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: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Phone  No.: | | | | | | | | | | | ( )\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
|  | | | (Number, Street, City, State) (Zip Code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (Zip Code) | | | | | | |
| Infant's  Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | Chart  No.: | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | Delivering  Physician: | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Phone  No.: | | | | | | | | | | | ( )\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| Pediatrician: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | Phone  No.: | | | | | | | | | ( )\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | Delivering  Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | – Patient identifier information is **not** transmitted to CDC – | | | | | | | | | | | | | | | | | | |
| OB/Gyn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other geographic unit: \_\_\_\_ \_\_\_\_ \_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | **CONGENITAL SYPHILIS (CS) CASE**  **INVESTIGATION AND REPORT**  **Form Approved OMB No. 0920-0128 Exp. Date: MM/YYYY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CASE ID No.:**  (1-7) | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **DEPARTMENT OF**  **HEALTH & HUMAN SERVICES**  CENTERS FOR DISEASE CONTROL and PREVENTION  ATLANTA, GA 30333 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Local Use ID No.: | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **1. Report** date to health dept. **O**9Unk  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ Mo. Day Yr. | | | | | | | | | | | | | | | | | | | | | | | | **2. Reporting** state FIPS code: 9Unk    \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reporting State Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **3. Reporting** county FIPS code: 9Unk  \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reporting County Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART I. MATERNAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. **Mother’s state** FIPS code: 9Unk  \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Residence State | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **5. Mother’s Country** of residence: (leave blank if USA)  \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Country of Residence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Mother’s residence** county FIPS code:  9Unk | | | | | | | | | | | | | | | | | | | | | | **7. Mother’s residence**  ZIP code; 9Unk  \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **8. Mother's** date of birth: 9Unk | | | | | | | | | | | | | | | | | | | | | | | | | **9. Mother’s** obstetric history: G—— —— P—— —-— | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Residence County | | | | | | | | | | | | | | | | | | | | | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Mo. Day Yr. | | | | | | | | | | | | | | | | | | | | | | | | | (G=pregnancies, P=live births) | | | | | | | | | | | | | | | | | | | | | | |
| **10. Last** menstrual period (LMP) (before delivery)  9Unk | | | | | | | | | | | | | | | | | | | | | **11. a) Indicate** date of first prenatal visit:  0No prenatal care ***(Go to Q12)*** 9Unk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **b) Indicate** trimester of first prenatal visit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ | | | | | | | | | | | | | | | | | | | | | 11st trimester 22nd trimester 33rd trimester | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mo. Day Yr. | | | | | | | | | | | | | | | | | | | | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Mo. Day Yr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **12. Mother's** ethnicity: 1Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | | | | | | | 2Non-Hispanic or Latino | | | | | | | | | | | | | | | | | | | | | | | | | | | 9Unk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13. Mother's** race:  (check all that apply) | | | | | | | | | | | American  Indian/Alaska Native | | | | | | | | | | | | | | | | | | | | Asian | | | | | | | | Black or African American Native Hawaiian or Other Pacific  Islander | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | White | | | | | | | | | | | | Other Unk | | | | | | | |
| **14. Did** mother have non-treponemal or treponemal tests at: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **15. Mother's** marital status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a) first prenatal visit?** | | | | | | | | | | | | | | **b) 28–32 weeks gestation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **c) delivery?** | | | | | | | | | | | | | | | | | | | | | | 1 Single, never married | | | | | | | | | | | | 3 Separated/Divorced | | | | | | | | | | | | | | | | | | | | 8 Other | | | |
| 1Yes | | 2No | | | | 9Unk | | | | | | | | 1Yes | | | 2No | | | | | | | | | | | 9Unk | | | | | | | | | | | | | | | 1Yes | | | | | | | | 2No | | | | | 9Unk | | | | | | | | | 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **19. What CLINICAL** stage of syphilis did mother have during pregnancy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date**  Mo. Day Yr. | | | | | | | | | | | | | | | **Results** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Titer** | | | | | | | | | | | | | | 1primary 3 early latent 5 previously 9Unk  treated/serofast | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **a**.**\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_**  9 Unk | | | | | | | | | | | | | | | 1Reactive | | | | | | 2Nonreactive | | | | | | | | | | | | | | | | | 9Unk | | | | | | | | | | | | | | **1:**\_ \_ \_ \_ | | | | | | | | | | | | | | 2secondary 4late or late latent 8Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **b**.\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ 9 Unk | | | | | | | | | | | | | | | 1Reactive | | | | | | 2Nonreactive | | | | | | | | | | | | | | | | | 9Unk | | | | | | | | | | | | | | **1:**\_ \_ \_ \_ | | | | | | | | | | | | | | **20. What SURVEILLANCE** stage of syphilis did mother have during pregnancy? (Footnote a) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **17. Indicate** during pregnancy,date, type, and result of a) first and b) most recent **treponemal** tests: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1primary 3 early latent 9Unk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Date**  Mo. Day Yr. | | | | | | | | | | **Test Type** | | | | | | | | | | | | | | | | | | | | | | | | **Results** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2secondary 4late or late latent 8Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a.**\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** 9 Unk | | | | | | | | | | 1EIA or CLIA  2TP-PA | | | | | | | | | | 3Other  9Unk | | | | | | | | | | | | | | 1Reactive | | | | | | | | | | | | | | 2Nonreactive | | | | | | | | | | 9  Unk | | | | | | | | **21.** **When** did mother receive her first dose of benzathine penicillin?    **\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_** Mo. Day Yr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b.\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ 9 Unk | | | | | | | | 1EIA or CLIA  2TP-PA | | | | | | | | | | | 3Other  9Unk | | | | | | | | | | | | | | 1Reactive | | | | | | | | | | | | | | 2Nonreactive | | | | | | | | | | 9  Unk | | | | | | | | 1 Before pregnancy 3 2ndtrimester 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **22. What** was mother's treatment? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N  negative U  Unk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 2.4 M units benzathine  penicillin | | | | | | | | | | | | 37.2M units benzathine  penicillin | | | | | | | | | | | | | | | | | | | | 9 Unk | |
| **PART II. INFANT/CHILD INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 24.8 M units benzathine  penicillin | | | | | | | | | | | | 8Other | | | | | | | | | | | | | | | |  | | | | | |
| **24. Date** of Delivery: 9Unk  \_\_ \_\_/\_\_ \_\_\_/\_\_ \_\_ \_\_ \_\_  Mo. Day Yr. | | | | | | | | | **25. Vital** status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **26. Indicate** date of death 9Unk  \_\_ \_\_/\_\_ \_\_\_\_/\_\_ \_\_ \_\_ \_\_  Mo. Day Yr. | | | | | | | | | | | | | | | | | | | | | | | | | | **23. Did** mother have anappropriate serologic response? (Footnote b) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1Alive  ***(Go to Q27)*** | | | | | | | | | 3Stillborn ***(Go to Q27)***  (Footnote c) | | | | | | | | | | | | | | | | | | | | | | | | 1Yes, appropriate response | | | | | | | | | | | | | | | | 3 Response could not be  determined from available  non-treponemal titer information | | | | | | | | | | | | | | | | |
| 2Born alive, then died | | | | | | | | | 9Unknown ***(Go to Q27)*** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 2No, inappropriate response: evidence of treatment failure or reinfection | | | | | | | | | | | | | | | | | 4 Not enough time for titer to change | | | | | | | | | | | | | | | |
| **27. Birthweight**  (in grams) 9Unk  \_\_\_ \_\_\_ \_\_\_ \_\_\_ | | | | | | | | | | | | **28. Estimated** gestational age  (in weeks) 99Unk  \_\_\_\_ \_\_\_\_  ***(If infant was stillborn go to Q37)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **29. a) Did**  infant/ child have a reactive b) **When** was the infant/child’s first  **non-treponemal** test for syphilis? reactive **non-treponemal** test for  (eg., VDRL, RPR) Syphilis?  1Yes 2No 3No test 9Unk \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_  Mo. Day Yr.  **(*Go to Q30***  **unless reactive)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **c) Indicate** titer of infant/ child's **non-treponemal** test forsyphilis  1: \_\_ \_\_ \_\_ \_\_ | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | **30. a) Did** infant/child have a reactive **treponemal** test for syphilis (footnote d)  1Yes 2No 3No test 9Unk | **b) When** was the infant/child's first reactive **treponemal** test for syphilis? (footnote d) | | | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_  Mo. Day Yr. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **31. Did** the infant/child, placenta, or cord have darkfield exam, DFA, or  special stains? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1Yes, positive  2Yes, negative | | | | | | | | | | | | | | | | | | | | | | | | | | | 3No test | | | | | | | | | | | | | | | | | | | | | | | | | | 9Unk | | | | | | | | | | |
| 4No lesions and no tissue to test | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **32. Did** the Infant/child  have any signs of CS? (check all that apply) | | | | | | | no signs/ asymptomatic  (Footnote e) | | | | | | | | | condyloma  Lata | | | | | | | | | | | | | | | | snuffles | | | | | | | | | | | | | syphilitic  skin rash | | | | | | | | | hepato splenomegaly | | | | | | | | | | jaundice/  hepatitis | | | | | | | | | pseudo  paralysis | | | | | | | edema | | | | | | | | | | | | other | | | | | | | | Unk |
| **33. Did** the infant/child have long bone X-rays? | | | | | | | | | | | | | | | | | | | | | | | 1Yes, changes consistent with CS 2Yes, no signs of CS 3No X-rays 9Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **34. Did** the infant/child have a CSF-VDRL? | | | | | | | | | | | | | | | | | | 1Yes, reactive | | | | | | | | | | | | | | | | | | | | | | | | | | 2Yes, nonreactive 3No test 9Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **35. Did** the infant/child have a CSF WBC count or  CSF protein test? (Footnote f) | | | | | | | | | | | | | | | | | | 1Yes, CSF WBC  count elevated | | | | | | | | | | | | | | | | | | | | | | 2 Yes, CSF protein  elevated | | | | | | | | | | | | | | | | | | | | 3both tests elevated | | | | | | | | | | | | 4neither test elevated | | | | | | | | | | | | | | | | | 5 No test | | | | | | | | | 9 Unk | | |
| **36. Was** the infant/child  treated? | | | | | | | | | | | | | 1Yes, with Aqueous or Procaine  Penicillin for 10 days  (“2” is an obsolete response) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3Yes, with Benzathine  penicillin x 1 | | | | | | | | | | | | | | | | | 4Yes, with other treatment | | | | | | | | | | | | | | | | | | | | 5No treatment | | | | | | | | | | | | | 9 Unk | | | | |
| **PART III. Congenital Syphilis Case Classification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **37. Classification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1Not a case | | | 2Confirmed case (Laboratory confirmed identification of *T.pallidum*,  e.g., darkfield exam, DFA, or special stains) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3Syphilitic stillbirth  (Footnote c) | | | | | | | | | | | | | | | | | | | | | 4Probable 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |