

# Completion of the Revised Congenital Syphilis Form

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Syphilis Elimination Coordinator  
May 13, 2013 9-10AM*

Call-in Information:  
888-606-7149  
65231#

**Please mute your phones!**



# Training Series

Introduction and Protocol for  
Congenital Syphilis Surveillance  
in California

*May 6, 2013 – 9-10AM*

Completion of the Revised Congenital  
Syphilis Form

*May 13, 2013 – 9-10AM*

CalREDIE: Initiating, Monitoring and  
Entering Data for Congenital Syphilis

*May 20, 2013 – 9-10AM*

# Overview of Training

- When to complete the California Congenital Syphilis Case Investigation and Report (“CS Form”)
- Description and rationale for variables included in the form

Preventing and reporting cases.

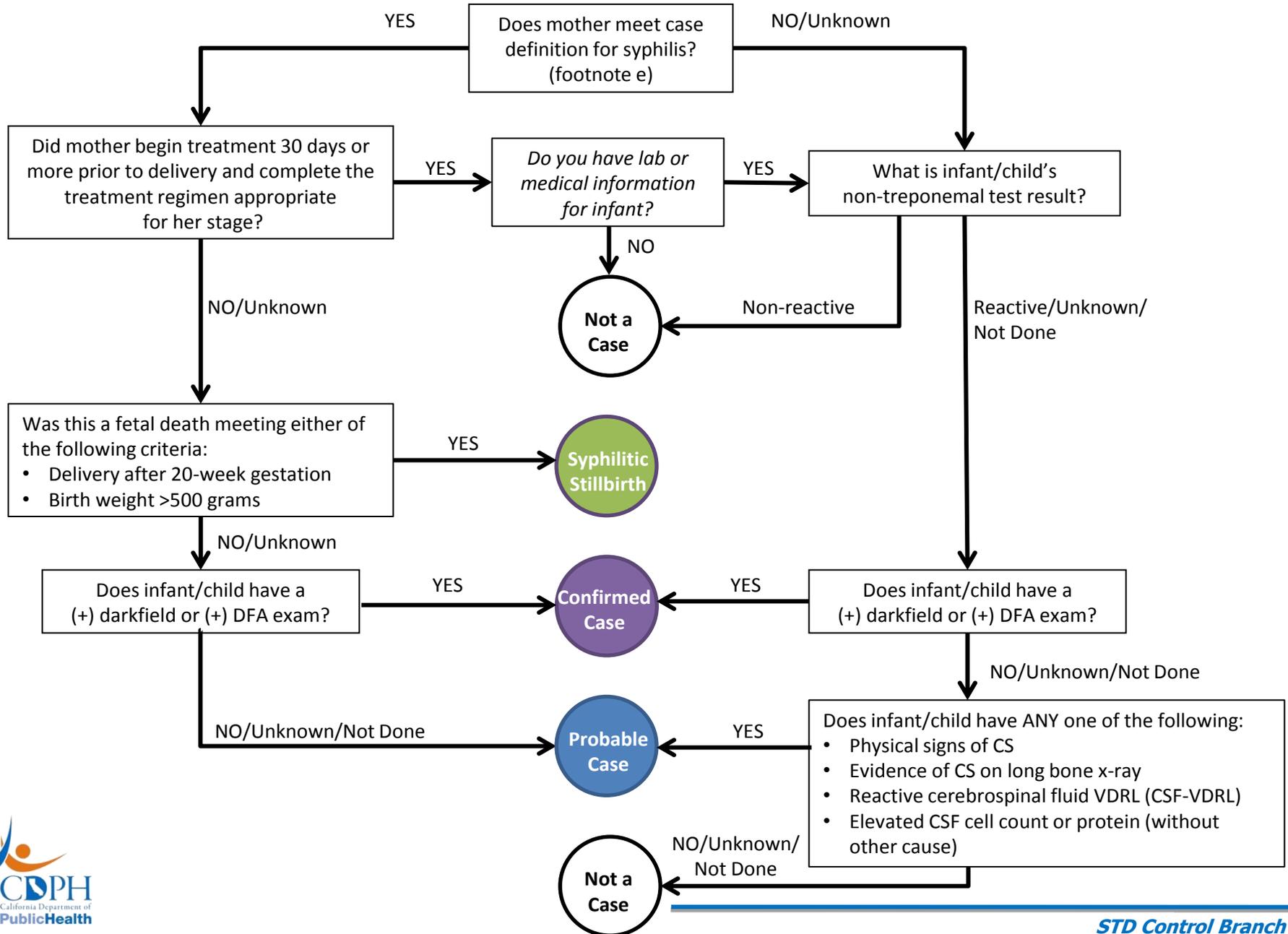
# WHEN TO COMPLETE THE CS FORM



# Protocol Summary

- Confirm treatment for **all cases in women** of child-bearing age and **infants**
- Initiate FR for the following:
  - All **female cases** of child-bearing age
  - All **females with an infant** with a reactive STS
  - All **infants** with a reactive STS
- Conduct syphilis interviews and partner services for **early cases**
- Complete the revised CS form for the following:
  - Infants or stillborn fetuses of mothers who are **inadequately treated**
  - Infants with reactive STS and **evidence of congenital syphilis**
- Fax provider information sheets according to circumstances
- Close cases within 30 days of treatment verification or delivery
- Send closed cases to the CS Coordinator within 7 days.

# Algorithm for Classifying CS Cases



# When to complete the CS Form

- Complete the CS form for Confirmed, Presumptive, or Syphilitic Stillbirths.
  - Infants or stillborn fetuses of mothers who are inadequately treated
  - Infants with reactive STS and evidence of congenital syphilis. Evidence includes
    - Physical signs of CS (footnote c)
    - Evidence of CS on long bone x-ray
    - Reactive cerebrospinal fluid VDRL (CSF-VDRL)
    - Elevated CSF cell count or protein (without other cause) (footnote d)

Why each data element is important.

# RATIONALE



Mother's Name: \_\_\_\_\_ Mother's CalREDS ID#: \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_  
 Infant's Name: \_\_\_\_\_ Infant's CalREDS ID#: \_\_\_\_\_ CASE ID No.: \_\_\_\_\_

### CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

**Part I: MATERNAL INFORMATION**

1. Report date to health department: <input type="checkbox"/> Link ____/____/____	2. Reporting state: <u>CALIFORNIA</u>	3. Reporting county: _____	4. Country of residence: (leave blank if USA)
5. Residence state: <input type="checkbox"/> Link	6. Residence country: <input type="checkbox"/> Link	7. Residence city: <input type="checkbox"/> Link (If case resides in a city health jurisdiction)	8. Residence zip code: _____
9. Mother's date of birth: <input type="checkbox"/> Link ____/____/____	10. Mother's ethnicity: <input type="checkbox"/> Hispanic/Latina <input type="checkbox"/> Link <input type="checkbox"/> Non-Hispanic/Non-Latina	11. Mother's race: (check of 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	
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"/> Link (Go to Q15)	13. Indicate date of first prenatal visit: _____ <input type="checkbox"/> Link	14. Indicate number of prenatal visits: _____ <input type="checkbox"/> Link	15. Did mother have a non-treponemal (RPR or VDRL) in pregnancy, at delivery, 3 days of delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q17) <input type="checkbox"/> Link
16. Indicate dates and results of non-treponemal tests: (list the most recent first)		17. Did mother have confirmatory treponemal test result? (if so, when was the test performed?)	
a. _____ <input type="checkbox"/> Link	Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Link	Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Link	
b. _____ <input type="checkbox"/> Link	Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Link	Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Link	
c. _____ <input type="checkbox"/> Link	Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Link	Yes, negative <input type="checkbox"/> No lesions present <input type="checkbox"/> Link	
d. _____ <input type="checkbox"/> Link	Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Link		
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) _____ <input type="checkbox"/> Link <input type="checkbox"/> During pregnancy (Go to Q21) <input type="checkbox"/> Link (Go to Q22)		20. Before pregnancy, was mother's treatment adequate? <input type="checkbox"/> Yes, adequate: treatment appropriate for stage (Go to Q22) <input type="checkbox"/> Link <input type="checkbox"/> No, inadequate: 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 treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment			

**Part II: INFANT INFORMATION**

22. Date of delivery: _____ <input type="checkbox"/> Link	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"/> Link (Go to Q25)	24. Date of death: _____ <input type="checkbox"/> Link
25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Link	26. Birthweight (in grams): _____ <input type="checkbox"/> Link	27. Estimated gestational age (in weeks): _____ <input type="checkbox"/> Link
28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No test <input type="checkbox"/> Link	b) When was the infant/child's first reactive non-treponemal test for syphilis? _____ <input type="checkbox"/> Link	c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? T: _____
29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., TPA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No test <input type="checkbox"/> Link	b) When was the infant/child's first reactive treponemal test for syphilis? _____ <input type="checkbox"/> Link	
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"/> Link		

**Part III: INFANT EVALUATION**

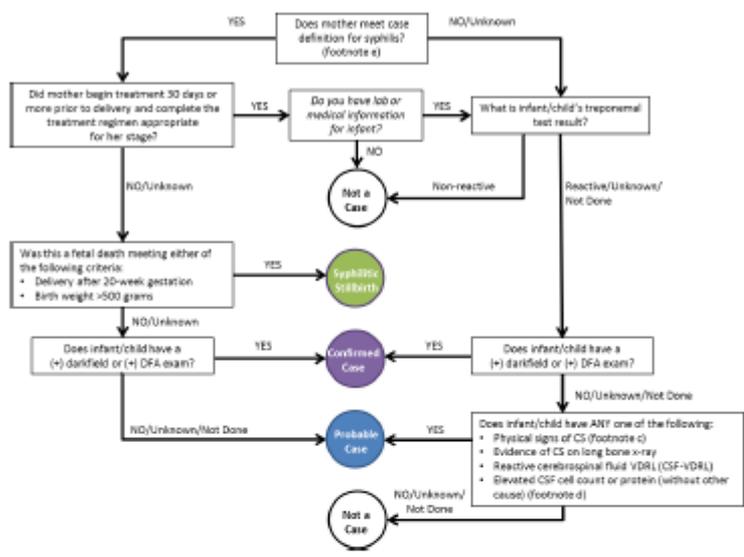
32. Did the infant/child have long bone x-rays? <input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No x-rays <input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Link	33. Did the infant/child have a CSF-VDRL? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> Link	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"/> Link	35. Was the infant/child treated? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for >10 days <input type="checkbox"/> Yes, with Benzathine penicillin > 1 <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for <10 days <input type="checkbox"/> No test <input type="checkbox"/> Yes, with Benzathine penicillin < 1 <input type="checkbox"/> Link
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**Part IV: 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 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 information to public health for the purpose of... public health surveillance, public health investigations, and public health interventions. \* 45 CFR 164.512(b)(7)  
 Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpacsm@cdph.ca.gov](mailto:cpacsm@cdph.ca.gov) or fax to 916.440.5800  
 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

### 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/](http://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: condylooma 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. Beyond the neonatal period, a CSF cell count of > 5 white blood cells/mm<sup>3</sup> 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](http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/syphilis1990.htm)



Rationale for Completing the Form

# **PART 1. MATERNAL INFORMATION**



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

**CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT**

Part I: MATERNAL INFORMATION  
 1. Marital status: \_\_\_\_\_ 2. Secondary status: \_\_\_\_\_ 3. Country of residence: \_\_\_\_\_

State of California—Health and Human Services Agency		California Department of Public Health
Mother's Name: _____	Mother's CaREDIE ID#: _____	CASE ID No.: _____
Infant's Name: _____	Infant's CaREDIE ID#: _____	Delivery Hospital: _____

12. Did mother have prenatal care?  
 Yes, at least once in US  No (Go to Q15)  
 Yes, outside of US  Unk (Go to Q15)

13. Indicate date of first prenatal visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  Unk

14. Indicate number of prenatal visits: \_\_\_\_  Unk

15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 7 days of delivery?  
 Yes  No (Go to Q17)  Unk (Go to Q17)

16. Indicate dates and results of non-treponemal tests (list the most recent first)

Date	Result	Titer
a. ____/____/____	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
b. ____/____/____	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
c. ____/____/____	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
d. ____/____/____	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____

17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-FA)? If so, when was the test performed?  
 Yes, reactive  Yes, nonreactive  No test  
 \_\_\_\_/\_\_\_\_/\_\_\_\_  Unk

18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?  
 Yes, positive  No test of lesions  Unk  
 Yes, negative  No lesions present

19. Before this delivery, when was mother last treated for syphilis?  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: penicillin-based treatment begun > 30 days before delivery  No, inadequate: non-penicillin-based treatment  Unk

21. During pregnancy, was mother's treatment adequate? (Footnote a)  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: non-penicillin-based treatment  Unk

Part II: INFANT INFORMATION

22. Date of delivery: \_\_\_\_/\_\_\_\_/\_\_\_\_  Unk

23. Vital status:  
 Alive (Go to Q25)  Stillborn (Go to Q26) (Footnote b)  
 Born alive, then died  Unk (Go to Q25)

24. Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_  Unk

25. Sex:  
 Male  Female  Unk

26. Birthweight (in grams): \_\_\_\_\_  Unk

27. Estimated gestational age (in weeks): \_\_\_\_  Unk

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?  
 Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive non-treponemal test for syphilis?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ T: \_\_\_\_\_

c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis?  
 T: \_\_\_\_\_

29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-FA)?  
 Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive treponemal test for syphilis?  
 \_\_\_\_/\_\_\_\_/\_\_\_\_

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c)  
 Yes  No, asymptomatic infant/child  Unk

LABORATORY CONFIRMATION:  Yes, positive  Yes, negative  No test  Unk

31. Did the infant/child have a darkfield exam or DFA-TP?  
 Yes, positive  Yes, negative  No test  Unk

32. Did the infant/child have long bone X-rays?  
 Yes, changes consistent with CS  No x-rays  Yes, one or both elevated  No test  Yes, both not elevated  Unk

33. Did the infant/child have a CSF VDRL?  
 Yes, reactive  No test  Yes, nonreactive  Unk

34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)  
 Yes, one or both elevated  No test  Yes, both not elevated  Unk

35. Was the infant/child treated?  
 Yes, with Aqueous or Procaine Penicillin for >10 days  Yes, with other treatment  No test  No treatment  Yes, with Benzathine penicillin < 1  Unk

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))  
 Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpac@cdph.ca.gov](mailto:cpac@cdph.ca.gov) or fax to 916.440.5949  
 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

## Header:

Mother and infant name and CaREDIE ID#, as well as the delivery hospital

## CASE ID No.

The CS ID Number that is obtained from ICCR Headquarters.

**Rationale:** For reference when working the case.

Mother's Name: \_\_\_\_\_ Mother's CA REDE ID#: \_\_\_\_\_  
 Infant's Name: \_\_\_\_\_ Infant's CA REDE ID#: \_\_\_\_\_

**Part I: MATERNAL INFORMATION**

1. Report date to health department:  Unk

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mo. Day Yr.

2. Reporting state:

CALIFORNIA

3. Reporting county:

**CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT**

<b>Part I: MATERNAL INFORMATION</b> 1. Report date to health department: <input type="checkbox"/> Unk ____/____/____ Mo. Day Yr.		2. Reporting state: CALIFORNIA		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: (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 ____/____/____ Mo. Day Yr.		10. Mother's ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispanic/Non-Latino		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 genital can? <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: ____/____/____ Mo. Day Yr. <input type="checkbox"/> Unk		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 10 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)				17. Did mother have confirmatory treponemal test result (e.g., CIA, 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			
a. Date: ____/____/____ Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk Titer: _____				18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present			
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) ____/____/____ <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) (Go to Q22) <input type="checkbox"/> No, inadequate: penicillin-based treatment not appropriate for stage <input type="checkbox"/> No, inadequate: penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment			
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 treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment							
<b>Part II: INFANT INFORMATION</b>		22. Date of delivery: ____/____/____ Mo. Day Yr. <input type="checkbox"/> Unk		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: ____/____/____ Mo. Day Yr. <input type="checkbox"/> Unk	
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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		b) When was the infant/child's first reactive non-treponemal test for syphilis? ____/____/____ Mo. Day Yr. Titer: _____		29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., CIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		b) When was the infant/child's first reactive treponemal test for syphilis? ____/____/____ Mo. Day Yr.	
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		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		<b>LABORATORY CONFIRMATION:</b>			
<b>INFANT EVALUATION</b>		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? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for >10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin < 1					
<b>Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION</b>		36. Classification <input type="checkbox"/> Not a case <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield or direct fluorescent antibody positive lesions) <input type="checkbox"/> Syphilitic stillbirth (Footnote b) <input type="checkbox"/> 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)  
 Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpacsr@cdph.ca.gov](mailto:cpacsr@cdph.ca.gov) or fax to 916.440.5949  
 CDPH 9049 (4/2013) (CS Case Report 6/4/2013)

## 1. Report date to HD:

Date when the first information about the infant came to the attention of the LHJ.

## 2, 3. Reporting State, County

The State (California) and county reporting the CS case. This should be the county of residence for the mother.

**Rationale:** Used for tracking CS reports by LHJ.

State of California—Health and Human Services Agency  
California Department of Public Health

Mother's Name: \_\_\_\_\_ Mother's CalREDS ID#: \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_  
 Infant's Name: \_\_\_\_\_ Infant's CalREDS ID#: \_\_\_\_\_ CASE ID No.: \_\_\_\_\_

**CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT**

**Part I: MATERNAL INFORMATION**

1. Report date to health department:  Link  
 2. Reporting state: CALIFORNIA  
 3. Reporting county: \_\_\_\_\_  
 4. Country of residence: (leave blank if USA) \_\_\_\_\_

5. Residence state:  Link  
 6. Residence county:  Link  
 7. Residence city: (if case resides in a city health jurisdiction)  Link  
 8. Residence zip code:  Link

9. Mother's date of birth: \_\_\_\_\_  Link  
 10. Mother's ethnicity: \_\_\_\_\_  
 11. Mother's race: (check all that apply)

**4. Country of residence:**  
(leave blank if USA)

\_\_\_\_\_

**5. Residence state:**  Unk  
**6. Residence county:**  Unk  
**7. Residence city:** (if case resides in a city health jurisdiction)  Unk  
**8. Residence zip code:**  Unk

**Part II: INFANT INFORMATION**

12. Date of birth: \_\_\_\_\_  Link  
 13. Birth date: \_\_\_\_\_  Link  
 14. Birth date: \_\_\_\_\_  Link  
 15. Birth date: \_\_\_\_\_  Link

16. Results:  Reactive  Nonreactive  Unk  
 17. Test: \_\_\_\_\_  
 18. If so, when was the test performed? Yes, reactive  Yes, nonreactive  No test  Link

19. Before this delivery, when was mother last treated for syphilis? Before pregnancy (Go to Q20)  No treatment (Go to Q22)  During pregnancy (Go to Q21)  Unk (Go to Q22)  \_\_\_\_\_  
 20. Before pregnancy, was mother's treatment adequate? Yes, adequate: treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: penicillin-based treatment begun < 30 days before delivery  No, inadequate: non-penicillin-based treatment  Unk (Go to Q22)

21. During pregnancy, was mother's treatment adequate? (Footnote a) Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: non-penicillin-based treatment  Unk

22. Date of delivery: \_\_\_\_\_  Link  
 23. Vital status:  Alive (Go to Q25)  Stillborn (Go to Q26) (Footnote b)  Born alive, then died  Unk (Go to Q25)

24. Date of death: \_\_\_\_\_  Link  
 25. Sex:  Male  Female  Unk  
 26. Birthweight (in grams): \_\_\_\_\_  Link  
 27. Estimated gestational age (in weeks): \_\_\_\_\_  Link

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? Yes, cord serum  Yes, cord blood only  No  No test  Unk  
 b) When was the infant/child's first reactive non-treponemal test for syphilis? \_\_\_\_\_  
 c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis: \_\_\_\_\_  
 29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)? Yes, serum  Yes, cord blood only  No  No test  Unk  
 b) When was the infant/child's first reactive treponemal test for syphilis? \_\_\_\_\_

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c) Yes  No, asymptomatic infant/child  Unk

**LABORATORY CONFIRMATION:**  
 31. Did the infant/child have a darkfield exam or DFA-IT? Yes, positive  Yes, negative  No test  Unk

**INFANT EVALUATION:**  
 32. Did the infant/child have long bones (x-rays)? Yes, changes consistent with CS  No x-rays  Yes, no signs of CS  Unk  
 33. Did the infant/child have a CSF VDRL? Yes, reactive  No test  Yes, nonreactive  Unk  
 34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) Yes, one or both elevated  No test  Yes, both not elevated  Unk  
 35. Was the infant/child treated? Yes, with Aqueous or Procaine Penicillin for >10 days  Yes, with other treatment  No treatment  Yes, with Benzathine penicillin < 1  Unk

**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)

## 4-8. Residence Country, State, County, City, Zip Code:

All residence information is for the residence of the MOTHER.

**Rationale:** Used for tracking CS morbidity by LHJ. Country information used to track imported CS from Mexico or other countries.

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 Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpacsm@cdph.ca.gov](mailto:cpacsm@cdph.ca.gov) or fax to 916.440.5949  
 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

<b>9. Mother's date of birth:</b> <input type="checkbox"/> Unk ____ / ____ / ____ Mo. Day Yr.	<b>10. Mother's ethnicity:</b> <input type="checkbox"/> Unk <input type="checkbox"/> Hispanic/Latina <input type="checkbox"/> Non-Hispanic/Non-Latina	<b>11. Mother's race: (check all that apply)</b> <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
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**9-11. Mother's Date of Birth, Ethnicity, and Race:** Establishes mother's demographics. Note that you can check all that apply for race.

**Rationale:** Used for describing mothers and assessing disparities in health.

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 ____ / ____ / ____ Mo. Day Yr.	10. Mother's ethnicity: <input type="checkbox"/> Unk <input type="checkbox"/> Hispanic/Latina <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	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)		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	
18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present		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) ____ / ____ / ____ <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: 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 treatment begun < 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk		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 treatment begun < 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk	
<b>Part B: INFANT INFORMATION</b>			
22. Date of delivery: ____ / ____ / ____ <input type="checkbox"/> Unk	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	
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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? ____ / ____ / ____ T: _____	c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? T: _____	29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk
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	
<b>INFANT EVALUATION</b>			
32. Did the infant/child have longbone 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? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for <10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin > 1 <input type="checkbox"/> Unk
<b>Part B: CONGENITAL SYPHILIS CASE CLASSIFICATION</b>			
36. Classification <input type="checkbox"/> Not a case <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield or direct fluorescent antibody positive lesions) <input type="checkbox"/> Syphilitic stillbirth (Footnote b) <input type="checkbox"/> Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)			

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Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpacsr@cdph.ca.gov](mailto:cpacsr@cdph.ca.gov) or fax to 916.440.5940  
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<b>12. Did mother have prenatal care?</b> <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)	<b>13. Indicate date of first prenatal visit:</b> ___ / ___ / ___ <input type="checkbox"/> Unk Mo.    Day    Yr.	<b>14. Indicate number of prenatal visits:</b> ___ <input type="checkbox"/> Unk
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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	10. Mother's ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	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	
<b>12. Did mother have prenatal care?</b> <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)		<b>13. Indicate date of first prenatal visit:</b> ___/___/___ <input type="checkbox"/> Unk	<b>14. Indicate number of prenatal visits:</b> ___ <input type="checkbox"/> Unk
16. Indicate date and results of non-treponemal tests (list the most recent first) a. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk    T: ___ b. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk    T: ___ c. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk    T: ___ d. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk    T: ___		17. Did mother have confirmatory treponemal test(s) (e.g., EIA, TP-PA)? If so, when was the last performed? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Unk	
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)    ___/___/___ <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) (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: non-penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> Unk			
<b>Part B: INFANT INFORMATION</b> 22. Date of delivery: ___/___/___ <input type="checkbox"/> Unk		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)	
25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk		26. Birthweight (in grams): ___ <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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	
20. 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		<b>LABORATORY CONFIRMATION:</b> 21. 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	
<b>INFANT EVALUATION</b> 22. 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		24. 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	
<b>Part B: CONGENITAL SYPHILIS CASE CLASSIFICATION</b>		25. Was the infant/child treated? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for >10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin < 1 <input type="checkbox"/> Unk	
26. Classification <input type="checkbox"/> Not a case <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield or direct fluorescent antibody positive lesions) <input type="checkbox"/> Syphilitic stillbirth (Footnote b) <input type="checkbox"/> Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)			

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 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

**12-14. Prenatal Care Access:** Indicate whether mother had prenatal care within the US, outside the US, or not at all. Indicate the date of the first prenatal visit and number of prenatal visits.

**Rationale:** Used for tracking whether prenatal care was accessed in the U.S. Access to care is a potential point of intervention.

**15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 3 days of delivery?**

Yes  No (Go to Q17)  Unk (Go to Q17)

**16. Indicate dates and results of non-treponemal tests: (list the most recent first)**

	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: ___

**Part I: MATRICAL INFORMATION**

1. Report date to health department:  Unk  
Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_

2. Reporting state: CALIFORNIA

3. Reporting county: \_\_\_\_\_

5. Residence state:  Unk

6. Residence county:  Unk

7. Residence city: (If case resides in a city health district) \_\_\_\_\_

9. Mother's date of birth:  Unk  
Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_

10. Mother's ethnicity:  Hispanic/Latina  Unk  
 Non-Hispanic/Non-Latina

11. Mother's race: (check all that apply)  American Indian/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Unk

12. Did mother have prenatal care?  Yes, at least once in US  No (Go to Q15)  
 Yes, outside of US  Unk (Go to Q15)

13. Indicate date of first prenatal visit: Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_  Unk

14. Indicate number of prenatal visits: \_\_\_  Unk

**15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 3 days of delivery?**  
 Yes  No (Go to Q17)  Unk (Go to Q17)

**16. Indicate dates and results of non-treponemal tests: (list the most recent first)**

	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 a confirmatory treponemal test (e.g., TPPA, TP-FA, or RPR-2)?  Yes, reactive  Yes, nonreactive  No test  Unk

18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?  Yes, positive  No test of lesions  Unk  
 Yes, negative  No lesions present

19. Before this delivery, when was mother last treated for syphilis?  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?  Yes, adequate: treatment appropriate for stage  Unk (Go to Q22) (Go to Q22)  
 No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: non-penicillin-based treatment begun > 30 days before delivery

21. During pregnancy, was mother's treatment adequate? (Footnote a)  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: non-penicillin-based treatment begun > 30 days before delivery  Unk

**Part II: INFANT INFORMATION**

22. Date of delivery: Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_  Unk

23. Vital status:  Alive (Go to Q25)  Stillborn (Go to Q26) (Footnote b)  
 Born alive, then died  Unk (Go to Q25)

24. Date of death: Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_  Unk

25. Sex:  Male  Female  Unk

26. Birthweight (in grams): \_\_\_\_\_  Unk

27. Estimated gestational age (in weeks): \_\_\_\_\_  Unk

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?  Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive non-treponemal test for syphilis? Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_ T: \_\_\_\_\_

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., TPPA, TP-FA)?  Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive treponemal test for syphilis? Mo. \_\_\_/Day \_\_\_/Yr. \_\_\_ T: \_\_\_\_\_

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c)  
 Yes  No, asymptomatic infant/child  Unk

**LABORATORY CONFIRMATION:** 31. Did the infant/child have a darkfield exam or DFA-TP?  Yes, positive  Yes, negative  No test  Unk

**INFANT EVALUATION:** 32. Did the infant/child have long bone x-rays?  Yes, changes consistent with CS  No x-rays  Yes, no signs of CS  Unk

33. Did the infant/child have a CSF VDRL?  Yes, reactive  No test  Yes, nonreactive  Unk

34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)  
 Yes, one or both elevated  No test  Yes, both not elevated  Unk

35. Was the infant/child treated?  Yes, with Aqueous or Procaine Penicillin for >10 days  Yes, with other treatment  No treatment  Yes, with Benzathine penicillin < 1  Unk

**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 e)  Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)

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**15-16. Non-Treponemal testing:** Document RPR/VDRL testing and results in pregnancy, at delivery, or within 3 days of delivery.

**Rationale:** Used for assessing appropriate screening by medical providers. Results help DIS and managers assess whether mother is a new case of syphilis.

**17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-PA)?**

If so, when was the test performed?

- Yes, reactive     Yes, nonreactive     No test  
 Unk

Mo. / Day / Yr.

**18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?**

- Yes, positive     No test of lesions     Unk  
 Yes, negative     No lesions present

Yes, in state other than US     No (Go to Q15)     Unk     Unk    7 days of delivery?  Yes     No (Go to Q17)     Unk (Go to Q17)

Yes, outside of US     Unk (Go to Q15)

16. Indicate date and results of non-treponemal tests (list the most recent first)

Date	Result	Titer
a. Mo. / Day / Yr.	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive	<input type="checkbox"/> Unk    1: _____
b. Mo. / Day / Yr.	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive	<input type="checkbox"/> Unk    1: _____
c. Mo. / Day / Yr.	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive	<input type="checkbox"/> Unk    1: _____
d. Mo. / Day / Yr.	<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?

Yes, reactive     Yes, nonreactive     No test  
 Unk

18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?

Yes, positive     No test of lesions     Unk  
 Yes, negative     No lesions present

19. Before this delivery, when was mother last treated for syphilis?

Before pregnancy (Go to Q20)     No treatment (Go to Q22)    Mo. / Day / Yr.     Unk

During pregnancy (Go to Q21)     Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?

Yes, adequate: penicillin-based treatment appropriate for stage     No, inadequate: penicillin-based treatment not appropriate for stage    Mo. / Day / Yr.     Unk

Yes, adequate: penicillin-based treatment begun > 30 days before delivery     No, inadequate: non-penicillin-based treatment     Unk

21. During pregnancy, was mother's treatment adequate? (Footnote a)

Yes, adequate: penicillin-based treatment appropriate for stage     No, inadequate: penicillin-based treatment not appropriate for stage     Unk

Yes, adequate: penicillin-based treatment begun > 30 days before delivery     No, inadequate: non-penicillin-based treatment     Unk

22. Date of delivery: Mo. / Day / Yr.     Unk

23. Vital status:  Alive (Go to Q25)     Stillborn (Go to Q26) (Footnote b)     Deceased (Go to Q25)

24. Date of death: Mo. / Day / Yr.     Unk

25. Sex:  Male     Female     Unk

26. Birthweight (in grams): \_\_\_\_\_     Unk

27. Estimated gestational age (in weeks): \_\_\_\_\_     Unk

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?  Yes, serum     Yes, cord blood only     No     No test     Unk

b) When was the infant/child's first reactive non-treponemal test for syphilis? Mo. / Day / Yr.    1: \_\_\_\_\_

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)?  Yes, serum     Yes, cord blood only     No     No test     Unk

b) When was the infant/child's first reactive treponemal test for syphilis? Mo. / Day / Yr.    1: \_\_\_\_\_

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c)  Yes     No, asymptomatic infant/child     Unk

LABORATORY CONFIRMATION:  Yes, positive     Yes, negative     No test     Unk

31. Did the infant/child have a darkfield exam or DFA-TP?  Yes, positive     Yes, negative     No test     Unk

INFANT EVALUATION

32. Did the infant/child have longbone X-rays?  Yes, changes consistent with CS     No x-rays     Yes, no signs of CS     Unk

33. Did the infant/child have a CSF VDRL?  Yes, reactive     No test     Yes, nonreactive     Unk

34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)  Yes, one or both elevated     No test     Yes, both not elevated     Unk

35. Was the infant/child treated?  Yes, with Aqueous or Procaine Penicillin for >10 days     Yes, with other treatment     Yes, with Benzathine penicillin < 1     No treatment

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)

Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpac@cdph.ca.gov](mailto:cpac@cdph.ca.gov) or fax to 916.440.5949

CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

## 17-18. Additional testing:

Indicate date of confirmatory testing (TP-PA, EIA), results and date of test. Indicate any additional testing done on lesions at delivery.

**Rationale:** Used for assessing appropriate confirmatory testing by medical providers. Positive tests of lesions classify the mother as a primary case of syphilis at delivery.

19. Before this delivery, when was mother last treated for syphilis?

20. Before pregnancy, was mother's treatment adequate?

- Yes, adequate: treatment appropriate for stage  Unk (Go to Q22) (Go to Q22)
- No, treatment not appropriate for stage (Go to Q22)

ate: penicillin-based treatment  No, inadequate: non-penicillin-based treatment  Unk days before delivery

**19-21. Mother's Treatment:** Indicate when mother was last treated for syphilis, and whether that treatment was adequate.

**Rationale:** Required for classifying the infant as a CS case. Also, inadequate treatment may indicate a need for medical provider intervention.

State of California—Health and Human Services Agency  
California Department of Public Health

Mother's Name: \_\_\_\_\_ Mother's CalREDS ID#: \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_  
Infant's Name: \_\_\_\_\_ Infant's CalREDS ID#: \_\_\_\_\_ CASE ID No.: \_\_\_\_\_

### CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

**Part I: MATERNAL INFORMATION**

1. Report date to health department: <input type="checkbox"/> Unk Mo. / Day / Yr.	2. Reporting state: CALIFORNIA	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: (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 Mo. / Day / Yr.	10. Mother's ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispanic/Non-Latino	11. Mother's race: (check off 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: Mo. / Day / Yr. <input type="checkbox"/> Unk	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 7 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)		17. Did mother have confirmatory treponemal test result (e.g., CIA, TP-PA)? If no, when was the test performed? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Unk	
18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present			

19. Before this delivery, when was mother last treated for syphilis?  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) Mo. / Day / Yr. \_\_\_\_\_  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?  
 Yes, adequate: treatment appropriate for stage  Unk (Go to Q22) (Go to Q22)  
 No, treatment not appropriate for stage (Go to Q22)

21. During pregnancy, was mother's treatment adequate? (Footnote a)  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: penicillin-based treatment begun < 30 days before delivery  No, inadequate: non-penicillin-based treatment  Unk

**Part II: INFANT INFORMATION**

22. Date of delivery: Mo. / Day / Yr. <input type="checkbox"/> Unk	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: Mo. / Day / Yr. <input type="checkbox"/> Unk
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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? Mo. / Day / Yr. _____	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., CIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive treponemal test for syphilis? Mo. / Day / Yr. _____	

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c)  
 Yes  No, asymptomatic infant/child  Unk

**LABORATORY CONFIRMATION:** 31. Did the infant/child have a darkfield exam or DFA-IT?  
 Yes, positive  Yes, negative  No test  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? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for >10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin < 1 <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)  
Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpdscm@cdph.ca.gov](mailto:cpdscm@cdph.ca.gov) or fax to 916.440.5949  
CDPH 9049 (4/01/13) (CS Case Report 6/4/2013)



19. Before this delivery, when was mother last treated for syphilis?

20. Before pregnancy, was mother's treatment adequate?

- Yes, adequate: treatment appropriate for stage  Unk (Go to Q22) (Go to Q22)
- No, treatment not appropriate for stage (Go to Q22)

21. During pregnancy, was mother's treatment adequate?

- Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: non-penicillin-based treatment begun < 30 days before delivery  Unk

State of California—Health and Human Services Agency  
California Department of Public Health

Mother's Name: \_\_\_\_\_ Mother's CalREDS ID#: \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_  
Infant's Name: \_\_\_\_\_ Infant's CalREDS ID#: \_\_\_\_\_ CASE ID No.: \_\_\_\_\_

### CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

**Part I: MATERNAL INFORMATION**

1. Report date to health department: <input type="checkbox"/> Unk Mo. / Day / Yr.	2. Reporting state: CALIFORNIA	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: (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 Mo. / Day / Yr.	10. Mother's ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Unk <input type="checkbox"/> Non-Hispanic/Non-Latino	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: Mo. / Day / Yr. <input type="checkbox"/> Unk	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 7 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)		17. Did mother have confirmatory treponemal test result (e.g., CIA, TP-PA)? If no, when was the test performed? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Unk	
a. Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	Titer: _____	
b. Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	Titer: _____	
c. Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	Titer: _____	
d. Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	Titer: _____	
18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present			

19. Before this delivery, when was mother last treated for syphilis?  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) Mo. / Day / Yr. \_\_\_\_\_  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?  
 Yes, adequate: treatment appropriate for stage  Unk (Go to Q22) (Go to Q22)  
 No, treatment not appropriate for stage (Go to Q22)

21. During pregnancy, was mother's treatment adequate? (Footnote a)  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: penicillin-based treatment begun < 30 days before delivery  Unk

**Part II: INFANT INFORMATION**

22. Date of delivery: Mo. / Day / Yr. <input type="checkbox"/> Unk	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: Mo. / Day / Yr. <input type="checkbox"/> Unk
25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	26. Birth weight (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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? Mo. / Day / Yr. _____	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., CIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive treponemal test for syphilis? Mo. / Day / Yr. _____	
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	
<b>INFANT EVALUATION</b>		
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? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for <10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin > 1 <input type="checkbox"/> Unk		

**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)

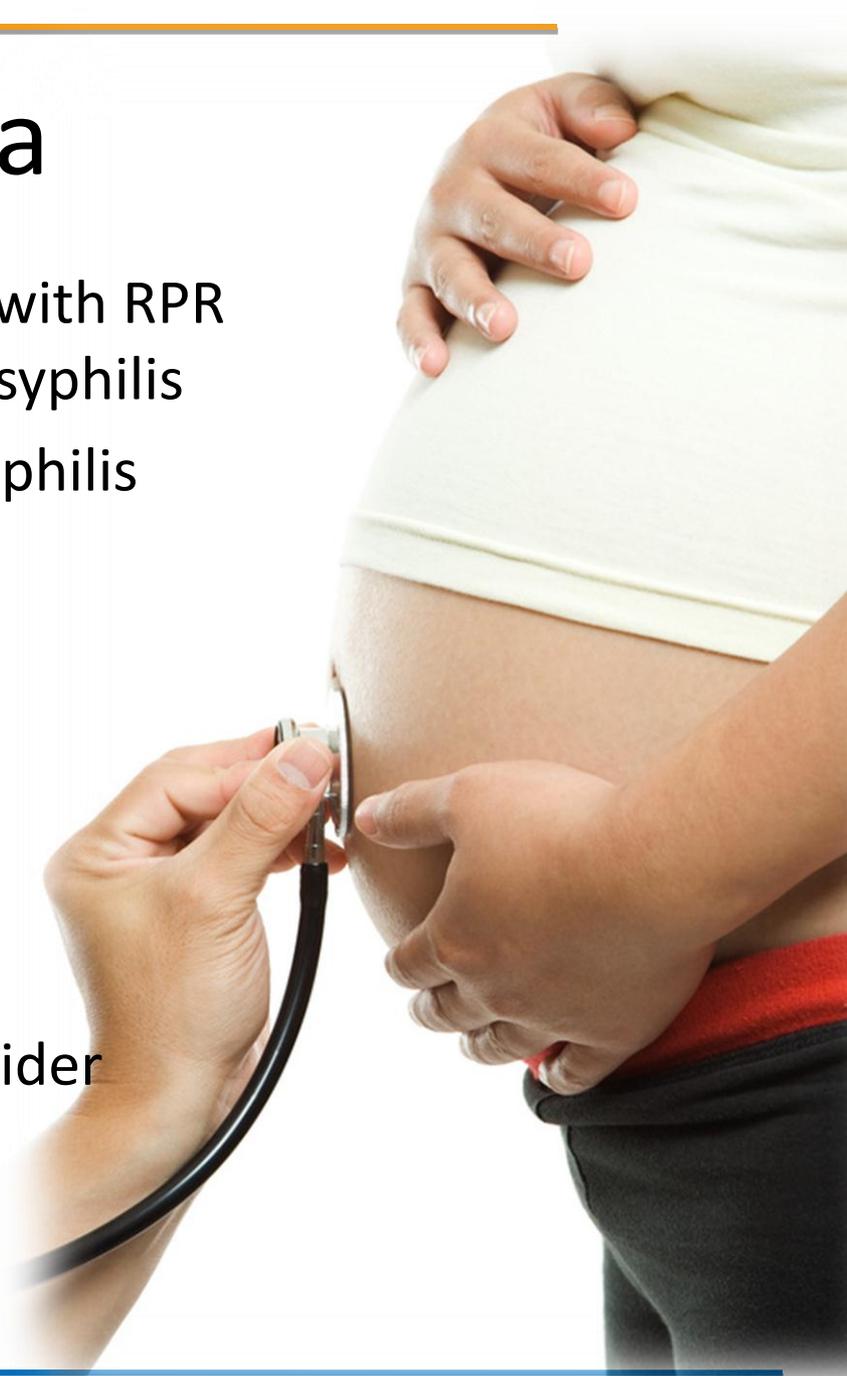
Reporting of STDs does not require patient consent and is not subject to the requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPAA allows disclosure of this information to public health for the purpose of... public health surveillance, public health investigations, and public health interventions... 45 CFR §164.512(b)(1)  
Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpacsc@cdph.ca.gov](mailto:cpacsc@cdph.ca.gov) or fax to 916.440.5949  
CDPH 9049 (4/01/13) (CS Case Report 6/4/2013)

**19-21. Mother's Treatment:** Indicate when mother was last treated for syphilis, and whether that treatment was adequate.

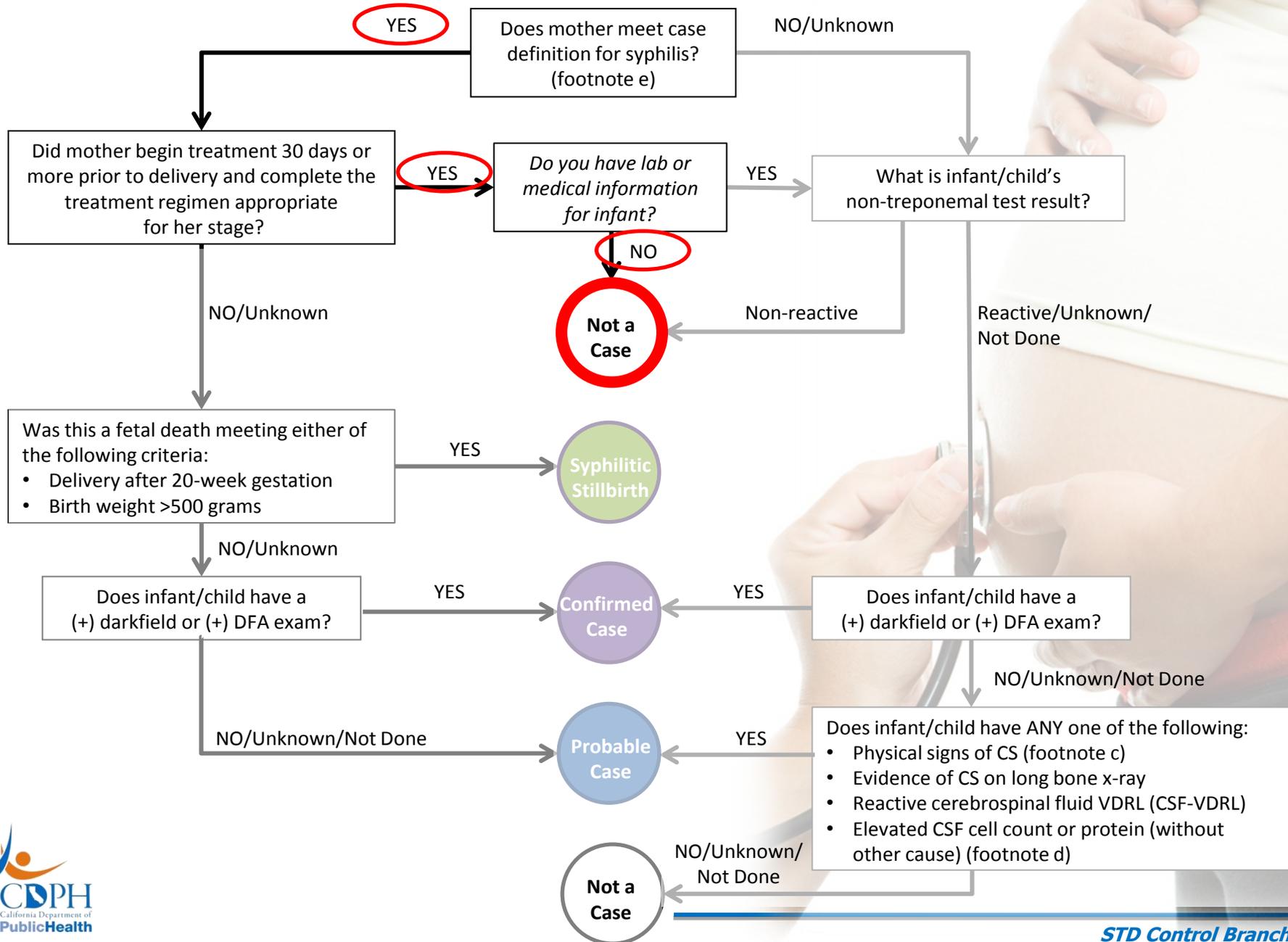
**Rationale:** Required for classifying the infant as a CS case. Also, inadequate treatment may indicate a need for medical provider intervention.

# Case Study #1: Sophia

- 27 year old mother, who is TP-PA+ with RPR of 1:16, diagnosed with late latent syphilis
- Previously treated for secondary syphilis (2009) with BIC x 1
- Last reported RPR of 1:2 in 2010
- First dose of BIC received 40 days before delivery
- Third dose of BIC received 26 days before delivery
- Treatment verified by medical provider



*We don't need a CS Form, but let's complete this for practice...*



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:**  Unk

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

**2. Reporting state:**

CALIFORNIA

**3. Reporting county:**

\_\_\_\_\_

**4. Country of residence:**  
(leave blank if USA)

\_\_\_\_\_

**5. Residence state:**  Unk

**6. Residence county:**  Unk

**7. Residence city:**  Unk  
(if case resides in a city health jurisdiction)

**8. Residence zip code:**  Unk

\_\_\_\_\_

**9. Mother's date of birth:**  Unk

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

**10. Mother's ethnicity:**  
 Hispanic/Latina  Unk  
 Non-Hispanic/Non-Latina

**11. Mother's race:** (check all that apply)  
 American Indian/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Unk

**12. Did mother have prenatal care?**  
 Yes, at least once in US  No (Go to Q15)  
 Yes, outside of US  Unk (Go to Q15)

**13. Indicate date of first prenatal visit:**  
\_\_\_\_/\_\_\_\_/\_\_\_\_  Unk  
Mo. Day Yr.

**14. Indicate number of prenatal visits:**  
\_\_\_\_  Unk

**15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 3 days of delivery?**  
 Yes  No (Go to Q17)  Unk (Go to Q17)

**16. Indicate dates and results of non-treponemal tests:** (list the most recent first)

	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?  
 Yes, reactive  Yes, nonreactive  No test  
\_\_\_\_/\_\_\_\_/\_\_\_\_  Unk  
Mo. Day Yr.

**18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?**  
 Yes, positive  No test of lesions  Unk  
 Yes, negative  No lesions present

**19. Before this delivery, when was mother last treated for syphilis?**  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

**20. Before pregnancy, was mother's treatment adequate?**  
 Yes, adequate: treatment appropriate for stage  Unk (Go to Q22)  
(Go to Q22)  
 No, treatment not appropriate for stage (Go to Q22)

**21. During pregnancy, was mother's treatment adequate? (Footnote a)**  
 Yes, adequate: penicillin-based treatment appropriate for stage  
 No, inadequate: penicillin-based treatment not appropriate for stage  
 No, inadequate: penicillin-based treatment begun < 30 days before delivery  
 No, inadequate: non-penicillin-based treatment  Unk

Rationale for completing the form.

## **PART 2. INFANT INFORMATION**



**Part II: INFANT INFORMATION**

22.

State of California—Health and Human Services Agency  
 California Department of Public Health

Mother's Name: \_\_\_\_\_ Mother's CalREDS ID#: \_\_\_\_\_ Delivery Hospital: \_\_\_\_\_ CASE ID No.: \_\_\_\_\_  
 Infant's Name: \_\_\_\_\_ Infant's CalREDS ID#: \_\_\_\_\_

**CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT**

25.

**Part I: MATERNAL INFORMATION**

1. Report date to health department:  Unk  
 Mo. / Day / Yr.

2. Reporting state: CALIFORNIA

3. Reporting county: \_\_\_\_\_

4. Country of residence: (Leave blank if USA) \_\_\_\_\_

5. Residence state:  Unk

6. Residence county:  Unk

7. Residence city: (If case resides in a city health jurisdiction) \_\_\_\_\_  Unk

8. Residence zip code: \_\_\_\_\_  Unk

9. Mother's date of birth: \_\_\_\_\_  Unk

10. Mother's ethnicity:  Hispanic/Latina  Non-Hispanic/Non-Latina  Unk

11. Mother's race: (check off that apply)  
 American Indian/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Unk

12. Did mother have prenatal care?  
 Yes, at least once in US  No (Go to Q15)  
 Yes, outside of US  Unk (Go to Q15)

13. Indicate date of first prenatal visit: \_\_\_\_\_  Unk

14. Indicate number of prenatal visits: \_\_\_\_\_  Unk

15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 7 days of delivery?  
 Yes  No (Go to Q17)  Unk (Go to Q17)

16. Indicate dates and results of non-treponemal tests (list the most recent first)

Date	Result	Titer
a. _____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
b. _____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
c. _____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
d. _____ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____

17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-PA)? If so, when was the test performed?  
 Yes, reactive  Yes, nonreactive  No test  
 Mo. / Day / Yr.

18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?  
 Yes, positive  No test of lesions  Unk  
 Yes, negative  No lesions present

19. Before this delivery, when was mother last treated for syphilis?  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) Mo. / Day / Yr.  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?  
 Yes, adequate: treatment appropriate for stage  Unk (Go to Q22) (Go to Q22)  
 No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: penicillin-based treatment begun > 30 days before delivery  No, inadequate: non-penicillin-based treatment

21. During pregnancy, was mother's treatment adequate? (Footnote a)  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: non-penicillin-based treatment begun > 30 days before delivery  Unk

**22. Date of delivery:** \_\_\_\_\_  Unk

**23. Vital status:**  Alive (Go to Q25)  Stillborn (Go to Q26) (Footnote b)  Born alive, then died  Unk (Go to Q25)

**24. Date of death:** \_\_\_\_\_  Unk

**25. Sex:**  Male  Female  Unk

**26. Birthweight (in grams):** \_\_\_\_\_  Unk

**27. Estimated gestational age (in weeks):** \_\_\_\_\_  Unk

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?  
 Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive non-treponemal test for syphilis?  
 Mo. / Day / Yr.

c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis:  
 T: \_\_\_\_\_

29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)?  
 Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive treponemal test for syphilis?  
 Mo. / Day / Yr.

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c)  
 Yes  No, asymptomatic infant/child  Unk

**LABORATORY CONFIRMATION:** 31. Did the infant/child have a darkfield exam or DFA-TP?  
 Yes, positive  Yes, negative  No test  Unk

**INFANT EVALUATION:** 32. Did the infant/child have long bones x-rays?  
 Yes, changes consistent with CS  No x-rays  Yes, no signs of CS  Unk

33. Did the infant/child have a CSF VDRL?  
 Yes, reactive  No test  Yes, nonreactive  Unk

34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)  
 Yes, one or both elevated  No test  Yes, both not elevated  Unk

35. Was the infant/child treated?  
 Yes, with Aqueous or Procaine Penicillin for >10 days  Yes, with other treatment  No treatment  Yes, with Benzathine penicillin < 1  Unk

**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)  
 Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpacsr@cdph.ca.gov](mailto:cpacsr@cdph.ca.gov) or fax to 916.440.5949  
 CDPH 9048 (4/2013) (CS Case Report 4/4/2013)

'Go to Q26) (Footnote b) to Q25)

**24. Date of death:**

Mo. / Day / Yr.  Unk

**27. Estimated gestational age (in weeks)**

\_\_\_\_\_  Unk

**22-27. General information about the infant:**  
 Indicate date of delivery, vital status, date of death if applicable, sex birth weight, and estimated gestational age.

**Rationale:** Provides basic information about the infant, including information required for classifying stillborn infants as syphilitic stillbirths.



Mother's Name: \_\_\_\_\_ Mother's CAHHS ID#: \_\_\_\_\_ CASE ID No.: \_\_\_\_\_

**28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?**

- Yes, serum  Yes, cord blood only  No  
 No test  Unk

**b) When was the infant/child's first reactive non-treponemal test for syphilis?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mo. Day Yr.

**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)?**

- Yes, serum  Yes, cord blood only  No  
 No test  Unk

**b) When was the infant/child's first reactive treponemal test for syphilis?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Mo. Day Yr.

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		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 7 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)				17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-PA)? If no, when was the last performed? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Unk			
a. ____ / ____ / ____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____		b. ____ / ____ / ____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____		c. ____ / ____ / ____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____		d. ____ / ____ / ____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____	
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) <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"/> No, inadequate: penicillin-based treatment not appropriate for stage <input type="checkbox"/> No, inadequate: penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk		26. Before pregnancy, was mother's treatment adequate? <input type="checkbox"/> Yes, adequate: treatment appropriate for stage (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: non-penicillin-based treatment <input type="checkbox"/> Unk	
<b>Part II: INFANT INFORMATION</b>				22. Date of delivery: ____ / ____ / ____ <input type="checkbox"/> Unk			
22. 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		25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk		26. Birthweight (in grams): ____ <input type="checkbox"/> Unk	
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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		b) When was the infant/child's first reactive non-treponemal test for syphilis? ____ / ____ / ____		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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	
29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		b) When was the infant/child's first reactive treponemal test for syphilis? ____ / ____ / ____		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		31. Did the infant/child have a darkfield exam or DFA-IT? <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <input type="checkbox"/> Unk	
<b>LABORATORY CONFIRMATION:</b>				32. 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			
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. Was the infant/child treated? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for >10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Unk		35. Was the infant/child treated? <input type="checkbox"/> Yes, with Benzathine penicillin > 1 <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Unk	
<b>Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION</b>				36. Classification <input type="checkbox"/> Not a case <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield or direct fluorescent antibody positive lesions) <input type="checkbox"/> Syphilitic stillbirth (Footnote b) <input type="checkbox"/> 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))  
 Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpac@cdph.ca.gov](mailto:cpac@cdph.ca.gov) or fax to 916.440.5949  
 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

## 28-29. Infant non-treponemal and treponemal testing:

Indicate whether the infant has serum or cord-blood tested, the dates of tests, and results.

**Rationale:** Provides specific laboratory data for the infant for case classification. Infant serum is more informative than cord-blood.

**30. Did the Infant/child have any classic signs of congenital syphilis? (Footnote c)**

Yes  No, asymptomatic infant/child  Unk

State of California—Health and Human Services  
 Mother's Name: \_\_\_\_\_  
 Infant's Name: \_\_\_\_\_  
**CALIF**

**Part I: MATERNAL INFORMATION**

1. Report date to health department:  Unk  
 \_\_\_/\_\_\_/\_\_\_

2. Reporting state: CALIFORNIA

3. Reporting county: \_\_\_\_\_

4. Country of residence: (Leave blank if USA) \_\_\_\_\_

5. Residence state:  Unk

6. Residence county:  Unk

7. Residence city:  Unk  
 (If case resides in a city health jurisdiction)

8. Residence zip code:  Unk

9. Mother's date of birth:  Unk  
 \_\_\_/\_\_\_/\_\_\_

10. Mother's ethnicity:  
 Hispanic/Latino  Unk  
 Non-Hispanic/Non-Latino

11. Mother's race: (check all that apply)  
 American Indian/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Unk

12. Did mother have prenatal care?  
 Yes, at least once in US  No (Go to Q15)  
 Yes, outside of US  Unk (Go to Q15)

13. Indicate date of first prenatal visit: \_\_\_/\_\_\_/\_\_\_  Unk

14. Indicate number of prenatal visits: \_\_\_  Unk

15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 7 days of delivery?  
 Yes  No (Go to Q17)  Unk (Go to Q17)

16. Indicate dates and results of non-treponemal tests (list the most recent first)

Date	Result	Titer
a. ___/___/___ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
b. ___/___/___ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
c. ___/___/___ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____
d. ___/___/___ <input type="checkbox"/> Unk	<input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____

17. Did mother have confirmatory treponemal test(s) (e.g., EIA, TP-PA)? If No, when was the test performed?  
 Yes, reactive  Yes, nonreactive  No test  
 \_\_\_/\_\_\_/\_\_\_  Unk

18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?  
 Yes, positive  No test of lesions  Unk  
 Yes, negative  No lesions present

19. Before this delivery, when was mother last treated for syphilis?  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) \_\_\_/\_\_\_/\_\_\_  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?  
 Yes, adequate: treatment appropriate for stage  Unk (Go to Q22)  
 No, inadequate: treatment not appropriate for stage  Unk (Go to Q22)  
 No, inadequate: penicillin-based treatment begun > 30 days before delivery  No, inadequate: non-penicillin-based treatment

21. During pregnancy, was mother's treatment adequate? (Footnote a)  
 Yes, adequate: penicillin-based treatment appropriate for stage  Unk  
 No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: non-penicillin-based treatment begun > 30 days before delivery  Unk

**Part II: INFANT INFORMATION**

22. Date of delivery: \_\_\_/\_\_\_/\_\_\_  Unk

23. Vital status:  
 Alive (Go to Q25)  Stillborn (Go to Q26) (Footnote b)  
 Born alive, then died  Unk (Go to Q25)

24. Date of death: \_\_\_/\_\_\_/\_\_\_  Unk

25. Sex:  
 Male  Female  Unk

26. Birthweight (in grams): \_\_\_\_\_  Unk

27. Estimated gestational age (in weeks): \_\_\_\_\_  Unk

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?  
 Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive non-treponemal test for syphilis? \_\_\_/\_\_\_/\_\_\_ T: \_\_\_\_\_

c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? T: \_\_\_\_\_

29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)?  
 Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive treponemal test for syphilis? \_\_\_/\_\_\_/\_\_\_ T: \_\_\_\_\_

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c)  
 Yes  No, asymptomatic infant/child  Unk

**LABORATORY CONFIRMATION:**

31. Did the infant/child have a darkfield exam or DFA-TP?  
 Yes, positive  Yes, negative  No test  Unk

**INFANT EVALUATION:**

32. Did the infant/child have long-bone X-rays?  
 Yes, changes consistent with CS  No x-rays  Yes, reactive  No test  Yes, nonreactive  Unk

33. Did the infant/child have a CSF count or CSF protein test? (Footnote d)  
 Yes, one or both elevated  No test  Yes, both not elevated  Unk

34. Was the infant/child treated?  
 Yes, with Aqueous or Procaine Penicillin for >10 days  Yes, with other treatment  No treatment  Yes, with Benzathine penicillin < 1  Unk

**Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION**

35. 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)

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 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

## 30. Signs of CS:

Indicate whether the infant has signs of congenital syphilis, including condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice/hepatitis, pseudo paralysis, and edema. Consult a clinician if unclear about signs.

**Rationale:** Signs of CS are important for understanding true burden of clinical CS.

**LABORATORY**

**CONFIRMATION:**

**31. Did the Infant/child have a darkfield exam or DFA-TP?**

Yes, positive     Yes, negative     No test     Unk

<b>Part I: MATERNAL INFORMATION</b>		<b>Part II: INFANT INFORMATION</b>	
1. Report date to health department: <input type="checkbox"/> Unk Mo. / Day / Yr.	2. Reporting state: CALIFORNIA	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: (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 Mo. / Day / Yr.	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: Mo. / Day / Yr. <input type="checkbox"/> Unk	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)		17. Did mother have confirmatory treponemal test(s) (e.g., EIA, TP-FA)? If no, when was the test performed? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Unk	
a. Date: Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present	
b. Date: Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	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) Mo. / Day / Yr. <input type="checkbox"/> Unk <input type="checkbox"/> During pregnancy (Go to Q21) <input type="checkbox"/> Unk (Go to Q22)	
c. Date: Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	20. Before pregnancy, was mother's treatment adequate? <input type="checkbox"/> Yes, adequate: treatment appropriate for stage <input type="checkbox"/> Unk (Go to Q22) (Go to Q22) <input type="checkbox"/> No, inadequate: penicillin-based treatment not appropriate for stage <input type="checkbox"/> No, inadequate: penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk	
d. Date: Mo. / Day / Yr. <input type="checkbox"/> Unk	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	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: non-penicillin-based treatment <input type="checkbox"/> Unk	
<b>Part II: INFANT INFORMATION</b>		<b>Part III: CONGENTIAL SYPHILIS CASE CLASSIFICATION</b>	
22. Date of delivery: Mo. / Day / Yr. <input type="checkbox"/> Unk	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. 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	25. Was the infant/child treated? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for <10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin > 1 <input type="checkbox"/> Unk
25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk	26. Birthweight (in grams): _____ <input type="checkbox"/> Unk	26. Classification <input type="checkbox"/> Not a case <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield or direct fluorescent antibody positive lesions) <input type="checkbox"/> Syphilitic stillbirth (Footnote b) <input type="checkbox"/> Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)	
28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? Mo. / Day / Yr. <input type="checkbox"/> Unk	c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis: 1: _____	d) Did infant/child have a reactive treponemal test for syphilis (e.g., TP-FA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk
29. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		b) When was the infant/child's first reactive treponemal test for syphilis? Mo. / Day / Yr. <input type="checkbox"/> Unk	
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		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	

**31. Laboratory confirmation:** Indicate results of any darkfield exam or DFA-TP in specimens from lesions, placenta, umbilical cord, or autopsy material. (rare)

**Rationale:** Positive darkfield exam or DFA-TP are required to classify an infant as a confirmed CS case.

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Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpac@cdph.ca.gov](mailto:cpac@cdph.ca.gov) or fax to 916.440.5949  
CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

<b>INFANT EVALUATION</b>	<b>33. Did the infant/child have a CSF-VDRL?</b>	<b>34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)</b>
<b>32. Did the infant/child have long bone X-rays?</b>	<input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test	<input type="checkbox"/> Yes, one or both elevated <input type="checkbox"/> No test
<input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No x-rays	<input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> Unk	<input type="checkbox"/> Yes, both not elevated <input type="checkbox"/> Unk
<input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Unk		

## 32-34. Infant Evaluation:

Indicate results of long bone X-rays, CSF-CDRL, CSF cell count or CSF protein test.

**Rationale:** Evidence of syphilis from one of these tests may be required for classifying an infant as a probable case.

5. Residence state: <input type="checkbox"/> Unk	6. Residence county: <input type="checkbox"/> Unk	7. Residence city (if case resides in a city health jurisdiction): <input type="checkbox"/> Unk	8. Residence zip code: <input type="checkbox"/> Unk
9. Mother's date of birth: <input type="checkbox"/> Unk	10. Mother's ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	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	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 1 day 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)		17. Did mother have confirmatory treponemal test result (e.g., CIA, 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	
18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present		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) <input type="checkbox"/> During pregnancy (Go to Q21) <input type="checkbox"/> Unk (Go to Q22)	
20. 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 treatment begun > 30 days before delivery <input type="checkbox"/> Unk		21. 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)	
<b>Parent: INFANT INFORMATION</b>			
22. Date of delivery: <input type="checkbox"/> Unk	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	
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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? <input type="checkbox"/> Unk	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., CIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk
b) When was the infant/child's first reactive treponemal test for syphilis? <input type="checkbox"/> Unk	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		
<b>LABORATORY CONFIRMATION:</b>		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	
<b>INFANT EVALUATION</b>			
<b>32. Did the infant/child have long bone X-rays?</b>	<b>33. Did the infant/child have a CSF-VDRL?</b>	<b>34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)</b>	
<input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No x-rays	<input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test	<input type="checkbox"/> Yes, one or both elevated <input type="checkbox"/> No test	
<input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Unk	<input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> Unk	<input type="checkbox"/> Yes, both not elevated <input type="checkbox"/> Unk	
<b>Parent: CONCOMITANT SYPHILIS CASE CLASSIFICATION</b>			
36. Classification <input type="checkbox"/> Not a case <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield or direct fluorescent antibody positive lesions) <input type="checkbox"/> Syphilitic stillbirth (Footnote b) <input type="checkbox"/> 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))

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State of California—Health and Human Services Agency  
California Department of Public Health

Mother's Name: \_\_\_\_\_ Mother's CA/DE ID#: \_\_\_\_\_ CASE ID No.: \_\_\_\_\_

**35. Was the infant/child treated?**

Yes, with Aqueous or Procaine Penicillin for  $\geq 10$  days

Yes, with Benzathine penicillin x 1

Yes, with other treatment

No treatment

Unk

REPORT

12. Did mother have prenatal care?  
 Yes, at least once in US  No (Go to Q15)  
 Yes, outside of US  Unk (Go to Q15)

13. Indicate date of first prenatal visit: \_\_\_/\_\_\_/\_\_\_  Unk

14. Indicate number of prenatal visits: \_\_\_  Unk

15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within 7 days of delivery?  
 Yes  No (Go to Q17)  Unk (Go to Q17)

16. Indicate dates and results of non-treponemal tests (list the most recent first)

Date	Result	Titer
a. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____	
b. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____	
c. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____	
d. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	T: _____	

17. Did mother have confirmatory treponemal test result (e.g., EIA, TP-PA)? If so, when was the test performed?  
 Yes, reactive  Yes, nonreactive  No test  Unk

18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery?  
 Yes, positive  No test of lesions  Unk  
 Yes, negative  No lesions present

19. Before this delivery, when was mother last treated for syphilis?  
 Before pregnancy (Go to Q20)  No treatment (Go to Q22) \_\_\_/\_\_\_/\_\_\_  
 During pregnancy (Go to Q21)  Unk (Go to Q22)

20. Before pregnancy, was mother's treatment adequate?  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: penicillin-based treatment begun > 30 days before delivery  No, inadequate: non-penicillin-based treatment  Unk

21. During pregnancy, was mother's treatment adequate? (Footnote a)  
 Yes, adequate: penicillin-based treatment appropriate for stage  No, inadequate: penicillin-based treatment not appropriate for stage  No, inadequate: non-penicillin-based treatment  Unk

22. Date of delivery: \_\_\_/\_\_\_/\_\_\_  Unk

23. Vital status:  
 Alive (Go to Q25)  Stillborn (Go to Q26) (Footnote b)  
 Born alive, then died  Unk (Go to Q25)

24. Date of death: \_\_\_/\_\_\_/\_\_\_  Unk

25. Sex:  
 Male  Female  Unk

26. Birthweight (in grams): \_\_\_\_\_  Unk

27. Estimated gestational age (in weeks): \_\_\_\_\_  Unk

28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?  
 Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive non-treponemal test for syphilis? \_\_\_/\_\_\_/\_\_\_ T: \_\_\_\_\_

c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? T: \_\_\_\_\_

29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)?  
 Yes, serum  Yes, cord blood only  No  No test  Unk

b) When was the infant/child's first reactive treponemal test for syphilis? \_\_\_/\_\_\_/\_\_\_ T: \_\_\_\_\_

30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c)  
 Yes  No, asymptomatic infant/child  Unk

LABORATORY CONFIRMATION:  Yes, positive  Yes, negative  No test  Unk

31. Did the infant/child have a darkfield exam or DFA-TP?  
 Yes, positive  Yes, negative  No test  Unk

INFRANT EVALUATION

32. Did the infant/child have long-bone X-rays?  
 Yes, changes consistent with CS  No x-rays  Yes, no signs of CS  Unk

33. Did the infant/child have a CSF VDRL?  
 Yes, reactive  No test  Yes, nonreactive  Unk

34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)  
 Yes, one or both elevated  No test  Yes, both not elevated  Unk

35. Was the infant/child treated?  
 Yes, with Aqueous or Procaine Penicillin for  $\geq 10$  days  Yes, with other treatment  Yes, with Benzathine penicillin x 1  No treatment  Unk

26. 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)

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## 35. Infant Treatment:

Indicate treatment for the infant, if received.

**Rationale:** Ensures treatment to prevent future complications of congenital syphilis. STD Control Officer may consider whether further follow-up with the medical provider is needed.

**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)

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 ____/____/____		10. Mother's ethnicity: <input type="checkbox"/> Unk <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino		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		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 7 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)				17. Did mother have confirmatory treponemal test(s) (e.g., EIA, TP-PA)? If so, when was the last performed? ____/____/____ <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> No test <input type="checkbox"/> Unk			
18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present				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) ____/____/____ <input type="checkbox"/> During pregnancy (Go to Q21) <input type="checkbox"/> Unk (Go to Q22)			
20. Before pregnancy, when was mother last treated for syphilis? <input type="checkbox"/> Before pregnancy (Go to Q20) <input type="checkbox"/> No treatment (Go to Q22) ____/____/____ <input type="checkbox"/> During pregnancy (Go to Q21) <input type="checkbox"/> Unk (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 treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk			
<b>Part II: INFANT INFORMATION</b>		22. Date of delivery: ____/____/____ <input type="checkbox"/> Unk		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	
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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		b) When was the infant/child's first reactive non-treponemal test for syphilis? ____/____/____		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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	
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		<b>LABORATORY CONFIRMATION:</b>		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			
<b>INFANT EVALUATION</b>		32. Did the infant/child have a CSF-WDRL? <input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No <4-eyes <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? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for >10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin < 1	

**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 CSF 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))

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CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

**36. CS Case Classification:** Using the algorithm, classify the case as Not a case (form not required), a Confirmed case, a Syphilitic stillbirth, or a Probable case.

**Rationale:** Provides final classification for cases.

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

### CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

<b>Part I: MATERNAL INFORMATION</b>			
1. Report date to health department: <input type="checkbox"/> Unk ____/____/____	2. Reporting state: <input type="checkbox"/> Unk CALIFORNIA	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: (If case resides in a city health jurisdiction) <input type="checkbox"/> Unk	8. Residence zip code: <input type="checkbox"/> Unk
9. Mother's date of birth: <input type="checkbox"/> Unk ____/____/____	10. Mother's ethnicity: <input type="checkbox"/> Unk <input type="checkbox"/> Hispanic/Latino	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	

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)

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a. ____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____	b. ____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____	c. ____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____	d. ____/____/____ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____	18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? <input type="checkbox"/> Yes, positive <input type="checkbox"/> No test of lesions <input type="checkbox"/> Unk <input type="checkbox"/> Yes, negative <input type="checkbox"/> No lesions present
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) ____/____/____ <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: penicillin-based treatment appropriate for stage <input type="checkbox"/> No, inadequate: penicillin-based treatment not appropriate for stage <input type="checkbox"/> No, inadequate: non-penicillin-based treatment begun > 30 days before delivery <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: non-penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> Unk				
<b>Part II: INFANT INFORMATION</b>				
22. Date of delivery: ____/____/____ <input type="checkbox"/> Unk		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
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 <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive non-treponemal test for syphilis? ____/____/____ T: _____	c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? T: _____	29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)? <input type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	b) When was the infant/child's first reactive treponemal test for syphilis? ____/____/____
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		<b>LABORATORY CONFIRMATION:</b> 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		
<b>INFANT EVALUATION</b>				
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? <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for <10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> No treatment <input type="checkbox"/> Yes, with Benzathine penicillin > 1 <input type="checkbox"/> Unk				
<b>Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION</b>				
36. Classification <input type="checkbox"/> Not a case <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of T. pallidum, e.g., darkfield or direct fluorescent antibody positive lesions) <input type="checkbox"/> Syphilitic stillbirth (Footnote b) <input type="checkbox"/> Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)				

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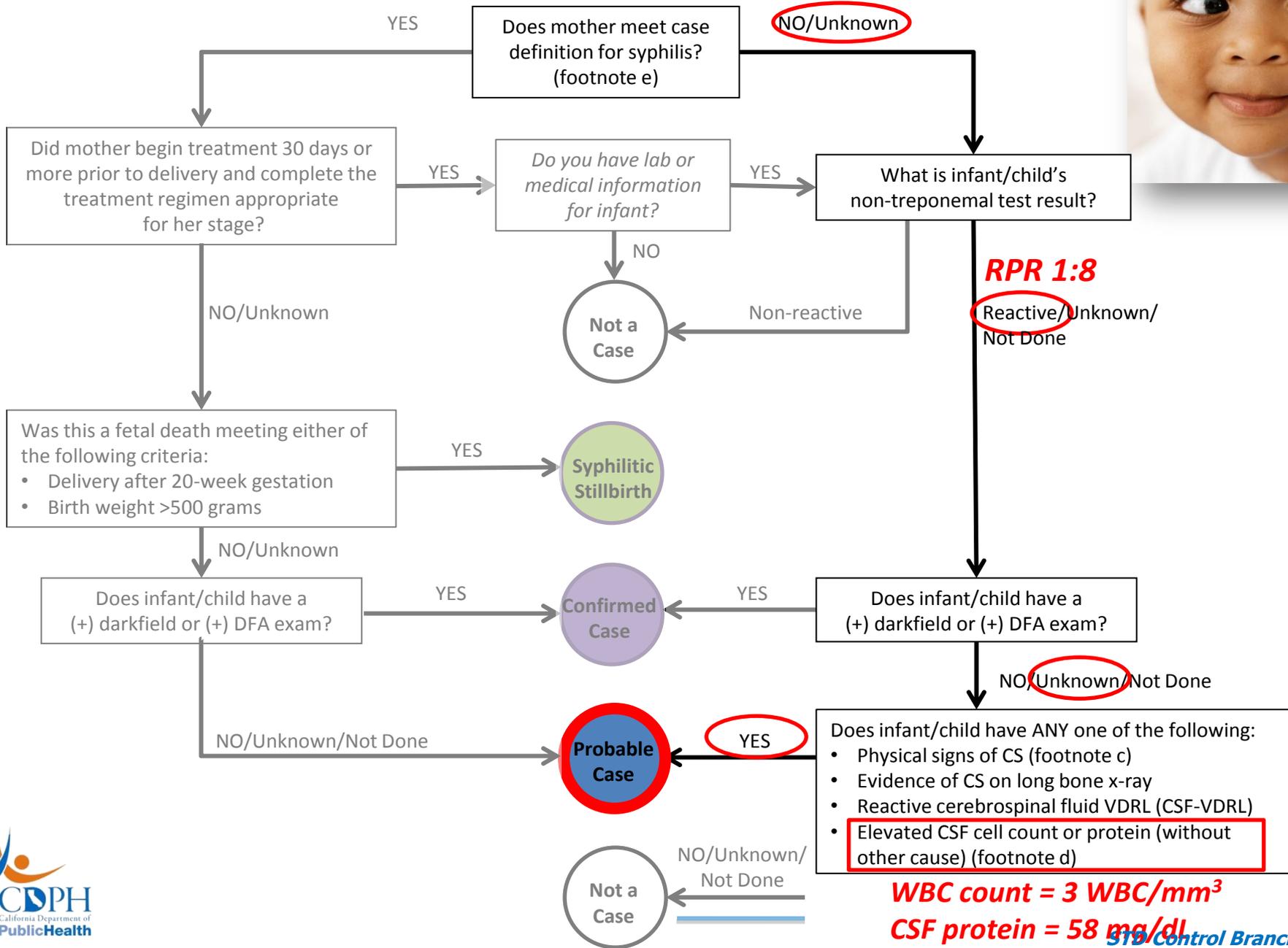
CDPH 9049 (4/2013) (CS Case Report 4/4/2013)



# Case Study #2: Isabella

- Adopted – no information on mother
- 3 month-old female with RPR of 1:8
- Lumbar puncture results:
  - WBC count = 3 WBC/mm<sup>3</sup>
  - CSF protein = 58 mg/dL
- No long bone X-ray available





**WBC count = 3 WBC/mm<sup>3</sup>**  
**CSF protein = 58 mg/dl**

<b>Part II: INFANT INFORMATION</b>		<b>22. Date of delivery:</b> <u>01 / 17 / 2013</u> <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>		<b>23. Vital status:</b> <input checked="" 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)		<b>24. Date of death:</b> ____ / ____ / ____ <input type="checkbox"/> Unk <small>Mo. Day Yr.</small>	
<b>25. Sex:</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unk		<b>26. Birthweight (in grams):</b> <u>3023</u> <input type="checkbox"/> Unk		<b>27. Estimated gestational age (in weeks)</b> <u>38</u> <input type="checkbox"/> Unk			
<b>28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?</b> <input checked="" type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk		<b>b) When was the infant/child's first reactive non-treponemal test for syphilis?</b> <u>03 / 12 / 2013</u> <small>Mo. Day Yr.</small>		<b>c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis?</b> 1: <u>8</u>		<b>29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)?</b> <input checked="" type="checkbox"/> Yes, serum <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	
				<b>b) When was the infant/child's first reactive treponemal test for syphilis?</b> <u>03 / 12 / 2013</u> <small>Mo. Day Yr.</small>			
<b>30. Did the Infant/child have any classic signs of congenital syphilis? (Footnote c)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No, asymptomatic infant/child <input type="checkbox"/> Unk				<b>LABORATORY CONFIRMATION:</b>		<b>31. Did the Infant/child have a darkfield exam or DFA-TP?</b> <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input checked="" type="checkbox"/> No test <input type="checkbox"/> Unk	
<b>INFANT EVALUATION</b>		<b>32. Did the infant/child have long bone X-rays?</b> <input type="checkbox"/> Yes, changes consistent with CS <input checked="" type="checkbox"/> No x-rays <input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Unk		<b>33. Did the infant/child have a CSF-VDRL?</b> <input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test <input type="checkbox"/> Yes, nonreactive <input checked="" type="checkbox"/> Unk		<b>34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)</b> <input checked="" type="checkbox"/> Yes, one or both elevated <input type="checkbox"/> No test <input type="checkbox"/> Yes, both not elevated <input type="checkbox"/> Unk	
						<b>35. Was the infant/child treated?</b> <input type="checkbox"/> Yes, with Aqueous or Procaine Penicillin for ≥10 days <input type="checkbox"/> Yes, with other treatment <input checked="" type="checkbox"/> Yes, with Benzathine penicillin x 1 <input type="checkbox"/> No treatment <input type="checkbox"/> Unk	
<b>Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION</b>				<b>36. Classification</b>			
<input type="checkbox"/> Not a case				<input type="checkbox"/> Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> , e.g., darkfield or direct fluorescent antibody positive lesions)		<input type="checkbox"/> Syphilitic stillbirth (Footnote b)	
						<input checked="" type="checkbox"/> 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)

Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to [cpacs@cdph.ca.gov](mailto:cpacs@cdph.ca.gov) or fax to 916.440.5949

CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

# SUMMARY



# Summary

- Complete the CS form for Confirmed, Presumptive, or Syphilitic Stillbirths.
  - Infants or stillborn fetuses of mothers who are inadequately treated
  - Infants with reactive STS and evidence of congenital syphilis
- Use of the CS form for non-cases is optional, to be determined by local program managers.
- Forms should be submitted to the Congenital Syphilis Coordinator within 7 days of case closure.

# Case Closure, Case Review and Documentation

## Mother Adequately Treated

- Within 30 days of treatment confirmation

## Mother Inadequately Treated

- Within 30 days of treatment confirmation, stillbirth or delivery

- Front line supervisors should review all cases prior to submission.
- The following should be submitted to the Congenital Syphilis Coordinator within 7 days of case closure :
  - California CS Case Investigation and Report
  - Copy of the FR for mother and infant
  - Reactor history printed from the local reactor database
  - For early cases: copies of the FRs for partners and IR for mother
- Notify ICCR headquarters if you request a CS ID Number and the infant is subsequently determined not to be a case.

**CONGENITAL SYPHILIS COORDINATOR:**  
**cpacs@cdph.ca.gov** or fax to **916.440.5949**



# Training Series

Introduction and Protocol for  
Congenital Syphilis Surveillance  
in California

*May 6, 2013 – 9-10AM*

Completion of the Revised Congenital  
Syphilis Form

*May 13, 2013 – 9-10AM*

CalREDIE: Initiating, Monitoring and  
Entering Data for Congenital Syphilis

*May 20, 2013 – 9-10AM*

# Thank You!

## *California Department of Public Health*

- Michael Samuel
- Denise Gilson
- Romni Neiman
- Edwin Lopez
- George Camarillo
- Heidi Bauer

## *County of San Diego*

- Heidi Aiem
- Debra Lopez-Devereaux

## Contact Information

### **PRESENTER INFORMATION:**

Jessica Frasure-Williams  
*Syphilis Elimination Coordinator*  
[Jessica.Frasure@cdph.ca.gov](mailto:Jessica.Frasure@cdph.ca.gov)

### **SUBMIT ALL FORMS TO:**

Congenital Syphilis Coordinator  
[cpacs@cdph.ca.gov](mailto:cpacs@cdph.ca.gov) or  
fax to 916.440.5949

# Surveillance Case Definition for Congenital Syphilis (CS)

- A **confirmed case** of CS is an infant or child in whom *Treponema pallidum* is identified by darkfield microscopy, direct fluorescent antibody, or other specific stains in specimens from lesions, placenta, umbilical cord, or autopsy material.
- A **presumptive case** of CS is either of the following: any infant whose mother had untreated or inadequately treated syphilis at the time of delivery, regardless of the findings in the infant or child; any infant or child who has a reactive treponemal test for syphilis and any one of the following:
  - evidence of CS on physical examination;
  - evidence of CS on long bone X-ray;
  - reactive CSF-VDRL;
  - elevated CSF cell count or protein (without other cause);
- A **syphilitic stillbirth** is defined as 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 >500g.

# Adequate treatment for syphilis in pregnant females

Stage of syphilis	Treatment	Timing
Primary, Secondary, and Early Latent	BIC x 1	Administered 30 days or more prior to delivery
Late Latent and Latent of Unknown Duration	BIC x 3	First dose administered 30 days or more prior to delivery, AND all doses received

**Pregnant women allergic to penicillin should be treated with penicillin after desensitization. There are no alternative regimens for syphilis treatment in pregnancy.**

# Definition: Syphilitic Stillbirth

- 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 >500g

# Definition: Confirmed Case

- positive darkfield or special stains in the specimens from
  - lesions
  - placenta
  - umbilical cord, or
  - autopsy material

# Definition: Probable Case

- inadequate treatment in the *mother*, regardless of infant results, OR
- reactive non-treponemal test in the *infant* plus one of the following:
  - evidence on physical exam,
  - evidence on long bone X-ray,
  - reactive CSF-VDRL, OR
  - elevated CSF cell count or protein (without other cause)

Age of infant/neonates	Elevated CSF White Blood Cell Count	Elevated CSF Protein Count
≤30 days old	>15 WBC/mm <sup>3</sup>	>120 mg/dL
days old	>5 WBC/mm <sup>3</sup>	>40 mg/dL