

**Local Use Only**

Mother's Name: \_\_\_\_\_ Chart No: \_\_\_\_\_ Mother's Case ID No: \_\_\_\_\_  
 Address: \_\_\_\_\_ OB/Gyn: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 (Number, Street, City, State) (Zip code)  
 Infants Name: \_\_\_\_\_ Chart No: \_\_\_\_\_ Delivering Physician: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Pediatrician: \_\_\_\_\_ Phone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Delivering Hospital: \_\_\_\_\_

**- Patient identifier information is not transmitted to CDC -**



**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.: \_\_\_\_\_

<b>1. Report date to health dept.</b> 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	<b>2. Reporting state FIPS code:</b> 9 <input type="checkbox"/> Unk _____ <small>Reporting State Name</small>	<b>3. Reporting county FIPS code:</b> 9 <input type="checkbox"/> Unk _____ <small>Reporting County Name</small>
--	---	---

**PART I. MATERNAL INFORMATION**

<b>4. Mother's state FIPS code:</b> _____ 9 <input type="checkbox"/> Unk <small>Mother's Residence State</small>	<b>5. Mother's Country of residence:</b> _____ <small>(leave blank if USA) Mother's Country of Residence</small>													
<b>6. Mother's residence county FIPS code:</b> 9 <input type="checkbox"/> Unk <small>Mother's County of Residence</small>	<b>7. Mother's residence ZIP code:</b> _____ 9 <input type="checkbox"/> Unk	<b>8. Mother's date of birth:</b> ____/____/____ 9 <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>												
<b>9. Mother's obstetric history:</b> G _____ P _____ <small>(G=pregnancies, P=live births)</small>														
<b>10. Last menstrual period (LMP) (before delivery):</b> ____/____/____ 9 <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>	<b>11. a) Indicate date of first prenatal visit:</b> ____/____/____ 0 <input type="checkbox"/> No prenatal care (Go to Q12) <small>Mo. Day Yr.</small> 9 <input type="checkbox"/> Unk													
<b>b) Indicate trimester of first prenatal visit:</b> 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk														
<b>12. Mother's ethnicity:</b> 2 <input type="checkbox"/> Non-Hispanic or Latino 1 <input type="checkbox"/> Hispanic or Latino 9 <input type="checkbox"/> Unk	<b>13. Mother's race: (check all that apply)</b> <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 <input type="checkbox"/> Unk													
<b>14. Did mother have non-treponemal or treponemal tests at:</b> <b>a) first prenatal visit?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk <b>b) 28-32 weeks gestation?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk <b>c) delivery?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk		<b>15. Mother's marital status:</b> 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												
<b>16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests:</b>														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Results</th> <th>Titer</th> </tr> </thead> <tbody> <tr> <td>a. ____/____/____ 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. ____/____/____ 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><small>Mo. Day Yr.</small></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Results	Titer	a. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____	b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____	<small>Mo. Day Yr.</small>			<b>18. What was mother's HIV status during pregnancy?</b> 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												
a. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____												
b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____												
<small>Mo. Day Yr.</small>														
<b>17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:</b>														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Test Type</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>a. ____/____/____ 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 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. ____/____/____ 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 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><small>Mo. Day Yr.</small></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Test Type	Results	a. ____/____/____ 9 <input type="checkbox"/> Unk	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. ____/____/____ 9 <input type="checkbox"/> Unk	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	<small>Mo. Day Yr.</small>			<b>19. What CLINICAL stage of syphilis did mother have during pregnancy?</b> 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/serofast 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other	
Date	Test Type	Results												
a. ____/____/____ 9 <input type="checkbox"/> Unk	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. ____/____/____ 9 <input type="checkbox"/> Unk	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												
<small>Mo. Day Yr.</small>														
<b>20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote A)</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														
<b>21. When did mother receive her first dose of benzathine penicillin?</b> ____/____/____ <small>Mo. Day Yr.</small> 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	<b>22. What was mother's treatment?</b> 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	<b>23. Did mother have an appropriate serologic response? (Footnote B)</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**

<b>24. Date of Delivery:</b> 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	<b>25. Vital status:</b> 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)	<b>26. Indicate date of death:</b> 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	<b>27. Birthweight (in grams):</b> 9 <input type="checkbox"/> Unk _____
<b>28. Estimated gestational age (in weeks):</b> 99 <input type="checkbox"/> Unk _____ <small>(If infant was stillborn go to Q37)</small>	<b>29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg., VDRL, RPR)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk <small>(Go to Q30 unless reactive)</small>		
<b>30. a) Did infant/child have a reactive treponemal test for syphilis? (footnote D)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk <b>b) When was the infant/child's first reactive treponemal test for syphilis? (footnote D)</b> ____/____/____ <small>Mo. Day Yr.</small>			<b>c) Indicate titer of infant/child's non-treponemal test for syphilis:</b> ____/____/____ <small>Mo. Day Yr.</small> 1: _____
<b>31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?</b> 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			
<b>32. Did the Infant/child have any signs of CS? (check all that apply)</b> <input type="checkbox"/> no signs/asymptomatic (Footnote E) <input type="checkbox"/> condyloma lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> pseudo paralysis <input type="checkbox"/> edema <input type="checkbox"/> other <input type="checkbox"/> Unk			
<b>33. Did the infant/child have long bone X-rays?</b> 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		<b>34. Did the infant/child have a CSF-VDRL?</b> 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	
<b>35. Did the infant/child have a CSF WBC count or CSF protein test? (Footnote F)</b> 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			
<b>36. Was the infant/child treated? ("2" is an obsolete response)</b> 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  Not a case 2  Confirmed case 3  Syphilitic stillbirth 4  Probable case  
(Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains) (Footnote C) (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

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

<b>1. Report date to health dept.</b> 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	<b>2. Reporting state FIPS code:</b> 9 <input type="checkbox"/> Unk _____ <small>Reporting State Name</small>	<b>3. Reporting county FIPS code:</b> 9 <input type="checkbox"/> Unk _____ <small>Reporting County Name</small>
--	---	---

## PART I. MATERNAL INFORMATION

<b>4. Mother's state FIPS code:</b> _____ 9 <input type="checkbox"/> Unk <small>Mother's Residence State</small>	<b>5. Mother's Country of residence:</b> _____ <small>(leave blank if USA) Mother's Country of Residence</small>												
<b>6. Mother's residence county FIPS code:</b> 9 <input type="checkbox"/> Unk <small>Mother's County of Residence</small>	<b>7. Mother's residence ZIP code:</b> _____ 9 <input type="checkbox"/> Unk												
<b>8. Mother's date of birth:</b> ____/____/____ 9 <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>	<b>9. Mother's obstetric history:</b> G _____ P _____ <small>(G=pregnancies, P=live births)</small>												
<b>10. Last menstrual period (LMP) (before delivery):</b> ____/____/____ 9 <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>	<b>11. a) Indicate date of first prenatal visit:</b> ____/____/____ 0 <input type="checkbox"/> No prenatal care (Go to Q12) <small>Mo. Day Yr.</small> 9 <input type="checkbox"/> Unk												
<b>b) Indicate trimester of first prenatal visit:</b> 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk													
<b>12. Mother's ethnicity:</b> 2 <input type="checkbox"/> Non-Hispanic or Latino 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> Hispanic or Latino	<b>13. Mother's race: (check all that apply)</b> <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 <input type="checkbox"/> Unk												
<b>14. Did mother have non-treponemal or treponemal tests at:</b> <b>a) first prenatal visit?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk <b>b) 28-32 weeks gestation?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk <b>c) delivery?</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk	<b>15. Mother's marital status:</b> 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												
<b>16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests:</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Date</th> <th style="text-align: center;">Results</th> <th style="text-align: center;">Titer</th> </tr> </thead> <tbody> <tr> <td>a. ____/____/____ 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. ____/____/____ 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><small>Mo. Day Yr.</small></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Results	Titer	a. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____	b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____	<small>Mo. Day Yr.</small>			<b>18. What was mother's HIV status during pregnancy?</b> 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											
a. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____											
b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____											
<small>Mo. Day Yr.</small>													
<b>17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:</b> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Date</th> <th style="text-align: center;">Test Type</th> <th style="text-align: center;">Results</th> </tr> </thead> <tbody> <tr> <td>a. ____/____/____ 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 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. ____/____/____ 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 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><small>Mo. Day Yr.</small></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Test Type	Results	a. ____/____/____ 9 <input type="checkbox"/> Unk	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. ____/____/____ 9 <input type="checkbox"/> Unk	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	<small>Mo. Day Yr.</small>			<b>19. What CLINICAL stage of syphilis did mother have during pregnancy?</b> 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/serofast 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other
Date	Test Type	Results											
a. ____/____/____ 9 <input type="checkbox"/> Unk	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. ____/____/____ 9 <input type="checkbox"/> Unk	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											
<small>Mo. Day Yr.</small>													
<b>21. When did mother receive her first dose of benzathine penicillin?</b> ____/____/____ <small>Mo. Day Yr.</small> 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	<b>22. What was mother's treatment?</b> 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	<b>23. Did mother have an appropriate serologic response? (Footnote B)</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

<b>24. Date of Delivery:</b> 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	<b>25. Vital status:</b> 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)	<b>26. Indicate date of death:</b> 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	<b>27. Birthweight (in grams):</b> 9 <input type="checkbox"/> Unk _____
<b>28. Estimated gestational age (in weeks):</b> 99 <input type="checkbox"/> Unk <small>(If infant was stillborn go to Q37)</small>	<b>29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg., VDRL, RPR)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk <small>(Go to Q30 unless reactive)</small>	<b>b) When was the infant/child's first reactive non-treponemal test for syphilis?</b> ____/____/____ <small>Mo. Day Yr.</small>	<b>c) Indicate titer of infant/child's non-treponemal test for syphilis:</b> 1: _____
<b>30. a) Did infant/child have a reactive treponemal test for syphilis? (footnote D)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk <b>b) When was the infant/child's first reactive treponemal test for syphilis? (footnote D)</b> ____/____/____ <small>Mo. Day Yr.</small>	<b>31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?</b> 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		
<b>32. Did the Infant/child have any signs of CS? (check all that apply)</b> <input type="checkbox"/> no signs/asymptomatic (Footnote E) <input type="checkbox"/> condyloma lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> pseudo paralysis <input type="checkbox"/> edema <input type="checkbox"/> other <input type="checkbox"/> Unk			
<b>33. Did the infant/child have long bone X-rays?</b> 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		<b>34. Did the infant/child have a CSF-VDRL?</b> 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	
<b>35. Did the infant/child have a CSF WBC count or CSF protein test? (Footnote F)</b> 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			
<b>36. Was the infant/child treated? ("2" is an obsolete response)</b> 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

<b>1 <input type="checkbox"/> Not a case</b> 2 <input type="checkbox"/> Confirmed case <small>(Laboratory confirmed identification of <i>T.pallidum</i>, e.g., darkfield exam, DFA, or special stains)</small>	<b>3 <input type="checkbox"/> Syphilitic stillbirth</b> 4 <input type="checkbox"/> Probable case <small>(Footnote C) (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)</small>
---	--

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

<b>Local Use Only</b>	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

Other geographic unit: \_\_\_\_\_  
**CASE ID No.:** \_\_\_\_\_  
Local Use ID No.: \_\_\_\_\_

<b>1. Report date to health dept.</b> 9 <input type="checkbox"/> Unk Mo. / Day / Yr.	<b>2. Reporting state FIPS code:</b> 9 <input type="checkbox"/> Unk Reporting State Name	<b>3. Reporting county FIPS code:</b> 9 <input type="checkbox"/> Unk Reporting County Name
---	---	---

**PART I. MATERNAL INFORMATION**

<b>4. Mother's state FIPS code:</b> _____ 9 <input type="checkbox"/> Unk Mother's Residence State	<b>5. Mother's Country of residence:</b> _____ (leave blank if USA) Mother's Country of Residence	
<b>6. Mother's residence county FIPS code:</b> 9 <input type="checkbox"/> Unk Mother's County of Residence	<b>7. Mother's residence ZIP code:</b> _____ 9 <input type="checkbox"/> Unk	<b>8. Mother's date of birth:</b> Mo. / Day / Yr. 9 <input type="checkbox"/> Unk
<b>9. Mother's obstetric history:</b> G _____ P _____ (G=pregnancies, P=live births)		
<b>10. Last menstrual period (LMP) (before delivery):</b> Mo. / Day / Yr. 9 <input type="checkbox"/> Unk	<b>11. a) Indicate date of first prenatal visit:</b> Mo. / Day / Yr. 0 <input type="checkbox"/> No prenatal care (Go to Q12) 9 <input type="checkbox"/> Unk	<b>b) Indicate trimester of first prenatal visit:</b> 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk
<b>12. Mother's ethnicity:</b> 2 <input type="checkbox"/> Non-Hispanic or Latino 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> Hispanic or Latino	<b>13. Mother's race: (check all that apply)</b> <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 <input type="checkbox"/> Unk	
<b>14. Did mother have non-treponemal or treponemal tests at:</b> 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	<b>15. Mother's marital status:</b> 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	
<b>16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests:</b> Date Results Titer a. Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk 1: _____ b. Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk 1: _____	<b>18. What was mother's HIV status during pregnancy?</b> 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	
<b>17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:</b> Date Test Type Results a. Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk b. Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	<b>19. What CLINICAL stage of syphilis did mother have during pregnancy?</b> 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/serofast 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other	
<b>21. When did mother receive her first dose of benzathine penicillin?</b> 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	<b>22. What was mother's treatment?</b> 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	<b>23. Did mother have an appropriate serologic response? (Footnote B)</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**

<b>24. Date of Delivery:</b> Mo. / Day / Yr. 9 <input type="checkbox"/> Unk	<b>25. Vital status:</b> 1 <input type="checkbox"/> Alive (Go to Q27) 3 <input type="checkbox"/> Stillborn (Go to Q27) (Footnote C) 9 <input type="checkbox"/> Unknown (Go to Q27) 2 <input type="checkbox"/> Born alive, then died	<b>26. Indicate date of death:</b> Mo. / Day / Yr. 9 <input type="checkbox"/> Unk	<b>27. Birthweight (in grams):</b> 9 <input type="checkbox"/> Unk
<b>28. Estimated gestational age (in weeks):</b> 99 <input type="checkbox"/> Unk (If infant was stillborn go to Q37)	<b>29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg., VDRL, RPR)</b> 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>b) When was the infant/child's first reactive non-treponemal test for syphilis?</b> Mo. / Day / Yr.	<b>c) Indicate titer of infant/child's non-treponemal test for syphilis:</b> 1: _____
<b>30. a) Did infant/child have a reactive treponemal test for syphilis? (footnote D)</b> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk <b>b) When was the infant/child's first reactive treponemal test for syphilis? (footnote D)</b> Mo. / Day / Yr.	<b>31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?</b> 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		
<b>32. Did the Infant/child have any signs of CS? (check all that apply)</b> <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> pseudo paralysis <input type="checkbox"/> edema <input type="checkbox"/> no signs/asymptomatic (Footnote E) <input type="checkbox"/> condyloma lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash <input type="checkbox"/> other <input type="checkbox"/> Unk	<b>33. Did the infant/child have long bone X-rays?</b> 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		
<b>34. Did the infant/child have a CSF-VDRL?</b> 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	<b>35. Did the infant/child have a CSF WBC count or CSF protein test? (Footnote F)</b> 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		
<b>36. Was the infant/child treated? ("2" is an obsolete response)</b> 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			

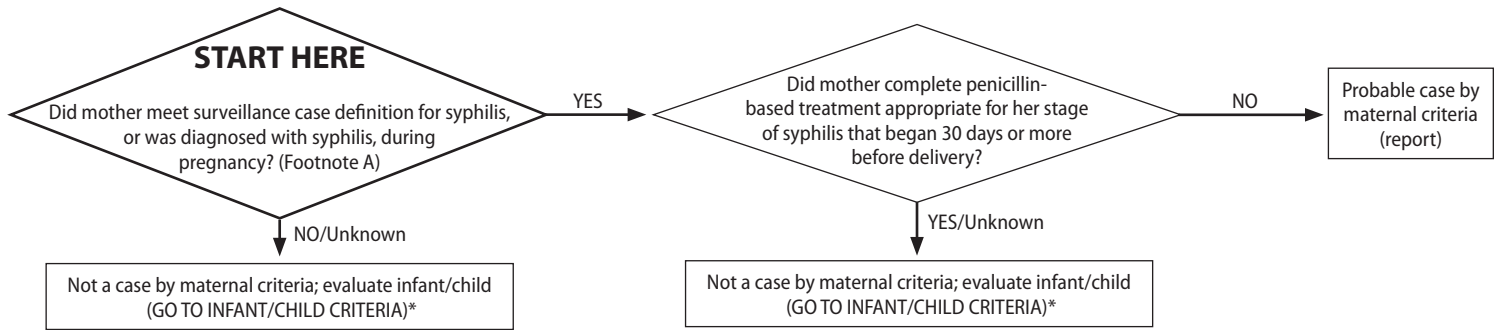
**PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION**

<b>37. Classification:</b> 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> , 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)
---

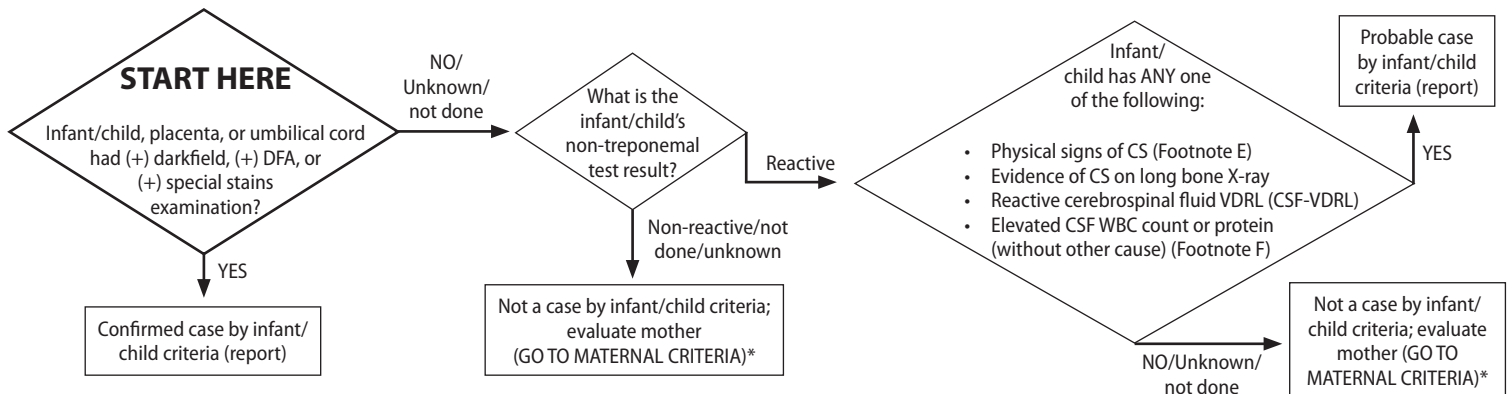
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may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

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

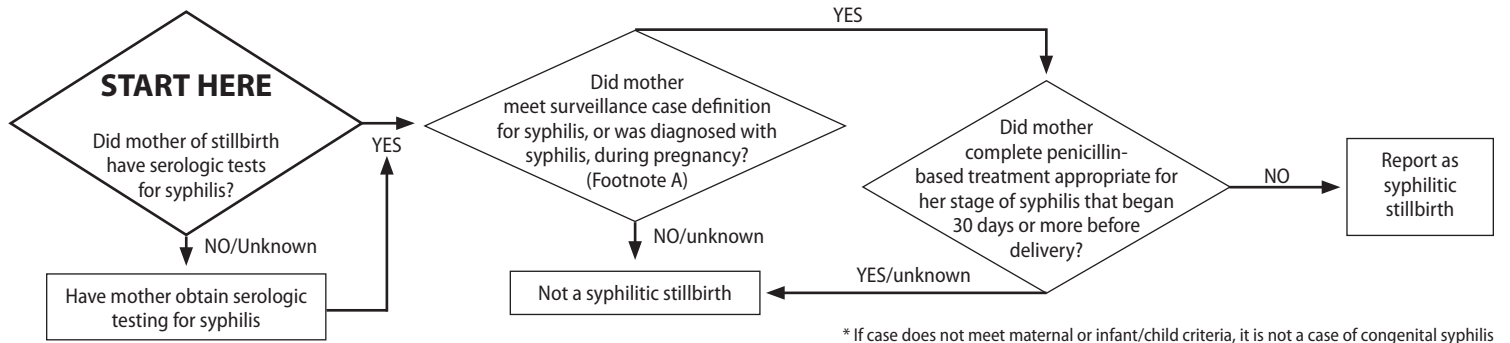
## MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



## 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 symptoms consistent with primary or secondary syphilis during the previous 12 months, 3) 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.