

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)
 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)

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)

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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