A Mother's Name:		Chart No:		Mother's Case ID No:	
O Address:		OB/Gyn:		Phone No: ()	
Address: (Number, Street, City, State) (Zip code) Infants Name: Chart No: Delivering Pediatrician: Phone No: ()		elivering Physician <sup>.</sup>		Phone No: ( ) -	
Pediatrician:		Phone No: (		Delivering Hospital:	
٩	– Patient identifier informati		CDC -		
U.S. Department of Health				Other geographic unit:	
and Human Services	CONGENITAL S	TPHILIS (CS)	RT	CASE ID No.:	
Centers for Disease Control and Prevention, Atlanta, GA 30333				Local Use ID No.:	
<b>1.</b> Report date to health dept. 9 🗆 Unk	2. Reporting state FIPS code	: 9 🗆 Un	k	3. Reporting county FIPS code:	9 🗆 Unk
			R	<b>S</b> neporting county in 5 code.	
// Mo. Day Yr.	Reporting	g State Name		Reporting Count	y Name
Part I. Maternal Information					
4. Mother's state FIPS code:	9 🗅 Unk		try of residence:		
· · · · · · · · · · · · · · · · · · ·	er's Residence State	(leave blank if USA)		Mother's Country of Residence	
<b>6.</b> Mother's residence county FIPS code: 9				9. Mother's obstetric hi	
Mother's County of Residence	90	Unk///	9 🗅 Unk	G P (G=pregnancies, P=live birth	
<b>10.</b> Last menstrual period (LMP) <i>(before delivery):</i>	11. a) Indicate date of first p			<b>b)</b> Indicate trimester of first prenat	
// 9 🗅 Unk	//	0 🖵 No prenatal car	re (Go to Q12)	1 🗅 1st trimester 2 🗅 2nd t	
Mo. Day Yr.	Mo. Day Yr.	9 🗅 Unk		3 🗆 3rd trimester 9 🗅 Unk	
12. Mother's ethnicity:2 □ Non-Hispanic or1 □ Hispanic or Latino9 □ Unk		that apply)	an Indian/Alaska Native ific Islander 🛛 🖓 🖓		
<ul><li>14. Did mother have non-treponemal or treponemal tests a</li><li>a) first prenatal visit?</li><li>b) 28–32 weeks ges</li></ul>			's marital status: Ile, never married   3	S  Separated/Divorced 8  C	Othor
1 🗆 Yes 2 🗆 No 9 🗆 Unk 1 🗆 Yes 2 🗆 No				Widow 9 🗆 l	
16. Indicate during pregnancy and delivery, dates and resu	lts of <b>a)</b> most recent and <b>b)</b> first <b>non-t</b>	eponemal tests:		's HIV status during pregnancy?	
<u>Date</u> a//9□Unk 1□Re	Results active 2 I Nonreactive 9 I Unk	<u>Titer</u> 1:	P D positive X D patient not te	E 🗆 equivocal test ested N 🗅 negative U 🖵	I Unk
	active 2 Nonreactive 9 Unk	1:			
Mo. Day Yr.			pregnancy?	tage of syphilis did mother have dur	ing
17. Indicate during pregnancy, date, type, and result of a) f	irst and <b>b)</b> most recent <b>treponemal</b> te	sts:		4  ☐ late or late latent 9 5  ☐ previously treated/serofast	🗅 Unk
		sults		B Other	
1 🖬 EIA or CL a// 9 🖬 Unk 2 🖬 TP-PA	IA 3 Other 9 Unk 1 Reactive 2 I	Nonreactive 9 🖵 Unk		NCE stage of syphilis did mother ha	ive
	IA 3 Other 1 Departive 2 D	Nonroactivo 0 🗆 Unk	during pregnancy	/? (Footnote A) 🗅 early latent 8 🖵 Oth	ner
b// 9 🖬 Unk 2 🖬 TP-PA	9 🗆 Unk	Nonreactive 9 🗅 Unk	2 🗆 secondary 4		
21. When did mother receive her first dose of benzathine p	enicillin? 22. What was mother			ropriate serologic response? (Footnote	2 B)
//	1 🖵 2.4 M units benza	thine penicillin $ _2 \square  $	Yes, appropriate respons	se se: evidence of treatment failure or rei	nfection
1 🗆 Before pregnancy 4 🗅 3rd trimester	2 🗆 4.8 M units benza 3 🗆 7.2 M units benza	thine penicillin	ne penicillin 3 🗆 Response could not be determined from available non-trepo		
2 Ist trimester5 INo Treatment (Goto (3 I 2nd trimester9 IUnk	8 🖬 Other	9 🗋 Unk	titer information Not enough time for tite	r to change	
Part II. Infant/Child Information					
<b>24.</b> Date of Delivery: 9 🗆 Unk <b>25.</b> Vital status:		<b>36</b> Indicate d	ato of deaths 0 🗆 Univ	27 Dirthuraight (in grame)	9 🗖 Unk
// 1 🗅 Alive (Go to Q27)	3 🖵 Stillborn <i>(Go to Q27) (Footnote</i>		ate of death: 9 🗅 Unk	<b>27.</b> Birthweight (in grams):	
Mo. Day Yr. 2 🖬 Born alive, then d	ied 9 🗆 Unknown ( <i>Go to Q27</i> )	()// Mo. Day	Yr		
<b>28.</b> Estimated gestational age (in weeks): 99 □ Unk	29. a) Did infant/ child have non-treponemal test fo		<b>b)</b> When was the infar first reactive <b>non-trep</b>		
<b>30. a)</b> Did infant/child have a reactive <b>treponemal</b> test for s	(eg., VDRL, RPR) yphilis? 1 □ Yes 2 □ No 3 □ No t	est 9 🗆 Unk	test for syphilis?	for syphilis:	
(footnote D) 1 🗆 Yes 2 🗆 No 3 🗆 No test 9 🗅 Unk	(Go to Q30 unless reactive)		/ /	1:	
b) When was the infant/child's first reactive treponema for syphilis? (footnote D)/ / / Mo DayYr.	I test 31. Did the infant/child, plac	enta, or cord have darkf	ield exam, DFA, or specia	al stains?	
Mo. Day Yr.					9 🗖 Unk
<b>32.</b> Did the Infant/child have any signs of CS? ( <i>check all that ap</i> ) <ul> <li>hepatosplenomegaly</li> <li>jaundice/hepatitis</li> </ul>		te E) 🛛 cor edema 🖵 oth	· ·	snuffles 🛛 syphilitic skin Unk	rash
<b>33.</b> Did the infant/child have long bone X-rays? 1  u Yes, changes consistent with CS  uter 2  uter Yes, no sig	Ins of CS 3 🗆 No X-rays 9 🗅 L		t/child have a CSF-VDRL ive 2 🖵 Yes, noni		9 🗆 Unk
<b>35.</b> Did the infant/child have a CSF WBC count or CSF prote 1	in test? (Footnote F) protein elevated 3 🗅 both test	s elevated 4 🗅 n	either test elevated	5 🗆 No test 9 🖵 Unk	
<ul> <li>36. Was the infant/child treated? ("2" is an obsolete response)</li> <li>1 □ Yes, with aqueous or procaine penicillin for 10 days</li> </ul>	3 🗅 Yes, with benzathine penicillir	x 1 4 🗆 Yes, with ot	her treatment 5 🗅 No	o treatment 9 🗅 Unk	
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION 37. Classification:					
1 I Not a case 2 I Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> ,	e a darkfield exam DFA or special stains)	3 Syphilitic stillbirth (Footnote C)		orithm, which is not a confirmed case or syphiliti	c stillhirth)
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time i	or reviewing instructions, searching existing data sources, gathering and mainta	ning the data needed, and completing and review	ing the collection of information. An agency may n	not conduct or sponsor, and a person is not required to respond to a collection	
unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect o	r this collection of information, including suggestions for reducing this burden to	LUL/AISUR Reports Clearance Officer, 1600 Clifton	коад, MS D-/4, Atlanta, GA 30333, ATTN: PRA (09	JZU-U IZ8). Do not send the completed form to this address.	



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

# CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Other geographic unit:

CASE ID No.:

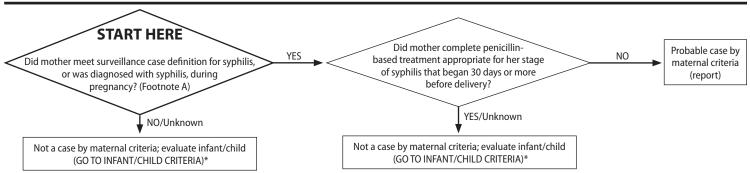
Local Use ID No.: \_

1. Report date to health dept.	9 🗅 Unk	2. Reporting state FIPS code:	9 🗖 Ur	nk	3. Reporting county FIP	S code: 9 🗆 Unk
// Mo. Day Yr.		Reporting Sta	ite Name		Rep	orting County Name
Part I. Maternal Informati	ON					
4. Mother's state FIPS code:	Mother's Reside	9 🗆 Unk	5. Mother's Cour (leave blank if USA)		Mother's Country o	f Residence
6. Mother's residence county FIF	PS code: 9 🗅 Unk	7. Mother's residence ZIP code:	8. Mother's date	of birth:	9. Mother's	obstetric history:
		9 🗆 Unl	/_</td <td> 9 🗅 Unk</td> <td>G</td> <td> P</td>	9 🗅 Unk	G	P
	unty of Residence		Mo. Day	Yr.		s, P=live births)
<b>10.</b> Last menstrual period (LMP)	(before delivery): 9 🗅 Unk	<b>11. a)</b> Indicate date of first pren	atal visit: 0	re ( <b>Go to Q12</b> )	<ul> <li>b) Indicate trimester of</li> <li>1</li></ul>	first prenatal visit: 2
<b>12.</b> Mother's ethnicity: 1	2 🖵 Non-Hispanic or Latino 9 🗖 Unk	<b>13.</b> Mother's race: (check all that Asian  Native H	at apply) 🔲 Ameri Jawaiian or Other Pao	ican Indian/Alaska Native cific Islander 🛛 🖬 W	e 🛛 Black or Afr Vhite 🖵 Other	ican American 🖵 Unk
14. Did mother have non-trepor a) first prenatal visit? 1  Qee Yes  2  Qee No  9  Qee Ur	<b>b</b> ) 28–32 weeks gestation?		1 🗆 Sing		3	8 🗆 Other 9 🗖 Unk
<b>16.</b> Indicate during pregnancy a <u>Date</u> a//	nd delivery, dates and results of <b>a)</b> 9 🗆 Unk 1 🖵 Reactive	most recent and <b>b)</b> first <b>non-trep</b> o <u>Results</u> 2  D Nonreactive  9  D Unk	onemal tests: <u>Titer</u> 1:	<b>18.</b> What was mother P  D positive X  D patient not te	's HIV status during pregr E □ equivoca ested N □ negative	
b// Mo. Day Yr.	9 🗆 Unk 1 🗆 Reactive	2 🗅 Nonreactive 9 🗅 Unk	1:	19. What CLINICAL st pregnancy?	tage of syphilis did moth	er have during
17. Indicate during pregnancy,	date, type, and result of <b>a)</b> first and	b) most recent treponemal tests:			4 □ late or late latent 5 □ previously treated/se	9 🗅 Unk rofast
Date	Test Type	Resul	lts		8 🗆 Other	Totast
a//		Unk 1 🗆 Reactive 2 🗆 Nor	nreactive 9 🗅 Unk	20. What SURVEILLA during pregnancy	<b>ANCE</b> stage of syphilis did y? (Footnote A)	mother have
b// Mo. Day Yr.	9 🗆 Unk 1 🗆 EIA or CLIA 3 🗆 2 🗆 TP-PA 9	❑ Other 1 ❑ Reactive 2 ❑ Nor ❑ Unk	nreactive 9 🗅 Unk		<ul> <li>early latent</li> <li>late or late latent</li> </ul>	8 🗆 Other 9 🗅 Unk
<b>21.</b> When did mother receive he $M_{0.}$ $M_{0.}$ $M_{$	er first dose of benzathine penicillin 4	1 🗆 2.4 M units benzathi 2 🗆 4.8 M units benzathi 3 🗔 7.2 M units benzathi	ne penicillin ne penicillin ne penicillin 9 🗆 Unk	Yes, appropriate response No, inappropriate response	se: evidence of treatment f determined from availabl	ailure or reinfection
Part II. Infant/Child Infor	MATION		,			
<b>24.</b> Date of Delivery: 9 □ Unk //	1 🗆 Alive (Go to Q27) 3	3 🗅 Stillborn <i>(Go to Q27) (Footnote C)</i> 9 🖵 Unknown <i>(Go to Q27)</i>	<b>26.</b> Indicate of/	date of death: 9 🗅 Unk / 	k <b>27.</b> Birthweight (ir	grams): 9 🗆 Unk
28. Estimated gestational age (in (If infant was still)		29. a) Did infant/ child have a non-treponemal test for sy (eq., VDRL, RPR)		b) When was the infar first reactive non-trep test for syphilis?	,	ter of infant/ t <b>reponemal</b> test
(footnote D) 1 🗆 Yes 2 🗆 I	Active <b>treponemal</b> test for syphilis? No 3  Delta No test 9  Delta Unk	1 🗆 Yes 2 🗆 No 3 🗆 No test (Go to Q30 unless reactive)	9 🗅 Unk	/// Mo. Day Yr.	1:	-
for syphilis? (footnote D)	d's first reactive <b>treponemal</b> test //	<b>31.</b> Did the infant/child, placent 1  Gentreft Yes, positive 2  Gentreft Yes			al stains? o lesions and no tissue to	test 9 🗅 Unk
<b>32.</b> Did the Infant/child have and D hepatosplenomegaly		I no signs/asymptomatic ( <i>Footnote E</i> ) pseudo paralysis 🛛 ede		· ·	I snuffles 🛛 syp I Unk	hilitic skin rash
<b>33.</b> Did the infant/child have lor 1  Gamma Yes, changes consistent	5 ,	5 3 🗆 No X-rays 9 🗅 Unk	<b>34.</b> Did the infan 1 🖵 Yes, react	nt/child have a CSF-VDRL tive 2 🖵 Yes, non		est 9 🗅 Unk
<b>35.</b> Did the infant/child have a C 1 □ Yes, CSF WBC count elev	SF WBC count or CSF protein test? vated 2   Yes, CSF protein		evated 4 🗆 n	neither test elevated	5 🗆 No test 9	🗅 Unk
<b>36.</b> Was the infant/child treated 1		I Yes, with benzathine penicillin x	4 🗆 Yes, with ot	ther treatment 5 🗅 N	lo treatment 9 🖵 Unk	
PART III. CONGENITAL SYPHIL	IS CASE CLASSIFICATION 37.	Classification:				
1 🗆 Not a case 2 🗅 Confirm (Laboratory c	ned case onfirmed identification of <i>T.pallidum</i> , e.g., darkfi		Syphilitic stillbirth <i>Footnote (</i> )		jorithm, which is not a confirmed o	ase or syphilitic stillbirth)
Public reporting burden of this collection of information is estimated unless it displays a currently valid OMB control number. Send comme	to average 30 minutes per response, including the time for reviewing inst ents regarding this burden estimate or any other aspect of this collection o	structions, searching existing data sources, gathering and maintaining the of information, including suggestions for reducing this burden to CDC/A	e data needed, and completing and review TSDR Reports Clearance Officer, 1600 Clifto	wing the collection of information. An agency may n on Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0	not conduct or sponsor, and a person is not required 0920-0128). Do not send the completed form to this	o respond to a collection of information address.

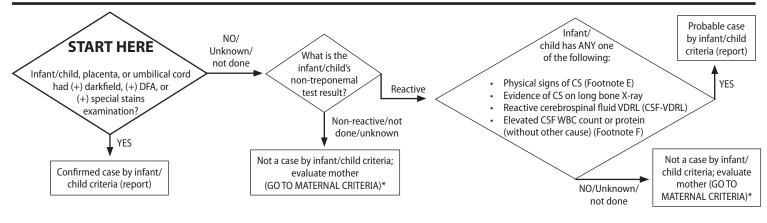
A Mother's Name:		Chart No:		Mother's Case ID No:	
Address:	(7: 1)	OB/Gyn:		Phone No: ()	
Address:	(Number, Street, City, State) (Zip code) Name: Chart No: Delivering Physician:			Phone No: ()	
Pediatrician:	Phone No: ()		Delivering Hospital:		
-	Patient identifier information is n	ot transmitted to	CDC –		
U.S. Department of Health	CONGENITAL SYPH	IILIS (CS)		Other geographic unit:	
and Human Services Centers for Disease Control	SE INVESTIGATION	AND REPO	RT	CASE ID No.:	
and Prevention, Atlanta, GA 30333				Local Use ID No.:	
1. Report date to health dept. 9 🗅 Unk	2. Reporting state FIPS code:	9 🗅 Uni	<	3. Reporting county FIPS co	de: 9 🗅 Unk
//Yr					
	Reporting State N	lame		Reporting	g County Name
Part I. Maternal Information					
4. Mother's state FIPS code: Mother's Reside	9 🗅 Unk	6. Mother's Count (leave blank if USA)	try of residence:	Mother's Country of Resi	dence
6. Mother's residence county FIPS code: 9 🗆 Unk	7. Mother's residence ZIP code:	8. Mother's date of	of birth:	9. Mother's obste	etric history:
	9 🗅 Unk	//	9 🗅 Unk	G I	
Mother's County of Residence			Yr.	(G=pregnancies, P=I	
<b>10.</b> Last menstrual period (LMP) <i>(before delivery):</i> / / 9   Unk	<b>11. a)</b> Indicate date of first prenata	l visit: ⊐ No prenatal care	e (Go to Q12)	<b>b)</b> Indicate trimester of first	orenatal visit: I 2nd trimester
// 9 🗅 Unk		⊐ Unk		3 🗅 3rd trimester 9 🗆	) Unk
12. Mother's ethnicity:2 □ Non-Hispanic or Latino1 □ Hispanic or Latino9 □ Unk	<b>13.</b> Mother's race: (check all that a Asian INAtive Haw	pply) 🛛 Americ aiian or Other Paci	an Indian/Alaska Native fic Islander 🛛 🔾 W	e 🛛 Black or African . /hite 🗋 Other	American D Unk
<b>14.</b> Did mother have non-treponemal or treponemal tests at:			marital status:		
a) first prenatal visit?         b) 28–32 weeks gestation?           1 🗆 Yes         2 🗋 No         9 🗋 Unk         1 🗋 Yes         2 🗋 No         9 🗋 Unk	c) delivery? Jnk 1 □ Yes 2 □ No 9 □ L		,	Separated/Divorced Widow	8 🗅 Other 9 🗅 Unk
16. Indicate during pregnancy and delivery, dates and results of a) r	most recent and <b>b)</b> first <b>non-trepone</b>	emal tests:	18. What was mother	's HIV status during pregnanc	y?
	<u>Results</u> 2 □ Nonreactive 9 □ Unk	<u>Titer</u> 1:	P 🗅 positive X 🗅 patient not te	E 🗆 equivocal test ested N 🗅 negative	U 🗅 Unk
	2 🗆 Nonreactive 9 🗅 Unk	1:		tage of syphilis did mother ha	
Mo. Day Yr.			pregnancy?		-
17. Indicate during pregnancy, date, type, and result of a) first and	b) most recent <b>treponemal</b> tests:			4  ☐ late or late latent 5  ☐ previously treated/serofas	9 🗅 Unk
<u>Date</u> <u>Test Type</u> 1 □ EIA or CLIA 3 □	Nother			3 🗆 Other	
	Unk 1 🗆 Reactive 2 🗆 Nonrea	active 9 🗆 Unk	20. What SURVEILLA during pregnancy	NCE stage of syphilis did mot	her have
b/ 9 🗆 Unk 1 🗅 EIA or CLIA 3 🗔 b/ 9 🗅 Unk 2 🗅 TP-PA 9 🖸	l Other 1 🗆 Reactive 2 🗆 Nonrea	active 9 🗆 Unk	1 primary 3	arly latent 8	Other
Mo. Day Yr.			2 🗆 secondary 4	late or late latent 9	🗅 Unk
21. When did mother receive her first dose of benzathine penicillin?		1 🗆 Y	id mother have an appr es, appropriate respons	ropriate serologic response?( se	Footnote B)
/ / / Mo. Day Yr. 1	1 🗆 2.4 M units benzathine 2 🖵 4.8 M units benzathine	penicillin 2 🗆 N	lo, inappropriate respons	se: evidence of treatment failur	
2 🗆 1st trimester 5 🗔 No Treatment (Go to Q24)	3 🗆 7.2 M units benzathine 8 🗅 Other 9 🖸		iter information	determined from available no	n-treponemai
3 🗆 2nd trimester 9 🗆 Unk			lot enough time for tite	er to change	
Part II. INFANT/CHILD INFORMATION					
24. Date of Delivery:         9 □ Unk         25. Vital status:          //          1 □ Alive (Go to Q27)         3	□ Stillborn (Go to Q27) (Footnote C)	26. Indicate da	ate of death: 9 🗅 Unk	<b>27.</b> Birthweight (in gram	s): 9 🗅 Unk
	Unknown (Go to Q27)	// Mo. Day	Yr		
<b>28.</b> Estimated gestational age (in weeks): 99 🖵 Unk	<b>29. a)</b> Did infant/ child have a read		<b>b)</b> When was the infar		
(If infant was stillborn go to Q37)	non-treponemal test for syphi (eq., VDRL, RPR)	lis?	first reactive <b>non-trep</b> test for syphilis?	for syphilis:	onemal test
<b>30. a)</b> Did infant/child have a reactive <b>treponemal</b> test for syphilis? (footnote D) 1	1 🗆 Yes 2 🗆 No 3 🗆 No test 9	🗅 Unk			
b) When was the infant/child's first reactive treponemal test	(Go to Q30 unless reactive)		// Mo. Day Yr.		
for syphilis? (footnote D)/// Mo. Day Yr.	<b>31.</b> Did the infant/child, placenta, of 1  up Yes, positive			al stains? b lesions and no tissue to test	9 🗖 Unk
<b>32.</b> Did the Infant/child have any signs of CS? ( <i>check all that apply</i> )	no signs/asymptomatic (Footnote E)			snuffles 🛛 syphiliti	c skin rash
hepatosplenomegaly     jaundice/hepatitis	oseudo paralysis 🛛 🖵 edema	D oth	er 🗆	Unk	
33. Did the infant/child have long bone X-rays?           1 I Yes, changes consistent with CS         2 I Yes, no signs of CS	3 🗆 No X-rays 🛛 9 🗅 Unk	<ul><li>34. Did the infant</li><li>1</li></ul>	/child have a CSF-VDRL ve 2 🗅 Yes, non		9 🗅 Unk
<b>35.</b> Did the infant/child have a CSF WBC count or CSF protein test?         1          Yes, CSF WBC count elevated          2          Yes, CSF protein elevated		ited 4 🗆 ne	either test elevated	5 🗆 No test 9 🗅 U	nk
<b>36.</b> Was the infant/child treated? ("2" is an obsolete response) 1 □ Yes, with aqueous or procaine penicillin for 10 days 3 □	Yes, with benzathine penicillin x 1	4 🗅 Yes, with oth	ner treatment 5 🗅 N	o treatment 9 🗅 Unk	
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION 37.	Classification:				
1 D Not a case 2 D Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> , e.g., darkfi		yphilitic stillbirth note ()	4 4 Probable case (A case identified by the alg	orithm, which is not a confirmed case or	syphilitic stillbirth)
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instru- unless it displays a currently valid ONB control number. Send comments regarding this burden estimate or any other aspect of this collection of	uctions, searching existing data sources, gathering and maintaining the data information, including suggestions for reducing this burden to CDC/ATSDR F	needed, and completing and reviewin Reports Clearance Officer. 1600 Clifton I	g the collection of information. An agency may r Road, MS D–74, Atlanta, GA 30333, ATTN: PRA (0	not conduct or sponsor, and a person is not required to respond 920-0128). Do not send the completed form to this address.	to a collection of information

## CS Report Algorithm: a case meeting any criteria (maternal, infant/child, or stillbirth) should be reported

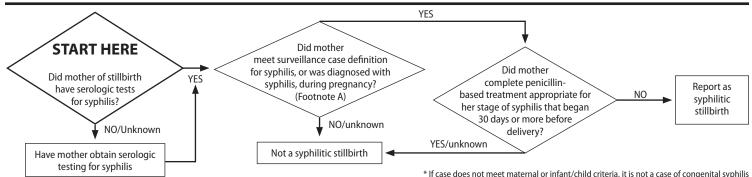
#### MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



#### INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



### **CRITERIA TO REPORT SYPHILITIC STILLBIRTH**



Footnote A — Primary syphilis is defined as a clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test. Secondary syphilis is defined as a clinically compatible case characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy, with a nontreponemal titer  $\geq 1:4$ . Latent syphilis is the absence of clinical signs or symptoms of syphilis, with no past diagnosis or treatment, or past treatment but a fourfold or greater increase from the last nontreponemal titer. Early latent syphilis is defined as latent syphilis in a person who has evidence of being infected within the previous 12 months based on one or more of the following criteria: 1) documented seroconversion or fourfold or greater increase in nontreponemal titer during the previous 12 months, 2) a history of sexual exposure to a partner who had confirmed or probable primary, secondary, or early latent syphilis (documented independently as duration <1 year), or 4) reactive nontreponemal and treponemal tests where the only possible exposure occurred within the preceding 12 months. Late latent syphilis is defined as latent syphilis in a patient who has no evidence of being infected within the preceding 12 months. See *MMWR Recomm Rep. 1997 May 2;46(RR-10):1-55* for more information.

Footnote B — An appropriate serologic response to therapy is a fourfold decline in non-treponemal titer by 6–12 months with primary or secondary syphilis, or by 12–24 months with latent syphilis (early, late, or unknown duration). An inappropriate serologic response is either less than a fourfold drop, or a fourfold increase, in nontreponemal titer over the expected time period.

Footnote C — A syphilitic stillbirth is a fetal death in which the mother had untreated or inadequately treated syphilis at delivery of a fetus after a 20 week gestation or weighing >500 g.

Footnote D — CDC treatment guidelines do not recommend screening infants for congenital syphilis with treponemal tests. (MMWR Recomm Rep. 2010 Dec 17;59(RR-12), p. 36.) However, if maternal treponemal test data are not available, a treponemal test for the infant/child can be used.

Footnote E — Signs of CS (usually in an infant or child <2 years old) include: condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice/hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or malnutrition). Stigmata in an older child might include: interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson's teeth, saddle nose, rhagades, or Clutton's joints.

Footnote F — Cerebrospinal fluid (CSF) white blood cell (WBC) count and protein vary with gestational age. During the first 30 days of life, a CSF WBC count of >15 WBC/mm<sup>3</sup> or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm<sup>3</sup> or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.