

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.

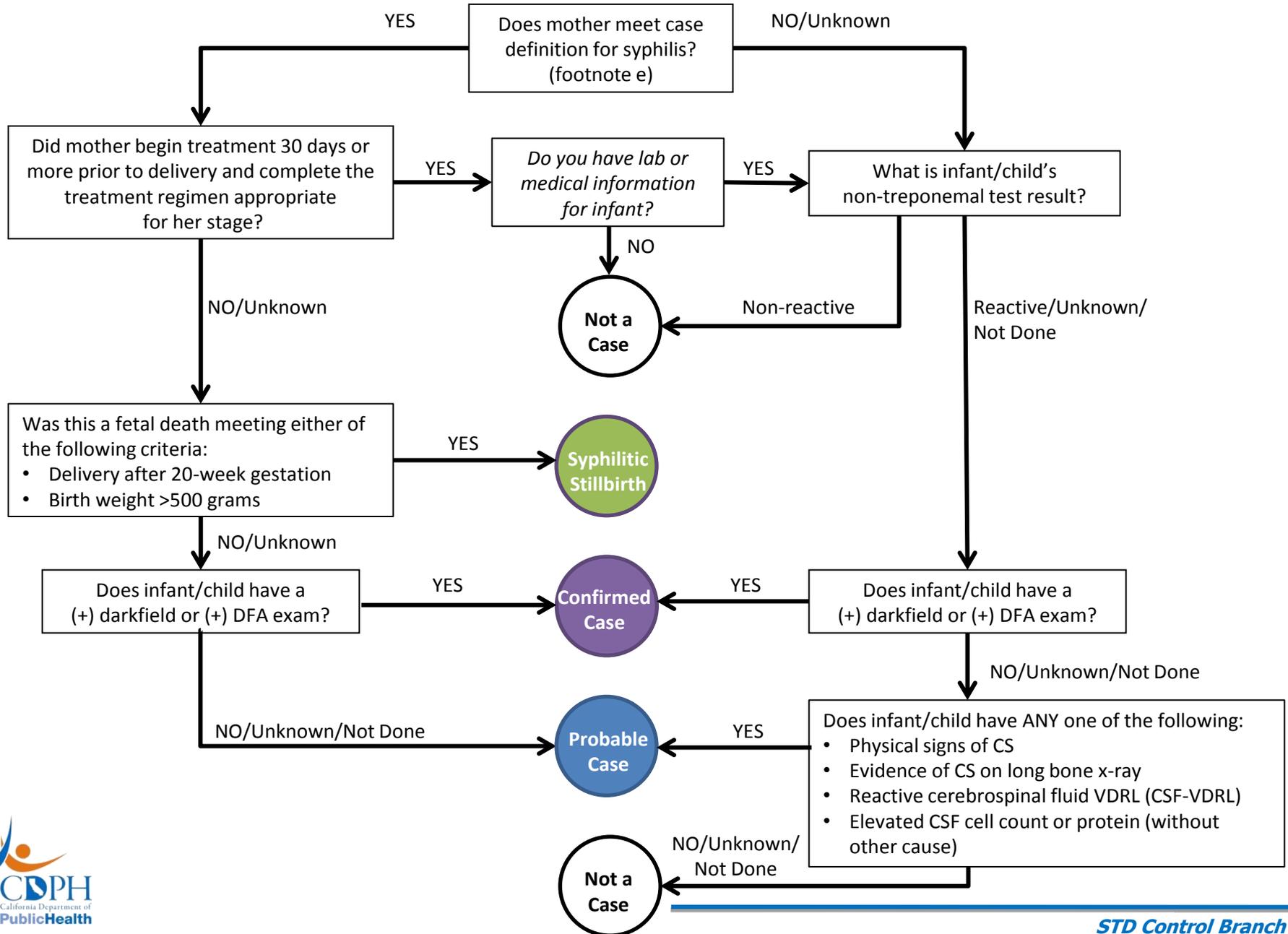
WHEN TO COMPLETE THE CS FORM



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: 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: Link
 (If case resides in a city health jurisdiction)
 8. Residence zip code: Link

9. Mother's date of birth: Link
 10. Mother's ethnicity: Hispanic/Latina Non-Hispanic/Non-Latina
 11. Mother's race: (check of that apply) American Indian/Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Link

12. Did mother have prenatal care? Yes, at least once in US No (Go to Q15)
 Yes, outside of US Link (Go to Q15)
 13. Indicate date of first prenatal visit: _____ Link
 14. Indicate number of prenatal visits: _____ Link
 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) Link (Go to Q17)

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

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

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
 18. Did mother have darkfield or direct fluorescent antibody (DFA) exam of lesions at delivery? Yes, positive No test of lesions Link
 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) Link (Go to Q22)
 20. Before pregnancy, was mother's treatment adequate? Yes, adequate: treatment appropriate for stage (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 Link

Part II: INFANT INFORMATION

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

25. Sex: Male Female Link
 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, serum Yes, cord blood only No No test Link
 b) When was the infant/child's first reactive non-treponemal test for syphilis? _____ 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., EIA, TP-PA)? Yes, serum Yes, cord blood only No No test Link
 b) When was the infant/child's first reactive treponemal test for syphilis? _____ Link

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

LABORATORY CONFIRMATION:

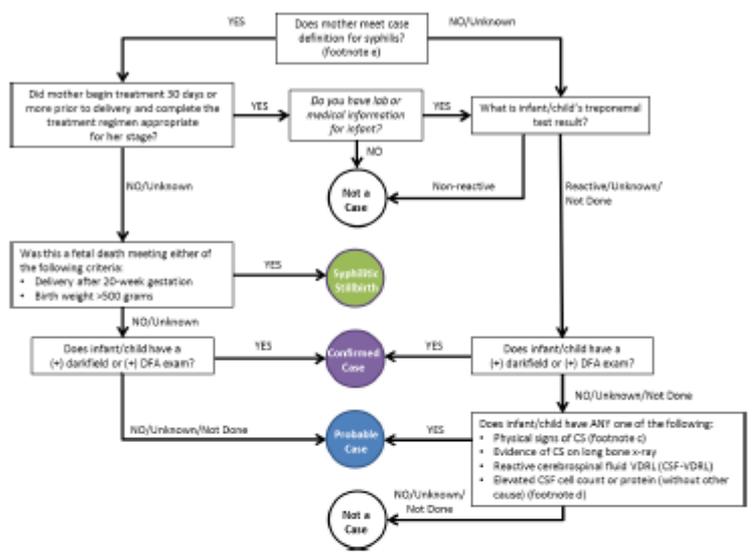
31. Did the infant/child have a darkfield exam or DFA-TP? Yes, positive Yes, negative No test Link
 32. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d)
 Yes, one or both elevated No test Link
 Yes, both not elevated Link
 33. Was the infant/child treated? Yes, with Aqueous or Procaine Penicillin for >10 days Yes, with other treatment No treatment Link
 Yes, with Benzathine penicillin > 1 Link

Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION

34. 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 cpacsm@cdph.ca.gov or fax to 916.440.5949
 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT ALGORITHM



Notes:
 Adequate treatment in adults is defined in the STD Treatment Guidelines (cdc.gov/std/treatment/). In pregnancy, primary, secondary or early latent cases should be treated with Benzathine Penicillin G 2.4 million units IM administered 30 days or more prior to delivery; late latent cases and latent cases of unknown duration should be treated with Benzathine Penicillin G, 7.2 million units, administered as 3 doses of 2.4 million units IM each, at one week intervals, with the first dose administered 30 days or more prior to delivery and all doses received.
 A syphilitic stillbirth is a fetal death in which the mother had untreated or inadequately treated syphilis at the time of delivery of either a fetus after a 20-week gestation or a fetus weighing > 500 grams.
 Signs of congenital syphilis (usually in an infant or child < 2 years old) include: condyloema 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/mm³ or a CSF protein > 40 mg/dl is abnormal, regardless of CSF serology.
 See the national case definition for syphilis: www.cdc.gov/osels/ph_surveillance/nndss/casedef/syphilis1990.htm



Rationale for Completing the Form

PART 1. MATERNAL INFORMATION



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

CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Part I: MATERNAL INFORMATION
 1. Marital status: _____ 2. Secondary source: _____ 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, 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 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 cpacsr@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# _____

CALIFORNIA CONGENITAL SYPHILIS REPORTING FORM

Part I: MATERNAL INFORMATION

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

2. Reporting state:

CALIFORNIA

3. Reporting county:

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 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.		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-FA)? 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, 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							
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-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	
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					
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"/> Unk <input type="checkbox"/> Yes, with Benzathine penicillin < 1							
Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION		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 or fax to 916.440.5949
 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

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: _____ CASE ID No.: _____
 Infant's Name: _____ Infant's CalREDS ID#: _____

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 delivery: _____ Link
 13. Birth date: _____ Link
 14. Birth date: _____ Link
 15. Birth date: _____ Link

16. Results: Reactive Nonreactive Unk
 17. Titer: _____

18. If so, when was the last 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 Link (Go to Q22)
 No, inadequate: penicillin-based treatment not appropriate for stage Link (Go to Q22)
 No, inadequate: penicillin-based treatment begun > 30 days before delivery Link (Go to Q22)
 No, inadequate: non-penicillin-based treatment

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

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, serum Yes, cord blood only No No test Unk
 b) When was the infant/child's first reactive non-treponemal test for syphilis?
 _____ 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., 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?
 _____ Link

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 cpacsr@cdph.ca.gov or fax to 916.440.5949

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

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
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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"/> 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	
Part B: INFANT INFORMATION			
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-IT? <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <input type="checkbox"/> Unk	
INFANT EVALUATION			
32. Did the infant/child have long bone X-rays? <input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No x-rays <input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Unk	33. Did the infant/child have a CSF VDRL? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> Unk	34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) <input type="checkbox"/> Yes, one or both elevated <input type="checkbox"/> No test <input type="checkbox"/> Yes, both not elevated <input type="checkbox"/> Unk	35. Was the infant/child treated? <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 B: CONGENITAL SYPHILIS CASE CLASSIFICATION			
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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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 Mo. Day Yr.	14. Indicate number of prenatal visits: ___ <input type="checkbox"/> Unk
--	--	--

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	
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	
16. Indicate date 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"/> No test <input type="checkbox"/> Yes, reactive <input type="checkbox"/> Yes, 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) ___/___/___ <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			
Part B: INFANT INFORMATION		22. Date of delivery: ___/___/___ <input type="checkbox"/> Unk	
25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <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		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		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	
INFANT EVALUATION		LABORATORY CONFIRMATION:	
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		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 x 1 <input type="checkbox"/> Unk	
Part B: CONGENITAL SYPHILIS CASE CLASSIFICATION			
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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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: MATERNAL 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: 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

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

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

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

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

17B: 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. 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., 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. Unk

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 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 No treatment Yes, with Benzathine penicillin < 1 Unk

17B: 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)

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.

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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

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.

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"/> 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 1st 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 date and results of non-treponemal tests (list the most recent first): Date: Mo. / Day / Yr. Results: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____		17. Did mother have confirmatory treponemal test(s) (e.g., CIA, 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) Mo. / Day / Yr. <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: penicillin-based treatment begun < 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk		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. 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., 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. T: _____	
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: <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <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	
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		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 or fax to 916.440.5949
CDPH 9049 (4/01/13) (CS Case Report 4/4/2013)



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

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"/> 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 1st 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-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	
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) Mo. / Day / Yr. <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: penicillin-based treatment begun < 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk					
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. <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-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		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-IT? <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <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. 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		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)	

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

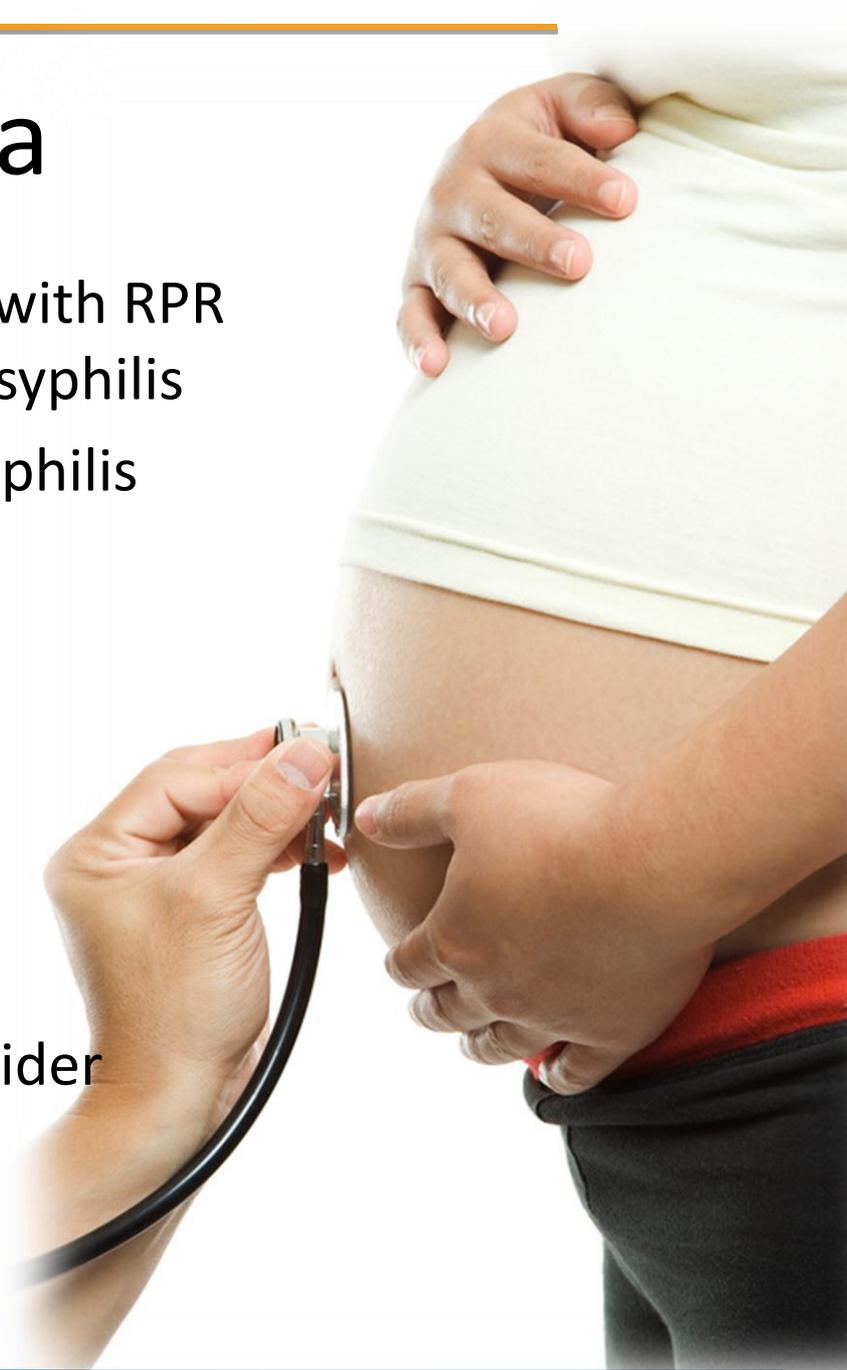
Rationale: Required for classifying the infant as a CS case. Also, inadequate treatment may indicate a need for medical provider intervention.

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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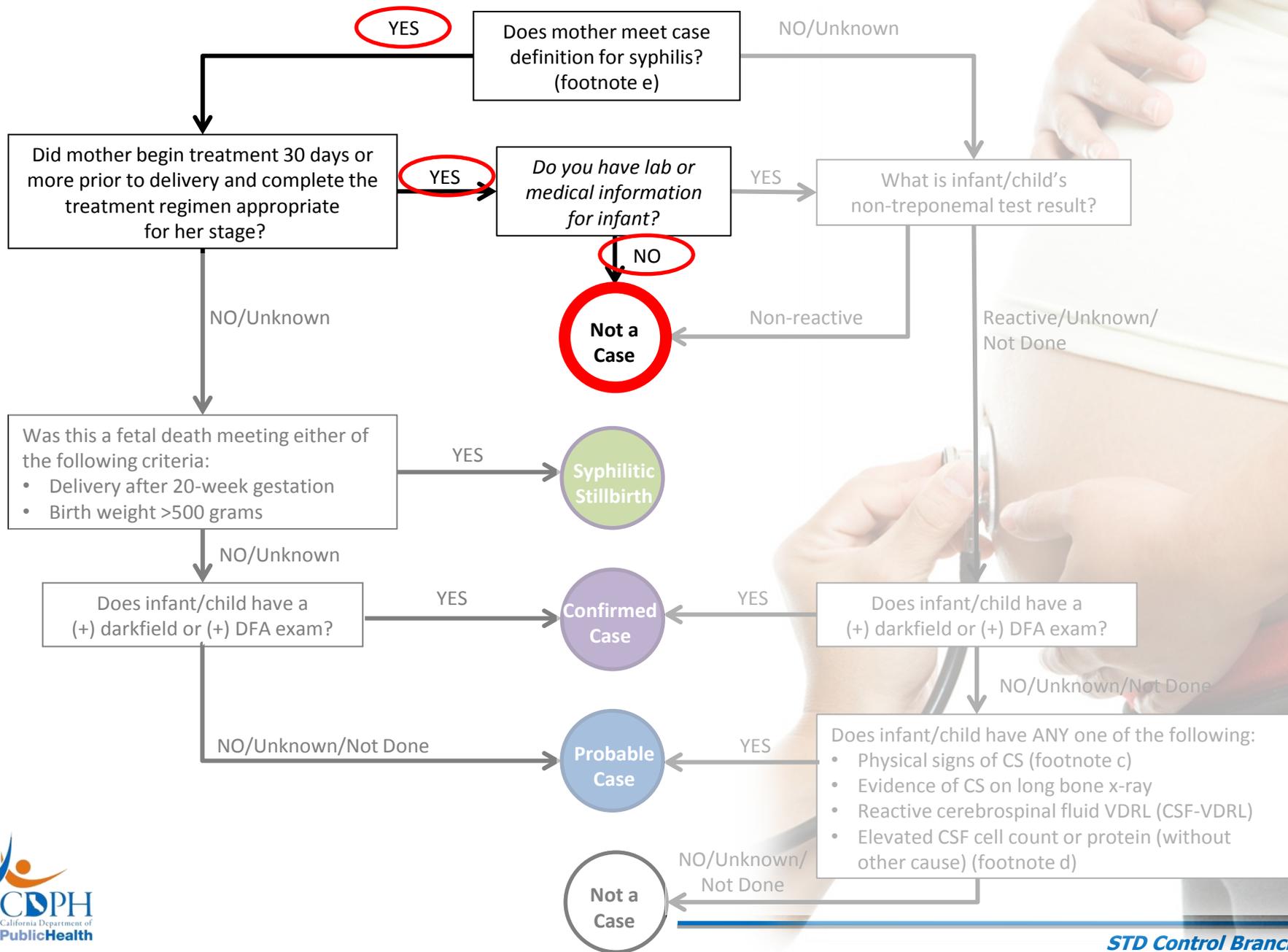


Case Study #1: Sophia

- 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: Smith, Sophia

Mother's CaREDIE ID#: 12345678

CASE ID No.: 13-999

Infant's Name: Smith, Baby Boy

Infant's CaREDIE ID#: 34567891

Delivery Hospital: Feel Better Hospital

CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT

Part I: MATERNAL INFORMATION

1. Report date to health department: Unk

02 / 23 / 2013
Mo. Day Yr.

2. Reporting state:

CALIFORNIA

3. Reporting county:

San Diego

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

5. Residence state: Unk

California

6. Residence county: Unk

San Diego

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

8. Residence zip code: Unk

92071

9. Mother's date of birth: Unk

01 / 13 / 1986
Mo. Day Yr.

10. Mother's ethnicity: Unk

Hispanic/Latina 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:

01 / 05 / 2013 Unk
Mo. Day Yr.

14. Indicate number of prenatal visits:

04 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.	<u>02</u>	<u>21</u>	<u>2013</u>	<input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: <u>8</u>
b.	<u>01</u>	<u>05</u>	<u>2013</u>	<input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: <u>16</u>
c.	<u>08</u>	<u>22</u>	<u>2010</u>	<input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: <u>2</u>
d.	<u>02</u>	<u>19</u>	<u>2009</u>	<input checked="" type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: <u>16</u>

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
01 / 05 / 2013 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) 01 / 10 / 2013
 During pregnancy (Go to Q21) Unk (Go to Q22)
Mo. Day Yr.

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. 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

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.

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"/> 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 chlamydia? <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) Date: Mo. / Day / Yr. Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk T: _____ 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? <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) Mo. / Day / Yr. <input type="checkbox"/> Unk <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 <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 begun > 30 days before delivery <input type="checkbox"/> Unk		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. <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., 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? 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		LABORATORY CONFIRMATION: <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <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	
32. Did the infant/child have long bones 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	
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 Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to cpac@cdph.ca.gov or fax to 916.440.5949
 CDPH 9048 (4/2013) (CS Case Report 4/4/2013)

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.

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.

<p>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)</p>		<p>13. Indicate date of 1st prenatal visit: ____ / ____ / ____ <input type="checkbox"/> Unk</p>		<p>14. Indicate number of prenatal visits: ____ <input type="checkbox"/> Unk</p>		<p>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)</p>																
<p>16. Indicate dates and results of non-treponemal tests (list the most recent first)</p> <table border="1"> <thead> <tr> <th>Date</th> <th>Result</th> <th>Titer</th> </tr> </thead> <tbody> <tr> <td>a. ____ / ____ / ____</td> <td><input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> <tr> <td>b. ____ / ____ / ____</td> <td><input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> <tr> <td>c. ____ / ____ / ____</td> <td><input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> <tr> <td>d. ____ / ____ / ____</td> <td><input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk</td> <td>1: _____</td> </tr> </tbody> </table>				Date	Result	Titer	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: _____	<p>17. Did mother have confirmatory treponemal test result (e.g., EIA, 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</p>			
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d. ____ / ____ / ____	<input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive <input type="checkbox"/> Unk	1: _____																				
<p>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</p>				<p>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)</p>																		
<p>20. Before 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</p>				<p>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</p>																		
<p>Part B: INFANT INFORMATION</p> <p>22. Date of delivery: ____ / ____ / ____ <input type="checkbox"/> Unk</p>		<p>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)</p>		<p>24. Date of death: ____ / ____ / ____ <input type="checkbox"/> Unk</p>																		
<p>25. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk</p>		<p>26. Birthweight (in grams): ____ <input type="checkbox"/> Unk</p>		<p>27. Estimated gestational age (in weeks): ____ <input type="checkbox"/> Unk</p>																		
<p>28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)?</p> <p><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</p>		<p>b) When was the infant/child's first reactive non-treponemal test for syphilis?</p> <p>____ / ____ / ____</p>		<p>c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis?</p> <p>1: _____</p>																		
<p>29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)?</p> <p><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</p>		<p>b) When was the infant/child's first reactive treponemal test for syphilis?</p> <p>____ / ____ / ____</p>																				
<p>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</p>		<p>LABORATORY CONFIRMATION:</p> <p>31. Did the infant/child have a darkfield exam or DFA-TT? <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <input type="checkbox"/> Unk</p>																				
<p>INFANT EVALUATION:</p> <p>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</p>		<p>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</p>		<p>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</p>																		
<p>Part B: CONGENITAL SYPHILIS CASE CLASSIFICATION</p> <p>35. 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)</p>		<p>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"/> Unk <input type="checkbox"/> Yes, with Benzathine penicillin < 1</p>																				

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 or fax to 916.440.5949
 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

Mother's Name: _____
 Infant's Name: _____
 CALIF **30. Did the Infant/child have any classic signs of congenital syphilis? (Footnote c)**
 Yes No, asymptomatic infant/child Unk

Part I: MATERNAL INFORMATION		Part II: INFANT INFORMATION	
1. Report date to health department: <input type="checkbox"/> Unk ____/____/____	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) <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"/> 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 1st 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., 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? <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? (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		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"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk	
Part II: INFANT INFORMATION		LABORATORY CONFIRMATION:	
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
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, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk
29. b) When was the infant/child's first reactive non-treponemal test for syphilis? ____/____/____ <input type="checkbox"/> Unk		29. c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? 1: _____ <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		30. a) Did infant/child have a reactive treponemal test for syphilis (e.g., CIA, TP-PA)? <input type="checkbox"/> Yes, cord blood only <input type="checkbox"/> No <input type="checkbox"/> No test <input type="checkbox"/> Unk	
30. b) When was the infant/child's first reactive treponemal test for syphilis? ____/____/____ <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	
Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION		INFANT EVALUATION:	
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)		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 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		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"/> Yes, with Benzathine penicillin < 1 <input type="checkbox"/> Unk	

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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

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(s) (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	
a. <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		
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) Mo / Day / Yr _____ <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 <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			
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, 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 _____ 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., 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		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	
Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION			
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)			
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 or fax to 916.440.5949 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)			

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.

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
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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: <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/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., 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. Before 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. 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			
Parent/INFANT INFORMATION		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	
30. Did the infant/child have any classic signs of congenital syphilis? (Footnote c) <input type="checkbox"/> Yes <input type="checkbox"/> No, asymptomatic infant/child <input type="checkbox"/> Unk		LABORATORY CONFIRMATION:		31. Did the infant/child have a darkfield exam or DFA-TP? <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <input type="checkbox"/> Unk			
INFANT EVALUATION		32. Did the infant/child have long bone X-rays? <input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No x-rays <input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Unk		33. Did the infant/child have a CSF-VDRL? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> Unk		34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) <input type="checkbox"/> Yes, one or both elevated <input type="checkbox"/> No test <input type="checkbox"/> Yes, both not elevated <input type="checkbox"/> Unk	
Parent/CONCORDIA & STRAINLINE CASE CLASSIFICATION		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					
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)



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 ≥ 10 days

Yes, with Benzathine penicillin x 1

Yes, with other treatment

No treatment

Unk

REPORT

1. City of residence: _____ (Link if USA)

2. Zip code: _____ (Link)

3. Race: _____

4. Black or African American: Yes Unk

5. White: Yes 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 date 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

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-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, 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 Benzathine penicillin x 1

Yes, with other treatment

No treatment

Unk

INFANT 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)

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.

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Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to cpac@cdph.ca.gov or fax to 916.440.5949

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

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"/> 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., CIA, 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: non-penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> Unk			
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? T: _____		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	
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: <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <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			
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	

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.

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 CSH 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 or fax to 916.440.5949

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

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			
Part I: MATERNAL INFORMATION			
1. Report date to health department: <input type="checkbox"/> Unk ____/____/____	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) <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"/> Unk	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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CDPH 9049 (4/2013) (CS Case Report 4/4/2013)

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: penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <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: non-penicillin-based treatment begun > 30 days before delivery <input type="checkbox"/> No, inadequate: non-penicillin-based treatment <input type="checkbox"/> Unk				
Part II: INFANT INFORMATION				
22. Date of delivery: ____/____/____ <input type="checkbox"/> Unk	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	LABORATORY CONFIRMATION: 31. Did the infant/child have a darkfield exam or DFA-TP? <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> No test <input type="checkbox"/> Unk			
INFANT EVALUATION				
32. Did the infant/child have long bone X-rays? <input type="checkbox"/> Yes, changes consistent with CS <input type="checkbox"/> No x-rays <input type="checkbox"/> Yes, no signs of CS <input type="checkbox"/> Unk	33. Did the infant/child have a CSF VDRL? <input type="checkbox"/> Yes, reactive <input type="checkbox"/> No test <input type="checkbox"/> Yes, nonreactive <input type="checkbox"/> Unk	34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) <input type="checkbox"/> Yes, one or both elevated <input type="checkbox"/> No test <input type="checkbox"/> Yes, both not elevated <input type="checkbox"/> Unk	35. Was the infant/child treated? <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 <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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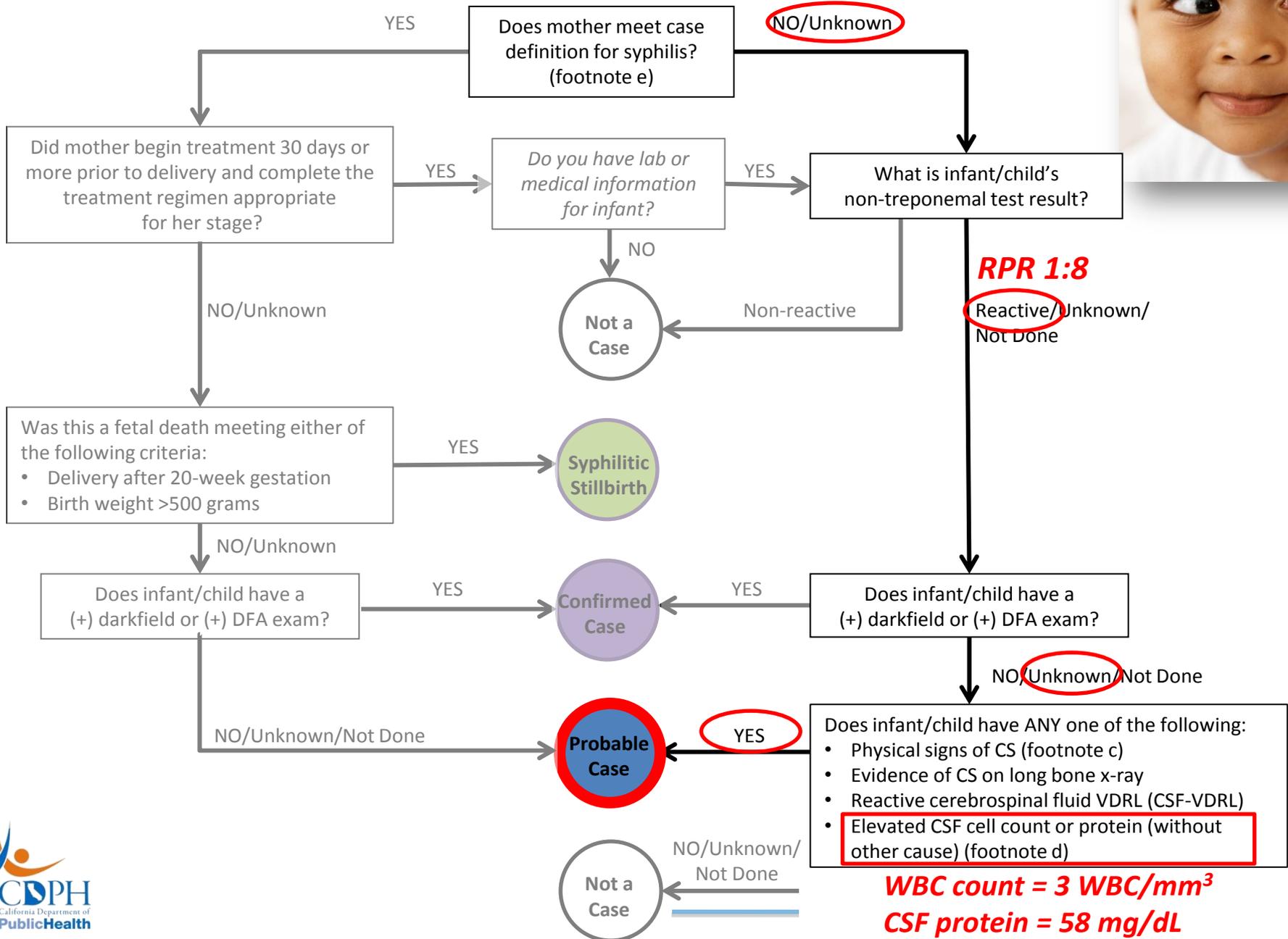
Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to cpacs@cdph.ca.gov or fax to 916.440.5949

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/mm³
 - CSF protein = 58 mg/dL
- No long bone X-ray available





Part II: INFANT INFORMATION		22. Date of delivery: <u>01 / 17 / 2013</u> <input type="checkbox"/> Unk Mo. Day Yr.		23. Vital status: <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)		24. Date of death: ____ / ____ / ____ <input type="checkbox"/> Unk Mo. Day Yr.	
25. Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unk		26. Birthweight (in grams): <u>3023</u> <input type="checkbox"/> Unk		27. Estimated gestational age (in weeks) <u>38</u> <input type="checkbox"/> Unk			
28. a) Did infant/child have a reactive non-treponemal test for syphilis (e.g., VDRL, RPR)? <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) When was the infant/child's first reactive non-treponemal test for syphilis? <u>03 / 12 / 2013</u> Mo. Day Yr.		c) Indicate titer of infant/child's first reactive non-treponemal test for syphilis? 1: <u>8</u>		29. a) Did infant/child have a reactive treponemal test for syphilis (e.g., EIA, TP-PA)? <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) When was the infant/child's first reactive treponemal test for syphilis? <u>03 / 12 / 2013</u> Mo. Day Yr.			
30. Did the Infant/child have any classic signs of congenital syphilis? (Footnote c) <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No test <input type="checkbox"/> Unk	
INFANT EVALUATION		32. Did the infant/child have long bone X-rays? <input type="checkbox"/> Yes, changes consistent with CS <input checked="" 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 checked="" type="checkbox"/> Unk		34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) <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	
						35. Was the infant/child treated? Yes, with Aqueous or Procaine Penicillin for ≥10 days <input type="checkbox"/> Yes, with other treatment <input type="checkbox"/> <input checked="" type="checkbox"/> Yes, with Benzathine penicillin x 1 <input type="checkbox"/> No treatment <input type="checkbox"/> <input type="checkbox"/> Unk <input type="checkbox"/>	
Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION				36. Classification			
<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)	

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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

SUBMIT ALL FORMS TO:

Congenital Syphilis Coordinator
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 ³	>120 mg/dL
>30 days old	>5 WBC/mm ³	>40 mg/dL