### Mother's Maternal Information

1. **Did mother have an appropriate serologic response?**
   - 1 Yes, appropriate response
   - 2 No, inappropriate response: evidence of treatment failure or reinfection
   - 3 Response could not be determined from available non-treponemal titer information
   - 4 Not enough time for titer to change

2. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
   - 1 primary
   - 2 secondary
   - 3 late or late latent

3. **What was mother's HI status during pregnancy?**
   - 1 reactive
   - 2 nonreactive
   - 3 equivocal test
   - 4 X patient not tested
   - 5 U unknown

4. **Did mother have an appropriate serologic response?**
   - 1 Yes, appropriate response
   - 2 No, inappropriate response: evidence of treatment failure or reinfection
   - 3 Response could not be determined from available non-treponemal titer information
   - 4 Not enough time for titer to change

5. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
   - 1 primary
   - 2 secondary
   - 3 late or late latent

6. **What was mother's HI status during pregnancy?**
   - 1 reactive
   - 2 nonreactive
   - 3 equivocal test
   - 4 X patient not tested
   - 5 U unknown

7. **Did mother have an appropriate serologic response?**
   - 1 Yes, appropriate response
   - 2 No, inappropriate response: evidence of treatment failure or reinfection
   - 3 Response could not be determined from available non-treponemal titer information
   - 4 Not enough time for titer to change

8. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
   - 1 primary
   - 2 secondary
   - 3 late or late latent

9. **What was mother's HI status during pregnancy?**
   - 1 reactive
   - 2 nonreactive
   - 3 equivocal test
   - 4 X patient not tested
   - 5 U unknown

10. **Did mother have an appropriate serologic response?**
    - 1 Yes, appropriate response
    - 2 No, inappropriate response: evidence of treatment failure or reinfection
    - 3 Response could not be determined from available non-treponemal titer information
    - 4 Not enough time for titer to change

11. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
    - 1 primary
    - 2 secondary
    - 3 late or late latent

12. **What was mother's HI status during pregnancy?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test
    - 4 X patient not tested
    - 5 U unknown

13. **Did mother have an appropriate serologic response?**
    - 1 Yes, appropriate response
    - 2 No, inappropriate response: evidence of treatment failure or reinfection
    - 3 Response could not be determined from available non-treponemal titer information
    - 4 Not enough time for titer to change

14. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
    - 1 primary
    - 2 secondary
    - 3 late or late latent

15. **What was mother's HI status during pregnancy?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test
    - 4 X patient not tested
    - 5 U unknown

16. **Did mother have an appropriate serologic response?**
    - 1 Yes, appropriate response
    - 2 No, inappropriate response: evidence of treatment failure or reinfection
    - 3 Response could not be determined from available non-treponemal titer information
    - 4 Not enough time for titer to change

17. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
    - 1 primary
    - 2 secondary
    - 3 late or late latent

18. **What was mother's HI status during pregnancy?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test
    - 4 X patient not tested
    - 5 U unknown

19. **Did mother have an appropriate serologic response?**
    - 1 Yes, appropriate response
    - 2 No, inappropriate response: evidence of treatment failure or reinfection
    - 3 Response could not be determined from available non-treponemal titer information
    - 4 Not enough time for titer to change

20. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
    - 1 primary
    - 2 secondary
    - 3 late or late latent

21. **When did mother receive her first dose of benzathine penicillin?**
    - 1 Before pregnancy
    - 2 1st trimester
    - 3 2nd trimester

22. **What was mother's treatment?**
    - 1 2.4 M units benzathine penicillin
    - 2 4.8 M units benzathine penicillin
    - 3 7.2 M units benzathine penicillin
    - 4 Other

23. **Did mother have an appropriate serologic response?**
    - 1 Yes, appropriate response
    - 2 No, inappropriate response: evidence of treatment failure or reinfection
    - 3 Response could not be determined from available non-treponemal titer information
    - 4 Not enough time for titer to change

24. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
    - 1 primary
    - 2 secondary
    - 3 late or late latent

25. **What was mother's treatment?**
    - 1 2.4 M units benzathine penicillin
    - 2 4.8 M units benzathine penicillin
    - 3 7.2 M units benzathine penicillin
    - 4 Other

26. **Did mother have an appropriate serologic response?**
    - 1 Yes, appropriate response
    - 2 No, inappropriate response: evidence of treatment failure or reinfection
    - 3 Response could not be determined from available non-treponemal titer information
    - 4 Not enough time for titer to change

27. **What SURVEILLANCE stage of syphilis did mother have during pregnancy?**
    - 1 primary
    - 2 secondary
    - 3 late or late latent

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

29. **Did infant/child have a reactive non-treponemal test for syphilis?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test

30. **Did infant/child have a reactive non-treponemal test for syphilis?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test

31. **Was the infant/child's first reactive non-treponemal test for syphilis?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test

32. **Did the infant/child have any signs of CS?**
    - 1 yes
    - 2 no

33. **Did the infant/child have any signs of CS?**
    - 1 yes
    - 2 no

34. **Did infant/child have a reactive non-treponemal test for syphilis?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test

35. **Did the infant/child have a reactive non-treponemal test for syphilis?**
    - 1 reactive
    - 2 nonreactive
    - 3 equivocal test

36. **Was the infant/child treated?**
    - 1 yes
    - 2 no

37. **Classification:**
    - 1 Not a case
    - 2 Confirmed case
    - 3 Syphilitic stillbirth
    - 4 Probable case

---

### Table: Clinical Guidelines

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
<th>Option 3</th>
<th>Option 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. When did mother receive her first dose of benzathine penicillin?</td>
<td>Before pregnancy</td>
<td>1st trimester</td>
<td>2nd trimester</td>
<td>3rd trimester</td>
</tr>
<tr>
<td>2. What was mother's treatment?</td>
<td>2.4 M units benzathine penicillin</td>
<td>4.8 M units benzathine penicillin</td>
<td>7.2 M units benzathine penicillin</td>
<td>Other</td>
</tr>
<tr>
<td>3. Did mother have an appropriate serologic response?</td>
<td>Yes, appropriate response</td>
<td>No, inappropriate response</td>
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<td>Not enough time for titer to change</td>
</tr>
<tr>
<td>4. What SURVEILLANCE stage of syphilis did mother have during pregnancy?</td>
<td>Primary</td>
<td>Secondary</td>
<td>Late or late latent</td>
<td></td>
</tr>
<tr>
<td>5. What was mother's HI status during pregnancy?</td>
<td>Reactive</td>
<td>Nonreactive</td>
<td>Equivocal test</td>
<td>X patient not tested</td>
</tr>
<tr>
<td>6. Did mother have an appropriate serologic response?</td>
<td>Yes, appropriate response</td>
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<td>Primary</td>
<td>Secondary</td>
<td>Late or late latent</td>
<td></td>
</tr>
<tr>
<td>8. What was mother's HI status during pregnancy?</td>
<td>Reactive</td>
<td>Nonreactive</td>
<td>Equivocal test</td>
<td>X patient not tested</td>
</tr>
</tbody>
</table>

---

**Footnotes:**

- A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
- A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
**CASE INVESTIGATION AND REPORT**

**Parent/Infant Information**

**Name:**

**Father:**

**Mother:**

**Date of birth:**

**Age:**

**Race:**

**Ethnicity:**

**Address:**

**Phone No.:**

**Infants Name:**

**Chart No.:**

**Delivering Physician:**

**OB/Gyn:**

**Phone No.:**

**Pediatrician:**

**Address:**

**Phone No.:**

**Mother's Name:**

**Chart No.:**

**Mother's Case ID No.:**

**Vital status:**

**Mother's date of birth:**

**Mother's place of residence:**

**Mother's age:**

**Mother's county of residence:**

**Mother's state FIPS code:**

**Mother's County of Residence:**

**Report date to health dept.**

**Part I. Maternal Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's state FIPS code:</td>
<td>9 Unk</td>
</tr>
<tr>
<td>Mother's residence county FIPS code:</td>
<td>9 Unk</td>
</tr>
<tr>
<td>Mother's date of birth:</td>
<td>9 Unk</td>
</tr>
<tr>
<td>Mother's obstetric history:</td>
<td>9 Unk</td>
</tr>
</tbody>
</table>

**Part II. Infant/Child Information**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Delivery:</td>
<td>9 Unk</td>
</tr>
<tr>
<td>Estimated gestational age (in weeks):</td>
<td>9 Unk</td>
</tr>
<tr>
<td>Did infant/child have any signs of CS? (check all that apply)</td>
<td></td>
</tr>
<tr>
<td>Did the infant/child have a reactive treponemal test for syphilis? (Footnote B)</td>
<td></td>
</tr>
</tbody>
</table>

**Part III. Congenital Syphilis Case Classification**

**Classification:**

- Not a case
- 2 Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield exam, DFA, or special stains)
- Syphilitic stillbirth
- Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

---

**Footnotes:**

- The term "syphilis" refers to all stages of the disease, including primary, secondary, early latent, late latent, and congenital syphilis.
- "Case" refers to a confirmed case of syphilis, and "probable case" refers to a case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth.
- "Confirmed case" is defined as a case in which the diagnosis is based on laboratory evidence, such as positive darkfield smear, DFA, or Western blot.
- "Probable case" refers to a case identified by the algorithm, which may not meet the criteria for a confirmed case.
- "CS" refers to congenital syphilis.
- "DFA" refers to fluorescent antibody assay.
- "VDRL" refers to Venereal Disease Research Laboratory test.
- "TPHA" refers to Treponema pallidum hemagglutination assay.
- "DOH" refers to Department of Health.
- "CDC" refers to Centers for Disease Control and Prevention.
- "PRA" refers to Paperwork Reduction Act.
- "OMB" refers to Office of Management and Budget.
- "FIPS" refers to Federal Information Processing Standard.
- "CSF" refers to cerebrospinal fluid.
- "DFA" refers to fluorescent-antibody microscopy.
- "T. pallidum" refers to Treponema pallidum, the causative agent of syphilis.
- "PRA" refers to Paperwork Reduction Act.
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- "CSF" refers to cerebrospinal fluid.
- "DFA" refers to fluorescent-antibody microscopy.
- "T. pallidum" refers to Treponema pallidum, the causative agent of syphilis.
### Part I. Maternal Information

1. **Mother's state FIPS code:** 9 Unk
2. **Mother's residence county FIPS code:** 9 Unk
3. **Mother's residence ZIP code:** 9 Unk
4. **Mother's date of birth:** 9 Unk
5. **Mother's country of residence:** 9 Unk
6. **Mother's obstetric history:**
   - G
   - P

### Part II. Infants/Child Information

1. **Date of Delivery:** 9 Unk
2. **Vital status:**
   - Alive (Go to Q27)
   - Born alive, then died
   - Stillborn (Go to Q27)
   - Unknown (Go to Q27)
3. **Estimated gestational age (in weeks):** 9 Unk
4. **Infant's weight at birth:** 9 Unk
5. **Infant's race:**
   - Asian
   - Native Hawaiian or Other Pacific Islander
   - White
   - Black or African American

### Part III. Congenital Syphilis Case Classification

1. **Classification:**
   - Syphilis stillbirth
   - Probable case
   - Laboratory confirmed identification of T. pallidum, etc.
   - darkfield exam, DFA, or special stains
   - condyloma lata
   - snuffles
   - skin rash
   - hepatosplenomegaly
   - jaundice/hepatitis
   - pseudo paralysis
   - edema

---

**Footnotes:**

- (A) case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
- (B) case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
- (C) case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
- (D) case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
- (E) case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
- (F) case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth
- (G) pregnancies, P=live births
- (H) pregnancies, P=live births
- (I) pregnancies, P=live births
- (J) pregnancies, P=live births
- (K) pregnancies, P=live births
- (L) pregnancies, P=live births
- (M) pregnancies, P=live births
- (N) pregnancies, P=live births
- (O) pregnancies, P=live births
- (P) pregnancies, P=live births
- (Q) pregnancies, P=live births
- (R) pregnancies, P=live births
- (S) pregnancies, P=live births
- (T) pregnancies, P=live births
- (U) pregnancies, P=live births
- (V) pregnancies, P=live births
- (W) pregnancies, P=live births
- (X) pregnancies, P=live births
- (Y) pregnancies, P=live births
- (Z) pregnancies, P=live births

---

**Reporting County Name:** ____________

**Reporting State Name:** ____________

**Reporting FIPS Code:** 9 Unk

**Reporting County FIPS Code:** 9 Unk

**Reporting ZCTA Code:** 9 Unk

**Reporting ZIP Code:** 9 Unk

**Other geographic unit:** ____________

**Reporting State FIPS Code:** 9 Unk

**Reporting State ZIP Code:** 9 Unk

**Other geographic unit:** ____________

---

**Certification:**

1. **Report date to health dept.:** 9 Unk
2. **Reporting state FIPS code:** 9 Unk
3. **Reporting county FIPS code:** 9 Unk
4. **Reporting ZCTA Code:** 9 Unk
5. **Reporting ZIP Code:** 9 Unk
6. **Reporting FIPS Code:** 9 Unk
7. **Reporting State Name:** ____________
8. **Reporting State FIPS Code:** 9 Unk
9. **Reporting State ZIP Code:** 9 Unk
10. **Other geographic unit:** ____________
11. **Other geographic unit:** ____________
12. **Other geographic unit:** ____________
13. **Other geographic unit:** ____________
14. **Other geographic unit:** ____________
15. **Other geographic unit:** ____________
16. **Other geographic unit:** ____________
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)

- **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)*

- **NO/Unknown**
  - 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?

- **YES**
  - Confirmed case by infant/child criteria (report)

- **NO/Unknown/ not done**
  - 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)
      - Probable case by infant/child criteria (report)
    - **Non-reactive/not done/unknown**
      - 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?

- **YES**
  - Did mother meet surveillance case definition for syphilis, or was diagnosed with syphilis, during pregnancy? (Footnote A)
    - **YES**
      - Did mother complete penicillin-based treatment appropriate for her stage of syphilis that began 30 days or more before delivery?
        - **NO**
          - Report as syphilitic stillbirth
        - **YES**
          - Not a syphilitic stillbirth
    - **NO/unknown**
      - Not a case by infant/child criteria; evaluate mother (GO TO MATERNAL CRITERIA)*

- **NO/Unknown**
  - Have mother obtain serologic testing for syphilis

*If case does not meet 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. 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 treponemal test data are not available, a treponemal test for the infant/child can be used.

Footnote D — 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.