

Form Approved

OMB No. 0920-0128

Expiration Date: 00/00/0000

Congenital Syphilis (CS) Case Investigation and Report Form

0920-0128

Attachment 3c

Local Use Only

Mother's Name: _____

Chart No.: _____

Mother's Case ID No.: _____

Address: _____
(Number, Street, City, State) (Zip Code)

(Zip Code)

Phone No.: () _____

Infant's Name: _____

Chart No.: _____

Delivering Physician: _____

Phone No.: () _____

Pediatrician n: _____

Phone No.: () _____

Delivering Hospital: _____

- Patient identifier information is **not** transmitted to CDC -

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: MM/YYYY

CASE ID No.: (1-7) _____

Local Use ID No.: _____

OB/Gyn: _____
Other geographic unit: _____

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR DISEASE CONTROL and PREVENTION
ATLANTA, GA 30333

1. Report date to health dept.
9 Unk

Mo. / Day / Yr.

2. Reporting state FIPS code: 9
 Unk

Reporting State Name

3. Reporting county FIPS code: 9
 Unk

Reporting County Name

PART I. MATERNAL INFORMATION

4. Mother's state FIPS code:
9 Unk
Mother's Residence State

5. Mother's Country of residence: (leave blank if USA)
Mother's Country of

6. Mother's residence county FIPS code: 9
 Unk
Mother's Residence County

7. Mother's residence ZIP code: 9
 Unk

8. Mother's date of birth: 9
 Unk
Mo. / Day / Yr.

9. Mother's obstetric history: G__ P__
(G=pregnancies, P=live births)

10. Last menstrual period (LMP) (before delivery) 9
 Unk
Mo. / Day / Yr.

11. a) Indicate date of first prenatal visit:
0 No prenatal care (Go to Q12) 9
 Unk
Mo. / Day / Yr.

b) Indicate trimester of first prenatal visit:
1 1st trimester 2 2nd trimester 3 3rd trimester

12. Mother's ethnicity: 1 Hispanic or Latino 2 Non-Hispanic or Latino 9 Unk

13. Mother's race: (check all that apply) American Indian/Alaska Native Asian Black or African American Pacific Native Hawaiian or Other Islander White Other Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? b) 28-32 weeks gestation? c) delivery?
1 Yes 2 No 9 Unk 1 Yes 2 No 9 Unk 1 Yes 2 No 9 Unk

15. Mother's marital status:
1 Single, never married 3 Separated/Divorced 8 Other
2 Married 4 Widow 9 Unk

16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests:
Date Mo. Day Yr. Results Titer
a. / / 9 1 Reactive 2 Nonreactive 9 Unk 1: _____
b. / / 9 Unk 1 Reactive 2 Nonreactive 9 Unk 1: _____

19. What CLINICAL stage of syphilis did mother have during pregnancy?
1 primary 3 early latent 5 previously treated/serofast 9
 Unk 8 Other

20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote a)
1 primary 3 early latent 9 Unk
2 secondary 4 late or late latent 8 Other

17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:
Date Mo. Day Yr. Test Type Results
a. / / 9 Unk 1 EIA or CLIA 3 Other 1 Reactive 2 Nonreactive 9 Unk
2 TP-PA 9 Unk e e
b. / / 9 Unk 1 EIA or CLIA 3 Other 1 Reactive 2 Nonreactive 9 Unk
2 TP-PA 9 Unk e Nonreactive Unk

21. When did mother receive her first dose of benzathine penicillin?
Mo. Day Yr.
1 Before pregnancy 3 2nd trimester 5 No Treatment (Go to Q24)
2 1st trimester 4 3rd trimester 9 Unk

18. What was mother's HIV status during pregnancy?
P positive E equivocal test X patient not tested
N negative U Unk

22. What was mother's treatment?
1 2.4 M units benzathine penicillin 3 7.2M units benzathine penicillin 9 Unk
2 4.8 M units benzathine penicillin 8 Other

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9
 Unk
Mo. / Day / Yr.

25. Vital status:
1 Alive (Go to Q27) 3 Stillborn (Go to Q27) (Footnote c)

26. Indicate date of death 9
 Unk
Mo. / Day / Yr.

23. Did mother have an appropriate serologic response? (Footnote b)
1 Yes, appropriate response 3 Response could not be determined from available non-treponemal titer information

	2 <input type="checkbox"/> Born alive, then died	9 <input type="checkbox"/> Unknown (Go to Q27)		2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection	4 <input type="checkbox"/> Not enough time for titer to change					
27. Birthweight (in grams) Unk	9 <input type="checkbox"/>	28. Estimated gestational age (in weeks) Unk	99 <input type="checkbox"/>	29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg., VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? ____/____/____ Mo. Day Yr.	c) Indicate titer of infant/child's non-treponemal test for syphilis 1: _____				
		(If infant was stillborn go to Q37)		(Go to Q30 unless reactive)						
30. a) Did infant/child have a reactive treponemal test for syphilis (footnote d)			b) When was the infant/child's first reactive treponemal test for syphilis? (footnote d)							
1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk			____/____/____ Mo. Day Yr.							
31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?		1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative		3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk						
32. Did the Infant/child have any signs of CS? (check all that apply)	<input type="checkbox"/> no signs/asymptomatic (Footnote e)	<input type="checkbox"/> condyloma Lata	<input type="checkbox"/> snuffles	<input type="checkbox"/> syphilitic skin rash	<input type="checkbox"/> hepato splenomegaly	<input type="checkbox"/> jaundice/hepatitis	<input type="checkbox"/> pseudo paralysis	<input type="checkbox"/> edema	<input type="checkbox"/> other	<input type="checkbox"/> Unk
33. Did the infant/child have long bone X-rays?		1 <input type="checkbox"/> Yes, changes consistent with CS		2 <input type="checkbox"/> Yes, no signs of CS		3 <input type="checkbox"/> No X-rays		9 <input type="checkbox"/> Unk.		
34. Did the infant/child have a CSF-VDRL?		1 <input type="checkbox"/> Yes, reactive		2 <input type="checkbox"/> Yes, nonreactive		3 <input type="checkbox"/> No test		9 <input type="checkbox"/> Unk.		
35. Did the infant/child have a CSF WBC count or CSF protein test? (Footnote f)		1 <input type="checkbox"/> Yes, CSF WBC count elevated		2 <input type="checkbox"/> Yes, CSF protein elevated		3 <input type="checkbox"/> both tests elevated		4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk		
36. Was the infant/child treated?		1 <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for 10 days ("2" is an obsolete response)		3 <input type="checkbox"/> Yes, with Benzathine penicillin x 1		4 <input type="checkbox"/> Yes, with other treatment		5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk		
PART III. Congenital Syphilis Case Classification			37. Classification							
1 <input type="checkbox"/> Not a case			2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> , e.g., darkfield exam, DFA, or special stains)		3 <input type="checkbox"/> Syphilitic stillbirth (Footnote c)			4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth).		
Public reporting burden of this collection of information is estimated to average 20 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.										