Mother's Name:		Chart No.:	Dhara					
Notrier's Name:	rt Delivering		Phone No.: ()				
Infant's Name: Cha	.:: Ph	nysician:	Phone No.: ()				
Pediatrician: Phor		- Patient iden	tifier information is not transmit	ted to CDC -				
DEPARTMENT OF HEALTH & HUMAN SERVICES CASE ONTROL and PREVENTION CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT CASE ID No.: (1-7)								
PART I. MATERNAL INFORMATION	m Approved OMB No. 09	•	Talan is a second					
1. Report date to health dept. Mo. Day Yr. (8-15)	2. Reporting state FIPS code:	Unl	l	Unk				
4. Reporting city FIPS code:	5. Other geographic unit (optional		6. Country of residence: (leave blank if U	<u> </u>				
(21-24) Reporting City Name		(25-27)	(28-30) Countr	y of Residence				
7. State FIPS code:	8. Residence county FIPS code:		9. Residence city FIPS code:	Unk				
	<u> </u>							
(31-32) Residence State Name 10. Residence zip code: Unk 11. Mother's date of birth:	(33-35) R Unk 12. Mother's ethni	esidence County Name	(36-39) Re race: (Code 1 for all that apply)	sidence City Name				
///	1 Hispanic or La 2 Not-Hispanic	atino 9 Unk (54) America		□ Black or African American White (59) □ Unk				
14. Mother's marital status: (60) 1 Separated/ 8 Other	15. Last menstrual period (LMP)	(before delivery) Unk	16. Did mother have prenatal care? (69 1 ☐ Yes 9 ☐ Un	⁹⁾ k <i>(Go to Q19)</i>				
2 Married 4 Widow 9 Unk	//	Yr. (61-68)	2 No (Go to Q19)	K (40 10 Q 19)				
17. Indicate date of first prenatal visit:	18. Indicate number of prenatal v		19. Did mother have a nontreponemal to					
/ / /		(78-79)	1 _ " _ "	9 Unk <i>(Go to Q21)</i>				
20. Indicate dates and results of nontreponemal tests: (list the most recent first) Date Results Titer			21. Did mother have confirmatory trepo (e.g., FTA-ABS or TP-PA)? (133)(Foot					
Mo. Day Yr. a / / (81-88) ☐ Unk 1☐ Rea	1 Yes, reactive 3 No							
b / / (94-101) Unk 1 Rea	2 Yes, nonreactive 9 Unk 22. Did mother have darkfield or direct flu							
c / /(107-114) Unk 1 Rea	exam of lesions at delivery? (134) (F	ootnote a)						
	· ctive 2□ Nonreactive 9□ Unk (Yes, positive 3 No te	st of lesions 9 Unk sions present				
23. Before this delivery, when was mother last treated for syphilis?		24. Before pregnancy, was mo	<u> </u>	<u> </u>				
1 ☐ Before pregnancy (Go to Q24) 1 ☐ Yes, adequate (Go to Q26) 2 ☐ During pregnancy (Go to Q25) 3 ☐ No Treatment (Go to Q27) 9 ☐ Unk (Go to Q27) 2 ☐ No, inadequate (Go to Q27)								
25. During pregnancy, was mother's treatment adequate? (145) (Footnote b) 26. An appropriate serologic response? (146) (Footnote c) No, inappropriate response: evid								
ser < 30 days before delivery (Go to Q27)			yes, appropriate response with adequate treatment failure or reinfection serologic follow-up during pregnancy					
2 ☐ No, inadequate: non-penicillin therapy (Go to Q27) 4 ☐ Unknown	(Go to Q27)	2 Yes, appropriate response but no not be determined from available nontreponemal titer information						
PART II. INFANT INFORMATION Unk	28. Vital status: (155)	Stillborn (Go to Q31)	29. Indicate date of death	Unk				
//	27. Date of Delivery: 1 Alive (Go to Q30) 3 (Foo		(Footnote d)					
Mo. Day Yr. (147-154) 30. Gender: (164)	24 Birthuraight (in grams)		Mo. Day Yr. 32. Estimated gestational age (in weeks	(156-163) Unk				
1			(If infant was	stillborn go to Q42)				
33. a)Did infant/child have a reactive b) When was the infant/child	<u> </u>	5-168) f infant/child's 34 a) Div	(169-170)	the infant/child's first				
non-treponemal test for syphilis (e.g., VDRL, RPR)?(171)		on-treponemal tre s? (e.		reponemal test for syphilis? (185- (192) (192)				
35. Did the Infant/child have any classic signs of CS? (193)	Laboratory Confirmation 36. [Did the Infant/child have a larkfield exam or DFA-TP? (194)	37. Did the infant/child have an IgM-spe	cific treponemal test? (195				
(Footnote e) 1 ☐ Yes 2 ☐ No, asymptomatic 9 ☐ Unk. infant/child	1 ☐ Yes, positive 2 ☐ Yes, negative	3 No test	(Footnote f) 1 ☐ Yes, reactive 2 ☐ Yes, nonreactive	3 ☐ No test 9 ☐ Unk.				
Infant/Child Evaluation 38. Did the infant/child have long bone X-rays? 39. Did the infant/ CSF-VDRL?(1s	nt/child have a 40. Did the infant/child have a CSF cell 41. Was the infant/child treated? (199) Yes, with							
Yes, changes 1 Yes, changes 1 No xrays 1 Yes, reactive 2 Yes, no signs of CS 9 Unk. 2 Yes, reactive 2 Yes, no signs of CS	ive 3 □ No test 1 □ or both elevated 3 □ No test 2 □ Yes, with Ampicillin for ≥10 days 4 □ Yes, with other treatment by Aqueous or Procaine 5 □ No treatment			Yes, with other treatment No treatment				
nonreactive] = = :::,:	om not elevated 9 🔲 UNK.	Penicillin for a total ≥10 days 9	∐ Unk.				
PART III. Congenital Syphilis Case Classification (200) 1 Not a case 2 Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> , e.g., darkfield or direct fluorescent antibody positive lesions) 2 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 min	utes per response, including the time for revi	ewing instructions, searching existing data	a sources, gathering and maintaining the data needed, a	nd completing and reviewing the				

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.



DEPARTMENT OF HEALTH & HUMAN SERVICE CENTERS FOR DISEASE CONTR and PREVENTION ATLANTA, GA 30333	INVESTI	AL SYPHILIS (GATION AND)	REPORT	1 1 11 11	(1-7)
PART I. MATERNAL INFORMATION		No. 0920-0128 Ex	p. Date: 12/31	72003	
1. Report date to health dept.	k 2. Reporting state FIPS	S code:	Unk	3. Reporting county FIPS cod	e: Un
//	. l — . 	Daniel Controller		l — — —	Describe Or of News
Mo. Day Yr. (8-15		Reporting State Name		(18-20)	Reporting County Name
4. Reporting city FIPS code:	5. Other geographic un	iit (optional):		6. Country of residence: (leav	e blank if USA)
(21-24) Reporting City Name		(25-27)		(28-30)	Country of Residence
7. State FIPS code:	k 8. Residence county F	IPS code:	Unk	9. Residence city FIPS code:	☐ Un
(31-32) Residence State Name	(33-35)	Residence County N	Name	(36-39)	Residence City Name
10. Residence zip code: IIInk 11. Mother's date of birth:	'	ther's ethnicity: (53)		ce: (Code 1 for all that apply)	riesidence ony ivanie
//_	1 His	spanic or Latino 9 Unk	(54) American		Asian (56) ☐ Black or African America (58) ☐ White (59) ☐ Unk
14 Mother's marital status: (co)	()	riod (LMP) (before delivery)		16. Did mother have prenatal	care? (69)
1 Single, never married 3 Separated/ 8 Other		, (, , , , , , , , , , , , , , , , , ,	∐ Unk	1 Yes	9 Unk (Go to Q19)
2 Married 4 Widow 9 Unk		//	•	2 🗌 No (Go to Q19)	
17. Indicate date of first prenatal visit:	k 18. Indicate number o		Unk	19. Did mother have a nontre in pregnancy, at delivery, or	ponemal test (e.g., RPR or VDRL) soon after delivery within 3 days? (80
// / Yr. (70-77)		(78-79)		1 ☐ Yes 2 ☐ No (i	<i>Go to Q21)</i> 9 □ Unk <i>(Go to Q21)</i>
20. Indicate dates and results of nontreponemal tests: (list the m	ost recent first) <u>Results</u>	Tite	<u>r</u>	21. Did mother have confirma (e.g., FTA-ABS or TP-PA)?	atory treponemal test result ? (133)(Footnote a)
Mo. Day Yr. a / (81-88) ☐ Unk 1☐ F	Reactive 2 Nonreactive	9□Unk (89) 1:	(90-93)	1 ☐ Yes, reactive 2 ☐ Yes, nonreactive	3 No test
b / / (94-101)	leactive 2 Nonreactive	9□Unk (102) 1:	(103-106)		or direct fluorescent antibody (DFA)
c / / (107-114) Unk 1	Reactive 2 Nonreactive	9□Unk (115) 1:	(116-119)	exam of lesions at delivery	/? (134) (Footnote a) B No test of lesions 9 Unk
d / / (120-127) Unk 1	leactive 2 Nonreactive	9 Unk (128) 1:	(129-132)	I = ''	No lesions present
23. Before this delivery, when was mother last treated for syphili 1 Before pregnancy (Go to Q24) 2 During pregnancy (Go to Q25) 3 No Treatment	5) / /	(136-143) 1 Yes,	egnancy, was mot adequate <i>(Go to C</i> inadequate <i>(Go t</i> o	9 🗆 U	.4) (Footnote b) Jnk (Go to 027)
25. During pregnancy, was mother's treatment adequate? (145)	,		-	ponse? (146) (Footnote c)	lo, inappropriate response: evidence of
1 ☐ Yes, adequate 3 ☐ No, inc	dequate: penicillin therapy be lys before delivery (Go to Q	egun 1 1 Yes, 1 27) sero	appropriate respon logic follow-up duri	ise with adequate — — ti ind prednancy	reatment failure or reinfection
— No inadequate: non-penicillin therapy —	vn <i>(Go to Q27)</i>	- Vac annuantiata rasnan			lo, response was equivocal or could not be determined from available nontreponemal titer information
PART II. INFANT INFORMATION	28. Vital status: (155)	<u> </u>		29. Indicate date of death	Unk
27. Date of Delivery:	1 ☐ Alive (Go to	Q30) 3 ☐ Stillborn (Footnote	(Go to Q31)		
//	2 Born alive, t	, (1 00111011	,	/ Mo. Da	y Yr. (156-163)
Mo. Day Yr. (147-154) 30. Gender: (164)	31. Birthweight (in gra	•		32. Estimated gestational age	
1 Male 2 Female 9 Unk	- ST. Bittilweight (III gra		∐Unk	//f in	e (in weeks) Unk
33. a)Did infant/child have a reactive b) When was the infant/c	hild's first reactive c) Ind i	(165-168)	34. a) Did	infant/child have a reactive b)) When was the infant/child's first
non-treponemal test for syphilis (e.g., VDRL, RPR)?(171)	for syphilis? first	t reactive non-treponemal for syphilis?	trep	onemal test for syphilis ., FTA-ABS, TP-PA)?(184)	reactive treponemal test for syphilis'
1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk — Mo. / — Day / — Day		180-183) 1:	_ 1□ Yes 2	□ No 3 □ No test 9 □ Unk	//
35. Did the Infant/child have any classic signs of CS? (193) (Footnote e)	Laboratory Confirmati	darkfield exam or	DFA-TP? (194)	37. Did the infant/child have a (Footnote f)	an IgM-specific treponemal test? (19
1 ☐ Yes 2 ☐ No, asymptomatic 9 ☐ Unk. infant/child	1 ☐ Yes 2 ☐ Yes		t	1 ☐ Yes, react 2 ☐ Yes, nonre	_
Infant/Child Evaluation 39. Did the infa	nt/child have a	. Did the infant/child have	a CSE cell	41. Was the infant/child treat	ed2 (199) V
38. Did the infant/child have long bone X-rays? (196) Yes, changes	(197)	count or CSF protein test (Footnote g) Yes, one or both elevated		1 ☐ Yes, with Aqueous or Pr Penicillin for ≥10 days	rocaine 3 Benzathine penicillin x 1 4 Yes, with other treatmer
consistent with CS 3 Unk. 2 Yes, real Yes, rea	I .	Yes, both not elevated		by Aqueous or Procaine Penicillin for a total ≥10	

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.

1 Not a case

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

2 \square Confirmed case (Laboratory confirmed identification of T.pallidum, e.g.,

darkfield or direct fluorescent antibody positive lesions)

3 Syphilitic stillbirth 4 Presumptive case (A case identified by the above algorithm, (Footnote d) which is not a confirmed case or syphilitic stillbirth).

Mother's Name:		Chart No.:	- Dhara					
Notrier's Name:	rt Delivering		Phone No.: ()				
Infant's Name: N	o.: Pt	nysician:	Phone No.: ()				
Pediatrician: Pho N		 – Patient iden 	tifier information is not transmitt	ted to CDC -				
DEPARTMENT OF HEALTH & HUMAN SERVICES CASE ID No.: CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT CASE ID No.: (1-7)								
PART I. MATERNAL INFORMATION	m Approved OMB No. 09	•	T					
1. Report date to health dept. Mo. Day Yr. (8-15)	2. Reporting state FIPS code: (16-17) Rep	University of the University of the University of Universi	l	Unk				
4. Reporting city FIPS code:	5. Other geographic unit (optiona		6. Country of residence: (leave blank if U	-				
(21-24) Reporting City Name		(25-27)	(28-30) Country	of Residence				
7. State FIPS code:	8. Residence county FIPS code:	Unk	9. Residence city FIPS code:	Unk				
	l							
(31-32) Residence State Name 10. Residence zip code: Unk 11. Mother's date of birth:	(33-35) Fi	icity: (53) 13. Mother's	ace: (Code 1 for all that apply)	sidence City Name				
//	1 Hispanic or La (45-52) 2 Not-Hispanic	atino 9 Unk (54) America		□ Black or African American White (59) □ Unk				
14. Mother's marital status: (60) 1 Single, never married 3 Separated/ 8 Other	15. Last menstrual period (LMP)	(before delivery) Unk	16. Did mother have prenatal care? (69	(Go to Q19)				
2 Married 4 Widow 9 Unk	//	Yr. (61-68)	2 No (Go to Q19)	((60 10 419)				
17. Indicate date of first prenatal visit:	18. Indicate number of prenatal v		19. Did mother have a nontreponemal te					
/ /		(78-79)	1	9 ☐ Unk <i>(Go to Q21)</i>				
20. Indicate dates and results of nontreponemal tests: (list the most recent first) Date Results Titer			21. Did mother have confirmatory trepor (e.g., FTA-ABS or TP-PA)? (133) (Footr					
Mo. Day Yr. a / / (81-88) ☐ Unk 1☐ Re.	1 Yes, reactive 3 No t							
b / / (94-101) Unk 1 Re	2 Yes, nonreactive 9 Unk 22. Did mother have darkfield or direct fluo							
c / / (107-114) Unk 1 Re	exam of lesions at delivery? (134) (Fo	ootnote a)						
d / / Unk 1 🗆 Re	active 2 Nonreactive 9 Unk (128) 1: (129-132)	1 _ '' _	st of lesions 9 Unk				
23. Before this delivery, when was mother last treated for syphilis? , , 24. Before pregnancy, was mother's treatment adequate? (144) (Footnote b)								
1 ☐ Before pregnancy (Go to Q24) 2 ☐ During pregnancy (Go to Q25) 3 ☐ No Treatment (€	Mo. Day Yr. (136-143) To to Q27) 9 Unk (Go to Q27)	1 ☐ Yes, adequate <i>(Go to</i> 2 ☐ No, inadequate <i>(Go</i>	,	Q27)				
25. During pregnancy, was mother's treatment adequate? (145) (*	26. An appropriate serologic re		priate response: evidence of				
1 ☐ Yes, adequate 3 ☐ No, inade < 30 days	serologic follow-up du	1 Yes, appropriate response with adequate serologic follow-up during pregnancy						
2 ☐ No, inadequate: non-penicillin therapy 4 ☐ Unknown	(Go to Q27)	2 Yes, appropriate responsible follow-up serologic tit	not be deterr	mined from available nal titer information				
PART II. INFANT INFORMATION Unk	28. Vital status: (155)	Stillborn (Go to Q31)	29. Indicate date of death	Unk				
1 Alive (Go to Q30) 3 Silinoth in Croombote		3 ☐ (Footnote d) 9 ☐ Unk (Go to Q30)	//					
Mo. Day Yr. (147-154) 30. Gender: (164)	31. Birthweight (in grams)		Mo. Day Yr. 32. Estimated gestational age (in weeks)	(156-163) Unk				
1 ☐ Male 2 ☐ Female 9 ☐ Unk		55-168)	(If infant was s	stillborn go to Q42)				
33. a)Did infant/child have a reactive non-treponemal test for non-treponemal test for	d's first reactive c) Indicate titer c r syphilis? first reactive n	of infant/child's 34. a) Did on-treponemal tre	d infant/child have a reactive b) When was ponemal test for syphilis reactive tree	the infant/child's first eponemal test for syphilis?				
syphilis (e.g., VDRL, RPR)?(171) 1 ☐ Yes 2 ☐ No 3 ☐ No test 9 ☐ Unk — Mo. / — Day / — Day	(172- test for syphili Yr. (180-183) 1	· · · · · · · · · · · · · · · · · · ·	g., FTA-ABS, TP-PA)?(184) 2□No 3□ No test 9□ Unk — _{Mo.} /-	/				
35. Did the Infant/child have any classic signs of CS? (193) (Footnote e)	Laboratory Confirmation 36. I	Did the Infant/child have a larkfield exam or DFA-TP? (194)	37. Did the infant/child have an IgM-spec	cific treponemal test? (195				
1 ☐ Yes 2 ☐ No, asymptomatic 9 ☐ Unk. infant/child	1 ☐ Yes, positive 2 ☐ Yes, negative	3 ☐ No test 9 ☐ Unk.	1 Yes, reactive 2 Yes, nonreactive	3 ☐ No test 9 ☐ Unk.				
Infant/Child Evaluation 38. Did the infant/child have long bone X-rays? 39. Did the infant CSF-VDRL?(1)	103, Will							
Yes, changes 1 Yes, changes 1 No xrays 1 Yes, react 2 Yes, no signs of CS 9 Unk. 2 Yes, no signs of CS	ive 3 □ No test 1 □ or both elevated 3 □ No test 2 □ Yes, with Ampicillin followed 5 □ No treatment by Aqueous or Procaine			No treatment				
PART III. Congenital Syphilis Case Classification (200) 2 □ nonreactive 9 □ Orik. 2 □ Yes, both not elevated 9 □ Orik. Penicillin for a total ≥ 10 days 9 □ Orik.								
1 Not a case 2 Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> , 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 mir	utes per response including the time for revi	ewing instructions, searching existing data	sources, gathering and maintaining the data needed, an	nd completing and reviewing the				

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- 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) <u>Appropriate response</u> 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 <u>inappropriate response</u> is less than a fourfold drop over the expected time period unless the patient is known to be serofast (see below). An <u>equivocal response</u> 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 <u>unknown response</u> 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 <u>serofast</u> 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)

