

Mother's Name: _____ Mother's CalREDIE ID#: _____ CASE ID No.: _____
 Infant's Name: _____ Infant's CalREDIE ID#: _____ Delivery Hospital: _____

CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Part I: MATERNAL INFORMATION

1. Report date to health department: <input type="checkbox"/> Unk ____ / ____ / ____ <small>Mo. Day Yr.</small>	2. Reporting state: _____	3. Reporting county: _____	4. Country of residence: (leave blank if USA) _____																		
5. Residence state: <input type="checkbox"/> Unk _____	6. Residence county: <input type="checkbox"/> Unk _____	7. Residence city: <input type="checkbox"/> Unk (if case resides in a city health jurisdiction) _____	8. Residence zip code: <input type="checkbox"/> Unk _____																		
9. Mother's date of birth: <input type="checkbox"/> Unk ____ / ____ / ____ <small>Mo. Day Yr.</small>	10. Mother's ethnicity: <input type="checkbox"/> Hispanic/Latina <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispanic/Non-Latina	11. Mother's race: (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unk																			
12. Did mother have prenatal care? <input type="checkbox"/> Yes, at least once in US <input type="checkbox"/> No (Go to Q15) <input type="checkbox"/> Yes, outside of US <input type="checkbox"/> Unk (Go to Q15)	13. Indicate date of first prenatal visit: ____ / ____ / ____ <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>	14. Indicate number of prenatal visits: ____ <input type="checkbox"/> Unk	15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 3 days of delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q17) <input type="checkbox"/> Unk (Go to Q17)																		
16. Indicate dates and results of non-treponemal tests: (list the most recent first) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Date</th> <th style="text-align: center;">Results</th> <th style="text-align: center;">Titer</th> </tr> <tr> <th style="text-align: center;">Mo. Day Yr.</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>a. ____ / ____ / ____ <input type="checkbox"/> Unk</td> <td><input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> <tr> <td>b. ____ / ____ / ____ <input type="checkbox"/> Unk</td> <td><input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> <tr> <td>c. ____ / ____ / ____ <input type="checkbox"/> Unk</td> <td><input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> <tr> <td>d. ____ / ____ / ____ <input type="checkbox"/> Unk</td> <td><input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> </tbody> </table>		Date	Results	Titer	Mo. Day Yr.			a. ____ / ____ / ____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: _____	b. ____ / ____ / ____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: _____	c. ____ / ____ / ____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: _____	d. ____ / ____ / ____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: _____	17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-PA)? If so, when was the test performed? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Unk ____ / ____ / ____ <small>Mo. Day Yr.</small>	
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19. Before this delivery, when was mother last treated for syphilis? <input type="checkbox"/> Before pregnancy (Go to Q20) <input type="checkbox"/> No treatment (Go to Q22) ____ / ____ / ____ <small>Mo. Day Yr.</small> <input type="checkbox"/> During pregnancy (Go to Q21) <input type="checkbox"/> Unk (Go to Q22)		20. Before pregnancy, was mother's treatment adequate? <input type="checkbox"/> Yes, adequate: treatment appropriate for stage <input type="checkbox"/> Unk (Go to Q22) <input type="checkbox"/> No, treatment not appropriate for stage (Go to Q22)																			
21. During pregnancy, was mother's treatment adequate? (Footnote a) <input type="checkbox"/> Yes, adequate: penicillin-based treatment appropriate for stage <input type="checkbox"/> No, inadequate: penicillin-based treatment not appropriate for stage <input type="checkbox"/> No, inadequate: penicillin-based begun < 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk																					

Part II: INFANT INFORMATION

22. Date of delivery: ____ / ____ / ____ <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>	23. Vital status: <input type="checkbox"/> Alive (Go to Q25) <input type="checkbox"/> Stillborn (Go to Q26) (Footnote b) <input type="checkbox"/> Born alive, then died <input type="checkbox"/> Unk (Go to Q25)	24. Date of death: ____ / ____ / ____ <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>		
25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	26. Birthweight (in grams): _____ <input type="checkbox"/> Unk	27. Estimated gestational age (in weeks) ____ <input type="checkbox"/> Unk		
28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? <input type="checkbox"/> Yes, serum reactive <input type="checkbox"/> Yes, cord blood reactive <input type="checkbox"/> No, result non-reactive <input type="checkbox"/> Not tested <input type="checkbox"/> Unk	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 first reactive non-treponemal test for syphilis? 1: _____	29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)? <input type="checkbox"/> Yes, serum reactive <input type="checkbox"/> Yes, cord blood reactive <input type="checkbox"/> No, result non-reactive <input type="checkbox"/> Not tested <input type="checkbox"/> Unk	b) When was the infant/child's first reactive treponemal test for syphilis? ____ / ____ / ____ <small>Mo. Day Yr.</small>
30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c) <input type="checkbox"/> Yes <input type="checkbox"/> No, asymptomatic infant/child <input type="checkbox"/> Unk		LABORATORY CONFIRMATION: 31. Did the infant/child have a darkfield exam or DFA-TP? <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <input type="checkbox"/> Unk		

INFANT EVALUATION

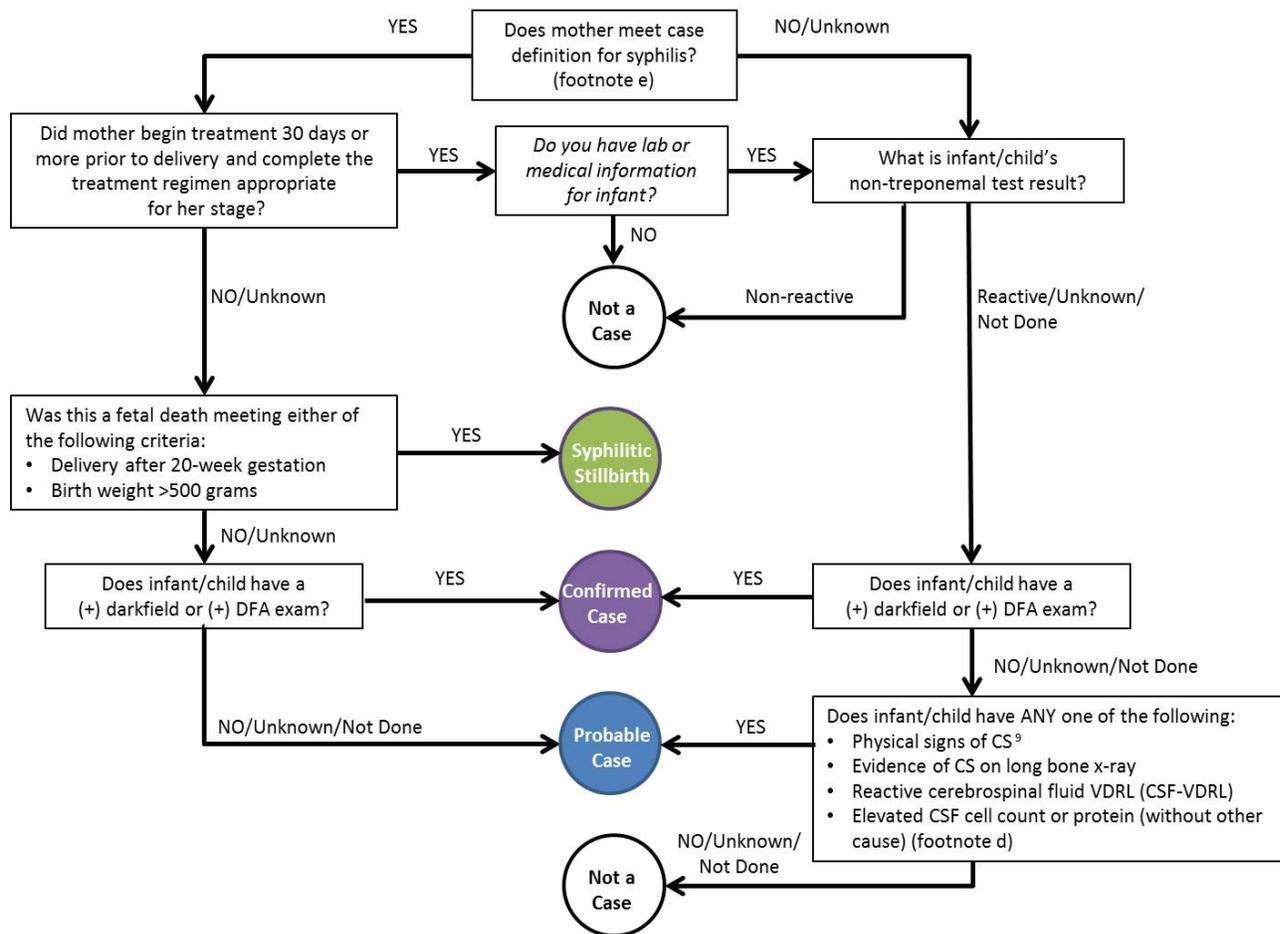
32. Did the infant/child have long bone X-rays? <input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No x-rays <input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Unk	33. Did the infant/child have a CSF-VDRL? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> Unk	34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) <input type="checkbox"/> Yes, one or both elevated <input type="checkbox"/> No test <input type="checkbox"/> Yes, both not elevated <input type="checkbox"/> Unk	35. Was the infant/child treated? Yes, with Aqueous or Procaine Penicillin for ≥10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> Yes, with Benzathine penicillin x 1 <input type="checkbox"/> No treatment <input type="checkbox"/> Unk
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Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION

36. Classification
 Not a case Confirmed case (Laboratory confirmed identification of *T. pallidum*, e.g., darkfield or direct fluorescent antibody positive lesions) Syphilitic stillbirth (Footnote b) Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)

Reporting of STDs does not require patient consent and is not subject to the requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows disclosure of this information to public health for the "purpose of ... public health surveillance, public health investigations, and public health interventions..." 45 CFR §164.512(b)(1)

CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT ALGORITHM



Footnotes:

- Adequate treatment in adults is defined in the STD Treatment Guidelines (cdc.gov/std/treatment/). In pregnancy, primary, secondary or early latent cases should be treated with Benzathine Penicillin G 2.4 million units IM administered 30 days or more prior to delivery; late latent cases and latent cases of unknown duration should be treated with Benzathine Penicillin G, 7.2 million units, administered as 3 doses of 2.4 million units IM each, at one week intervals, with the first dose administered 30 days or more prior to delivery and all doses received.
- A syphilitic stillbirth is a fetal death in which the mother had untreated or inadequately treated syphilis at the time of delivery of either a fetus after a 20-week gestation or a fetus weighing > 500 grams.
- Signs of congenital syphilis (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.
- Cerebrospinal fluid (CSF) cell count and protein vary with gestational age. For infants 30 days old or less, CSF white blood cell (WBC) count > 15 WBC/mm³ and CSF protein > 120 mg/DL are considered abnormal. Beyond the neonatal period, a CSF cell count of > 5 white blood cells/mm³ or a CSF protein > 40 mg/DL is abnormal, regardless of CSF serology.
- See the national case definition for syphilis: www.cdc.gov/osels/ph_surveillance/nndss/casedef/syphilis1990.htm