**Congenital Syphilis (CS) Case Investigation and Report Form**

**0920-0128**

# Attachment 3a

# Information content of proposed nationally notifiable congenital syphilis case report by data element

Form Approved:
OMB No. 0920-0128
Exp. Date: 00/00/0000



**Congenital Syphilis (CS) Case Investigation and Report Form**

The CS form is a carbonless three-copy form.

**Table 1.** Proposed data to be collected on the CS Case Investigation and Report Form by health agencies for submission to CDC:

Part I – Maternal Information (abstracted from medical record)

1. Report date to health department
2. Reporting state
3. Reporting county
4. Mother's state FIPS code and state of residence
5. Mother's Country of residence
6. Mother's county FIPS code and County of residence
7. Mother's residence zip code
8. Mother's date of birth
9. Mother's obstetric history
10. Mother's Last menstrual period (before delivery)
11. Date of first prenatal visit
12. Mother's ethnicity
13. Mother's race (other is an option, as data is abstracted from the medical record.)
14. Did mother have a non-treponemal or treponemol test at first prenatal visit, 22-28 weeks of gestation or delivery?
15. Mother's marital status
16. Dates and results of non-treponemal tests
17. Dates types and results of treponemal tests during pregnancy

18. Mother’s HIV status during pregnancy
19. Mother’s clinical stage of syphilis during pregnancy
20. Mother’s surveillance stage of syphilis during pregnancy
21. When did the mother receive her first dose of Benzathine penicillin?
22. What was mother’s treatment?
23. Did mother have an appropriate serologic response?

Part II – Infant/Child Information (abstracted from medical record)

24. Date of Delivery
25. Vital status
26. Date of death
27. Birth weight
28. Estimated gestational age
29. a) Did infant/child have a reactive non-treponemal test for syphilis?
    b) When was infant/child’s first reactive non-treponemal test for syphilis?
    c) Indicate titer of infant/child’s first reactive non-treponemal test for syphilis.
30. a) Did infant/child have a reactive treponemal test for syphilis?
    b) When was infant/child’s first reactive treponemal test for syphilis?
31. Did infant/child, placenta, or cord have a darkfield exam,DFA or special strains?
32. Did infant/child have any signs of CS?
33. Did infant/child have long bone X-rays?
34. Did infant/child have a CSF-VDRL?
35. Did infant/child have a CSF WBC count or CSF protein test?
36. Was infant/child treated?

Part III – Congenital Syphilis Case Classification

37. Classification

**Table 2.** Data elements collected on the CS Case Investigation and Report Form by health agencies, but NOT transmitted to CDC:

Mother’s Name

Mother’s Chart Number
Mother’s Case ID Number
Mother’s Address
Mother’s Phone Number
Infant’s Name
Infant’s Chart Number
Delivering Physician
Physician’s Phone Number
Pediatrician
Pediatrician’s Phone Number
Delivering Hospital
OB/GYN