

**LOCAL USE ONLY**

Mother's Name: \_\_\_\_\_ Chart No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ (Number, Street, City, State) \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 Infant's Name: \_\_\_\_\_ Chart No.: \_\_\_\_\_ Delivering Physician: \_\_\_\_\_ (Zip Code) Phone No.: ( ) \_\_\_\_\_  
 Pediatrician: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_

- Patient identifier information is not transmitted to CDC -

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

## CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

CASE ID No.: \_\_\_\_\_  
 (1-7)

Form Approved OMB No. 0920-0128

Local Use ID No.: \_\_\_\_\_

1. Report date to health dept. _____ (8-15) <input type="checkbox"/> Unk	2. Reporting state FIPS code: _____ (16-17) Reporting State Name _____ <input type="checkbox"/> Unk	3. Reporting county FIPS code: _____ (18-20) Reporting County Name _____ <input type="checkbox"/> Unk
4. Reporting city FIPS code: _____ (21-24) Reporting City Name _____ <input type="checkbox"/> Unk	5. Other geographic unit (optional): _____ (25-27)	6. Country of residence: (leave blank if USA) _____ (28-30) Country of Residence _____
7. State FIPS code: _____ (31-32) Residence State Name _____ <input type="checkbox"/> Unk	8. Residence county FIPS code: _____ (33-35) Residence County Name _____ <input type="checkbox"/> Unk	9. Residence city FIPS code: _____ (36-39) Residence City Name _____ <input type="checkbox"/> Unk

10. Residence zip code: _____ (40-44) <input type="checkbox"/> Unk	11. Mother's date of birth: _____ (45-52) <input type="checkbox"/> Unk	12. Mother's ethnicity: (53) 1 <input type="checkbox"/> Hispanic/Latino 9 <input type="checkbox"/> Non-Hispanic/Latino	13. Mother's race: (Code 1 for all that apply) (54) <input type="checkbox"/> American Indian/Alaskan Native (55) <input type="checkbox"/> Asian (56) <input type="checkbox"/> Black or African American (57) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (58) <input type="checkbox"/> White (59) <input type="checkbox"/> Unk
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14. Mother's marital status: (60) 1 <input type="checkbox"/> Single, never married 3 <input type="checkbox"/> Separated/Divorced 8 <input type="checkbox"/> Other 2 <input type="checkbox"/> Married 4 <input type="checkbox"/> Widow 9 <input type="checkbox"/> Unk	15. Last menstrual period (LMP) (before delivery) _____ (61-68) <input type="checkbox"/> Unk	16. Did mother have prenatal care? (69) 1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> Unk (Go to Q19) 2 <input type="checkbox"/> No (Go to Q19)
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17. Indicate date of first prenatal visit: _____ (70-77) <input type="checkbox"/> Unk	18. Indicate number of prenatal visits: _____ (78-79) <input type="checkbox"/> Unk	19. Did mother have a nontreponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or soon after delivery within 3 days? (80) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (Go to Q21) 9 <input type="checkbox"/> Unk (Go to Q21)
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20. Indicate dates and results of nontreponemal tests: (list the most recent first)		Results	Titer
Mo.	Day		
a. _____ / _____ / _____ (81-88)	<input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (89)	1: _____ (90-93)
b. _____ / _____ / _____ (94-101)	<input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (102)	1: _____ (103-106)
c. _____ / _____ / _____ (107-114)	<input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (115)	1: _____ (116-119)
d. _____ / _____ / _____ (120-127)	<input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk (128)	1: _____ (129-132)

21. Did mother have confirmatory treponemal test result (e.g., FTA-ABS or TP-PA)? (133) 1 <input type="checkbox"/> Yes, reactive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, nonreactive 9 <input type="checkbox"/> Unk (Footnote a)	22. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? (134) 1 <input type="checkbox"/> Yes, positive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, negative 9 <input type="checkbox"/> Unk (Footnote a)
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23. When was mother last treated for syphilis? (135) 1 <input type="checkbox"/> Before pregnancy (Go to Q24) _____ (136-143) 2 <input type="checkbox"/> During pregnancy (Go to Q25) 3 <input type="checkbox"/> No Treatment (Go to Q27) 9 <input type="checkbox"/> Unk (Go to Q27)	24. Before pregnancy, was mother's treatment adequate? (144) (Footnote b) 1 <input type="checkbox"/> Yes, adequate (Go to Q26) 9 <input type="checkbox"/> Unk (Go to Q27) 2 <input type="checkbox"/> No, inadequate (Go to Q27)
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25. During pregnancy, was mother's treatment adequate? (145) (Footnote b) 1 <input type="checkbox"/> Yes, adequate 3 <input type="checkbox"/> No, inadequate: penicillin therapy begun < 30 days before delivery (Go to Q27) 2 <input type="checkbox"/> No, inadequate: non-penicillin therapy (Go to Q27) 4 <input type="checkbox"/> Unknown (Go to Q27)	26. An appropriate serologic response? (146) (Footnote c) 1 <input type="checkbox"/> Yes, appropriate response with adequate serologic follow-up during pregnancy 3 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 2 <input type="checkbox"/> Yes, appropriate response but no follow-up serologic titers during pregnancy 4 <input type="checkbox"/> No, response was equivocal or could not be determined from available nontreponemal titer information
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27. Date of Delivery: _____ (147-154) <input type="checkbox"/> Unk	28. Vital status: (155) 1 <input type="checkbox"/> Alive (Go to Q30) 3 <input type="checkbox"/> Stillborn (Go to Q31) (Footnote d) 2 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unk (Go to Q30)	29. Indicate date of death: _____ (156-163) <input type="checkbox"/> Unk
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30. Gender: (164) 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Unk	31. Birthweight (in grams) _____ (165-168) <input type="checkbox"/> Unk	32. Estimated gestational age (in weeks) _____ (169-170) <input type="checkbox"/> Unk (If infant was stillborn go to Q42)
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33. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? (171) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? _____ (172-179) <input type="checkbox"/> Unk	c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? _____ (180-183) 1: _____	34. a) Did infant/child have a reactive treponemal test for syphilis (e.g., FTA-ABS, TP-PA)? (184) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk	b) When was the infant/child's first reactive treponemal test for syphilis? _____ (185-192) <input type="checkbox"/> Unk
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35. Did the infant/child have any classic signs of CS? (193) (Footnote e) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No, asymptomatic infant/child 9 <input type="checkbox"/> Unk.	Laboratory Confirmation 1 <input type="checkbox"/> Yes, positive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, negative 9 <input type="checkbox"/> Unk.	36. Did the infant/child have a darkfield exam or DFA-TP? (194) 1 <input type="checkbox"/> Yes, positive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, negative 9 <input type="checkbox"/> Unk.	37. Did the infant/child have an IgM-specific treponemal test? (195) (Footnote f) 1 <input type="checkbox"/> Yes, reactive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, nonreactive 9 <input type="checkbox"/> Unk.
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38. Did the infant/child have long bone X-rays? (196) 1 <input type="checkbox"/> Yes, changes consistent with CS 3 <input type="checkbox"/> No xrays 2 <input type="checkbox"/> Yes, no signs of CS 9 <input type="checkbox"/> Unk.	39. Did the infant/child have a CSF-VDRL? (197) 1 <input type="checkbox"/> Yes, reactive 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, nonreactive 9 <input type="checkbox"/> Unk.	40. Did the infant/child have a CSF cell count or CSF protein test? (198) (Footnote g) 1 <input type="checkbox"/> Yes, one or both elevated 3 <input type="checkbox"/> No test 2 <input type="checkbox"/> Yes, both not elevated 9 <input type="checkbox"/> Unk.	41. Was the infant/child treated? (199) 1 <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for ≥ 10 days 3 <input type="checkbox"/> Yes, with Benzathine penicillin x 1 2 <input type="checkbox"/> Yes, with Ampicillin followed by Aqueous or Procaine Penicillin for a total ≥ 10 days 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk.
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42. Classification (200) 1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of <i>T. pallidum</i> , e.g., darkfield or direct fluorescent antibody positive lesions) 3 <input type="checkbox"/> Syphilitic stillbirth (Footnote d) 4 <input type="checkbox"/> Presumptive case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth).			
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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-24, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.

- Footnotes:**
- a) For the case definition of congenital syphilis (CS), the mother must have evidence of syphilis by one of the following tests: 1) a syphilitic lesion at the time of delivery proven by positive darkfield or direct fluorescent antibody (DFA) examination; or 2) a reactive treponemal test (e.g., FTA-ABS, MHA-TP). A treponemal test on the mother may not be available for an infant evaluated outside the newborn period or a child with late CS. In these instances, the investigation may proceed on the basis of infant/child treponemal and nontreponemal tests. An attempt to obtain a maternal treponemal test should be made.
  - b) Adequate therapy in a non-pregnant woman should be one of the standard treatment regimens recommended for her particular stage of infection (See 1989 STD Treatment Guidelines).  
Adequate therapy in a pregnant woman is treatment with a penicillin regimen, appropriate for the mother's stage of syphilis, started at least 30 days before delivery (see 1989 STD Treatment Guidelines). Any non-penicillin treatment or penicillin treatment in the last 30 days of pregnancy is inadequate for the unborn child.
  - c) Appropriate response to therapy is a fourfold decline in non-treponemal titer by three months with primary or secondary syphilis, or a fourfold decline in non-treponemal titer by six months with early latent syphilis.  
An inappropriate response is less than a fourfold drop over the expected time period unless the patient is known to be serofast (see below). An equivocal response includes instances where it was difficult to assess adequate response because either no interim titers from treatment to delivery were available or insufficient time had passed between treatment and delivery. An unknown response includes those instances where titers before treatment and/or at delivery are not available. The infant/child of a mother with an equivocal or unknown response should be evaluated for CS.  
Special consideration is required in the case of a serofast patient. If a mother's titer was 1:1 or 1:2 before pregnancy, there is evidence of adequate treatment, and at delivery her titer is still the same low level, she should be regarded as serofast. Stop the case investigation; this is not a case.
  - d) A syphilitic stillbirth is defined as 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 grams.
  - e) Signs of CS (usually in an infant or child <2 years old) include: condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice due to syphilitic hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or malnutrition). Stigmata in an older child may include: interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson's teeth, saddle nose, rhagades, or Clutton's joints.
  - f) The 19S-IgM-FTA-ABS is highly sensitive and specific in untreated neonatal syphilis. Other IgM-based treponemal tests are in use or in development. These are not yet considered standard tests of syphilis and should not be relied upon to define a case of CS. For specific questions regarding IgM-based treponemal test(s) being used in your area, contact the Division of STD Laboratory Research (404) 639-3224.
  - g) In the immediate newborn period, interpretation of these tests may be difficult; normal values vary with gestational age and are higher in preterm infants. CSF cell count and protein in a term or preterm infant should be interpreted by the clinician. Beyond the neonatal period, a CSF cell count >5 wbc/mm<sup>3</sup> or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology.

(See instruction booklet for more details)

