Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ (Number, Street, City, State) _____ (Zip code) OB/Gyn: _____ Phone No: (____) _____ - _____

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____ - _____

Pediatrician: _____ Phone No: (____) _____ - _____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

1. Report date to health dept. 9 ❑ Unk
__ __ / __ __ / __ __ __ __ (Mo. Day Yr.) NOT106

2. Reporting state FIPS code: 9 ❑ Unk
NOT109 _____ Reporting State Name

3. Reporting county FIPS code: 9 ❑ Unk
____ ____ NOT113 _____ Reporting County Name

Part I. Maternal Information

4. Mother's state FIPS code: ____ ____ MTH166 _____ Mother's Residence State 9 ❑ Unk

5. Mother's Country of residence: ____ ____ MTH167 _____ Mother's Country of Residence *(leave blank if USA)*

6. Mother's residence county FIPS code: 9 ❑ Unk
____ ____ ____ MTH168 _____ Mother's County of Residence

7. Mother's residence ZIP code: ____ MTH169 _____ 9 ❑ Unk

8. Mother's date of birth: MTH153
__ __ / __ __ / __ __ __ __ (Mo. Day Yr.) 9 ❑ Unk

9. Mother's obstetric history: G____ 75201-4 ____ P____ 75202-2 ____ (G=pregnancies, P=live births)

10. Last menstrual period (LMP) *(before delivery)*: 75203-0
__ __ / __ __ / __ __ __ __ (Mo. Day Yr.) 9 ❑ Unk

11. a) Indicate date of first prenatal visit:
__ __ / __ __ / __ __ __ __ (Mo. D 75200-6) 0 ❑ No prenatal care *(Go to Q12)* 9 ❑ Unk 75204-8
b) Indicate trimester of first prenatal visit: 75163-6
1 ❑ 1st trimester 2 ❑ 2nd trimester 3 ❑ 3rd trimester 9 ❑ Unk

12. Mother's ethnicity: 2 ❑ Non-Hispanic or Latino 1 ❑ Hispanic or Latino 9 ❑ Unk MTH159

13. Mother's race: (check all that apply) ❑ American Indian/Alaska Native ❑ Black or African American ❑ Asian MTH157 ative Hawaiian or Other Pacific Islander ❑ White ❑ Other ❑ Unk

14. Did mother have non-treponemal or treponemal tests at: 75165-1
a) first prenatal visit? 75164-4 1 ❑ Yes 2 ❑ No 9 ❑ Unk
b) 28–32 weeks gestation? 1 ❑ Yes 2 ❑ No 9 ❑ Unk
c) delivery? 75166-9 1 ❑ Yes 2 ❑ No 9 ❑ Unk

15. Mother's marital status: MTH165
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	Results	Titer
STD151 a.	75167-7 __ __ / __ __ / __ __ __ __ 9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk STD123	1:__ STD123
STD150 b.	75170-1 __ __ / __ __ / __ __ __ __ (Mo. Day Yr.) 9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk	1:__ __ __ __

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date LAB167	Test Type STD124	Results STD125
STD152 a.	__ __/__ __/__ __ __ __ 9 ❑ Unk	1 ❑ EIA or CLIA 2 ❑ TP-PA 3 ❑ Other 9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk
STD153 b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.) 9 ❑ Unk	1 ❑ EIA or CLIA 2 ❑ TP-PA 3 ❑ Other 9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive 9 ❑ Unk

18. What was mother's HIV status during pregnancy? 75179-2
P ❑ positive E ❑ equivocal test
X ❑ patient not tested N ❑ negative U ❑ Unk

19. What **CLINICAL** stage of syphilis did mother have during pregnancy? 75180-0
1 ❑ primary 4 ❑ late or late latent 9 ❑ Unk
2 ❑ secondary 5 ❑ previously treated/serofast
3 ❑ early latent 8 ❑ Other

20. What **SURVEILLANCE** stage of syphilis did mother have during pregnancy? *(Footnote A)* 75181-8
1 ❑ primary 3 ❑ early latent 8 ❑ Other
2 ❑ secondary 4 ❑ late or late latent 9 ❑ Unk

21. When did mother receive her first dose of benzathine penicillin?
__ __ / __ __ / __ __ __ __ (Mo. Day Yr.) 75182-6
1 ❑ Before pregnancy 4 ❑ 3rd trimester
2 ❑ 1st trimester 5 ❑ No Treatment *(Go to Q24)* 75183-4
3 ❑ 2nd trimester 9 ❑ Unk

22. What was mother's treatment? 75184-2
1 ❑ 2.4 M units b enzathine penicillin
2 ❑ 4.8 M units benzathine penicillin
3 ❑ 7.2 M units benzathine penicillin
8 ❑ Other 9 ❑ Unk

23. Did mother have an appropriate serologic response? *(Footnote B)*
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 75185-9

Part II. Infant/Child Information

24. Date of Delivery: 9 ❑ Unk
__ __ / __ __ / __ __ __ __ (Mo. DEM115 Yr.)

25. Vital status: 75186-7
1 ❑ Alive *(Go to Q27)* 3 ❑ Stillborn *(Go to Q27) (Footnote C)*
2 ❑ Born alive, then died 9 ❑ Unknown *(Go to Q27)*

INV146 -Gen V2

26. Indicate date of death: 9 ❑ Unk
__ __ / __ __ / __ __ __ __ (Mo. Day Yr.)

56056-5

27. Birthweight (in grams): 9 ❑ Unk
____ ____ ____ ____

28. Estimated gestational age (in weeks): 99 ❑ Unk
____ ____ *(If infant was stillborn go to Q37)* 57714-8

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR) STD154
1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
(Go to Q30 unless reactive) STD123
b) When was the infant/child's first reactive **non-treponemal** test for syphilis?
__ __ / __ __ / __ __ __ __ (Mo. 75188-3 Day Yr.)
c) Indicate titer of infant/ child's **non-treponemal** test for syphilis: STD123
1:__ __ __ __

30. a) Did infant/child have a reactive **treponemal** test for syphilis? STD155
(Footnote D) 1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
b) When was the infant/child's first reactive **treponemal** test for syphilis? *(Footnote D)* __ __ / __ __ / __ __ __ __ (Mo. 75191-7 Day Yr.)

31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 75192-5
1 ❑ Yes, positive 2 ❑ Yes, negative 3 ❑ No test 4 ❑ No lesions and no tissue to test 9 ❑ Unk

32. Did the Infant/child have any signs of CS? *(check all)* 75193-3 ❑ no signs/asymptomatic *(Footnote E)* ❑ condyloma lata ❑ snuffles ❑ syphilitic skin rash
❑ hepatosplenomegaly ❑ jaundice/hepatitis ❑ pseudo paralysis ❑ edema ❑ other ❑ Unk

33. Did the infant/child have long bone X-rays? 75194-1
1 ❑ Yes, changes consistent with CS 2 ❑ Yes, no signs of CS 3 ❑ No X-rays 9 ❑ Unk

34. Did the infant/child have a CSF-VDRL? 75195-8
1 ❑ Yes, reactive 2 ❑ Yes, nonreactive 3 ❑ No test 9 ❑ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)* LP48341-9 = CSF WBC Count LP69956-8= CSF Protein Level
1 ❑ Yes, CSF WBC count elevated 2 ❑ Yes, CSF protein elevated 3 ❑ both tests elevated 4 ❑ neither test elevated 5 ❑ No test 9 ❑ Unk

36. Was the infant/child treated? *("2" is an obsolete response)* 75197-4
1 ❑ Yes, with aqueous or procaine penicillin for 10 days 3 ❑ Yes, with benzathine penicillin x 1 4 ❑ Yes, with other treatment 5 ❑ No treatment 9 ❑ Unk

Part III. Congenital Syphilis Case Classification

37. Classification: INV163 - Case Class Status (Gen V2)

1 ❑ Not a case
2 ❑ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains)
3 ❑ Syphilitic stillbirth *(Footnote C)* 75207-1
4 ❑ 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 30 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.

Mother's Name: Case No.: Mother's Case ID No.:
DOB: Address: DOB: Phone No.:
Infant's Name: Delivering Physician: Phone No.:
Pediatrician: Phone No.: Delivering Hospital:
Patient Identifier Information is not transmitted to CDC

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

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: ____ ____ _____ Mother's Residence State 9 ❑ Unk

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

6. Mother's residence county FIPS code: 9 ❑ Unk
____ ____ ____ _____ Mother's County of Residence

7. Mother's residence ZIP code: ___ ___ ___ ___ ___ 9 ❑ Unk

8. Mother's date of birth: __ __ / __ __ / __ __ __ __ (Mo. Day Yr.) 9 ❑ Unk

9. Mother's obstetric history: G_____ _____ P_____ _____ (G=pregnancies, P=live births)

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

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

b) Indicate trimester of first prenatal visit:
1 ❑ 1st trimester 2 ❑ 2nd trimester
3 ❑ 3rd trimester 9 ❑ Unk

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 ❑ Black or African American
❑ Asian ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Other ❑ Unk

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

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

16. Indicate during pregnancy and delivery, dates and results of **a)** most recent and **b)** first **non-treponemal** tests:

	Date		Results		Titer
a.	__ __/__ __/__ __ __ __	9 ❑ Unk	1 ❑ Reactive	2 ❑ Nonreactive 9 ❑ Unk	1:__ __ __ __
b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.)	9 ❑ Unk	1 ❑ Reactive	2 ❑ Nonreactive 9 ❑ Unk	1:__ __ __ __

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date		Test Type		Results	
a.	__ __/__ __/__ __ __ __	9 ❑ Unk	1 ❑ EIA or CLIA 2 ❑ TP-PA	3 ❑ Other 9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive	9 ❑ Unk
b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.)	9 ❑ Unk	1 ❑ EIA or CLIA 2 ❑ TP-PA	3 ❑ Other 9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive	9 ❑ Unk

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

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ❑ primary
2 ❑ secondary
3 ❑ early latent
4 ❑ late or late latent
5 ❑ previously treated/serofast
8 ❑ Other
9 ❑ Unk

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

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

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
8 ❑ Other 9 ❑ Unk

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

Part II. Infant/Child Information

24. Date of Delivery: 9 ❑ Unk
__ __ / __ __ / __ __ __ __ (Mo. Day Yr.)

25. Vital status:
1 ❑ Alive *(Go to Q27)*
2 ❑ Born alive, then died
3 ❑ Stillborn *(Go to Q27) (Footnote C)*
9 ❑ Unknown *(Go to Q27)*

26. Indicate date of death: 9 ❑ Unk
__ __ / __ __ / __ __ __ __ (Mo. Day Yr.)

27. Birthweight (in grams): 9 ❑ Unk
___ ___ ___ ___

28. Estimated gestational age (in weeks): 99 ❑ Unk
____ ____ *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR)
1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
(Go to Q30 unless reactive)

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:__ __ __ __

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
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?
1 ❑ Yes, positive 2 ❑ Yes, negative 3 ❑ No test 4 ❑ No lesions and no tissue to test 9 ❑ Unk

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
❑ hepatosplenomegaly ❑ jaundice/hepatitis ❑ pseudo paralysis ❑ edema ❑ other ❑ Unk

33. Did the infant/child have long bone X-rays?
1 ❑ Yes, changes consistent with CS 2 ❑ Yes, no signs of CS 3 ❑ No X-rays 9 ❑ Unk

34. Did the infant/child have a CSF-VDRL?
1 ❑ Yes, reactive 2 ❑ Yes, nonreactive 3 ❑ No test 9 ❑ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)*
1 ❑ Yes, CSF WBC count elevated 2 ❑ Yes, CSF protein elevated 3 ❑ both tests elevated 4 ❑ neither test elevated 5 ❑ No test 9 ❑ Unk

36. Was the infant/child treated? *("2" is an obsolete response)*
1 ❑ Yes, with aqueous or procaine penicillin for 10 days 3 ❑ Yes, with benzathine penicillin x 1 4 ❑ Yes, with other treatment 5 ❑ No treatment 9 ❑ Unk

Part III. Congenital Syphilis Case Classification

37. Classification:

1 ❑ Not a case
2 ❑ Confirmed case (Laboratory confirmed identification of *T.pallidum*, e.g., darkfield exam, DFA, or special stains)
3 ❑ Syphilitic stillbirth *(Footnote C)*
4 ❑ 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 30 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.

Local Use Only

Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____

Address: _____ _____ OB/Gyn: _____ Phone No: (_____) _____- _____
(Number, Street, City, State) (Zip code)

Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (_____) _____- _____

Pediatrician: _____ Phone No: (_____) _____- _____ Delivering Hospital: _____

– Patient identifier information is not transmitted to CDC –

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention, Atlanta, GA 30333

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Form Approved OMB No. 0920-0128 Exp. Date: 02/2016

Other geographic unit: ____ ____ ____

CASE ID No.:

Local Use ID No.: _____

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 Residence

6. Mother's residence county FIPS code: 9 ❑ Unk
____ ____ ____ _____
Mother's County of Residence

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)*
Mo. Day Yr. 9 ❑ Unk

b) Indicate trimester of first prenatal visit:
1 ❑ 1st trimester 2 ❑ 2nd trimester
3 ❑ 3rd trimester 9 ❑ Unk

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 ❑ Black or African American ❑ Asian ❑ Native Hawaiian or Other Pacific Islander ❑ White ❑ Other ❑ Unk

14. Did mother have non-treponemal or treponemal tests at:
a) first prenatal visit? 1 ❑ Yes 2 ❑ No 9 ❑ Unk
b) 28–32 weeks gestation? 1 ❑ Yes 2 ❑ No 9 ❑ Unk
c) delivery? 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		Results		Titer
a.	__ __/__ __/__ __ __ __	9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive	9 ❑ Unk	1:__ __ __ __
b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.)	9 ❑ Unk	1 ❑ Reactive 2 ❑ Nonreactive	9 ❑ Unk	1:__ __ __ __

17. Indicate during pregnancy, date, type, and result of **a)** first and **b)** most recent **treponemal** tests:

	Date		Test Type		Results		
a.	__ __/__ __/__ __ __ __	9 ❑ Unk	1 ❑ EIA or CLIA 2 ❑ TP-PA	3 ❑ Other 9 ❑ Unk	1 ❑ Reactive	2 ❑ Nonreactive	9 ❑ Unk
b.	__ __/__ __/__ __ __ __ (Mo. Day Yr.)	9 ❑ Unk	1 ❑ EIA or CLIA 2 ❑ TP-PA	3 ❑ Other 9 ❑ Unk	1 ❑ Reactive	2 ❑ Nonreactive	9 ❑ Unk

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

19. What **CLINICAL** stage of syphilis did mother have during pregnancy?
1 ❑ primary 4 ❑ late or late latent 9 ❑ Unk
2 ❑ secondary 5 ❑ previously treated/serofast
3 ❑ early latent 8 ❑ Other

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

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

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
8 ❑ Other 9 ❑ Unk

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

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)*
2 ❑ Born alive, then died 9 ❑ Unknown *(Go to Q27)*

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

27. Birthweight (in grams): 9 ❑ Unk
___ ___ ___ ___

28. Estimated gestational age (in weeks): 99 ❑ Unk
____ ____ *(If infant was stillborn go to Q37)*

29. a) Did infant/ child have a reactive **non-treponemal** test for syphilis? (eg., VDRL, RPR)
1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
(Go to Q30 unless reactive)

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:__ __ __ __

30. a) Did infant/child have a reactive **treponemal** test for syphilis? *(Footnote D)* 1 ❑ Yes 2 ❑ No 3 ❑ No test 9 ❑ Unk
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?
1 ❑ Yes, positive 2 ❑ Yes, negative 3 ❑ No test 4 ❑ No lesions and no tissue to test 9 ❑ Unk

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
❑ hepatosplenomegaly ❑ jaundice/hepatitis ❑ pseudo paralysis ❑ edema ❑ other ❑ Unk

33. Did the infant/child have long bone X-rays?
1 ❑ Yes, changes consistent with CS 2 ❑ Yes, no signs of CS 3 ❑ No X-rays 9 ❑ Unk

34. Did the infant/child have a CSF-VDRL?
1 ❑ Yes, reactive 2 ❑ Yes, nonreactive 3 ❑ No test 9 ❑ Unk

35. Did the infant/child have a CSF WBC count or CSF protein test? *(Footnote F)*
1 ❑ Yes, CSF WBC count elevated 2 ❑ Yes, CSF protein elevated 3 ❑ both tests elevated 4 ❑ neither test elevated 5 ❑ No test 9 ❑ Unk

36. Was the infant/child treated? *("2" is an obsolete response)*
1 ❑ Yes, with aqueous or procaine penicillin for 10 days 3 ❑ Yes, with benzathine penicillin x 1 4 ❑ Yes, with other treatment 5 ❑ No treatment 9 ❑ Unk

Part III. Congenital Syphilis Case Classification

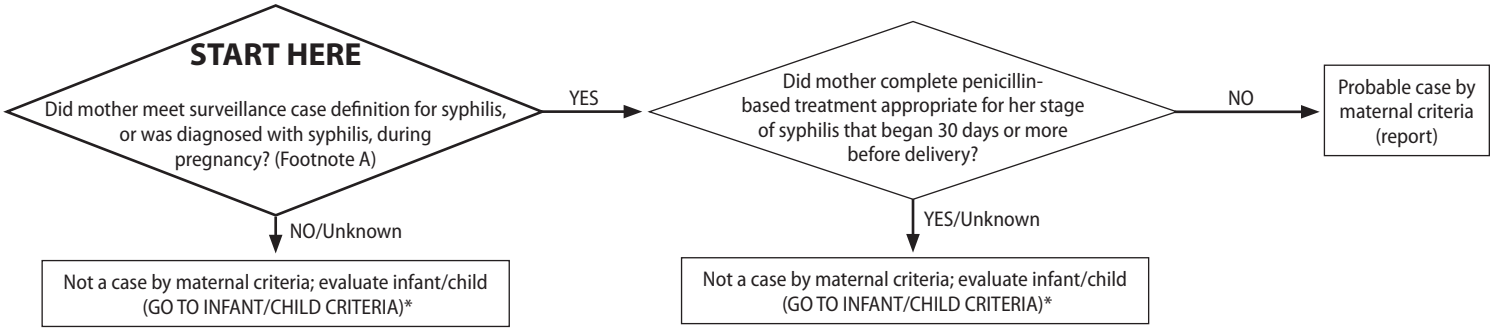
37. Classification:

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

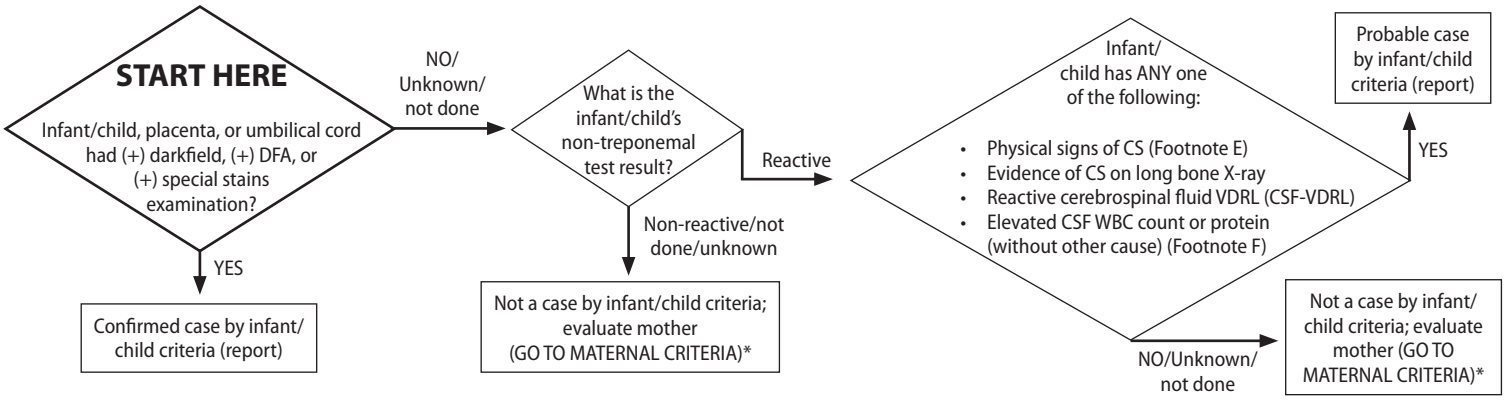
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may 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.

CS Report Algorithm: a case meeting *any* criteria (maternal, infant/child, or stillbirth) should be reported

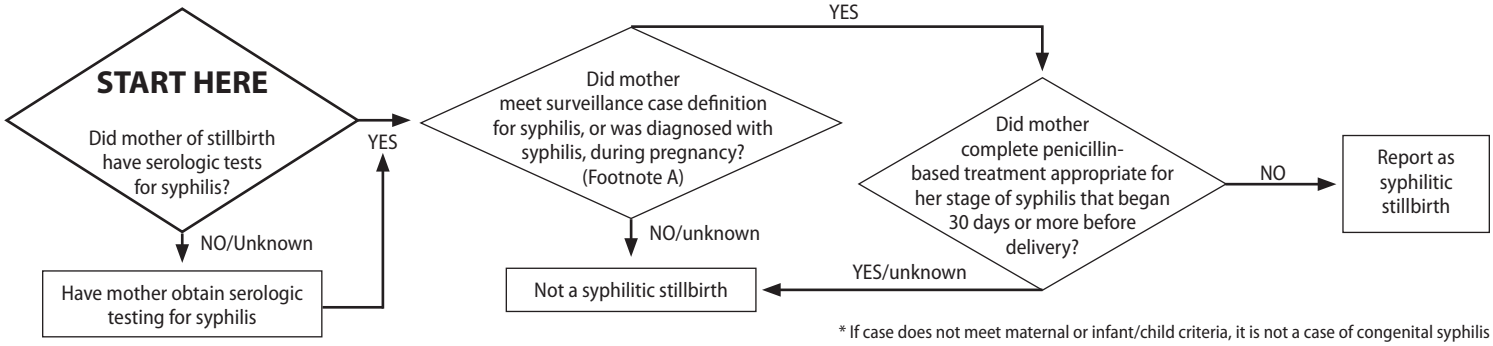
MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



CRITERIA TO REPORT SYPHILITIC STILLBIRTH



* 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.

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 treponemal 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/mm^3 or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm^3 or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.