### CONGENITAL SPHILIS (CS) CASE INVESTIGATION AND REPORT

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

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<th>Case No.</th>
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### PART I. MATERNAL INFORMATION

1. **Report date to health dept.:**
   - 9 Unk

2. **Report state FIPS code:**
   - 9 Unk

3. **Reporting state name:**

4. **Mother’s state FIPS code:**
   - 9 Unk

5. **Mother’s residence county FIPS code:**
   - 9 Unk

6. **Mother’s residence ZIP code:**
   - 9 Unk

7. **Mother’s country of residence:**
   - 9 Unk

8. **Mother’s date of birth:**
   - 9 Unk

9. **Mother’s obstetric history:**
   - 9 Unk

10. **Last menstrual period (LMP) (before delivery):**
    - 9 Unk

11. **Indicate date of first prenatal visit:**
    - 9 Unk

12. **Mother’s ethnicity:**
    - 2 No Hispanic/Latino

13. **Mother’s race:**
    - 2 Not Hispanic/Latino

14. **Did mother have any non-treponemal or treponemal tests at:**
    - a) first prenatal visit?
    - b) 28-32 weeks gestation?
    - c) delivery?

15. **Mother’s marital status:**
    - 3 Single, never married

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

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

18. **What was mother’s HIV status during pregnancy:**
    - 1 positive

19. **What clinical stage of syphilis did mother have during pregnancy:**
    - 1 primary

20. **What surveillance stage of syphilis did mother have during pregnancy:**
    - 1 primary

### PART II. INFANT/CHILD INFORMATION

21. **When did mother receive her first dose of benzathine penicillin:**
    - 9 Unk

22. **What was mother’s treatment:**
    - 2.4 M units benzathine penicillin

23. **Did mother have an appropriate serologic response:**
    - 9 Unk

### PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

24. **Date of delivery:**
    - 9 Unk

25. **Vital status:**
    - 9 Unk

26. **Indicate date of death:**
    - 9 Unk

27. **Birthweight (in grams):**
    - 9 Unk

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

29. **a) Did infant/child have a reactive non-treponemal test for syphilis:**
    - 1 Yes

30. **b) When was the infant/child’s first reactive non-treponemal test for syphilis:**
    - 9 Unk

31. **Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stain:**
    - 3 Yes, positive

32. **Did the infant/child have any signs of CS:**
    - 9 Unk

33. **Did the infant/child have a long bone X-rays:**
    - 9 Unk

34. **Did the infant/child have a CSF-VDR:**
    - 9 Unk

35. **Did the infant/child have a CSF WBC count or CSF protein test:**
    - 9 Unk

36. **Was the infant/child treated:**
    - 9 Unk

37. **Classification:**
    - 9 Unk

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*Note: All questions must be answered.*
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?

YES/Unknown

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?

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)

NO/Unknown/not done

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

Confirmed case by infant/child criteria (report)

CRITERIA TO REPORT SYPHILITIC STILLBIRTH

START HERE

Did mother of stillbirth have serologic tests for syphilis?

YES

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

YES/unknown

Report as syphilitic stillbirth

NO

Not a syphilitic stillbirth

NO/Unknown

Have mother obtain serologic testing for 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 mucous cutaneous 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 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, rashes, 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 shin, frontal bossing, anterior bowing of shin, frontal bossing, bulbular malar, 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 3 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.