

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.

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: ____/____/____ 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: 2 Non-Hispanic or Latino
 1 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 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____
b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____
Mo. Day Yr.		

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

Date	Test Type	Results
a. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk
b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk
Mo. Day Yr.		

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)*
 hepatosplenomegaly jaundice/hepatitis pseudo paralysis edema
 no signs/asymptomatic *(Footnote E)* condyloma lata snuffles syphilitic skin rash
 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 4 Probable case
(Footnote C) (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 Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0128). Do not send the completed form to this address.



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Centers for Disease Control and Prevention, Atlanta, GA 30333

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

Other geographic unit: _____

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PART I. MATERNAL INFORMATION

4. Mother's state FIPS code: _____ <input type="checkbox"/> 9 Unk <small>Mother's Residence State</small>	5. Mother's Country of residence: _____ <input type="checkbox"/> 9 Unk <small>(leave blank if USA) Mother's Country of Residence</small>												
6. Mother's residence county FIPS code: _____ <input type="checkbox"/> 9 Unk <small>Mother's County of Residence</small>	7. Mother's residence ZIP code: _____ <input type="checkbox"/> 9 Unk												
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10. Last menstrual period (LMP) (before delivery): ____/____/____ <input type="checkbox"/> 9 Unk <small>Mo. Day Yr.</small>	11. a) Indicate date of first prenatal visit: ____/____/____ <input type="checkbox"/> 0 No prenatal care (Go to Q12) <input type="checkbox"/> 9 Unk <small>Mo. Day Yr.</small>												
b) Indicate trimester of first prenatal visit: <input type="checkbox"/> 1 1st trimester <input type="checkbox"/> 2 2nd trimester <input type="checkbox"/> 3 3rd trimester <input type="checkbox"/> 9 Unk													
12. Mother's ethnicity: <input type="checkbox"/> 1 Hispanic or Latino <input type="checkbox"/> 2 Non-Hispanic or Latino <input type="checkbox"/> 9 Unk	13. Mother's race: (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unk												
14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unk b) 28-32 weeks gestation? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unk c) delivery? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 9 Unk	15. Mother's marital status: <input type="checkbox"/> 1 Single, never married <input type="checkbox"/> 2 Married <input type="checkbox"/> 3 Separated/Divorced <input type="checkbox"/> 4 Widow <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 Unk												
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Date	Test Type	Results											
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21. When did mother receive her first dose of benzathine penicillin? ____/____/____ <small>Mo. Day Yr.</small> <input type="checkbox"/> 1 Before pregnancy <input type="checkbox"/> 4 3rd trimester <input type="checkbox"/> 2 1st trimester <input type="checkbox"/> 5 No Treatment (Go to Q24) <input type="checkbox"/> 3 2nd trimester <input type="checkbox"/> 9 Unk	22. What was mother's treatment? <input type="checkbox"/> 1 2.4 M units benzathine penicillin <input type="checkbox"/> 2 4.8 M units benzathine penicillin <input type="checkbox"/> 3 7.2 M units benzathine penicillin <input type="checkbox"/> 8 Other <input type="checkbox"/> 9 Unk	23. Did mother have an appropriate serologic response? (Footnote B) <input type="checkbox"/> 1 Yes, appropriate response <input type="checkbox"/> 2 No, inappropriate response: evidence of treatment failure or reinfection <input type="checkbox"/> 3 Response could not be determined from available non-treponemal titer information <input type="checkbox"/> 4 Not enough time for titer to change											

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: ____/____/____ <input type="checkbox"/> 9 Unk <small>Mo. Day Yr.</small>	25. Vital status: <input type="checkbox"/> 1 Alive (Go to Q27) <input type="checkbox"/> 3 Stillborn (Go to Q27) (Footnote C) <input type="checkbox"/> 2 Born alive, then died <input type="checkbox"/> 9 Unknown (Go to Q27)	26. Indicate date of death: ____/____/____ <input type="checkbox"/> 9 Unk <small>Mo. Day Yr.</small>	27. Birthweight (in grams): _____ <input type="checkbox"/> 9 Unk
28. Estimated gestational age (in weeks): _____ <input type="checkbox"/> 9 Unk <small>(If infant was stillborn go to Q37)</small>	29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg., VDRL, RPR) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No test <input type="checkbox"/> 9 Unk <small>(Go to Q30 unless reactive)</small>	b) When was the infant/child's first reactive non-treponemal test for syphilis? ____/____/____ <small>Mo. Day Yr.</small>	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) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 No test <input type="checkbox"/> 9 Unk b) When was the infant/child's first reactive treponemal test for syphilis? (footnote D) ____/____/____ <small>Mo. Day Yr.</small>	31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? <input type="checkbox"/> 1 Yes, positive <input type="checkbox"/> 2 Yes, negative <input type="checkbox"/> 3 No test <input type="checkbox"/> 4 No lesions and no tissue to test <input type="checkbox"/> 9 Unk		
32. Did the Infant/child have any signs of CS? (check all that apply) <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> no signs/asymptomatic (Footnote E) <input type="checkbox"/> pseudo paralysis <input type="checkbox"/> edema <input type="checkbox"/> condyloma lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash <input type="checkbox"/> other <input type="checkbox"/> Unk			
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36. Was the infant/child treated? ("2" is an obsolete response) <input type="checkbox"/> 1 Yes, with aqueous or procaine penicillin for 10 days <input type="checkbox"/> 3 Yes, with benzathine penicillin x 1 <input type="checkbox"/> 4 Yes, with other treatment <input type="checkbox"/> 5 No treatment <input type="checkbox"/> 9 Unk			

PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

1 <input type="checkbox"/> Not a case <input type="checkbox"/> 2 Confirmed case <small>(Laboratory confirmed identification of <i>T.pallidum</i>, e.g., darkfield exam, DFA, or special stains)</small>	3 <input type="checkbox"/> Syphilitic stillbirth <input type="checkbox"/> 4 Probable case <small>(Footnote C) (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)</small>
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 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 -



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b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	1: _____											
<small>Mo. Day Yr.</small>													
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests: <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>Test Type</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>a. ____/____/____ 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> </tr> <tr> <td>b. ____/____/____ 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk</td> <td>1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk</td> </tr> <tr> <td><small>Mo. Day Yr.</small></td> <td></td> <td></td> </tr> </tbody> </table>	Date	Test Type	Results	a. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	b. ____/____/____ 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> EIA or CLIA 3 <input type="checkbox"/> Other 2 <input type="checkbox"/> TP-PA 9 <input type="checkbox"/> Unk	1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	<small>Mo. Day Yr.</small>			19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> primary 4 <input type="checkbox"/> late or late latent 9 <input type="checkbox"/> Unk 2 <input type="checkbox"/> secondary 5 <input type="checkbox"/> previously treated/serofast 3 <input type="checkbox"/> early latent 8 <input type="checkbox"/> Other
Date	Test Type	Results											
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<small>Mo. Day Yr.</small>													
21. When did mother receive her first dose of benzathine penicillin? ____/____/____ <small>Mo. Day Yr.</small> 1 <input type="checkbox"/> Before pregnancy 4 <input type="checkbox"/> 3rd trimester 2 <input type="checkbox"/> 1st trimester 5 <input type="checkbox"/> No Treatment (Go to Q24) 3 <input type="checkbox"/> 2nd trimester 9 <input type="checkbox"/> Unk	22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	23. Did mother have an appropriate serologic response? (Footnote B) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change											

PART II. INFANT/CHILD INFORMATION

24. Date of Delivery: 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	25. Vital status: 1 <input type="checkbox"/> Alive (Go to Q27) 3 <input type="checkbox"/> Stillborn (Go to Q27) (Footnote C) 2 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unknown (Go to Q27)	26. Indicate date of death: 9 <input type="checkbox"/> Unk ____/____/____ <small>Mo. Day Yr.</small>	27. Birthweight (in grams): 9 <input type="checkbox"/> Unk _____
28. Estimated gestational age (in weeks): 99 <input type="checkbox"/> Unk _____ <small>(If infant was stillborn go to Q37)</small>	29. a) Did infant/child have a reactive non-treponemal test for syphilis? (eg., VDRL, RPR) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk <small>(Go to Q30 unless reactive)</small>	b) When was the infant/child's first reactive non-treponemal test for syphilis? ____/____/____ <small>Mo. Day Yr.</small>	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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk b) When was the infant/child's first reactive treponemal test for syphilis? (footnote D) ____/____/____ <small>Mo. Day Yr.</small>	31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk		
32. Did the Infant/child have any signs of CS? (check all that apply) <input type="checkbox"/> no signs/asymptomatic (Footnote E) <input type="checkbox"/> condyloma lata <input type="checkbox"/> snuffles <input type="checkbox"/> syphilitic skin rash <input type="checkbox"/> hepatosplenomegaly <input type="checkbox"/> jaundice/hepatitis <input type="checkbox"/> pseudo paralysis <input type="checkbox"/> edema <input type="checkbox"/> other <input type="checkbox"/> Unk			
33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Unk		34. Did the infant/child have a CSF-VDRL? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	
35. Did the infant/child have a CSF WBC count or CSF protein test? (Footnote F) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk			
36. Was the infant/child treated? ("2" is an obsolete response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 3 <input type="checkbox"/> Yes, with benzathine penicillin x 1 4 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk			

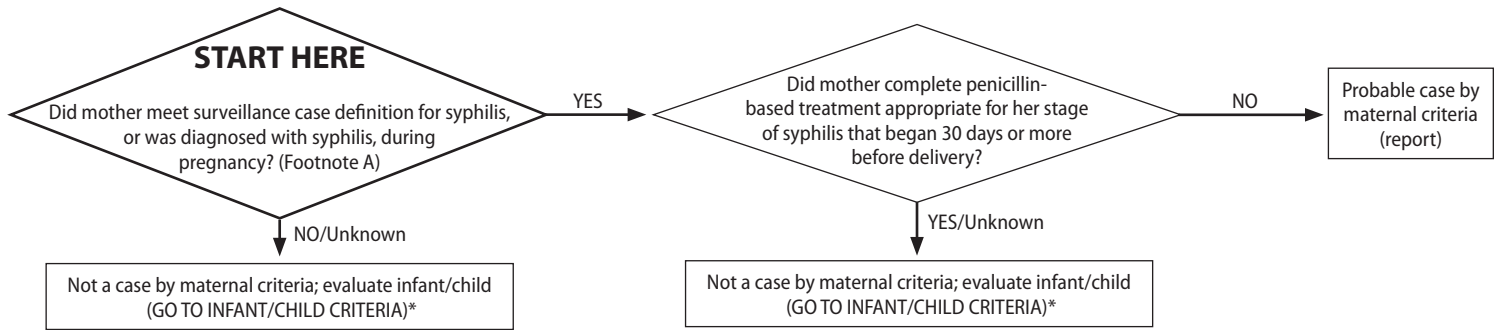
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION

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

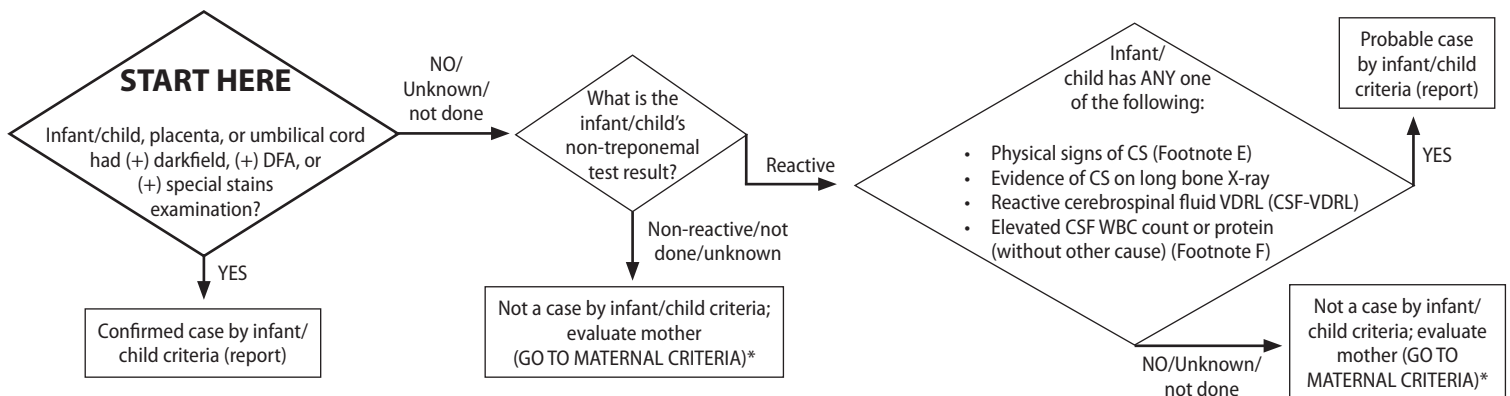
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may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

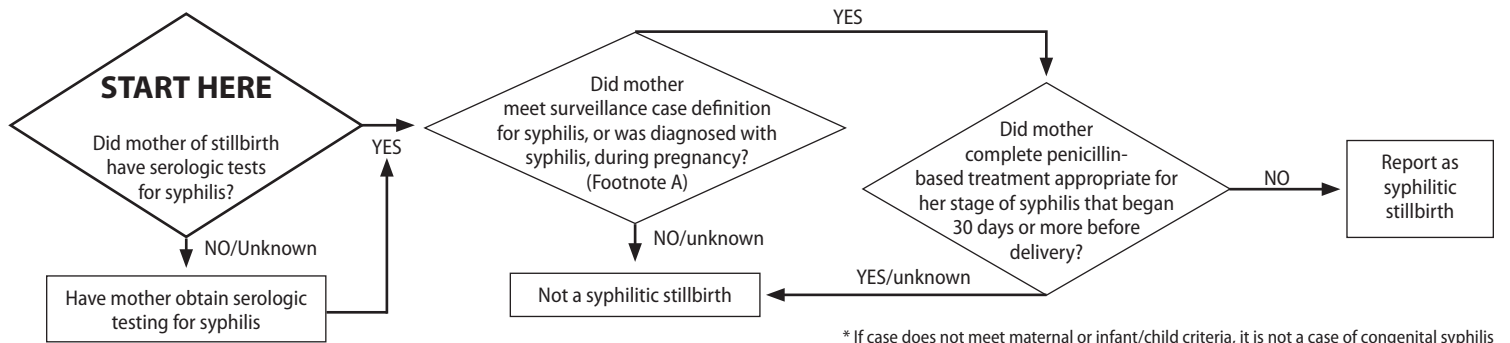
MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



CRITERIA TO REPORT SYPHILITIC STILLBIRTH



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 $\geq 1:4$. **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/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.