

**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)  Unk  
 3. Reporting county FIPS code: \_\_\_\_\_ (18-20)  Unk  
 4. Reporting city FIPS code: \_\_\_\_\_ (21-24)  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)  Unk  
 8. Residence county FIPS code: \_\_\_\_\_ (33-35)  Unk  
 9. Residence city FIPS code: \_\_\_\_\_ (36-39)  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  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 x-rays  
 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).

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-24, Atlanta, GA 30333. ATTN: PRA (0920-0128). Do not send the completed form to this address.



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CENTERS FOR DISEASE CONTROL and PREVENTION  
ATLANTA, GA 30333

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

CASE ID No.: (1-7)

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

Local Use ID No.:

**PART I. MATERNAL INFORMATION**

1. Report date to health dept.  Unk  
Mo. / Day / Yr. (8-15)

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

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

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

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

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

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

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

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

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

11. Mother's date of birth:  Unk  
Mo. / Day / Yr. (45-52)

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)  Unk  
Mo. / Day / Yr. (61-68)

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:  Unk  
Mo. / Day / Yr. (70-77)

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

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?  
1  Before pregnancy (Go to Q24) (135) Mo. / Day / Yr. (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:  Unk  
Mo. / Day / Yr. (147-154)

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:  Unk  
Mo. / Day / Yr. (156-163)

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

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

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

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)  
Mo. / Day / Yr.

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)  
Mo. / Day / Yr.

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 x-rays  
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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**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 -

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

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

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

Local Use ID No.: \_\_\_\_\_

**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)  
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 1  Yes, appropriate response with adequate serologic follow-up during pregnancy 3  No, inappropriate response: evidence of treatment failure or reinfection  
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**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).

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-24, Atlanta, GA 30333. ATTN: PRA (0920-0128). Do not send the completed form to this address.

- Footnotes: a)** For the case definition of congenital syphilis (CS), the mother must have evidence of syphilis by one of the following tests: 1) a syphilitic lesion at the time of delivery proven by positive darkfield or direct fluorescent antibody (DFA) examination; or 2) a reactive treponemal test (e.g., FTA-ABS, MHA-TP). A treponemal test on the mother may not be available for an infant evaluated outside the newborn period or a child with late CS. In these instances, the investigation may proceed on the basis of infant/child treponemal and nontreponemal tests. An attempt to obtain a maternal treponemal test should be made.
- b)** Adequate therapy in a non-pregnant woman should be one of the standard treatment regimens recommended for her particular stage of infection (See 2006 STD Treatment Guidelines).  
Adequate therapy in a pregnant woman is treatment with a penicillin regimen, appropriate for the mother's stage of syphilis, started at least 30 days before delivery (see 2006 STD Treatment Guidelines). Any non-penicillin treatment or penicillin treatment in the last 30 days of pregnancy is inadequate for the unborn child.
- c)** Appropriate response to therapy is a fourfold decline in non-treponemal titer by three months with primary or secondary syphilis, or a fourfold decline in non-treponemal titer by six months with early latent syphilis.  
An inappropriate response is less than a fourfold drop over the expected time period unless the patient is known to be serofast (see below). An equivocal response includes instances where it was difficult to assess adequate response because either no interim titers from treatment to delivery were available or insufficient time had passed between treatment and delivery. An unknown response includes those instances where titers before treatment and/or at delivery are not available. The infant/child of a mother with an equivocal or unknown response should be evaluated for CS.  
Special consideration is required in the case of a serofast patient. If a mother's titer was 1:1, 1:2, or 1:4 before pregnancy, there is evidence of adequate treatment, and at delivery her titer is still the same low level, she should be regarded as serofast. Stop the case investigation; this is not a case.
- d)** A syphilitic stillbirth is defined as 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 grams.
- e)** Signs of CS (usually in an infant or child <2 years old) include: condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice due to syphilitic hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or malnutrition). Stigmata in an older child may include: interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson's teeth, saddle nose, rhagades, or Clutton's joints.
- f)** The 19S-IgM-FTA-ABS is highly sensitive and specific in untreated neonatal syphilis. Other IgM-based treponemal tests are in use or in development. These are not yet considered standard tests of syphilis and should not be relied upon to define a case of CS. For specific questions regarding IgM-based treponemal test(s) being used in your area, contact the Division of STD Laboratory Research (404) 639-3446.
- g)** In the immediate newborn period, interpretation of these tests may be difficult; normal values vary with gestational age and are higher in preterm infants. CSF cell count and protein in a term or preterm infant should be interpreted by the clinician. Beyond the neonatal period, a CSF cell count >5 wbc/mm<sup>3</sup> or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

(See instruction booklet for more details)

