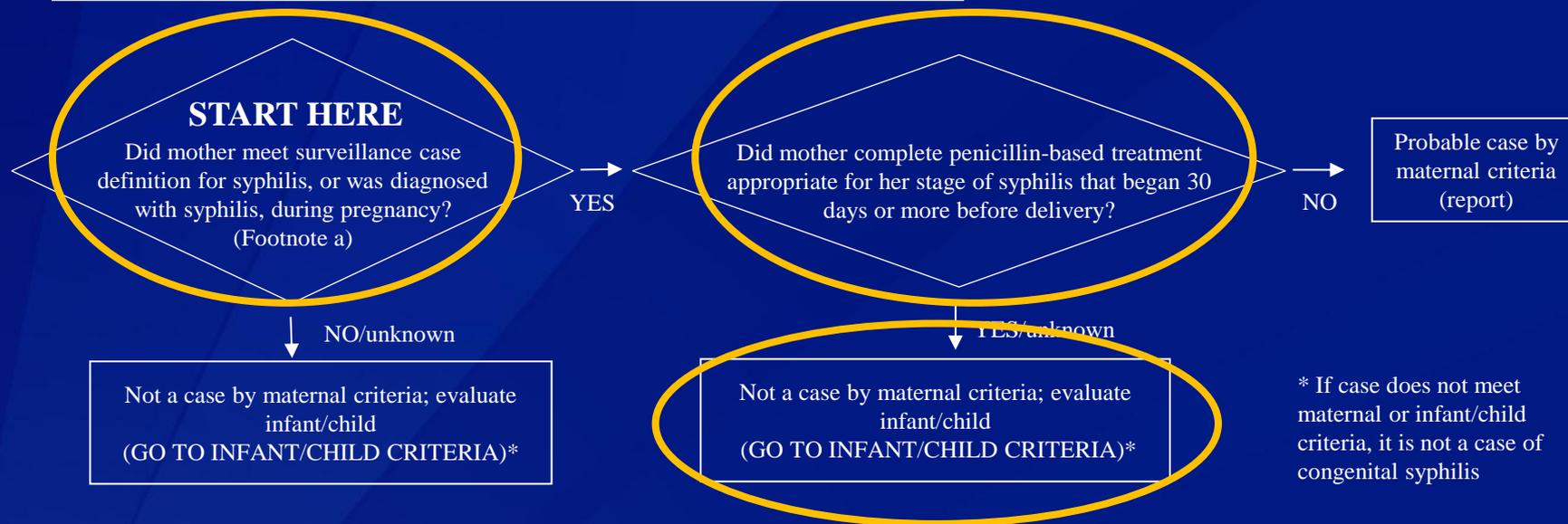
- ❑ The mother with late latent syphilis received her first dose of 2.4 million units of benzathine penicillin 40 days before delivery.
- ❑ She received her 3rd dose of benzathine penicillin (e.g., she completed treatment) 26 days before delivery
- ❑ Question:
 - Was this mother adequately treated for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

Revisions to Algorithm for CS Report Form

MATERNAL CRITERIA TO REPORT 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/mm³
 - 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

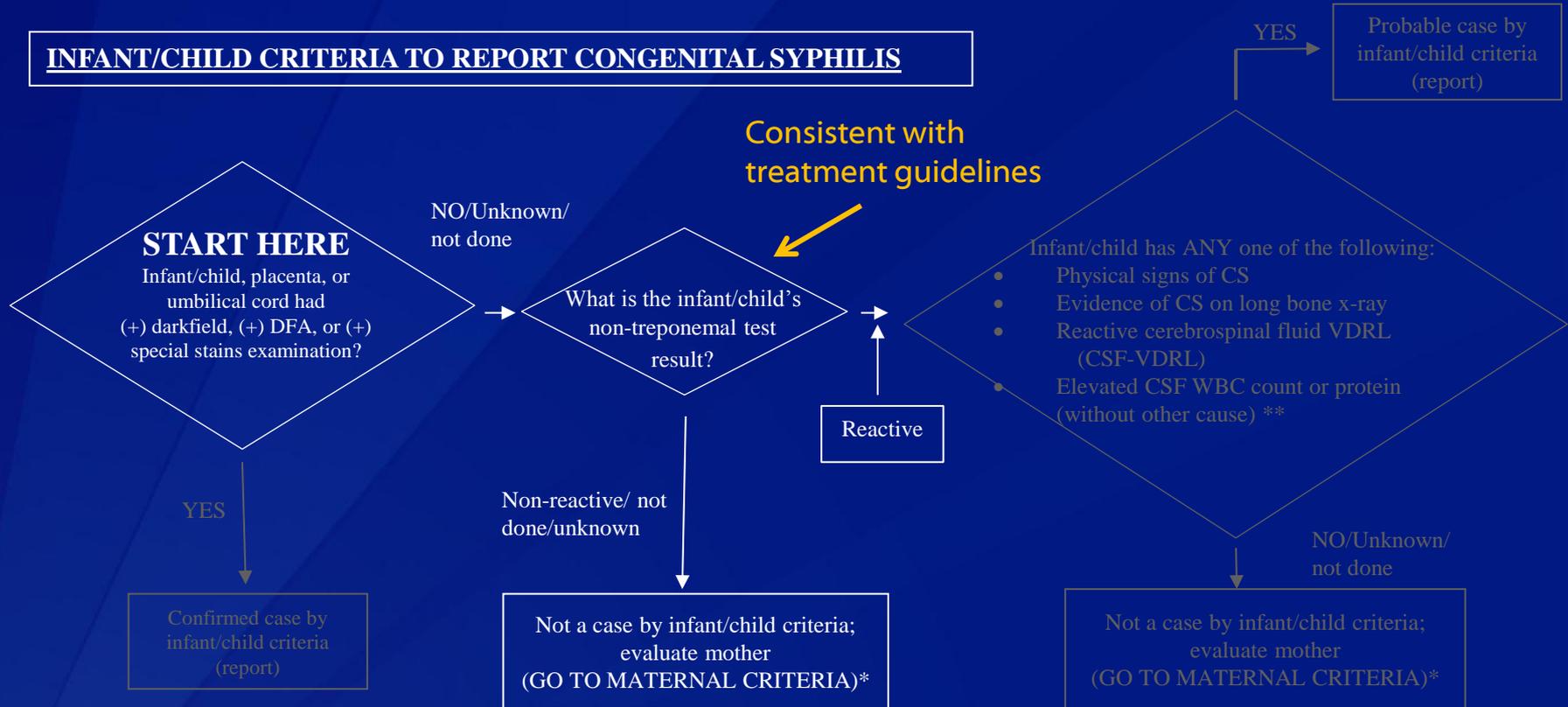
- ❑ **Is this child's serology consistent with a diagnosis of congenital syphilis?**

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)*

Infant/Child Criteria Algorithm

INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



** During the first 30 days of life, a CSF WBC count of >15 WBC/mm³ or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm³ 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)

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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□ CDC

- Gail Bolan
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- Florida Department of Health (Dan George)
- Illinois Department of Public Health (John Creviston)
- Los Angeles County Department of Public Health (Monica Munoz)
- Maryland Department of Health and Mental Hygiene (Barbara Conrad)

- Massachusetts Department of Public Health (Brenda Cole)
- North Carolina Department of Health and Human Services (Pete Moore)
- Oregon Department of Human Resources (Doug Harger)
- Texas Department of State Health Services (Sydney Minnerly)
- 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.

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Place Division name here

