PART I. MATERNAL INFORMATION

4. Mother’s state FIPS code: 9 □ Unk  □

5. Mother’s residence county FIPS code:

6. Mother’s residence county FIPS code:

7. Mother’s residence ZIP code:

8. Mother’s date of birth:

9. Mother’s obstetric history:

10. Last menstrual period (LMP) (before delivery):

11. a) Indicate date of first prenatal visit:

12. Mother’s ethnicity:

13. Mother’s age:

14. Did mother have non-treponemal or treponemal tests at:

15. Indicate during pregnancy, delivery, and results of a) most recent and b) last non-treponemal tests:

16. Indicate during pregnancy, delivery, and results of a) most recent and b) last treponemal tests:

17. Indicate during pregnancy, delivery, and results of a) first and b) last non-treponemal treponemal tests:

18. What was mother’s HIV status during pregnancy?

19. What CLINICAL stage of syphilis did mother have during pregnancy?

20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Footnote A)

21. When did mother receive her first dose of benzathine penicillin?

22. What was mother’s treatment?

23. Did mother have an appropriate serologic response? (Footnote B)

24. Date of Delivery:

25. Vital status:

26. Indicate date of death:

27. Birthweight (in grams):

28. Estimated gestational age (in weeks):

29. a) Did infant/child have a reactive non-treponemal treponemal test for syphilis? (eg, VDRL, RPR)

b) When was the infant/child’s first reactive non-treponemal test for syphilis? (Go to Q30)

30. a) Did infant/child have a reactive treponemal test for syphilis? (eg, FTA-ABS, TPHA)

b) When was the infant/child’s first reactive treponemal test for syphilis?

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?

32. Did the Infant/child have any signs of CS? (check all that apply)

33. Did the infant/child have long bone X-rays:

34. Did the infant/child have a CSF VDRL test? (Footnote F)

35. Did the infant/child have a CSF WBC count or CSF protein test?

36. Was the infant/child treated? (check all that apply):

37. Classification:

CDC 73.126 REV. 02/2013
COPY 1: STATE HEALTH DEPARTMENT

Published under the authority of the Assistant Secretary for Health, Public Health Service, U.S. Department of Health and Human Services. 

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**PART I. Maternal Information**

4. **Mother's state FIPS code:**
   - [ ] 9 Unk

5. **Mother's country of residence:**
   - [ ] 9 Unk

7. **Mother's residence ZIP code:**
   - [ ] 9 Unk

8. **Mother's date of birth:**
   - [ ] 9 Unk

9. **Mother's obstetric history:**
   - [ ] G _______ P _______  
   - [ ] (G = pregnancies, P = live births)

**PART II. Infant/Child Information**

25. **Vital status:**
   - [ ] Alive (Go to Q27)
   - [ ] Born alive, then died (Go to Q27)
   - [ ] Stillborn (Go to Q27) (Footnote C)
   - [ ] Unknown (Go to Q27)

28. **Estimated gestational age (in weeks):**
   - [ ] 99 Unk

30. **a) Did infant/child have a reactive non-treponemal test for syphilis? (Footnote B)**
   - [ ] Yes
   - [ ] No
   - [ ] 9 Unk

31. **Indicate the infant/child's first reactive non-treponemal test for syphilis:**
   - [ ] Yes
   - [ ] No

32. **Did the infant/child have any signs of CS? (check all that apply)**
   - [ ] no signs/asymptomatic
   - [ ] neurologic
   - [ ] skeletal
   - [ ] no signs/asymptomatic (Footnote E)

33. **Did the infant/child have long bone X-rays?**
   - [ ] Yes, changes consistent with CS
   - [ ] No, signs of CS
   - [ ] No X-rays
   - [ ] 9 Unk

35. **Did the infant/child have a CSF WBC count or CSF protein test? (Footnote F)**
   - [ ] Yes, CSF protein elevated
   - [ ] No test

36. **Was the infant/child treated?**
   - [ ] Yes, treated
   - [ ] No, treated

37. **Classification:**
   - [ ] Not a case
   - [ ] 2 Unconfirmed case
   - [ ] 3 Syphilitic stillbirth
   - [ ] 4 Probable case

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**Notes:**
- **Footnote A:** A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth.
- **Footnote B:** 
  - [ ] Yes, appropriate response
  - [ ] No, inappropriate response: evidence of treatment failure or reinfection
  - [ ] Response could not be determined from available non-treponemal test information
  - [ ] Not enough time for test to change

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**CDC 73:126 REV. 02/2013**

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**Case Investigation and Report:**

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

**Conv 2: CDC**
### Part I. Maternal Information

1. Mother's Name: ____________________________
2. Address: ____________________________
   (Number, Street, City, State) __________
   (Zip code) ____________________
3. Infants Name: ____________________________
4. Chart No: ____________________________
5. Mother's Race: (check all that apply)
   - Asian
   - Native Hawaiian or other Pacific Islander
   - White
   - Black or African American
   - Other
   - Not reported
6. Mother's Date of Birth: __________
7. Mother's Residence State: __________
8. Mother's Country of Residence: __________
9. Mother's Country of Birth: __________
10. Last menstrual period (LMP) (before delivery): __________
11. Indicate trimester of first prenatal visit:
   - First trimester
   - Second trimester
   - Third trimester
12. Mother's residence county FIPS code: __________
13. Mother's residence state FIPS code: __________
14. Mother's residence ZIP code: __________
15. Mother's marital status:
   - Single
   - Married
   - Widowed
   - Divorced
   - Separated
   - Unknown
16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests:
   a) Most recent:
      - Date: __________
      - Test Type: __________
      - Results: __________
   b) First:
      - Date: __________
      - Test Type: __________
      - Results: __________
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests:
   a) First:
      - Date: __________
      - Test Type: __________
      - Results: __________
   b) Most recent:
      - Date: __________
      - Test Type: __________
      - Results: __________
18. What was mother's HIV status during pregnancy?
   - Positive
   - Negative
   - Unknown
19. What clinical stage of syphilis did mother have during pregnancy?
   - Primary
   - Secondary
   - Late or late latent
20. What surveillance stage of syphilis did mother have during pregnancy? (Footnote A)
   - 1 primary
   - 2 secondary
   - 3 late or late latent
21. When did mother receive her first dose of benzathine penicillin?
   - Before pregnancy
   - 1st trimester
   - 2nd trimester
   - 3rd trimester
22. What was mother's treatment?
   - 1.24 M units benzathine penicillin
   - 4.8 M units benzathine penicillin
   - 7.2 M units benzathine penicillin
   - Other
   - Unknown
23. Did mother have an appropriate serologic response? (Footnote B)
   - Yes
   - No
   - Unknown
24. Date of Delivery: __________
25. Vital status:
   - Alive (Go to Q77)
   - Dead (Go to Q77)
   - Unknown (Go to Q77)
26. Indicate date of death: __________
27. Birthweight (In grams): __________
28. Estimated gestational age (in weeks): __________
29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg, VDRL, RPR)
   - Yes
   - No
   - Unknown
   - Non-reactive
   - First reactive
   - Second reactive
   - Late reactive
   - Other
   - Unknown
29. b) When was the infant/child's first reactive non-treponemal test for syphilis? (Go to Q37 unless reactive)
   - Date: __________
   - Test Type: __________
   - Results: __________
30. a) Did infant/child have a reactive treponemal test for syphilis? (Footnote O)
   - Yes
   - No
   - Unknown
   - Non-reactive
   - Reactive
30. b) When was the infant/child's first reactive treponemal test for syphilis? (Footnote O)
   - Date: __________
   - Test Type: __________
   - Results: __________
31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains?
   - Yes, positive
   - Yes, negative
   - No test
   - Other
   - Unknown
32. Did the Infant/child have any signs of CS? (check all that apply)
   - Cervicitis
   - Hepatosplenomegaly
   - Jaundice/hepatitis
   - Neonatal rubella
   - Pseudo paralysis
   - Edema
   - Condyloid lata
   - Snuffles
   - Pneumonia
   - Skin rash
   - Other
   - Unknown
33. Did the infant/child have long bone X-rays?
   - Yes
   - No
   - Unknown
34. Did the infant/child have a CSVD-RPR?
   - Yes
   - No
   - Unknown
35. Did the infant/child have a CSDF test or CS protein test? (Footnote I)
   - Yes
   - No
   - Unknown
   - Both tests elevated
   - Neither test elevated
   - Other
36. Was the infant/child treated? (Footnote F)
   - Yes
   - No
   - Unknown
   - Other
37. Classification:
   - Not a case
   - Confirmed case
   - Probable case
   - Possible case
   - Suspected case
   - Other
   - Unknown

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Family reporting burden of this collection of information is estimated to average 1 hour per respondent, excluding the time for reviewing instructions, searching existing data sources, gathering and validating the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and you are 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 the Office of Management and Budget, Paperwork Reduction Project (0920-0128), 400 Seventh Street NW, Washington, DC 20503. Do not send the completed form to this address.
CS Report Algorithm: a case meeting any criteria (maternal, infant/child, or stillbirth) should be reported

MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS

START HERE
Did mother meet surveillance case definition for syphilis, or was diagnosed with syphilis, during pregnancy? (Footnote A)

NO/Unknown

Not a case by maternal criteria; evaluate infant/child (GO TO INFANT/CHILD CRITERIA)*

YES

Did mother complete penicillin-based treatment appropriate for her stage of syphilis that began 30 days or more before delivery?

NO

Probable case by maternal criteria (report)

YES

Not a case by maternal criteria; evaluate infant/child (GO TO INFANT/CHILD CRITERIA)*

INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS

START HERE

infant/child, placenta, or umbilical cord had (+) darkfield, (+) DFA, or (+) special stains examination?

NO/Unknown/not done

Confirmed case by infant/child criteria (report)

YES

What is the infant/child's non-treponemal test result?

Reactive

Infant/child has ANY one of the following:

- Physical signs of CS (Footnote E)
- Evidence of CS on long bone X-ray
- Reactive cerebrospinal fluid VDRL (CSF-VDRL)
- Elevated CSF WBC count or protein (without other cause) (Footnote F)

NO/Unknown/not done

Not a case by infant/child criteria; evaluate mother (GO TO MATERNAL CRITERIA)*

CRITERIA TO REPORT SYPHILITIC STILLBIRTH

START HERE

Did mother of stillbirth have serologic tests for syphilis?

NO/Unknown

What is the test result?

Reactive

Non-reactive/not done/unknown

YES

Report as syphilitic stillbirth

NO

Not a case by maternal or infant/child criteria, it is not a case of congenital syphilis

Footnote A — Primary syphilis is defined as a clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis and a reactive serologic test. Secondary syphilis is defined as a clinically compatible case characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy, with a nontreponemal titer ≥1:4. Latent syphilis is the absence of clinical signs or symptoms of syphilis, with no past diagnosis or treatment, or past treatment but a fourfold or greater increase from the last nontreponemal titer. Early latent syphilis is defined as latent syphilis in a person who has evidence of being infected within the previous 12 months based on one or more of the following criteria: 1) documented seroconversion or fourfold or greater increase in nontreponemal titer during the previous 12 months, 2) a history of symptoms consistent with primary or secondary syphilis during the previous 12 months, 3) a history of sexual exposure to a partner who had confirmed or probable primary, secondary, or early latent syphilis (documented independently as duration <1 year), or 4) reactive nontreponemal and treponemal tests where the only possible exposure occurred within the preceding 12 months. Late latent syphilis is defined as latent syphilis in a patient who has no evidence of being infected within the preceding 12 months. See MMWR Recomm Rep. 1997 May 2;46(RR-10):1-55 for more information.

Footnote B — An appropriate serologic response to therapy is a fourfold decline in non-treponemal titer by 6–12 months with primary or secondary syphilis, or by 12–24 months with latent syphilis (early, late, or unknown duration). An inappropriate serologic response is either less than a fourfold drop, or a fourfold increase, in nontreponemal titer over the expected time period.

Footnote C — A syphilitic stillbirth is 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 g.

Footnote D — CDC treatment guidelines do not recommend screening infants for congenital syphilis with treponemal tests. (MMWR Recomm Rep. 2010 Dec 17;59(RR-12), p. 36.) However, if maternal nontreponemal test data are not available, a treponemal test for the infant/child can be used.

Footnote E — Signs of CS (usually in an infant or child <2 years old) include: condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice/hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or malnutrition). Stigmata in an older child might include: interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson’s teeth, saddle nose, rhagades, or Clutton’s joints.

Footnote F — Cerebrospinal fluid (CSF) white blood cell (WBC) count and protein vary with gestational age. During the first 30 days of life, a CSF WBC count of >15 WBC/mm³ or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm³ or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.