LOCAL USE ONLY

Mother's Name: _____ Chart 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
CENTERS FOR DISEASE CONTROL and PREVENTION
ATLANTA, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

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

CASE ID No.: (1-7) 212266

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

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

6. **State** FIPS code: ☐ Unk (31-32) Residence State Name

7. **Residence** county FIPS code: ☐ Unk (33-35) Residence County Name

8. **Residence** zip code: ☐ Unk (40-44)

9. **Mother's** date of birth: ☐ Unk — Mo. / Day / Yr. (45-52)

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

11. **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

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

13. **Last** menstrual period (LMP) (before delivery) ☐ Unk — Mo. / Day / Yr. (61-68)

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

15. **Indicate** date of first prenatal visit: ☐ Unk — Mo. / Day / Yr. (70-77)

16. **Indicate** number of prenatal visits: ☐ Unk (78-79)

17. **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)*

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

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

19. **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

20. **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

21. **Before** this delivery, when was mother last treated for syphilis? (135) Mo. / Day / Yr. (136-143)
1 ☐ Before pregnancy *(Go to Q24)*
2 ☐ During pregnancy *(Go to Q25)* 3 ☐ No Treatment *(Go to Q27)* 9 ☐ Unk *(Go to Q27)*

22. **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)*

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

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

PART II. INFANT INFORMATION

25. **Date** of Delivery: ☐ Unk — Mo. / Day / Yr. (147-154)

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

27. **Indicate** date of death ☐ Unk — Mo. / Day / Yr. (156-163)

28. **Gender:** (164)
1 ☐ Male 2 ☐ Female 9 ☐ Unk

29. **Birthweight** (in grams) ☐ Unk (165-168)

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

31. 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? Mo. / Day / Yr. (172-179)
c) **Indicate** titer of infant/child's first reactive **non-treponemal** test for syphilis? (180-183) 1: ___

32. 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? Mo. / Day / Yr. (185-192)

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

Laboratory Confirmation

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

35. **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

36. **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.

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

38. **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.

39. **Was** the infant/child treated? (199)
1 ☐ Yes, with Aqueous or Procaine Penicillin for ≥ 10 days
2 ☐ Yes, with Ampicillin followed by Aqueous or Procaine Penicillin for a total ≥ 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

40. **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).