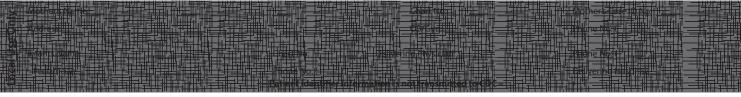
Mother's Name:		Chart No:	Mother's Case ID No:
Address:	(Zip code)	OB/Gyn:	Phone No: ()
infants Name:		ring Physician:	Phone No: ()
Pediatrician:	Phone No: () - Patient identifier information is	not transmitted to CDC –	Delivering Hospital:
U.S. Department of Health			Other geographic unit:
and Human Services	CONGENITAL SYP ASE INVESTIGATION		CASE ID No.:
Centers for Disease Control and Prevention, Atlanta, GA 30333	Form Approved OMB No. 0920-012		Local Use ID No.:
1. Report date to health dept. 9 ☐ Unk	2. Reporting state FIPS code:	9 □ Unk	3. Reporting county FIPS code: 9 ☐ Unk
/	NOT109		NOT113
PART I. MATERNAL INFORMATION	Reporting State	Name	Reporting County Name
4. Mother's state FIPS code:	. 66 9 □ Unk	5. Mother's Country of residence:	MTH167
Mother's Resid		(leave blank if USA)	Mother's Country of Residence
6. Mother's residence county FIPS code: 9 □ Unk MTH168	7. Mother's residence ZIP code:	8. Mother's date of birth: MTH1	75201 4 75202 2
Mother's County of Residence	MTH169 9 □ Unk	/	Jnk GP
10. Last menstrual period (LMP) (before delivery): 75203-0	11. a) Indicate date of first prenat		b) Indicate trimester of first prenatal visit:
// 9 □ Unk		75204-8	5163-6
12. Mother's ethnicity: 2 □ Non- <u>Hispanic or L</u> atino	13. Mother's race: (check all that	apply)	Native
1 ☐ Hispanic or Latino 9 ☐ Unk MTH159		waiian or Other Pacific Islander	□ White □ Other □ Unk
14. Did mother have non-treponemal or treponemal tests at:a) first prenatal visit? 75164-4b) 28-32 weeks gestation?	75165-1 c) delivery? 75166	15. Mother's marital status: 1 ☐ Single, never married	
1 🗆 Yes 2 🗆 No 9 🗖 Unk 1 🗀 Yes 2 🗀 No 9 🗆			4 🗆 Widow 9 🗀 Unk
16. Indicate during pregnancy and delivery, dates and results of a 82772-5 Date a. 9 Unk 1 Reactive) most recent and b) first non-trepoi Results INV291	nemal t LAB588 18. What was r <u>Titer</u> P □ positiv	nother's HIV status during pregnancy? 75179-2 e E 🔲 equivocal test
92772 F	2 ☐ Nonreactive 9 ☐ Unk		t not tested N □ negative U □ Unk
b.	2 ☐ Nonreactive 9 ☐ Unk	1:——— 19. What CLIN pregnancy	ICAL stage of syphilis did mother have during 75180-0
17. Indicate during pregnancy, date, type, and result of a) first and	d b) most recent treponemal tests:	LAB588 1 □ primary	4 ☐ late or late latent 9 ☐ Unk
	INV290 Result	2 ☐ secondary 3 ☐ early later	
T I EIA OI CLIA 3	☐ Unk 1☐ Reactive 2☐ Nonr	eactive 9 Unk 20. What SUR	/EILLANCE stage of syphilis did mother have
b/		eactive 9 🗆 Unk 1 🗖 primary	gnancy? (Footnote A) 3 a early latent 75181-8 Other
Mo. Day Yr.	Unk Taneactive 2 a Norm	2 □ secondary	/ 4 □ late or late latent 9 □ Unk
21. When did mother receive her first dose of benzathine penicilli	n? 22. What was mother's tre		an appropriate serologic response? (Footnote B) response
/	2 🗖 4.8 M units benzathine	e penicillin	response: evidence of treatment failure or reinfection not be determined from available non-treponemal
2 🗆 1st trimester 75183-4 5 🗆 No Treatment (60 to (24)	3 ☐ 7.2 M units benzathing 8 ☐ Other 9	e penicillin titer information	
3 d 2nd trimester — 9 d onk		4 🗆 Not enough time	
PART II. INFANT/CHILD INFORMATION 24. Date of Delivery: 9 □ Unk 25. Vital status: 751	86-7	INV146 -Gen V2 26. Indicate date of death: 9	56056-5 Unk 27. Birthweight (in grams): 9 □ Unk
/ 1 \(\text{Alive (60 to Q27)} \)	3 🗖 Stillborn (Go to Q27) (Footnote C)	/ /	□ Unk 27. Birthweight (in grams): 9 □ Unk
Mo. DEM115 - Gen v2 2 Dem Born alive, then died	9 🗖 Unknown (Go to Q27)	Mo. Day Yr.	
28. Estimated gestational age (in weeks): 99 ☐ Unk (If infant was stillborn go to Q37) 57714-8	29. a) Did infant/ child have a re	-	ne infant/child's c) Indicate titer of infant/child's non-treponemal test
30. a) Did infant/child have a reactive treponemal test for syphilis.	LAB588 RL, RPR) INV290 1	test for syphilis	- CTD133
[INV290] 1 Yes 2 No 3 No test 9 UNV291			Yr. 1:
b) When was the infant/child's first reactive treponemal test for syphilis? (footnote D)/82772-5		, or cord have darkfield exam, DFA, o	
Mo. Day Yr.			4 \(\text{No lesions and no tissue to test} \) 9 \(\text{Unk} \)
32. Did the Infant/child have any signs of CS? (check all 75193-3 □ hepatosplenomegaly □ jaundice/hepatitis	☐ no signs/asymptomatic (Footnote E) ☐ pseudo paralysis ☐ edem	□ condyloma lata a □ other	□ snuffles □ syphilitic skin rash □ Unk
33. Did the infant/child have long bone X-rays? 75194-1		34. Did the infant/child have a CS	
1 ☐ Yes, changes consistent with CS 2 ☐ Yes, no signs of C			es, nonreactive 3 \(\text{No test} \) 9 \(\text{Unk} \)
35. Did the infant/child have a CSF WBC count or CSF protein test: 1 □ Yes, CSF WBC count elevated 2 □ Yes, CSF protein			P69956-8= CSF Protein Level ed 5 □ No test 9 □ Unk
36. Was the infant/child treated? ("2" is an obsolete response)	75197-4	4 D Voc with the second	F D No treatment O D Hali
	Yes, with benzathine penicillin x 1 Classification: INV163 - Case	4 🗆 Yes, with other treatment	5 🗆 No treatment 9 🗅 Unk
1 □ Not a case 2 □ Confirmed case	114 V 103 - Case	e Class Status (Gen V2) Syphilitic stillbirth 4 Probable o	ase
(Laboratory confirmed identification of <i>T.pallidum</i> , e.g., dar			ase by the algorithm, which is not a confirmed case or syphilitic stillbirth)
		7 70207 2	





U.S. Department of Health and Human Services Centers for Disease Control and Prevention, Atlanta, GA 3033:

CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

ASE ID	No.:		

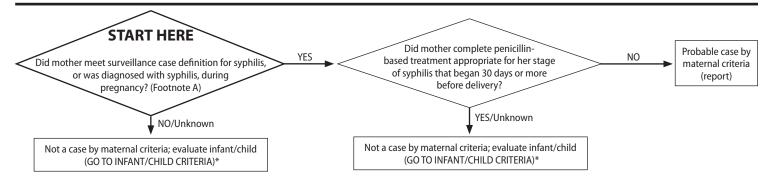
and Prevention, Atlanta, GA 30333	Form A	pproved OMB No. 0920-0128	Exp. Date: 02/	2016	Local Use ID No.:	
1. Report date to health dept. 9 ☐ Unk	2. Re	porting state FIPS code:	9 🗆	l Unk	3. Reporting county FIP	S code: 9 🗆 Unk
/		Reporting State	Name			porting County Name
PART I. MATERNAL INFORMATION	·			·		
4. Mother's state FIPS code:	other's Residence State	9 □ Unk	5. Mother's C	ountry of residence:	Mother's Country o	 f Residence
6. Mother's residence county FIPS code: 9	□ Unk 7. Mc	other's residence ZIP code:	8. Mother's d	ate of birth:	9. Mother's	obstetric history:
Mother's County of Residence		9 🗆 Unk	/ Mo. Day	/ 9 🗖 Unk		P P
10. Last menstrual period (LMP) (before delivery):/ / / 9 □ Unk Day Yr.				care (Go to Q12)	b) Indicate trimester of 1 1st trimester 3 3rd trimester	first prenatal visit: 2
12. Mother's ethnicity: 2 □ Non-Hispanic 1 □ Hispanic or Latino 9 □ Unk				nerican Indian/Alaska Native Pacific Islander		ican American
14. Did mother have non-treponemal or treponemal tess a) first prenatal visit? b) 28–32 weeks g 1 □ Yes 2 □ No 9 □ Unk 1 □ Yes 2 □	estation?	c) delivery? 1	1 🗆 :		☐ Separated/Divorced☐ Widow	8 □ Other 9 □ Unk
16. Indicate during pregnancy and delivery, dates and re Date a// 9 □ Unk 1 □	Resu	-	emal tests: Titer 1:	P 🖵 positive	's HIV status during pregr E □ equivoca sted N □ negative	l test
b//9 □ Unk 1 □ Mo. Day Yr.	Reactive 2 🗆 No	onreactive 9 🗖 Unk	1:	pregnancy?	tage of syphilis did moth	
17. Indicate during pregnancy, date, type, and result of a Date	a) first and b) mos est Type	t recent treponemal tests: Results		2 🗆 secondary 5	I □ late or late latent □ previously treated/se □ Other	9 □ Unk rofast
1 □ EIA or a// 9 □ Unk 2 □ TP-PA	CLIA 3 🗖 Other 9 🗖 Unk	1 ☐ Reactive 2 ☐ Nonre	active 9 🗖 U	20. What SURVEILLA during pregnancy	NCE stage of syphilis did	mother have
b//9 □ Unk 1 □ EIA or 2 □ TP-PA	CLIA 3 □ Other 9 □ Unk	1 ☐ Reactive 2 ☐ Nonre	eactive 9 🗖 U	Ink 1 □ primary 3 □ 2 □ secondary 4 □	a early latent I late or late latent	8 □ Other 9 □ Unk
21. When did mother receive her first dose of benzathing / ay / Yr. 1 Before pregnancy		22. What was mother's trea 1	penicillin penicillin penicillin	23. Did mother have an appr □ Yes, appropriate respons □ No, inappropriate respons □ No inappropriate be could not	se: evidence of treatment f determined from available	failure or reinfection
Part II. Infant/Child Information						
24. Date of Delivery: 9 ☐ Unk ☐ / / / 1 ☐ Alive (60 to Q27) Mo. Day Yr. 2 ☐ Born alive, there		born (Go to Q27) (Footnote C) known (Go to Q27)		te date of death: 9 🗖 Unk	27. Birthweight (in	n grams): 9 🗖 Unk
28. Estimated gestational age (in weeks): 99 ☐ Unk (If infant was stillborn go to Q37)	n) Did infant/ child have a rea on-treponemal test for syph eg., VDRL, RPR)		b) When was the infar first reactive non-trep test for syphilis?	,	iter of infant/ treponemal test
30. a) Did infant/child have a reactive treponemal test for (footnote D) 1 □ Yes 2 □ No 3 □ No test 9 □ U. b) When was the infant/child's first reactive trepone	or syphilis? 1 🗖 Y	/es 2 □ No 3 □ No test 9 Q30 unless reactive)	D □ Unk	////	1: <u></u>	-
for syphilis? (footnote D)////	31. D	oid the infant/child, placenta, Yes, positive 2 1 Yes, r			al stains? elesions and no tissue to	test 9 □ Unk
32. Did the Infant/child have any signs of CS? (check all that ☐ hepatosplenomegaly ☐ jaundice/hepatit		ns/asymptomatic (Footnote E) paralysis 🔲 edema		,	snuffles ☐ syp Unk	ohilitic skin rash
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 ir 1 ☐ Yes, re	nfant/child have a CSF-VDRL eactive 2 🗖 Yes, non		est 9 □ Unk
35. Did the infant/child have a CSF WBC count or CSF pro 1 ☐ Yes, CSF WBC count elevated 2 ☐ Yes, Co	otein test? <i>(Footnote</i> SF protein elevate	•	ated 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 da		th benzathine penicillin x 1	4 ☐ Yes, witl	n other treatment 5 🗖 No	o treatment 9 🗖 Unk	
PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION	37. Classifi	ication:				
1 □ Not a case 2 □ Confirmed case (Laboratory confirmed identification of <i>I.pallid</i>	um, e.g., darkfield exam		yphilitic stillbi tnote C)		orithm, which is not a confirmed c	ase or syphilitic stillbirth)
Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other as	time for reviewing instructions, search sect of this collection of information, i	hing existing data sources, gathering and maintaining the dat including suggestions for reducing this burden to CDC/ATSDR	ta needed, and completing and Reports Clearance Officer, 160	d reviewing the collection of information. An agency may n O Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0!	ot conduct or sponsor, and a person is not required t 920-0128). Do not send the completed form to this	to respond to a collection of information address.

Mother's Name:					
<u>-</u>		Chart No:		Mother's Case ID No:	
Address:(Number, Street, City, State)	(Zip code)	OB/Gyn:		Phone No: ()	
Infants Name:	Chart No: Deliver	ing Physician:		Phone No: ()	
Address: (Number, Street, City, State) Infants Name: Pediatrician:	Phone No: () - Patient identifier information is r	oot transmitted to	CDC-	Delivering Hospital:	
				Other geographic unit:	
U.S. Department of Health and Human Services	CONGENITAL SYPI SE INVESTIGATION)PT	CASE ID No.:	
Centers for Disease Control and Prevention, Atlanta, GA 30333	Form Approved OMB No. 0920-0128			Local Use ID No.:	
1. Report date to health dept. 9 □ Unk	2. Reporting state FIPS code:	9 □ Un	k	3. Reporting county FIPS code: 9	Unk
//					
Mo. Day Yr.	Reporting State	Name		Reporting County	Name
PART I. MATERNAL INFORMATION	م الحال	F Mathania Carr			
4. Mother's state FIPS code: Mother's Reside	9 🗆 Unk ence State	(leave blank if USA)	try of residence:	Mother's Country of Residence	_
6. Mother's residence county FIPS code: 9 □ Unk	7. Mother's residence ZIP code:	8. Mother's date	of birth:	9. Mother's obstetric his	tory:
Mother's County of Residence	9 🗆 Unk	// Mo. Dav	9 □ Unk	G P (G=pregnancies, P=live birth	
10. Last menstrual period (LMP) (before delivery):	11. a) Indicate date of first prenata	<u> </u>		b) Indicate trimester of first prenata	
//		□ No prenatal car □ Unk	re (Go to Q12)	1 ☐ 1st trimester 2 ☐ 2nd tr 3 ☐ 3rd trimester 9 ☐ Unk	imester
12. Mother's ethnicity: 2 □ Non-Hispanic or Latino 1 □ Hispanic or Latino 9 □ Unk	13. Mother's race: (check all that a ☐ Asian ☐ Native Hav	apply) 🔲 Amerio vaiian or Other Pac	can Indian/Alaska Native cific Islander 🔲 W	e □ Black or African Americ /hite □ Other □ U	
14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? b) 28–32 weeks gestation?	a) dolivora?		's marital status:	B □ Separated/Divorced 8 □ 0	1+h o r
a) first prenatal visit? b) 28–32 weeks gestation? 1 ☐ Yes 2 ☐ No 9 ☐ Unk 1 ☐ Yes 2 ☐ No 9 ☐	c) delivery? Unk 1 ☐ Yes 2 ☐ No 9 ☐ I			3 □ Separated/Divorced 8 □ 0 4 □ Widow 9 □ U	
16. Indicate during pregnancy and delivery, dates and results of a)				's HIV status during pregnancy? E □ equivocal test	
<u>Date</u> a//9 □ Unk	Results 2 □ Nonreactive 9 □ Unk	ive O D Unk			
b/	2 ☐ Nonreactive 9 ☐ Unk			stage of syphilis did mother have during	
17. Indicate during pregnancy, date, type, and result of a) first and	h) most recent trenonemal tests:		pregnancy? 1 □ primary 4	4 ☐ late or late latent 9	□ Unk
Date Test Type	Results			5 □ previously treated/serofast 3 □ Other	
1 🗖 EIA or CLIA 3 🗓		20.144 - 211717		ANCE stage of syphilis did mother have	
a	during pregnand				
1 D FIA or CLIA 3 I	1 Other				er
b / / 9 D Hok 1 D EIA or CLIA 3 D			1 □ primary 3 Ū	y? (Footnote A) □ early latent 8 □ Oth □ late or late latent 9 □ Unk	
b/	Other 1 Reactive 2 Nonre	eactive 9 🗆 Unk	1 ☐ primary 3 ☐ 2 ☐ secondary 4 ☐ Did mother have an appropriate the secondary and appropriate the secondary are secondary.	□ early latent 8 □ Oth □ late or late latent 9 □ Unk ropriate serologic response? (Footnote	
b//	Other 1 Reactive 2 Nonre 2. What was mother's trea 1 2.4 M units benzathine	tment? 23.[penicillin penicillin	1 primary 3 2 secondary 4 5 Did mother have an approyes, appropriate response. No, inappropriate response.	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote see see see evidence of treatment failure or rein	B) nfection
b/	? 22. What was mother's trea 1 \(\text{ 2 \ A M units benzathine} \) 2 \(\text{ 4.8 M units benzathine} \) 3 \(\text{ 7.2 M units benzathine} \)	tractive 9 Unk tment? penicillin penicillin penicillin	1 primary 3 2 secondary 4 5 Did mother have an approyes, appropriate response. No, inappropriate response.	□ early latent 8 □ Oth □ late or late latent 9 □ Unk ropriate serologic response? (Footnote	B) nfection
b//	? 22. What was mother's trea 1 \(\text{ 2 \ A M units benzathine} \) 2 \(\text{ 4.8 M units benzathine} \) 3 \(\text{ 7.2 M units benzathine} \)	tment? 9 Unk tment? 23.[penicillin penicillin penicillin penicillin	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be o	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote see see: evidence of treatment failure or reindetermined from available non-trepo	B) nfection
b//	? 22. What was mother's trea 1 \(\text{ 2 \ A M units benzathine} \) 2 \(\text{ 4.8 M units benzathine} \) 3 \(\text{ 7.2 M units benzathine} \)	tment? penicillin penicillin penicillin Unk 23. [2] 2] 3] 4]	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be of titer information Not enough time for tite	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote seese: evidence of treatment failure or reindetermined from available non-treporer to change	B) nfection onemal
b//	? 22. What was mother's trea 1 \(\text{ 2 \ A M units benzathine} \) 2 \(\text{ 4.8 M units benzathine} \) 3 \(\text{ 7.2 M units benzathine} \)	tment? penicillin penicillin penicillin Unk 23. [2] 2] 3] 4]	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be of titer information	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote seese: evidence of treatment failure or reindetermined from available non-treporer to change	B) nfection
b//	? 22. What was mother's trea 1 \(\text{ 2 \text{ Nonre}} \) 22. What was mother's trea 1 \(\text{ 2 \text{ 4.8 M units benzathine}} \) 2 \(\text{ 4.8 M units benzathine} \) 3 \(\text{ 7.2 M units benzathine} \) 8 \(\text{ Other} \) 9 \(\text{ 9.1} \)	tment? penicillin penicillin penicillin Unk 23. [2] 2] 3] 4]	1 □ primary 3 0 2 □ secondary 4 0 Did mother have an appr Yes, appropriate respons No, inappropriate respons Response could not be of titer information Not enough time for tite	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote seese: evidence of treatment failure or reindetermined from available non-treporer to change	B) nfection onemal
b//	22. What was mother's trea 1 2.4 M units benzathine 2 4.8 M units benzathine 3 7.2 M units benzathine 8 0ther 9 Unknown (Go to Q27) (Footnote C) Unknown (Go to Q27) 29. a) Did infant/ child have a rea non-treponemal test for syph	penicillin penicillin Unk 23. [1 2 2] penicillin penicillin penicillin	1 primary 3 2 secondary 4 5 Did mother have an approves, appropriate responseons, inappropriate responseons could not be of titer information Not enough time for titer Internal 1 1 1 Internal 2 1 Internal 3 1 Internal 4 1 Internal 5 1 Internal 6 1 Internal 7 1 Internal 7 1 Internal 7 Internal 7 Internal 1 Internal	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote sees exidence of treatment failure or reindetermined from available non-treport to change 27. Birthweight (in grams): 9 □ □ □ □ □ nt/child's c) Indicate titer of infant child's non-treponema	B) Infection onemal
b//	22. What was mother's trea 1 2.4 M units benzathine 2 4.8 M units benzathine 3 7.2 M units benzathine 8 Other 9 (Unknown (Go to Q27) (Footnote C) Unknown (Go to Q27) 29. a) Did infant/ child have a rea non-treponemal test for syph (eg., VDRL, RPR) 1 Yes 2 No 3 No test 9	penicillin penicillin penicillin Dunk 23. [1 2 2 3] 2 1 3 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2	1 primary 3 2 secondary 4 Did mother have an appryes, appropriate responsive, inappropriate responsive, inappropriate responsive could not be ditter information. Not enough time for tite late of death: 9 Unleading to the late of dea	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote see see: evidence of treatment failure or reindetermined from available non-treport to change 27. Birthweight (in grams): 9 □ □ □ □ □ □ nt/child's c) Indicate titer of infant child's non-treponema for syphilis:	B) Infection onemal
b//	22. What was mother's trea 1	penicillin penicillin penicillin d'unk 23. [1	1 primary 3 2 secondary 4 Did mother have an appryes, appropriate responsive, inappropriate responsive, inappropriate responsive could not be ditter information. Not enough time for tite late of death: 9 Unleading to the late of dea	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote see see: evidence of treatment failure or reindetermined from available non-treport to change 27. Birthweight (in grams): 9 □ □ □ □ □ □ □ nt/child's c) Indicate titer of infant child's non-treponema for syphilis: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	B) Infection onemal
b//	22. What was mother's trea 1 2.4 M units benzathine 2 4.8 M units benzathine 3 7.2 M units benzathine 8 Other 9 (Unknown (Go to Q27) (Footnote C) Unknown (Go to Q27) 29. a) Did infant/ child have a rea non-treponemal test for syph (eg., VDRL, RPR) 1 Yes 2 No 3 No test 9	penicillin penicillin penicillin Dunk 26. Indicate do// Mo. 26. Indicate do// Day active ilis?	ate of death: ate of death: b) When was the infar first reactive non-trest test for syphilis? b) When was the infar first reactive non-trest test for syphilis? Day	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote sees exidence of treatment failure or reindetermined from available non-treport to change 27. Birthweight (in grams): 9 □ □ □ □ □ nt/child's c) Indicate titer of infant child's non-treponema for syphilis: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	B) Infection onemal
b//	22. What was mother's trea 1	penicillin penicillin penicillin penicillin de la column	ate of death: ate of death: b) When was the infar first reactive non-treptest for syphilis? Did exam, DFA, or special of the condition o	□ early latent 8 □ Othe □ late or late latent 9 □ Unk ropriate serologic response? (Footnote see see: evidence of treatment failure or reindetermined from available non-treporer to change 27. Birthweight (in grams): 9 □ □ □ □ □ □ nt/child's c) Indicate titer of infant child's non-treponema for syphilis: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	nfection onemal Unk Unk
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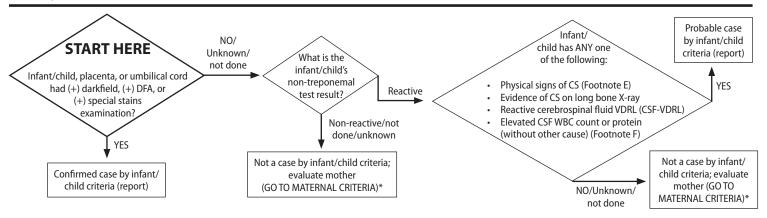
CDC 73.126 REV. 02/2013

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

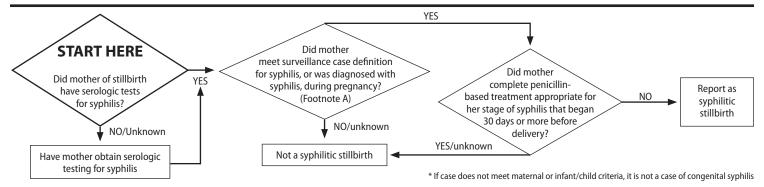
MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



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 ≥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 <u>appropriate serologic response</u> 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 <u>inappropriate serologic response</u> 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.