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.: _____

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

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

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

PART I. MATERNAL INFORMATION

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

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

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

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

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

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

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

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

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

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

13. Mother's race: (check all that apply) ❑ American Indian/Alaska Native ❑ 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 9 ❑ Unk

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

	Date		Results		Titer
a.	__ __/__ __/__ __ __ __	9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk		1:__ __ __ __
b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.)	9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk		1:__ __ __ __

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

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

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

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

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

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

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

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

PART II. INFANT/CHILD INFORMATION

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

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

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

27. Birthweight (in grams): 9 ❑ Unk
___ ___ ___ ___

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

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

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

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

30. a) Did infant/child have a reactive **treponemal** test for syphilis? ***(Footnote D)*** 1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
b) When was the infant/child's first reactive **treponemal** test for syphilis? ***(Footnote D)*** __ __ / __ __ / __ __ __ __
Mo. Day Yr.

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

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

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

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

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

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

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:

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

[redacted]

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

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

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

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: ____________

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

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

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

Part I. Maternal Information

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

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

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

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

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

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

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

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

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

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

13. Mother's race: (check all that apply) ❑ American Indian/Alaska Native ❑ 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 9 ❑ Unk

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

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

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

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

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

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

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

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

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

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

Part II. Infant/Child Information

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

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

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

27. Birthweight (in grams): 9 ❑ Unk
___ ___ ___ ___

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

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

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

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

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

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

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

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

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

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

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

Part III. Congenital Syphilis Case Classification

37. Classification:

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

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

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

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

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

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

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

PART I. MATERNAL INFORMATION

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

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

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

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

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

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

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

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

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
1 ❑ Hispanic or Latino 9 ❑ Unk

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 9 ❑ Unk

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

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

Mo. Day Yr.

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

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

Mo. Day Yr.

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

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

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

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

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

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

PART II. INFANT/CHILD INFORMATION

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

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

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

27. Birthweight (in grams): 9 ❑ Unk
___ ___ ___ ___

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

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

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

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

30. a) Did infant/child have a reactive **treponemal** test for syphilis? ***(Footnote D)*** 1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
b) When was the infant/child's first reactive **treponemal** test for syphilis? ***(Footnote D)*** __ __ / __ __ / __ __ __ __
Mo. Day Yr.

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

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

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

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

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

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

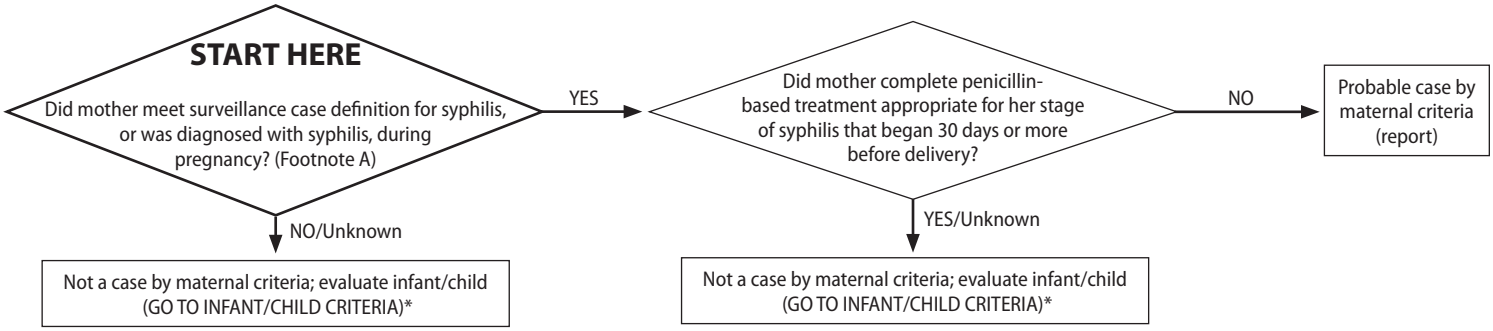
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

37. Classification:

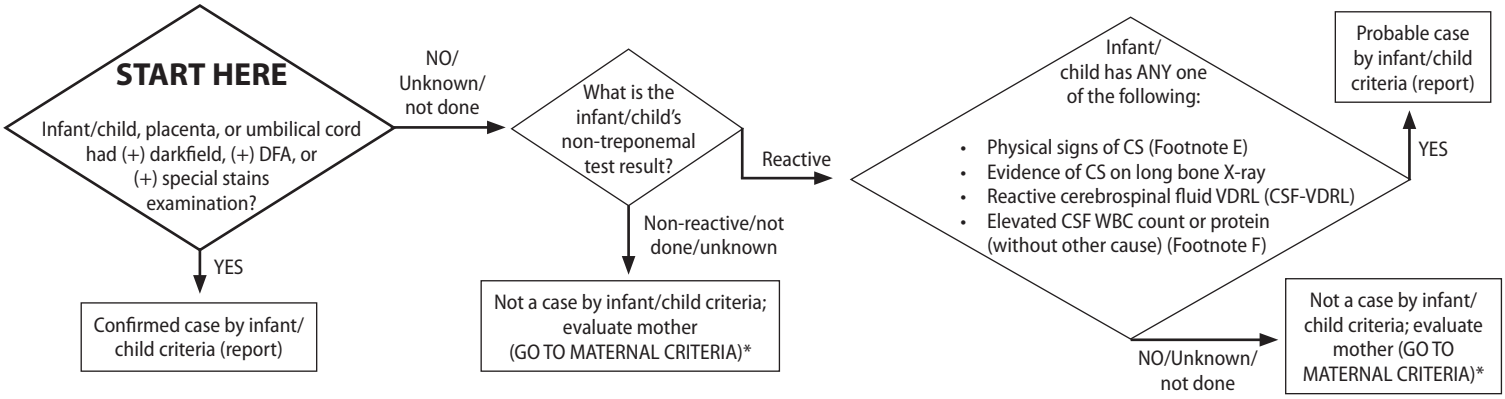
1 ❑ Not a case
2 ❑ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains)
3 ❑ Syphilitic stillbirth ***(Footnote C)***
4 ❑ Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

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

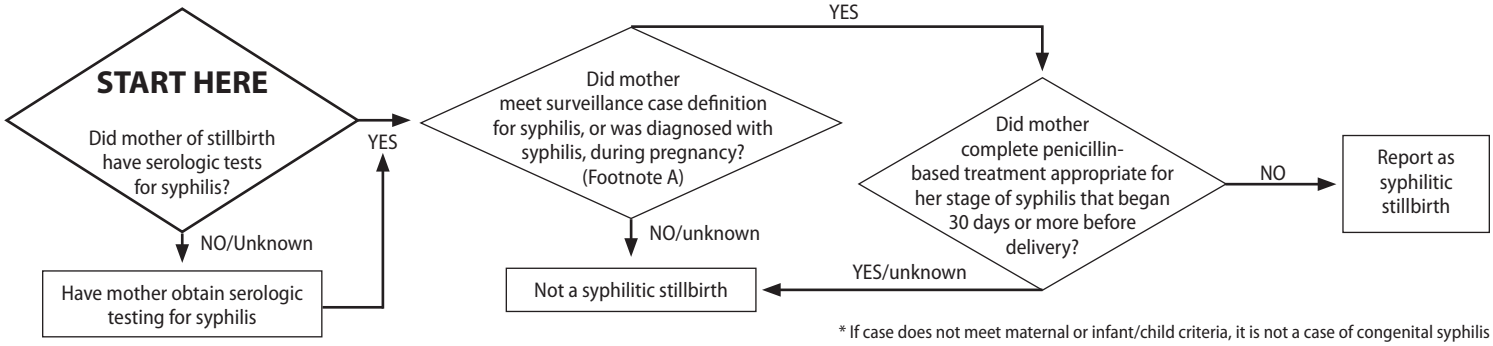
MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



CRITERIA TO REPORT SYPHILITIC STILLBIRTH



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

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