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)

Local Use ID No.: _____

PART I. MATERNAL INFORMATION

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

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
__ __ / __ __ / __ __ __ __ (45-52)
Mo. Day Yr.

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

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
__ __ / __ __ / __ __ __ __ (70-77)
Mo. Day Yr.

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 (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)

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)***
__ __ / __ __ / __ __ __ __ (136-143)
Mo. Day Yr.

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
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)***

26. 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

27. Date of Delivery: ☐ Unk
__ __ / __ __ / __ __ __ __ (147-154)
Mo. Day Yr.

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
__ __ / __ __ / __ __ __ __ (156-163)
Mo. Day Yr.

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 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
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

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).

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)

Local Use ID No.: _____

PART I. MATERNAL INFORMATION

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

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
__ __ / __ __ / __ __ __ __ (45-52)
Mo. Day Yr.

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

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
__ __ / __ __ / __ __ __ __ (70-77)
Mo. Day Yr.

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 (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)

21. Did mother have confirmatory treponemal test result (e.g., FTA-ABS or TP-PA)? (133) (Footnote a)
1 ☐ Yes, reactive 3 ☐ No test
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1 ☐ Yes, positive 3 ☐ No test of lesions 9 ☐ Unk
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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)***
__ __ / __ __ / __ __ __ __ (136-143)
Mo. Day Yr.

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, adequate
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27. Date of Delivery: ☐ Unk
__ __ / __ __ / __ __ __ __ (147-154)
Mo. Day Yr.

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29. Indicate date of death ☐ Unk
__ __ / __ __ / __ __ __ __ (156-163)
Mo. Day Yr.

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)
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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)
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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)

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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
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15. Last menstrual period (LMP) (before delivery) ☐ Unk
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17. Indicate date of first prenatal visit: ☐ Unk
__ __ / __ __ / __ __ __ __ (70-77)
Mo. Day Yr.

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

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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 (Mo. Day Yr.)		Results				Titer
a.	__ __ / __ __ / __ __ __ __ (81-88)	☐ Unk	1 ☐ Reactive	2 ☐ Nonreactive	9 ☐ Unk (89)		1: __ __ __ __ (90-93)
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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)***
__ __ / __ __ / __ __ __ __ (136-143)
Mo. Day Yr.

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PART II. INFANT INFORMATION

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__ __ / __ __ / __ __ __ __ (147-154)
Mo. Day Yr.

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2 ☐ Born alive, then died 9 ☐ Unk ***(Go to Q30)***

29. Indicate date of death ☐ Unk
__ __ / __ __ / __ __ __ __ (156-163)
Mo. Day Yr.

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)
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Laboratory Confirmation

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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)
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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
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

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).

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 ^{3} or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

(See instruction booklet for more details)

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION ALGORITHM