

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
CENTERS FOR DISEASE CONTROL AND PREVENTION
ATLANTA, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

CASE ID No.: (1-7) 212266

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. Mo. / Day / Yr. (8-15)
2. Reporting state FIPS code: (16-17) Reporting State Name
3. Reporting county FIPS code: (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: (31-32) Residence State Name
7. Residence county FIPS code: (33-35) Residence County Name

8. Residence zip code: (40-44)
9. Mother's date of birth: Mo. / Day / Yr. (45-52)
10. Mother's ethnicity: (53)
11. Mother's race: (Code 1 for all that apply)

12. Mother's marital status: (60)
13. Last menstrual period (LMP) (before delivery) Mo. / Day / Yr. (61-68)
14. Did mother have prenatal care? (69)

15. Indicate date of first prenatal visit: Mo. / Day / Yr. (70-77)
16. Indicate number of prenatal visits: (78-79)
17. Did mother have a nontreponemal test in pregnancy, at delivery, or soon after delivery within 3 days? (80)

18. Indicate dates and results of nontreponemal tests: (list the most recent first)
19. Did mother have confirmatory treponemal test result (e.g., FTA-ABS or TP-PA)? (133) (Footnote a)

20. Before this delivery, when was mother last treated for syphilis? (135)
21. Before pregnancy (Go to Q24)
22. During pregnancy (Go to Q25)
23. No Treatment (Go to Q27)
24. Unk (Go to Q27)

23. During pregnancy, was mother's treatment adequate? (145) (Footnote b)
24. An appropriate serologic response? (146) (Footnote c)

PART II. INFANT INFORMATION
25. Date of Delivery: Mo. / Day / Yr. (147-154)
26. Vital status: (155)
27. Indicate date of death: Mo. / Day / Yr. (156-163)

28. Gender: (164)
29. Birthweight (in grams) (165-168)
30. Estimated gestational age (in weeks) (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)
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)
32. a) Did infant/child have a reactive treponemal test for syphilis (e.g., FTA-ABS, TP-PA)? (184)
b) When was the infant/child's first reactive treponemal test for syphilis? (185-192)

33. Did the infant/child have any classic signs of CS? (193) (Footnote e)
34. Laboratory Confirmation
35. Did the infant/child have a darkfield exam or DFA-TP? (194)
36. Did the infant/child have an IgM-specific treponemal test? (195) (Footnote f)

Infant/Child Evaluation
36. Did the infant/child have long bone X-rays? (196)
37. Did the infant/child have a CSF-VDR? (197)
38. Did the infant/child have a CSF cell count or CSF protein test? (198) (Footnote g)
39. Was the infant/child treated? (199)

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).

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.