

**LOCAL USE ONLY**

Mother's Name: \_\_\_\_\_ Chart No.: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ (Number, Street, City, State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 Infant's Name: \_\_\_\_\_ Chart No.: \_\_\_\_\_ Delivering Physician: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 Pediatrician: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

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

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**CDC**  
 DEPARTMENT OF HEALTH & HUMAN SERVICES  
 CENTERS FOR DISEASE CONTROL AND PREVENTION  
 ATLANTA, GA 30333

**CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT**

**CASE ID No.:** (1-7) \_\_\_\_\_  
**Local Use ID No.:** \_\_\_\_\_

**Form Approved OMB No. 0920-0128 Exp. Date: 12/31/2009**

**PART I. MATERNAL INFORMATION**

1. Report date to health dept. \_\_\_\_\_ (8-15)  Unk

2. Reporting state FIPS code: \_\_\_\_\_ (16-17) Reporting State Name \_\_\_\_\_  Unk

3. Reporting county FIPS code: \_\_\_\_\_ (18-20) Reporting County Name \_\_\_\_\_  Unk

4. Reporting city FIPS code: \_\_\_\_\_ (21-24) Reporting City Name \_\_\_\_\_  Unk

5. Other geographic unit (optional): \_\_\_\_\_ (25-27)

6. Country of residence: (leave blank if USA) \_\_\_\_\_ (28-30) Country of Residence \_\_\_\_\_

7. State FIPS code: \_\_\_\_\_ (31-32) Residence State Name \_\_\_\_\_  Unk

8. Residence county FIPS code: \_\_\_\_\_ (33-35) Residence County Name \_\_\_\_\_  Unk

9. Residence city FIPS code: \_\_\_\_\_ (36-39) Residence City Name \_\_\_\_\_  Unk

10. Residence zip code: \_\_\_\_\_ (40-44)  Unk

11. Mother's date of birth: \_\_\_\_\_ (45-52)  Unk

12. Mother's ethnicity: (53)  
 1  Hispanic or Latino 9  Unk  
 2  Not-Hispanic or Latino

13. Mother's race: (Code 1 for all that apply)  
 (54)  American Indian/Alaska Native (55)  Asian (56)  Black or African American  
 (57)  Native Hawaiian or Other Pacific Islander (58)  White (59)  Unk

14. Mother's marital status: (60)  
 1  Single, never married 3  Separated/Divorced 8  Other  
 2  Married 4  Widow 9  Unk

15. Last menstrual period (LMP) (before delivery) \_\_\_\_\_ (61-68)  Unk

16. Did mother have prenatal care? (69)  
 1  Yes 9  Unk (Go to Q19)  
 2  No (Go to Q19)

17. Indicate date of first prenatal visit: \_\_\_\_\_ (70-77)  Unk

18. Indicate number of prenatal visits: \_\_\_\_\_ (78-79)  Unk

19. Did mother have a nontreponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or soon after delivery within 3 days? (80)  
 1  Yes 2  No (Go to Q21) 9  Unk (Go to Q21)

20. Indicate dates and results of nontreponemal tests: (list the most recent first)

Date	Results	Titer
Mo. Day Yr.		
a. _____ (81-88) <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (89)	1: _____ (90-93)
b. _____ (94-101) <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (102)	1: _____ (103-106)
c. _____ (107-114) <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (115)	1: _____ (116-119)
d. _____ (120-127) <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (128)	1: _____ (129-132)

21. Did mother have confirmatory treponemal test result (e.g., FTA-ABS or TP-PA)? (133) (Footnote a)  
 1  Yes, reactive 3  No test  
 2  Yes, nonreactive 9  Unk

22. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? (134) (Footnote a)  
 1  Yes, positive 3  No test of lesions 9  Unk  
 2  Yes, negative 4  No lesions present

23. Before this delivery, when was mother last treated for syphilis? (135)  
 1  Before pregnancy (Go to Q24) \_\_\_\_\_ (136-143)  
 2  During pregnancy (Go to Q25) 3  No Treatment (Go to Q27) 9  Unk (Go to Q27)

24. Before pregnancy, was mother's treatment adequate? (144) (Footnote b)  
 1  Yes, adequate (Go to Q26) 9  Unk (Go to Q27)  
 2  No, inadequate (Go to Q27)

25. During pregnancy, was mother's treatment adequate? (145) (Footnote b)  
 1  Yes, adequate 3  No, inadequate: penicillin therapy begun < 30 days before delivery (Go to Q27)  
 2  No, inadequate: non-penicillin therapy 4  Unknown (Go to Q27)

26. An appropriate serologic response? (146) (Footnote c)  
 1  Yes, appropriate response with adequate serologic follow-up during pregnancy 3  No, inappropriate response: evidence of treatment failure or reinfection  
 2  Yes, appropriate response but no follow-up serologic titers during pregnancy 4  No, response was equivocal or could not be determined from available nontreponemal titer information

**PART II. INFANT INFORMATION**

27. Date of Delivery: \_\_\_\_\_ (147-154)  Unk

28. Vital status: (155)  
 1  Alive (Go to Q30) 3  Stillborn (Go to Q31) (Footnote d)  
 2  Born alive, then died 9  Unk (Go to Q30)

29. Indicate date of death: \_\_\_\_\_ (156-163)  Unk

30. Gender: (164)  
 1  Male 2  Female 9  Unk

31. Birthweight (in grams) \_\_\_\_\_ (165-168)  Unk

32. Estimated gestational age (in weeks) \_\_\_\_\_ (169-170) (If infant was stillborn go to Q42)  Unk

33. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? (171)  
 1  Yes 2  No 3  No test 9  Unk

b) When was the infant/child's first reactive non-treponemal test for syphilis? (172-179) \_\_\_\_\_ (180-183) 1: \_\_\_\_\_

c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? (180-183) 1: \_\_\_\_\_

34. a) Did infant/child have a reactive treponemal test for syphilis (e.g., FTA-ABS, TP-PA)? (184)  
 1  Yes 2  No 3  No test 9  Unk

b) When was the infant/child's first reactive treponemal test for syphilis? (185-192) \_\_\_\_\_ (185-192)

35. Did the infant/child have any classic signs of CS? (193) (Footnote e)  
 1  Yes 2  No, asymptomatic infant/child 9  Unk.

**Laboratory Confirmation** 36. Did the Infant/child have a darkfield exam or DFA-TP? (194)  
 1  Yes, positive 3  No test  
 2  Yes, negative 9  Unk.

37. Did the infant/child have an IgM-specific treponemal test? (195) (Footnote f)  
 1  Yes, reactive 3  No test  
 2  Yes, nonreactive 9  Unk.

**Infant/Child Evaluation**

38. Did the infant/child have long bone X-rays? (196)  
 1  Yes, changes consistent with CS 3  No xrays  
 2  Yes, no signs of CS 9  Unk.

39. Did the infant/child have a CSF-VDRL? (197)  
 1  Yes, reactive 3  No test  
 2  Yes, nonreactive 9  Unk.

40. Did the infant/child have a CSF cell count or CSF protein test? (198) (Footnote g)  
 1  Yes, one or both elevated 3  No test  
 2  Yes, both not elevated 9  Unk.

41. Was the infant/child treated? (199)  
 1  Yes, with Aqueous or Procaine Penicillin for ≥ 10 days 3  Benzathine penicillin x 1  
 2  Yes, with Ampicillin followed by Aqueous or Procaine Penicillin for a total ≥ 10 days 4  Yes, with other treatment  
 5  No treatment 9  Unk.

**PART III. Congenital Syphilis Case Classification** 42. Classification (200)

1  Not a case 2  Confirmed case (Laboratory confirmed identification of *T. pallidum*, e.g., darkfield or direct fluorescent antibody positive lesions) 3  Syphilitic stillbirth (Footnote d) 4  Presumptive case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth).

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