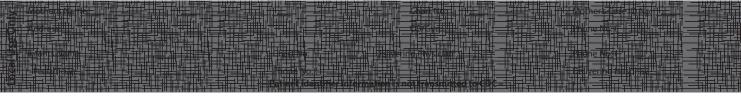
Mother's Name:		Chart No:		Mother's Case ID No:		
Address:(Number, Street, City, State)	(Zip code)	OB/Gyn:		Phone No: ()		
Infants Name:	Chart No: Delivering	ng Physician:		Phone No: (		
Address:	Phone No: () Patient identifier information is no	 of transmitted to	CDC-	Delivering Hospital:		
				Other geographic unit:		
U.S. Department of Health and Human Services	CONGENITAL SYPH SE INVESTIGATION	IILIS (CS)	PT	CASE ID No.:		
Centers for Disease Control and Prevention, Atlanta, GA 30333	SE INVESTIGATION /	AND ILL O	111	Local Use ID No.:		
1. Report date to health dept. 9 □ Unk	2. Reporting state FIPS code:	9 <b>□</b> Unl	<	<b>3.</b> Reporting county FIPS code: 9	☐ Unk	
/						
Mo. Day Yr.	Reporting State N	lame		Reporting County N	Name	
PART I. MATERNAL INFORMATION	0 D Heli	F Mathaula Carre				
<b>4.</b> Mother's state FIPS code:  Mother's Reside	9 🗖 Unk nce State	(leave blank if USA)	try of residence:	Mother's Country of Residence	_	
<b>6.</b> Mother's residence county FIPS code: $9 \square \text{Unk}$	7. Mother's residence ZIP code:	8. Mother's date of	of birth:	9. Mother's obstetric hist	ory:	
Mother's County of Residence	9 🗖 Unk	// Mo. Day	9 🗖 Unk	G P (G=pregnancies, P=live births)		
10. Last menstrual period (LMP) (before delivery):	11. a) Indicate date of first prenatal			<b>b)</b> Indicate trimester of first prenatal		
//		□ No prenatal card □ Unk	e (Go to Q12)	1 □ 1st trimester 2 □ 2nd trir 3 □ 3rd trimester 9 □ Unk	mester	
<b>12.</b> Mother's ethnicity: 2 □ Non-Hispanic or Latino 1 □ Hispanic or Latino 9 □ Unk	<b>13.</b> Mother's race: (check all that al ☐ Asian ☐ Native Haw	oply) 🔲 Americ aiian or Other Paci	an Indian/Alaska Native fic Islander 🔲 W			
14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? b) 28–32 weeks gestation?	c) delivery?		s marital status: le, never married 3	☐ Separated/Divorced 8 ☐ Ot	thor	
1 \( \text{Yes} \) 2 \( \text{No} \) 9 \( \text{Unk} \) 1 \( \text{Yes} \) 2 \( \text{No} \) 9 \( \text{Unk} \) 1 \( \text{Yes} \) 2 \( \text{No} \) 9 \( \text{Unk} \)				☐ Widow 9 ☐ Un		
<b>16.</b> Indicate during pregnancy and delivery, dates and results of <b>a</b> )	-		<b>18.</b> What was mother' P □ positive	's HIV status during pregnancy? E □ equivocal test		
<u>Date</u> a//9 □ Unk	Results 2 □ Nonreactive 9 □ Unk	<u>Titer</u> 1:	X 🗖 patient not te		Jnk	
b/	2 ☐ Nonreactive 9 ☐ Unk	1:		tage of syphilis did mother have durin	ng	
17. Indicate during pregnancy, date, type, and result of <b>a</b> ) first and	b) most recent treponemal tests:		pregnancy? 1 □ primary 4	late or late latent 9 □	<b>U</b> nk	
<u>Date</u> <u>Test Type</u>	Results			5 □ previously treated/serofast 8 □ Other		
1 🗆 EIA or CLIA 3 🗆 a/ 9 🗀 Unk 2 🗅 TP-PA 9 🖯	l Other l Unk	active 9 🗖 Unk	20. What SURVEILLA	NCE stage of syphilis did mother have	e	
b / / 9 D link 1 D EIA or CLIA 3 D		active 9 □ I Ink	during pregnancy 1 ☐ primary 3 ☐	r? (Footnote A) ☑ early latent 8 ☐ Othe	er	
Mo. Day Yr. 9 G Olik 2 D TP-PA 9 D	1 Unk	ictive 5 d onk	2 ☐ secondary 4 ☐	late or late latent 9 🗆 Unk		
<b>21.</b> When did mother receive her first dose of benzathine penicilling		1101	id mother have an appr es, appropriate respons	ropriate serologic response? (Footnote B	3)	
//	1 □ 2.4 M units benzathine p 2 □ 4.8 M units benzathine p	penicillin 2 🗆 N	lo, inappropriate respons	onse: evidence of treatment failure or reinfection e determined from available non-treponemal		
2 🗆 1st trimester 5 🗀 No Treatment (Go to Q24)	3 ☐ 7.2 M units benzathine   8 ☐ Other 9 ☐	titer information		·		
3 and trimester 9 and Unk		4 4 1	Not enough time for tite	r to change		
PART II. INFANT/CHILD INFORMATION  24. Date of Delivery: 9 □ Unk 25. Vital status:		36 la dianta d	ere of deaths OFILIAL	<b>27.</b> Birthweight (in grams): 9	D. Hali	
/ 1 \( \text{Alive (Go to Q27)} \) 3	□ Stillborn (Go to Q27) (Footnote C)	<b>26.</b> Indicate date of death: 9 ☐ Un		nk <b>27.</b> Birthweight (in grams): 9 □ Unk		
	Unknown (Go to Q27)	Mo. Day	Yr.			
28. Estimated gestational age (in weeks): 99 ☐ Unk (If infant was stillborn go to Q37)	29. a) Did infant/ child have a read non-treponemal test for syphil		<b>b)</b> When was the infar first reactive <b>non-trep</b>	onemal child's non-treponemal		
<b>30. a)</b> Did infant/child have a reactive <b>treponemal</b> test for syphilis?	(eg., VDRL, RPR) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9	□ Unk	test for syphilis?	for syphilis:		
(footnote D) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk b) When was the infant/child's first reactive <b>treponemal</b> test	(Go to Q30 unless reactive)		///	1: <u></u>		
for syphilis? (footnote D)///	<b>31.</b> Did the infant/child, placenta, of 1 ☐ Yes, positive 2 ☐ Yes, n				□ Unk	
<b>32.</b> Did the Infant/child have any signs of CS? (check all that apply)	no signs/asymptomatic (Footnote E)			snuffles		
	oseudo paralysis 🔲 edema	□ oth		Unk		
<b>33.</b> 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	<b>34.</b> Did the infant 1 ☐ Yes, reacti	:/child have a CSF-VDRL ve 2 🗖 Yes, noni		□ 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 e		ted 4 □ ne	either test elevated	5 ☐ No test 9 ☐ Unk		
<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 🖵 No	o treatment 9 🗖 Unk		
	Classification:					
1 □ Not a case 2 □ Confirmed case			4 🗖 Probable case			
(Laboratory confirmed identification of <i>T.pallidum</i> , e.g., darkfi	eld exam, DFA, or special stains) (Footi	note C)		orithm, which is not a confirmed case or syphilitic s		
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing inst unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of	uctions coarrhing oxisting data courses anthoring and maintain! et - 1-e-	needed and completing and material	a the collection of information. An agenc	est conduct or chooses and a norgan is not required to record to a collision of		

CDC 73.126 REV. 02/2013





U.S. Department of Health and Human Services Centers for Disease Control and Prevention, Atlanta, GA 3033:

# CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

ASE ID	No.:		

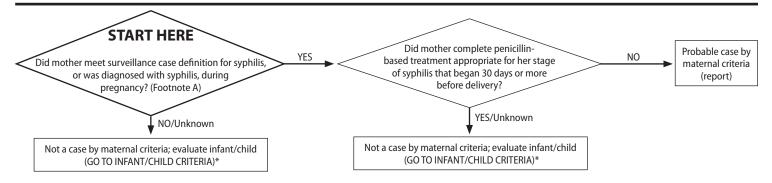
and Prevention, Atlanta, GA 30333	Form A	pproved OMB No. 0920-0128	Exp. Date: 02/	2016	Local Use ID No.:	
1. Report date to health dept. 9 ☐ Unk	<b>2.</b> Re	porting state FIPS code:	9 🗆	l Unk	3. Reporting county FIP	S code: 9 🗆 Unk
/		Reporting State	Name			porting County Name
PART I. MATERNAL INFORMATION	·			·		
4. Mother's state FIPS code:	other's Residence State	9 □ Unk	5. Mother's C	ountry of residence:	Mother's Country o	 f Residence
<b>6.</b> Mother's residence county FIPS code: 9	□ Unk <b>7.</b> Mc	other's residence ZIP code:	8. Mother's d	ate of birth:	9. Mother's	obstetric history:
Mother's County of Residence		9 🗆 Unk	/ Mo. Day	/ 9 🗖 Unk		P P
10. Last menstrual period (LMP) (before delivery):/ / / 9 □ Unk Day Yr.				care (Go to Q12)	b) Indicate trimester of  1  1st trimester  3  3rd trimester	first prenatal visit: 2
<b>12.</b> Mother's ethnicity: 2 □ Non-Hispanic 1 □ Hispanic or Latino 9 □ Unk				nerican Indian/Alaska Native Pacific Islander		ican American
14. Did mother have non-treponemal or treponemal tess a) first prenatal visit? b) 28–32 weeks g 1 □ Yes 2 □ No 9 □ Unk 1 □ Yes 2 □	estation?	c) delivery? 1	1 🗆 :		☐ Separated/Divorced☐ Widow	8 □ Other 9 □ Unk
<b>16.</b> Indicate during pregnancy and delivery, dates and re  Date a// 9 □ Unk 1 □	Resu	-	emal tests: Titer 1:	P 🖵 positive	's HIV status during pregr E □ equivoca sted N □ negative	l test
b//9 □ Unk 1 □ Mo. Day Yr.	Reactive 2 🗆 No	onreactive 9 🗖 Unk	1:	pregnancy?	tage of syphilis did moth	
17. Indicate during pregnancy, date, type, and result of a Date	a) first and <b>b)</b> mos est Type	t recent <b>treponemal</b> tests:  Results		2 🗖 secondary 5	I □ late or late latent □ previously treated/se □ Other	9 □ Unk rofast
1 □ EIA or a// 9 □ Unk 2 □ TP-PA	CLIA 3 🗖 Other 9 🗖 Unk	1 ☐ Reactive 2 ☐ Nonre	active 9 🗖 U	20. What SURVEILLA during pregnancy	NCE stage of syphilis did	mother have
b//9 □ Unk 1 □ EIA or 2 □ TP-PA	CLIA 3 □ Other 9 □ Unk	1 ☐ Reactive 2 ☐ Nonre	eactive 9 🗖 U	Ink 1 □ primary 3 □ 2 □ secondary 4 □	a early latent I late or late latent	8 ☐ Other 9 ☐ Unk
21. When did mother receive her first dose of benzathing    / ay / Yr.     1   Before pregnancy		22. What was mother's trea  1	penicillin penicillin penicillin	23. Did mother have an appr  □ Yes, appropriate respons  □ No, inappropriate respons  □ No inappropriate be could not	se: evidence of treatment f determined from available	failure or reinfection
Part II. Infant/Child Information						
24. Date of Delivery: 9 ☐ Unk ☐ / / / 1 ☐ Alive (60 to Q27)  Mo. Day Yr. 2 ☐ Born alive, there		born (Go to Q27) (Footnote C) known (Go to Q27)		te date of death: 9 🗖 Unk	27. Birthweight (in	n grams): 9 🗖 Unk
28. Estimated gestational age (in weeks): 99 ☐ Unk (If infant was stillborn go to Q37)	n	) Did infant/ child have a rea on-treponemal test for syph eg., VDRL, RPR)		<b>b)</b> When was the infar first reactive <b>non-trep</b> test for syphilis?	,	iter of infant/ treponemal test
30. a) Did infant/child have a reactive <b>treponemal</b> test for (footnote D) 1 □ Yes 2 □ No 3 □ No test 9 □ U. b) When was the infant/child's first reactive <b>trepone</b>	or syphilis? 1 🗖 Y	/es 2 □ No 3 □ No test 9 Q30 unless reactive)	Unk	////	1: <u></u>	-
for syphilis? (footnote D)////	<b>31.</b> D	oid the infant/child, placenta,  Yes, positive 2 Yes, r			al stains? elesions and no tissue to	test 9 □ Unk
<b>32.</b> Did the Infant/child have any signs of CS? (check all that ☐ hepatosplenomegaly ☐ jaundice/hepatit		ns/asymptomatic (Footnote E) paralysis 🔲 edema		,	snuffles ☐ syp Unk	ohilitic skin rash
33. Did the infant/child have long bone X-rays? 1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no	signs of CS 3	□ No X-rays 9 □ Unk	<b>34.</b> Did the ir 1 ☐ Yes, re	nfant/child have a CSF-VDRL eactive 2 🗖 Yes, non		est 9 □ Unk
<b>35.</b> Did the infant/child have a CSF WBC count or CSF pro 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, Co	otein test? <i>(Footnote</i> SF protein elevate	•	ated 4	☐ neither test elevated	5 ☐ No test 9	□ Unk
<b>36.</b> Was the infant/child treated? ("2" is an obsolete response, 1 ☐ Yes, with aqueous or procaine penicillin for 10 da		th benzathine penicillin x 1	4 ☐ Yes, witl	n other treatment 5 🗖 No	o treatment 9 🗖 Unk	
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION	37. Classifi	ication:				
1 □ Not a case 2 □ Confirmed case (Laboratory confirmed identification of <i>I.pallid</i>	um, e.g., darkfield exam		yphilitic stillbi tnote C)		orithm, which is not a confirmed c	ase or syphilitic stillbirth)
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other as	time for reviewing instructions, search sect of this collection of information, i	hing existing data sources, gathering and maintaining the dat including suggestions for reducing this burden to CDC/ATSDR	ta needed, and completing and Reports Clearance Officer, 160	d reviewing the collection of information. An agency may n O Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0!	ot conduct or sponsor, and a person is not required t 920-0128). Do not send the completed form to this	to respond to a collection of information address.

Mother's Name:					
<u>-</u>		Chart No:		Mother's Case ID No:	
Address:(Number, Street, City, State)	(Zip code)	OB/Gyn:		Phone No: ()	
Infants Name:	Chart No: Deliver	ing Physician:		Phone No: ()	
Address:  (Number, Street, City, State)  Infants Name:  Pediatrician:	Phone No: ()  - Patient identifier information is r	oot transmitted to	CDC-	Delivering Hospital:	
				Other geographic unit:	
U.S. Department of Health and Human Services	CONGENITAL SYPI SE INVESTIGATION		)PT	CASE ID No.:	
Centers for Disease Control and Prevention, Atlanta, GA 30333	Form Approved OMB No. 0920-0128			Local Use ID No.:	
1. Report date to health dept. 9 □ Unk	2. Reporting state FIPS code:	9 <b>□</b> Un	k	3. Reporting county FIPS code: 9	Unk
//					
Mo. Day Yr.	Reporting State	Name		Reporting County	Name
PART I. MATERNAL INFORMATION	م الحال	F Mathania Carr			
<b>4.</b> Mother's state FIPS code:  Mother's Reside	9 🗆 Unk ence State	(leave blank if USA)	try of residence:	Mother's Country of Residence	_
<b>6.</b> Mother's residence county FIPS code: 9 □ Unk	7. Mother's residence ZIP code:	8. Mother's date	of birth:	9. Mother's obstetric his	tory:
Mother's County of Residence	9 🗆 Unk	// Mo. Dav	9 □ Unk	G P (G=pregnancies, P=live birth	
10. Last menstrual period (LMP) (before delivery):	11. a) Indicate date of first prenata	<u> </u>		<b>b)</b> Indicate trimester of first prenata	
//		□ No prenatal car □ Unk	re (Go to Q12)	1 ☐ 1st trimester 2 ☐ 2nd tr 3 ☐ 3rd trimester 9 ☐ Unk	imester
<b>12.</b> Mother's ethnicity: 2 □ Non-Hispanic or Latino 1 □ Hispanic or Latino 9 □ Unk	<b>13.</b> Mother's race: (check all that a ☐ Asian ☐ Native Hav	apply) 🔲 Amerio vaiian or Other Pac	can Indian/Alaska Native cific Islander 🔲 W	e □ Black or African Americ /hite □ Other □ U	
14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? b) 28–32 weeks gestation?	a) dolivora?		's marital status:	B ☐ Separated/Divorced 8 ☐ 0	1+h o r
a) first prenatal visit? b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk 1 ☐ Yes 2 ☐ No 9 ☐	<b>c)</b> delivery? Unk 1 ☐ Yes 2 ☐ No 9 ☐ I			3 □ Separated/Divorced       8 □ 0         4 □ Widow       9 □ U	
<b>16.</b> Indicate during pregnancy and delivery, dates and results of <b>a</b> )			<b>18.</b> What was mother P □ positive	's HIV status during pregnancy? E □ equivocal test	
<u>Date</u> a//9 □ Unk	Results 2 □ Nonreactive 9 □ Unk	<u>Titer</u> 1:	X D patient not te		Unk
b/	2 ☐ Nonreactive 9 ☐ Unk	1:		tage of syphilis did mother have duri	ng
17. Indicate during pregnancy, date, type, and result of a) first and	h) most recent trenonemal tests:		pregnancy? 1 □ primary 4	4 ☐ late or late latent 9	□ Unk
Date Test Type	Results			5 □ previously treated/serofast 3 □ Other	
1 🗖 EIA or CLIA 3 🗓				INCE stage of syphilis did mother have	ve
a					
1 D FIA or CLIA 3 I	1 Other		during pregnancy		er
b / / 9 D Hok 1 D EIA or CLIA 3 D			1 □ primary 3 Ū	y? (Footnote A) □ early latent 8 □ Oth □ late or late latent 9 □ Unk	
b/	Other 1 Reactive 2 Nonre	eactive 9 🗆 Unk	1 ☐ primary 3 ☐ 2 ☐ secondary 4 ☐ Did mother have an appropriate the secondary and appropriate the secondary are secondary.	□ early latent 8 □ Oth □ late or late latent 9 □ Unk ropriate serologic response? (Footnote	
b//	Other 1 Reactive 2 Nonre 2. What was mother's trea 1 2.4 M units benzathine	tment? 23.[ penicillin penicillin	1  primary 3  2  secondary 4  5 Did mother have an approyes, appropriate response. No, inappropriate response.	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote see see see evidence of treatment failure or rein	B)  nfection
b/	? 22. What was mother's trea 1 \( \text{ 2 \ A M units benzathine} \) 2 \( \text{ 4.8 M units benzathine} \) 3 \( \text{ 7.2 M units benzathine} \)	tractive 9 Unk  tment? penicillin penicillin penicillin	1  primary 3  2  secondary 4  5 Did mother have an approyes, appropriate response. No, inappropriate response.	□ early latent 8 □ Oth □ late or late latent 9 □ Unk ropriate serologic response? (Footnote	B)  nfection
b//	? 22. What was mother's trea 1 \( \text{ 2 \ A M units benzathine} \) 2 \( \text{ 4.8 M units benzathine} \) 3 \( \text{ 7.2 M units benzathine} \)	tment? 9 Unk tment? 23.[ penicillin penicillin penicillin penicillin	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be o	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote see see: evidence of treatment failure or reindetermined from available non-trepo	B)  nfection
b//	? 22. What was mother's trea 1 \( \text{ 2 \ A M units benzathine} \) 2 \( \text{ 4.8 M units benzathine} \) 3 \( \text{ 7.2 M units benzathine} \)	tment? penicillin penicillin penicillin Unk   23. [ 2  ] 2  ] 3  ] 4  ]	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be of titer information Not enough time for tite	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote seese: evidence of treatment failure or reindetermined from available non-treporer to change	B)  nfection  onemal
b//	? 22. What was mother's trea 1 \( \text{ 2 \ A M units benzathine} \) 2 \( \text{ 4.8 M units benzathine} \) 3 \( \text{ 7.2 M units benzathine} \)	tment? penicillin penicillin penicillin Unk   23. [ 2  ] 2  ] 3  ] 4  ]	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be of titer information	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote seese: evidence of treatment failure or reindetermined from available non-treporer to change	B)  nfection
b//	? 22. What was mother's trea 1 \( \text{ 2 \text{ Nonre}} \) 22. What was mother's trea 1 \( \text{ 2 \text{ 4.8 M units benzathine}} \) 2 \( \text{ 4.8 M units benzathine} \) 3 \( \text{ 7.2 M units benzathine} \) 8 \( \text{ Other} \) 9 \( \text{ 9.1} \)	tment? penicillin penicillin penicillin Unk   23. [ 2  ] 2  ] 3  ] 4  ]	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be of titer information Not enough time for tite	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote seese: evidence of treatment failure or reindetermined from available non-treporer to change	B)  nfection  onemal
b//	22. What was mother's trea  1 2.4 M units benzathine 2 4.8 M units benzathine 3 7.2 M units benzathine 8 0ther 9  Unknown (Go to Q27) (Footnote C) Unknown (Go to Q27)  29. a) Did infant/ child have a rea non-treponemal test for syph	penicillin penicillin Unk  23. [1 2 2 ] penicillin penicillin penicillin	1   primary   3   2   secondary   4   5   Did mother have an approves, appropriate responseons, inappropriate responseons could not be of titer information   Not enough time for titer   Internal   1   1   1   Internal   2   1   Internal   3   1   Internal   4   1   Internal   5   1   Internal   6   1   Internal   7   1   Internal   7   1   Internal   7   Internal   7   Internal   1   Internal	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote sees exidence of treatment failure or reindetermined from available non-treport to change  27. Birthweight (in grams): 9 □ □ □ □ □  nt/child's c) Indicate titer of infant child's non-treponema	B)  Infection onemal
b//	22. What was mother's trea  1 2.4 M units benzathine 2 4.8 M units benzathine 3 7.2 M units benzathine 8 Other 9 ( Unknown (Go to Q27) (Footnote C) Unknown (Go to Q27)  29. a) Did infant/ child have a rea non-treponemal test for syph (eg., VDRL, RPR) 1 Yes 2 No 3 No test 9	penicillin penicillin penicillin Dunk  23. [1 2 2 3] 2 1 3 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	1   primary   3   2   secondary   4   Did mother have an appryes, appropriate responsive, inappropriate responsive, inappropriate responsive could not be ditter information. Not enough time for tite late of death: 9   Unleading to the late of dea	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote see see: evidence of treatment failure or reindetermined from available non-treport to change  27. Birthweight (in grams): 9  □ □ □ □ □ □  nt/child's c) Indicate titer of infant child's non-treponema for syphilis:	B)  Infection onemal
b//	22. What was mother's trea  1	penicillin penicillin penicillin d'unk  23. [1	1   primary   3   2   secondary   4   Did mother have an appryes, appropriate responsive, inappropriate responsive, inappropriate responsive could not be ditter information. Not enough time for tite late of death: 9   Unleading to the late of dea	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote see see: evidence of treatment failure or reindetermined from available non-treport to change  27. Birthweight (in grams): 9  □ □ □ □ □ □ □  nt/child's c) Indicate titer of infant child's non-treponema for syphilis:  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	B)  Infection onemal
b//	22. What was mother's trea  1 2.4 M units benzathine 2 4.8 M units benzathine 3 7.2 M units benzathine 8 Other 9 ( Unknown (Go to Q27) (Footnote C) Unknown (Go to Q27)  29. a) Did infant/ child have a rea non-treponemal test for syph (eg., VDRL, RPR) 1 Yes 2 No 3 No test 9	penicillin penicillin penicillin Dunk  26. Indicate do// Mo.  26. Indicate do// Day  active ilis?	ate of death:  ate of death:  b) When was the infar first reactive non-trest test for syphilis?  b) When was the infar first reactive non-trest test for syphilis?    Day	□ early latent 8 □ Othe □ late or late latent 9 □ Unk  ropriate serologic response? (Footnote sees exidence of treatment failure or reindetermined from available non-treport to change  27. Birthweight (in grams): 9  □ □ □ □ □  nt/child's c) Indicate titer of infant child's non-treponema for syphilis:  □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	B)  Infection onemal
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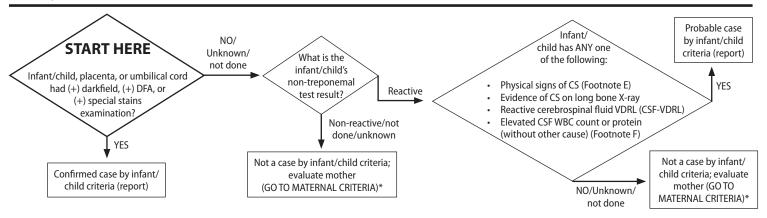
CDC 73.126 REV. 02/2013

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

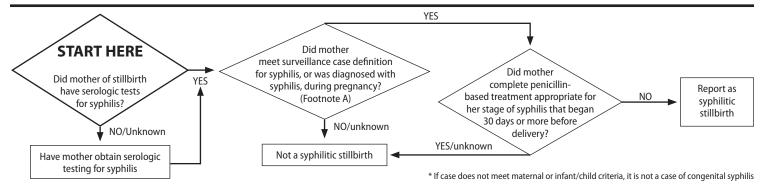
### MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



### 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 ≥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 <u>appropriate serologic response</u> 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 <u>inappropriate serologic response</u> 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/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.