CHIMS | ELECTRONIC CONGENITAL SYPHILIS CASE REPORTING

OCTOBER 2021

CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM

CDPH
Chicago Department of Public Health

Lori E. Lightfoot
Mayor

Allison Arwady, MD, MPH
Commissioner

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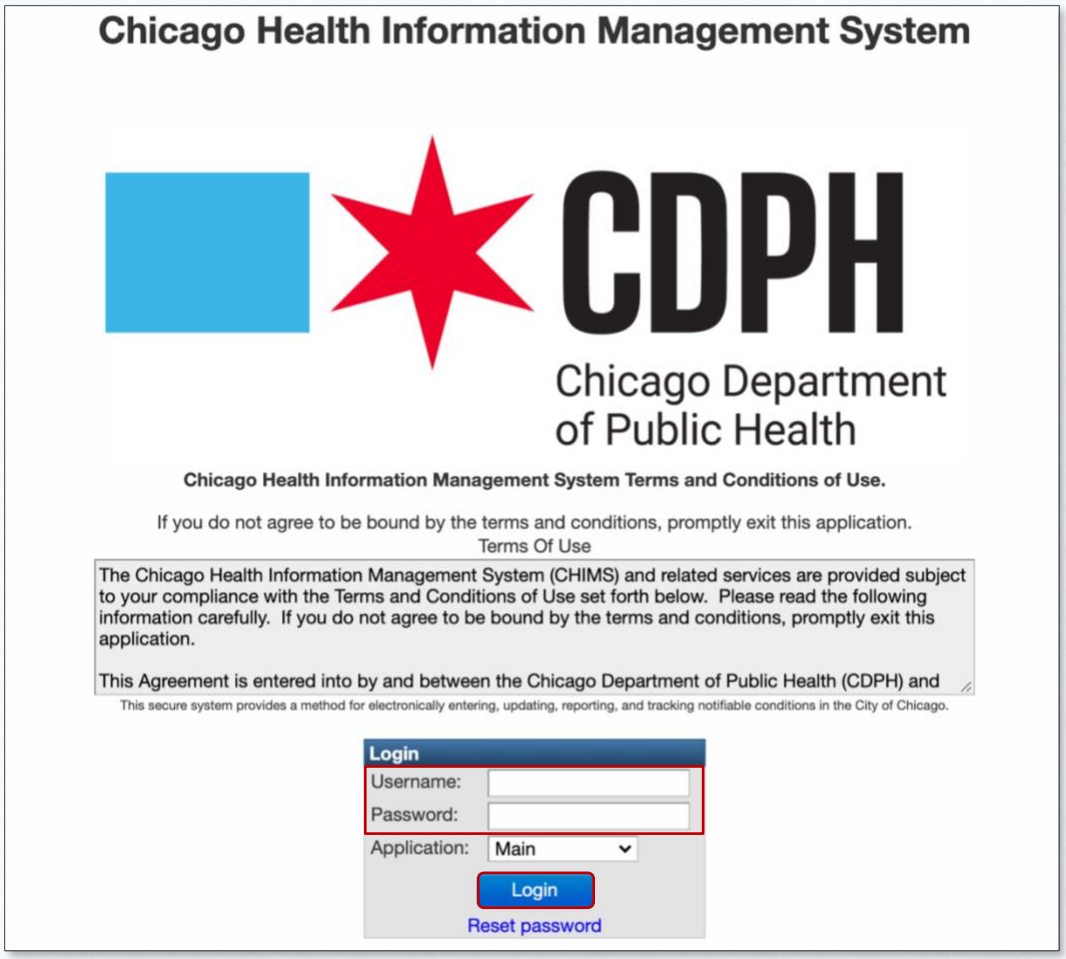
CHIMS [Chicago Health Information Management System] is an electronic surveillance system utilized by the Chicago Department of Public Health [CDPH] for the mandated† case reporting of sexually transmitted infections [STIs] and HIV/AIDS by Chicago health care professionals.‡ The following instructions detail the procedures for electronically submitting HIV/AIDS case reports via CHIMS.

LOGGING IN TO THE CHIMS PROVIDER PORTAL

- Go to the CHIMS Login Page at https://chims.cityofchicago.org/maven/login.do. Please only use Google Chrome browser to access CHIMS.
- Enter your Username and Password and click Login.

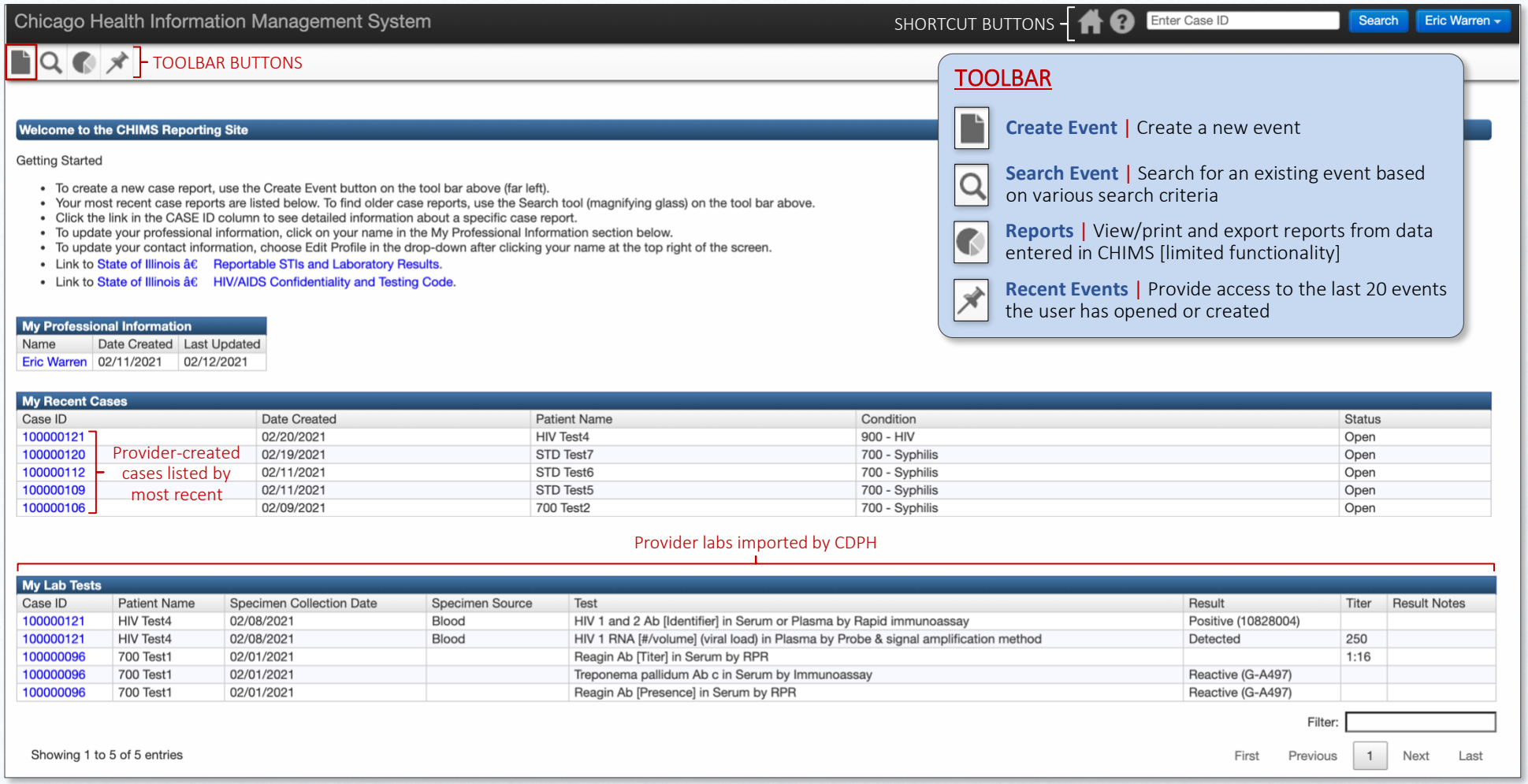


†*For more information regarding the requirements for mandated reporting of sexually transmitted infections [STIs] and HIV/AIDS in the State of Illinois, refer to the following websites:*
http://www.ilga.gov/commission/jcar/admincode/077/07700693sections.html [STIs]
https://www.ilga.gov/commission/jcar/admincode/077/07700697sections.html [HIV/AIDS]

‡*The Illinois Administrative Code defines a health care professional as a physician [MD or DO] licensed to practice medicine in all its branches, a licensed physician's assistant [PA], or a licensed advanced practice nurse [APN].*

CREATION OF NEW CONGENITAL SYPHILIS EVENT

- To begin the process of creating a new Congenital Syphilis event, click the Paper Icon.



SHORTCUT

Home | Depending on where the user was prior to using this button, it will either take the user back to the Dashboard Screen or to the patient's Event Summary Screen.

Help | Currently Not Functional

Enter Case ID Search

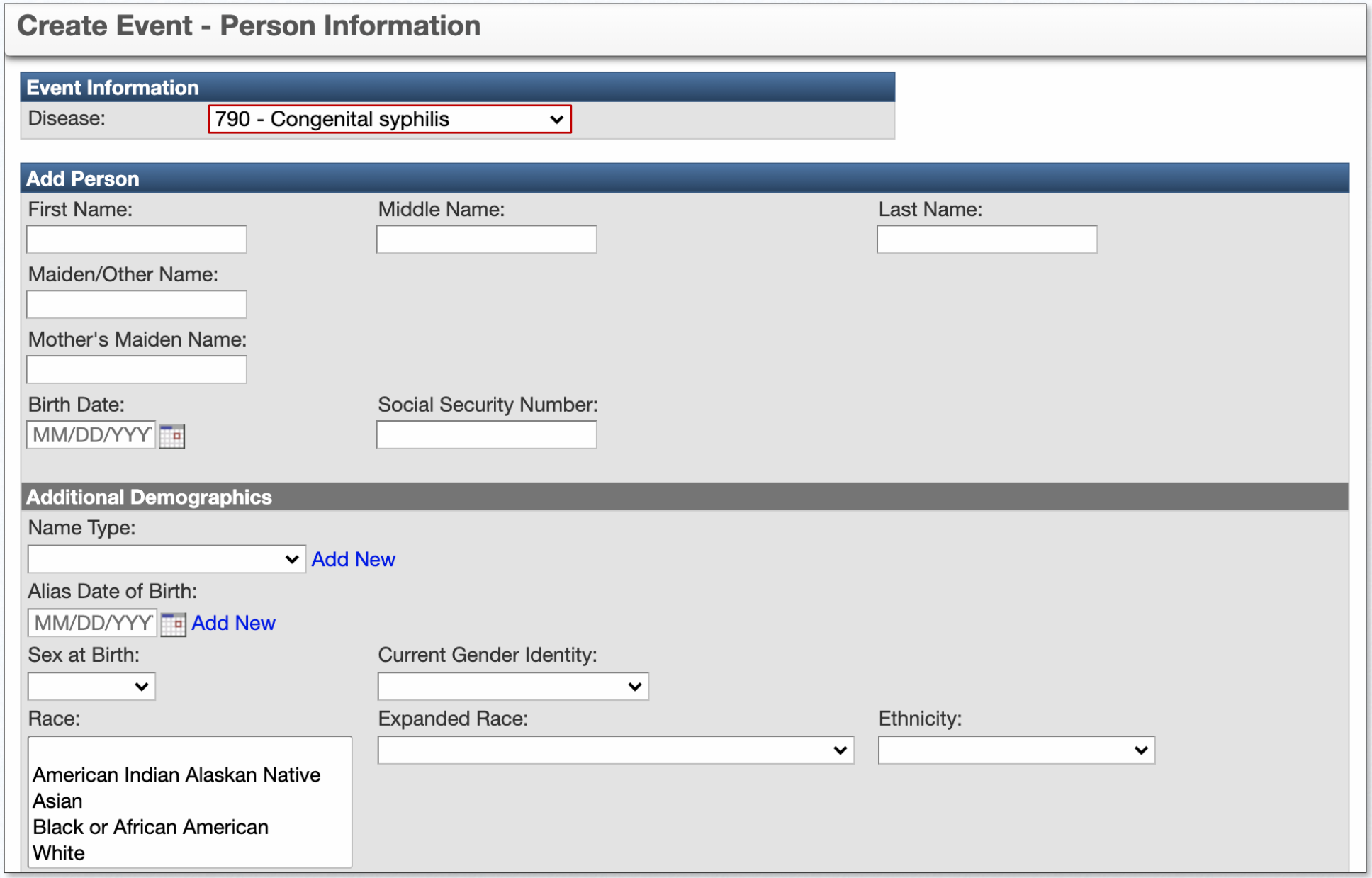
Search | Allows the user to quickly open an event by entering the Event ID. Users may also perform free-text searches.

Search provider external

Edit Profile

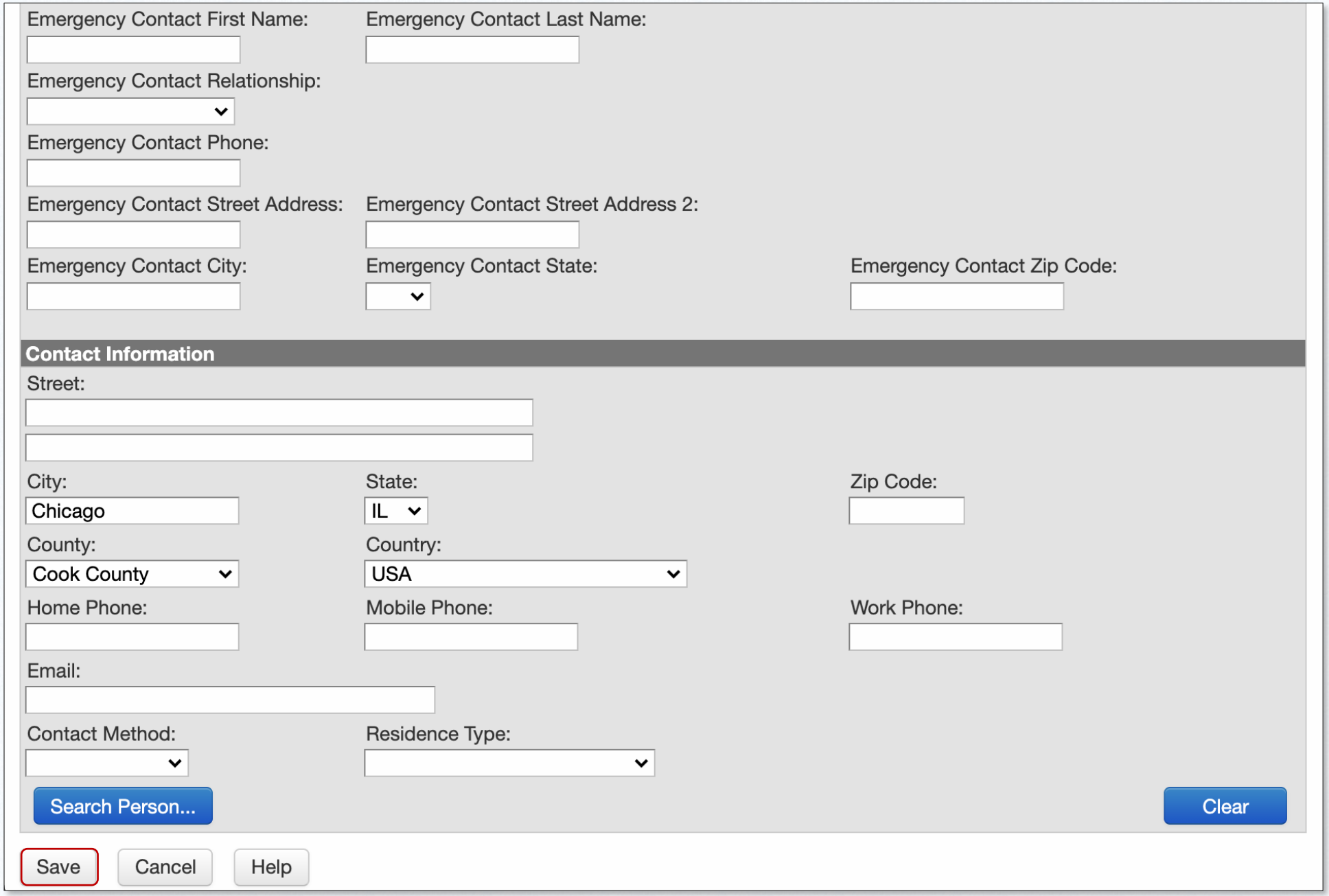
Administration | Allows the user to edit their profile or log out of the system.

- In the **Event Information** section, select 790 – Congenital Syphilis as the **Disease**.
  ATTENTION | Before continuing, click Search Person... at the bottom of the page to ensure that the person does not have a pre-existing event.
- Populate the fields for which you have information. Please ensure that you scroll down to view all of the fields.



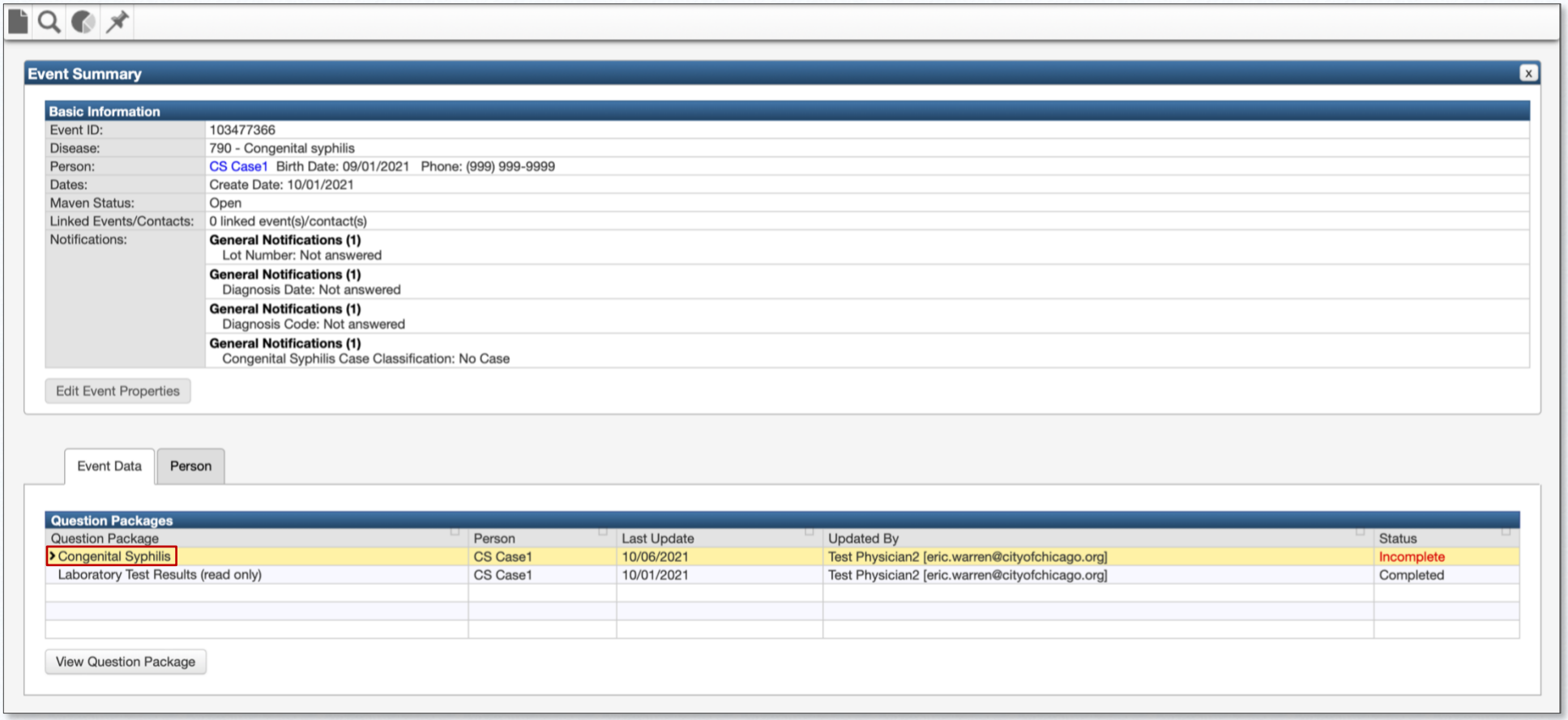
SCROLL DOWN TO CONTINUE DATA ENTRY

✶ Once all of the available information has been entered, click Save at the bottom of the screen.



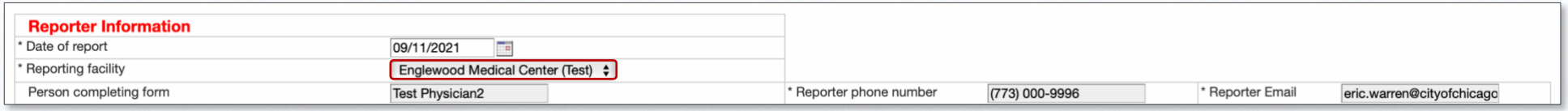
ENTERING CONGENITAL SYPHILIS CASE INFORMATION

- To begin the process of entering Congenital Syphilis case information, double click Congenital Syphilis.



SECTION 1 | Reporter Information

- Select a Reporting Facility from the dropdown list. The location information will automatically populate in the **Provider Information** section.



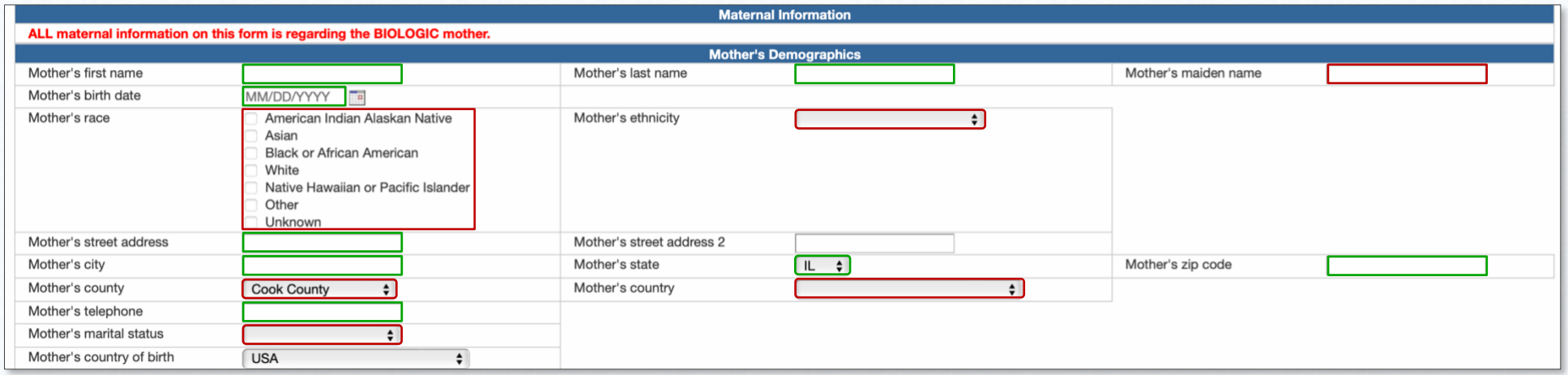
SECTION 2 | Provider Information

- Enter the Attending Clinician and the Reason for Visit.
- Select Testing Clinician, Treating Clinician, or both.

SECTION 3.1 | Maternal Information – Maternal Demographics

- Enter the following information for the Biologic Mother:
  - First Name
  - Last Name
  - Maiden Name [if known]
  - Birth Date
  - Race
  - Ethnicity
  - Street Address
  - City
  - ZIP Code
  - Country
  - Telephone
  - Marital Status [if known]

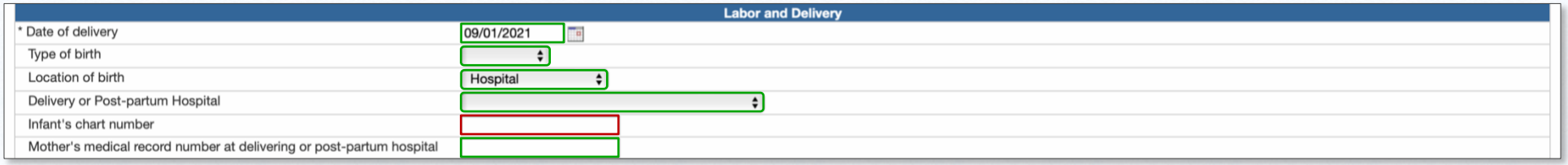
Note | The case report will be flagged as incomplete if the fields highlighted in Green are not populated.



SECTION 3.2 | Maternal Information – Labor and Delivery

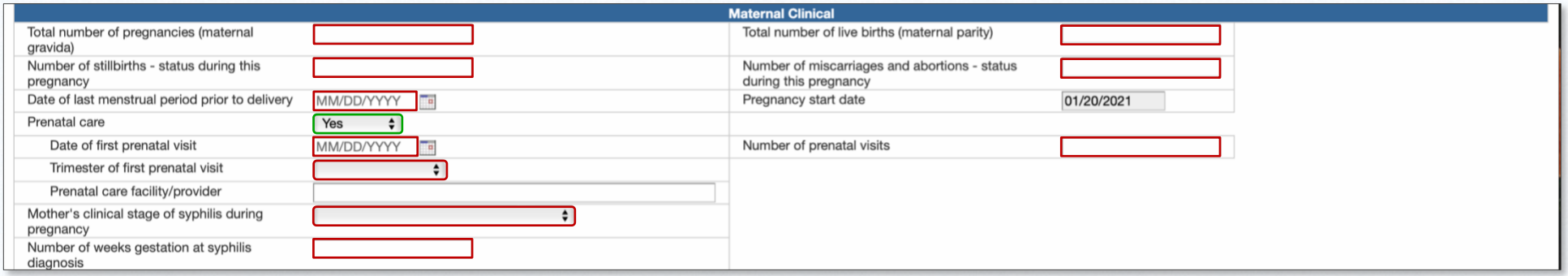
- Select the Type of Birth and Location of Birth.
- If Hospital or En Route to Hospital chosen, select the Delivery or Post-Partum Hospital from the dropdown list.
- Enter the Infant's Chart Number [if known] and the Mother's Medical Record Number.

  Note | The case report will be flagged as incomplete if the fields highlighted in Green are not populated.



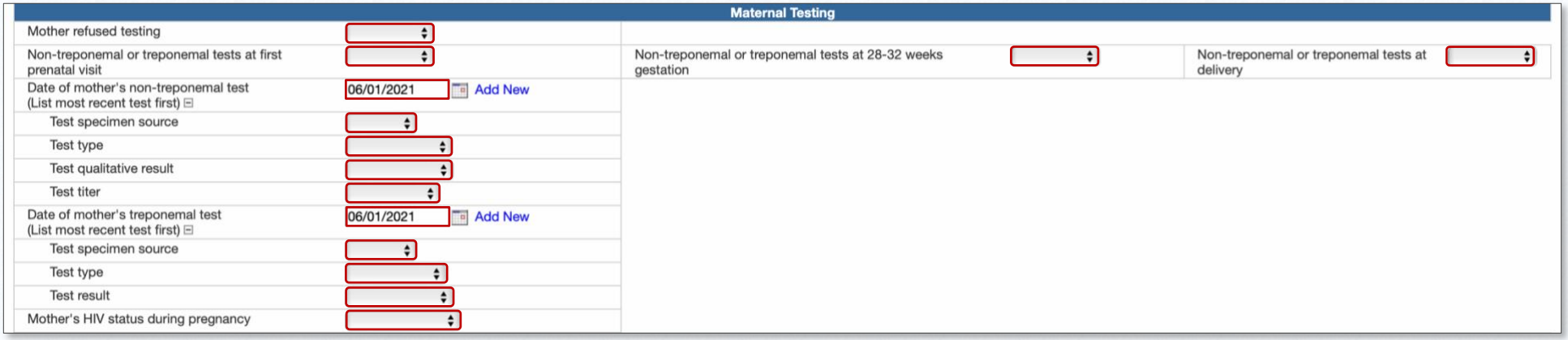
SECTION 3.3 | Maternal Information – Maternal Clinical

- Enter the Total Number of Pregnancies, Total Number of Live Births, Number of Stillbirths, and Number of Miscarriages/Abortions [if known].
- Enter the Date of Last Menstrual Period [if known].
- If the mother had prenatal care, select Yes for Prenatal Care, and enter the Date of First Prenatal Visit, Number of Prenatal Visits, Trimester of First Prenatal Visit, and Prenatal Care Facility/Provider [if known].
- Select the Mother's Clinical Stage of Syphilis During Pregnancy [if known].
- Enter the Number of Weeks Gestation at Syphilis Diagnosis [if known].



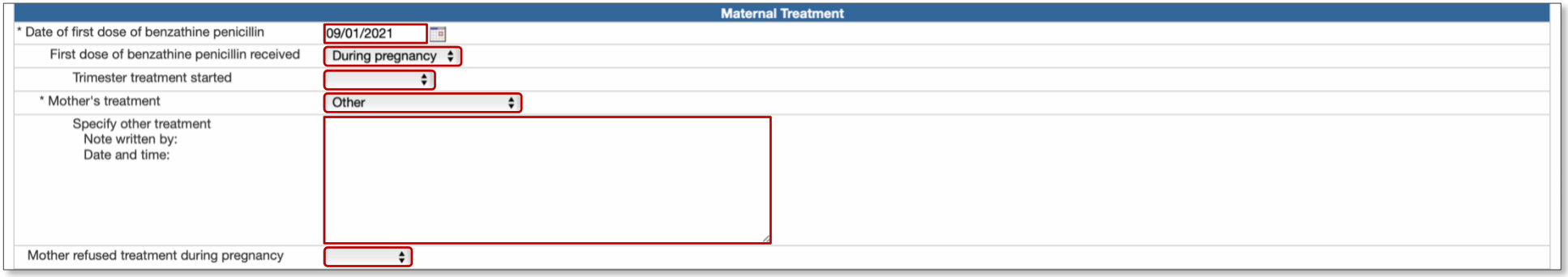
SECTION 3.4 | Maternal Information – Maternal Testing

- Indicate whether the Mother Refused Testing. If the mother did not refuse testing, indicate if the mother received Non-Treponemal or Treponemal Tests at:
  - First Prenatal Visit
  - 28-32 Weeks Gestation
  - Delivery
- If non-treponemal testing was conducted, indicate the Date of Mother's Non-Treponemal Test, as well as the Test Specimen Source, Test Type, Test Qualitative Result, and Test Titer. To add additional non-treponemal tests, click Add New.
- If treponemal testing was conducted, indicate the Date of Mother's Treponemal Test, as well as the Test Specimen Source, Test Type, and Test Result. To add additional treponemal tests, click Add New.
- Select the Mother's HIV Status During Pregnancy [if known].



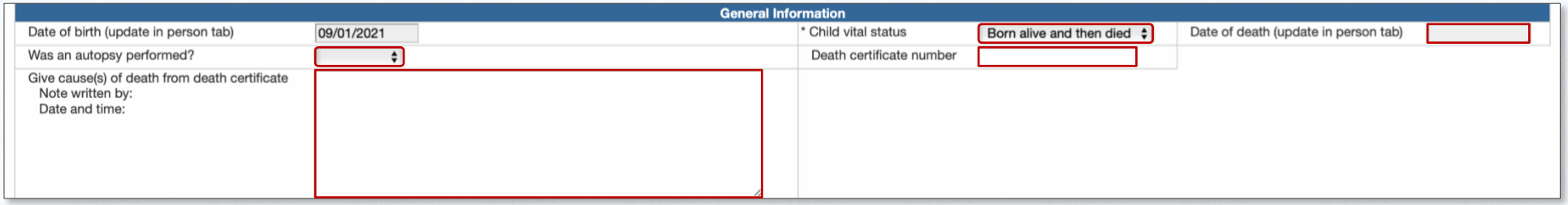
SECTION 3.5 | Maternal Information – Maternal Treatment

- If the mother received treatment, enter the Date of First Dose of Benzathine Penicillin [if known].
- Select when the First Dose of Benzathine Penicillin was Received. If the first dose was received during pregnancy, select the Trimester Treatment Started [if known].
- Select the Mother's Treatment. If the treatment was Other, enter information in the Specify Other Treatment field [if known].
- Indicate whether the Mother Refused Treatment During Pregnancy.



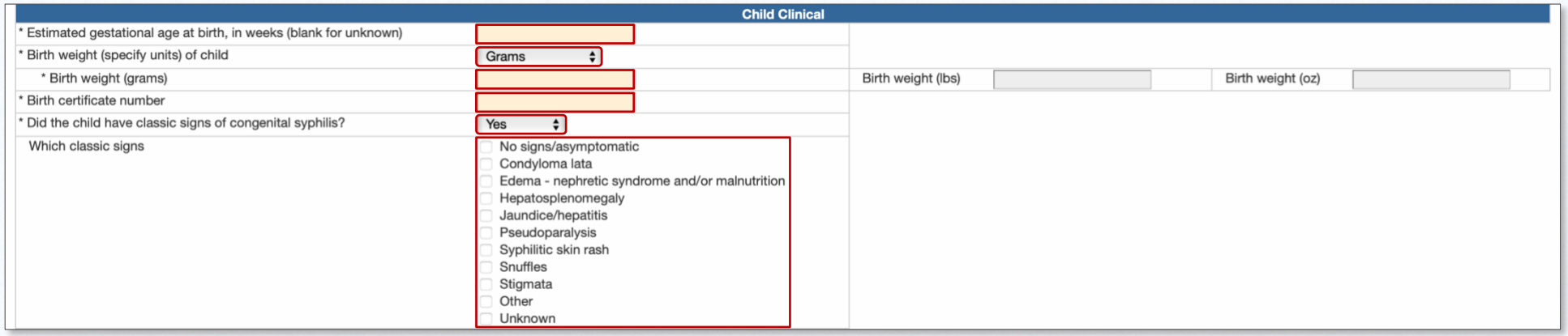
SECTION 4.1 | Child Information – General Information

- Select the Child Vital Status. If "Born Alive and Then Died" or "Stillbirth" is chosen, record the Date of Death in the Person tab.
- If there was a fetal demise, indicate whether an Autopsy Was Performed and enter the Death Certificate Number [if known].
- Enter any specific information in the Notes field.



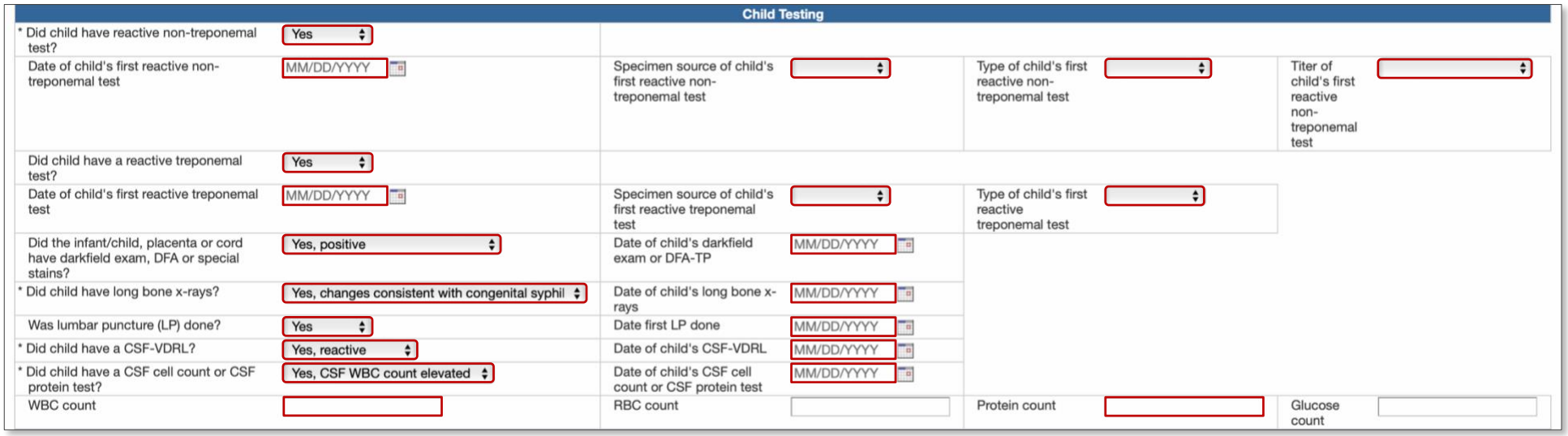
SECTION 4.2 | Child Information – Child Clinical

- Enter the Estimated Gestational Age at Birth [if known].
- Select the Birth Weight Units and enter the Birth Weight [if known].
- Enter the Birth Certificate Number [if known].
- If the Child Had Classic Signs of Congenital Syphilis, select Yes, and check Which Classic Signs.



SECTION 4.3 | Child Information – Child Testing

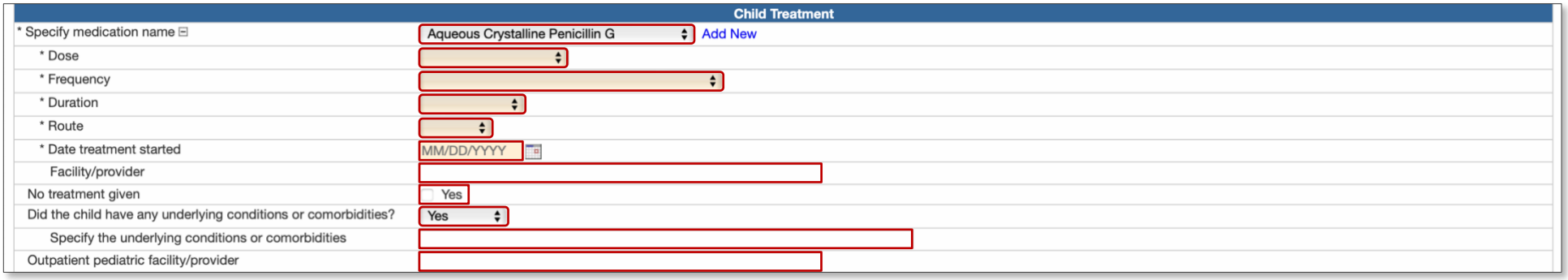
- If the Child Had a Reactive Non-Treponemal Test, select Yes, and enter the following:
  - Date of Child's First Reactive Non-Treponemal Test
  - Specimen Source
  - Type of Non-Treponemal Test
  - Titer of Non-Treponemal Test
- If the Child Had a Reactive Treponemal Test, select Yes, and enter the following:
  - Date of Child's First Reactive Treponemal Test
  - Specimen Source
  - Type of Treponemal Test
- If the child had any of the following tests or procedures, select Yes, and enter the Date of the test or procedure.
  - Placenta or Cord Darkfield Exam, DFA or Special Stains
  - Long Bone X-Rays
  - Lumbar Puncture [LP]
  - CSF-VDRL
  - CSF Cell Count or CSF Protein Tests
    - Enter the Quantitative Result[s] in the relevant field[s].



SECTION 4.4 | Child Information – Child Treatment

- If the child was treated, select the appropriate Medication Name from the dropdown list and complete the following fields:
  - Dose
  - Frequency
  - Duration
  - Route
  - Date Treatment Started
  - Facility/Provider
- If the child did not receive any treatment for congenital syphilis, check No Treatment Given.
- If the Child Has/Had Any Underlying Conditions or Comorbidities, select Yes, and enter in the Specify field.
- If an outpatient facility/provider is involved in the care and/or treatment of the child, enter information in the Outpatient Pediatric Facility/Provider field.

  Note | For more information about congenital syphilis treatments, refer to Appendices A-D and the following link: https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm

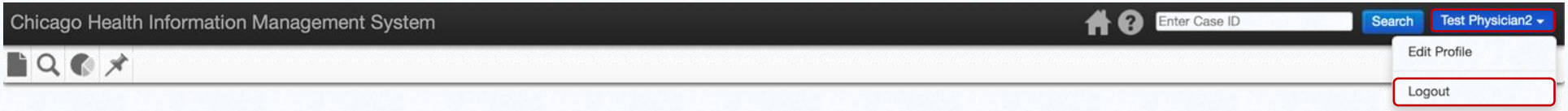


SUBMISSION OF CONGENITAL SYPHILIS CASE REPORT

- Once you have entered all available information and are ready to submit the Congenital Syphilis case report to the Chicago Department of Public Health:
  - Select Yes for Submit Now to the DPH?
  - Click Save.

LOGGING OUT OF THE CHIMS PROVIDER PORTAL

- To log out of the CHIMS Provider Portal:
  - Click your Username in blue.
  - Click Logout.



APPENDIX A | SCENARIO 1 – CONFIMED PROVEN OR HIGHLY PROBABLE CONGENITAL SYPHILIS

- Any neonate with:
  - an abnormal physical examination that is consistent with congenital syphilis; *OR*
  - a serum quantitative nontreponemal serologic titer that is fourfold [or greater] higher than the mother's titer at delivery [e.g., maternal titer = 1:2, neonatal titer ≥ 1:8 or maternal titer = 1:8, neonatal titer ≥ 1:32]; *OR*
  - a positive darkfield test or PCR of placenta, cord, lesions, or body fluids or a positive silver stain of the placenta or cord.

- Recommended Evaluation
  - CSF analysis for VDRL, cell count, and protein
  - Complete blood count [CBC] and differential and platelet count
  - Long-bone radiographs
  - Other tests as clinically indicated [e.g., chest radiograph, liver function tests, neuroimaging, ophthalmologic examination, and auditory brain stem response]

- Recommended Treatment Regimen
  - Aqueous crystalline penicillin G | 100,000-150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose by IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days; *OR*
  - Procaine penicillin G | 50,000 units/kg body weight/dose IM in a single daily dose for 10 days

If >1 day of therapy is missed, the entire course should be restarted. Data are insufficient regarding use of other antimicrobial agents [e.g., ampicillin]. When possible, a full 10-day course of penicillin is preferred, even if ampicillin was initially provided for possible sepsis. Using agents other than penicillin requires close serologic follow-up for assessing therapy adequacy.

APPENDIX B | SCENARIO 2 – POSSIBLE CONGENITAL SYPHILIS

- Any neonate who has a normal physical examination and a serum quantitative nontreponemal serologic titer equal to or less than fourfold of the maternal titer at delivery [e.g., maternal titer = 1:8, neonatal titer ≤ 1:16] and one of the following:
  - The mother was not treated, was inadequately treated, or has no documentation of having received treatment; *OR*
  - The mother was treated with erythromycin or a regimen other than those recommended in these guidelines [i.e., a nonpenicillin G regimen]; *OR*
  - The mother received the recommended regimen, but treatment was initiated < 30 days before delivery.

- Recommended Evaluation
  - CSF analysis for VDRL, cell count, and protein
  - CBC, differential, and platelet count
  - Long-bone radiographs

This evaluation is not necessary if a 10-day course of parenteral therapy is administered, although such evaluations might be useful. For instance, a lumbar puncture might document CSF abnormalities that would prompt close follow-up. Other tests [e.g., CBC, platelet count, and long-bone radiographs] can be performed to further support a diagnosis of congenital syphilis.

- Recommended Treatment Regimen
  - Aqueous crystalline penicillin G | 100,000-150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose by IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days; *OR*
  - Procaine penicillin G | 50,000 units/kg body weight/dose IM in a single daily dose for 10 days; *OR*
  - Benzathine penicillin G | 50,000 units/kg body weight/dose IM in a single dose

Before using the single-dose benzathine penicillin G regimen, the recommended evaluation [i.e., CSF examination, long-bone radiographs, and CBC with platelets] should be normal, and follow-up should be certain. If any part of the neonate's evaluation is abnormal or not performed, if the CSF analysis is uninterpretable because of contamination with blood, or if follow-up is uncertain, a 10-day course of penicillin G is required.

If the neonate's nontreponemal test is nonreactive and the provider determines that the mother's risk for untreated syphilis is low, treatment of the neonate with a single IM dose of benzathine penicillin G 50,000 units/kg body weight for possible incubating syphilis can be considered without an evaluation. Neonates born to mothers with untreated early syphilis at the time of delivery are at increased risk for congenital syphilis, and the 10-day course of penicillin G should be considered even if the neonate's nontreponemal test is nonreactive, the complete evaluation is normal, and follow-up is certain.

APPENDIX C | SCENARIO 3 – CONGENITAL SYPHILIS LESS LIKELY

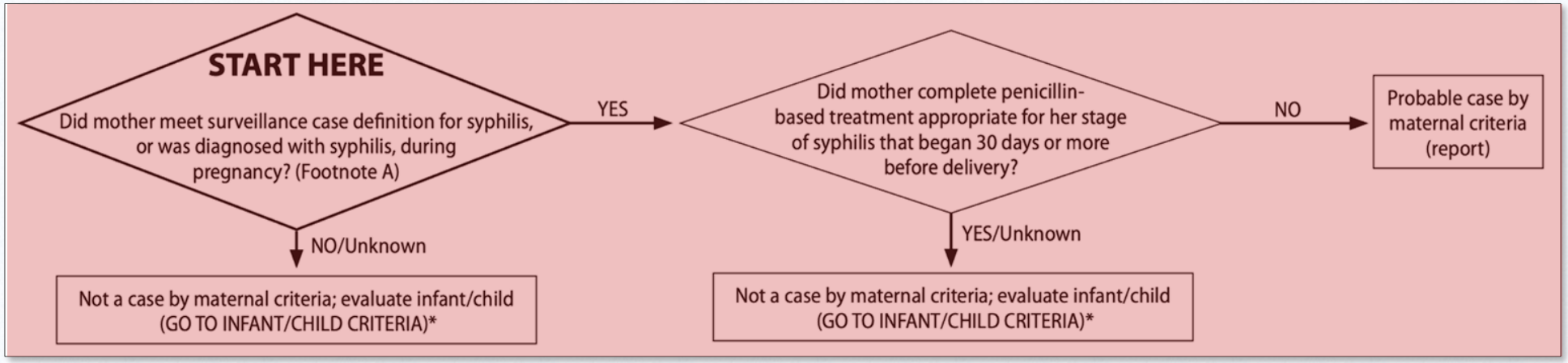
- Any neonate who has a normal physical examination and a serum quantitative nontreponemal serologic titer equal or less than fourfold of the maternal titer at delivery [e.g., maternal titer = 1:8, neonatal titer ≤ 1:16] and both of the following are true:
  - The mother was treated during pregnancy, treatment was appropriate for the infection stage, and the treatment regimen was initiated ≥ 30 days before delivery; *AND*
  - The mother has no evidence of reinfection or relapse.
- Recommended Evaluation
  - No evaluation is recommended.
- Recommended Treatment Regimen
  - Benzathine penicillin G | 50,000 units/kg body weight/dose IM in a single dose

Another approach involves not treating the newborn if follow-up is certain but providing close serologic follow-up every 2-3 months for 6 months for infants whose mothers' nontreponemal titers decreased at least fourfold after therapy for early syphilis or remained stable for low-titer, latent syphilis [e.g., VDRL < 1:2 or RPR < 1:4].

APPENDIX D | SCENARIO 4 – CONGENITAL SYPHILIS UNLIKELY

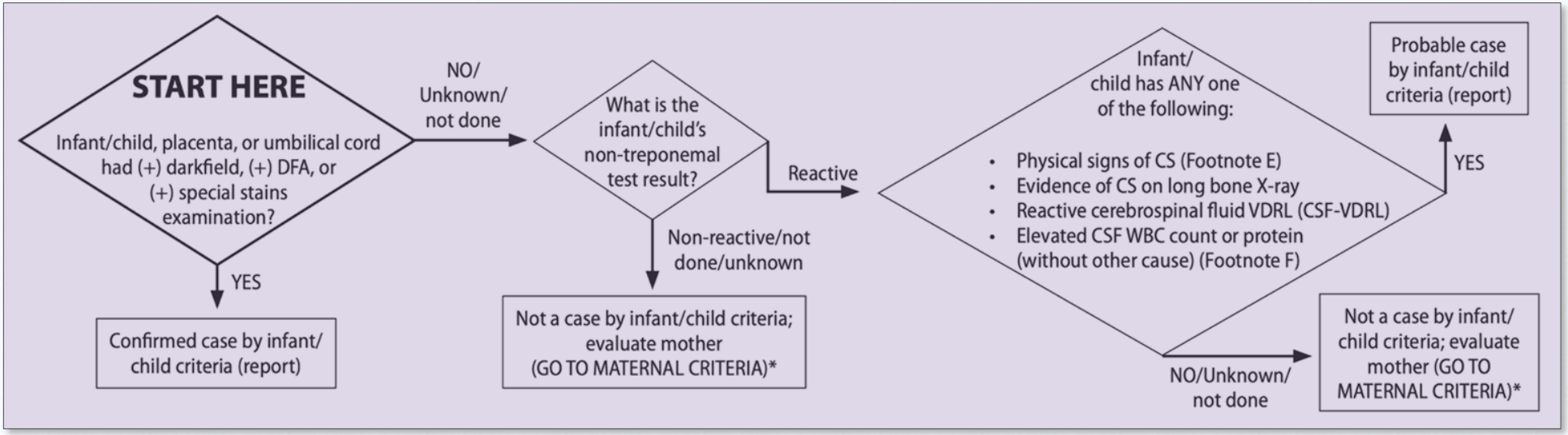
- Any neonate who has a normal physical examination and a serum quantitative nontreponemal serologic titer equal to or less than fourfold of the maternal titer at delivery and both of the following are true:
  - The mother's treatment was adequate before pregnancy; *AND*
  - The mother's nontreponemal serologic titer remained low and stable [i.e., serofast] before and during pregnancy and at delivery [e.g., VDRL ≤ 1:2 or RPR ≤ 1:4].
- Recommended Evaluation
  - No evaluation is recommended.
- Recommended Treatment Regimen
  - No treatment is required. However, any neonate with reactive nontreponemal tests should be followed serologically to ensure the nontreponemal test returns to negative [see Follow-Up]. Benzathine penicillin G 50,000 units/kg body weight as a single IM injection might be considered, particularly if follow-up is uncertain and the neonate has a reactive nontreponemal test.

APPENDIX E | MATERNAL CRITERIA TO REPORT CONGENITAL SYPHILIS



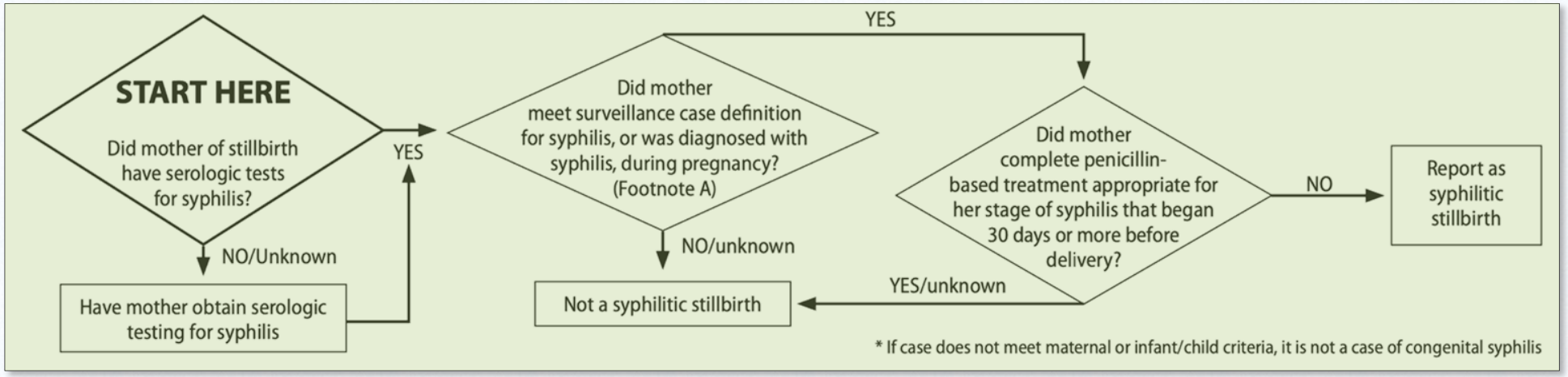
Footnote A — **Primary syphilis** is defined as a clinically compatible case with one or more ulcers [chancres] consistent with primary syphilis and a reactive serologic test. **Secondary syphilis** is defined as a clinically compatible case characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy, with a nontreponemal titer ≥ 1:4. Latent syphilis is the absence of clinical signs or symptoms of syphilis, with no past diagnosis or treatment, or past treatment but a fourfold or greater increase from the last nontreponemal titer. **Early latent syphilis** is defined as latent syphilis in a person who has evidence of being infected within the previous 12 months based on one or more of the following criteria: (1) documented seroconversion or fourfold or greater increase in nontreponemal titer during the previous 12 months, (2) a history of symptoms consistent with primary or secondary syphilis during the previous 12 months, (3) a history of sexual exposure to a partner who had confirmed or probable primary, secondary, or early latent syphilis [documented independently as duration < 1 year], or (4) reactive nontreponemal and treponemal tests where the only possible exposure occurred within the preceding 12 months. **Late latent syphilis** is defined as latent syphilis in a patient who has no evidence of being infected within the preceding 12 months. See *MMWR Recommendations and Reports 1997 May 2;46[RR-10]:1-55* for more information.

APPENDIX F | INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



Footnote F — Cerebrospinal fluid [CSF] white blood cell [WBC] count and protein vary with gestational age. During the first 30 days of life, a CSF WBC count of > 15 WBC/mL or a CSF protein > 120 mg/dL is abnormal. After the first 30 days of life, a CSF WBC count of > 5 WBC/mL or a CSF protein > 40 mg/dL is abnormal, regardless of CSF serology.

APPENDIX G | CRITERIA TO REPORT SYPHILITIC STILLBIRTH



Footnote A — **Primary syphilis** is defined as a clinically compatible case with one or more ulcers [chancres] consistent with primary syphilis and a reactive serologic test. **Secondary syphilis** is defined as a clinically compatible case characterized by localized or diffuse mucocutaneous lesions, often with generalized lymphadenopathy, with a nontreponemal titer ≥ 1:4. Latent syphilis is the absence of clinical signs or symptoms of syphilis, with no past diagnosis or treatment, or past treatment but a fourfold or greater increase from the last nontreponemal titer. **Early latent syphilis** is defined as latent syphilis in a person who has evidence of being infected within the previous 12 months based on one or more of the following criteria: (1) documented seroconversion or fourfold or greater increase in nontreponemal titer during the previous 12 months, (2) a history of symptoms consistent with primary or secondary syphilis during the previous 12 months, (3) a history of sexual exposure to a partner who had confirmed or probable primary, secondary, or early latent syphilis [documented independently as duration < 1 year], or (4) reactive nontreponemal and treponemal tests where the only possible exposure occurred within the preceding 12 months. **Late latent syphilis** is defined as latent syphilis in a patient who has no evidence of being infected within the preceding 12 months.
See *MMWR Recommendations and Reports 1997 May 2;46[RR-10]:1-55* for more information.

APPENDIX H | PROVIDER NOTIFICATION EMAIL FOR INCOMPLETE CONGENITAL SYPHILIS CASE REPORT

Incomplete Congenital Syphilis Report in CHIMS

chims@cityofchicago.org <chims@cityofchicago.org> Today at 7:09 PM

To: Eric Warren

10/02/2021
Englewood Medical Center (Test)

Dear Test Physician2,

Thank you for submitting a recent congenital syphilis case report in CHIMS (Chicago Health Information Management System). Per Illinois Administrative Code, sexually transmitted infections (STIs) must be reported within seven (7) days and should include information such as demographics, diagnosis, and treatment. For information regarding STI reporting and prenatal syphilis testing in Illinois, please refer to the following:

- STI Reporting (410 ILCS 325): https://www.ilga.gov/commission/jcar/admincode/077/07700693sections.html
- Prenatal Syphilis Act (410 ILCS 320): https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1553&ChapterID=35

For more information regarding congenital syphilis, prenatal testing, and recommended treatments, please refer to the following sites:

- Congenital Syphilis Fact Sheet (CDC): https://www.cdc.gov/std/tg2015/congenital.htm
- Congenital Syphilis Treatment Guidelines (CDC): https://www.cdc.gov/std/tg2015/congenital.htm
- Chicago Health Alert Network (HAN): https://www.chicagohan.org/congenitalsyphilis

Your efforts to provide complete and accurate congenital syphilis case report information are critical, as these reports serve many vital public health purposes, including monitoring trends in disease morbidity, targeting public health prevention efforts, etc.

Your recently submitted report is missing some important information. Please see below for more details. ("X" indicates missing or incomplete data):

CHIMS Event ID (last four digits): xxxxx7366

Data Field	Missing Value (X)
Mother's First Name	
Mother's Last Name	
Mother's Birth Date	X
Mother's Street Address	X
Mother's City	X
Mother's State	
Mother's ZIP Code	X
Mother's Telephone	X
Date of Delivery	
Type of Birth	X
Location of Birth	X
Delivery Hospital	X
Mother's medical record number at delivering hospital	X
Prenatal care	

Please login to the CHIMS Provider Portal (https://chims.cityofchicago.org/maven/login.do) to update and save your report with the additional information. If you have questions regarding congenital syphilis case reporting or the contents of the message, please email chims@cityofchicago.org.

APPENDIX I | CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM TERMS AND CONDITIONS OF USE

The Chicago Health Information Management System [CHIMS] and related services are provided subject to your compliance with the Terms and Conditions set forth below. Please read the following information carefully. If you do not agree to be bound by the terms and conditions, promptly exit this application.

This AGREEMENT is entered into by and between the Chicago Department of Public Health [CDPH] and you, the User of the Department's Health Information Management System.

1. Applicability § This Agreement states certain terms that apply to User's access to CHIMS. User agrees to comply with, and be bound by, this Agreement, and to use CHIMS only for the purposes for which it is intended. CDPH may revise these Terms and Conditions at any time without notice. User's continued use of CHIMS after the Terms and Conditions are changed indicates User's acceptance of those new Terms and Conditions.

2. Privacy and Confidentiality of Identifiable Personal Information § CDPH and the organizations and individuals that use CHIMS are required by law to protect the privacy and security of the identifiable personal information [personal data] in CHIMS. CDPH reserves the right to exercise complete control over the access, use, disclosure, and disposition of the personal data in CHIMS. User agrees to use all personal data in compliance with this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data.

3. Unauthorized Access: User Responsibilities § User agrees: [a] to use its best efforts and to take all steps reasonably necessary to prevent unauthorized access to, use of, or disclosure of personal data; [b] to notify CDPH both orally and in writing as soon as possible about any unauthorized access to, use of, or disclosure of personal data, and [c] to take such measures, in consultation with CDPH, as are reasonably necessary to mitigate or address any unauthorized access to, use of, or disclosure of personal data. None of the foregoing shall be construed to waive any rights or remedies that CDPH possesses in the event of unauthorized access to, use of, or disclosure of personal data.

4. Use of Personal Data within User's Organization § User is responsible for limiting access to personal data obtained from the CHIMS to those employees, contractors, and agents that need such information in furtherance of a legitimate business purpose related to the CHIMS, and that are allowed by law to access such information. User is responsible for ensuring that its employees, contractors, and agents that use personal data produced by or associated with the CHIMS are aware of, and comply with, the applicable provisions of this Agreement, and all other applicable state and federal laws concerning the confidentiality of personal data. User is responsible for the acts or omissions of its employees, contractors, and agents.

5. User IDs and Passwords § User IDs and passwords will only be granted at the direction of CDPH. User's assigned ID and password are non-transferable and may not be shared with any other employee or individual.

6. Termination of Access § CDPH may terminate any User's or authorized user's right to access CHIMS at any time, with or without cause, without notice and without penalty. None of the foregoing shall be construed: [1] to relieve User of any of the responsibilities imposed by this Agreement or by applicable law; or [2] to waive any rights or remedies that CDPH possesses in the event of unauthorized access to or use of CHIMS.

7. Governing Law § Any actions arising out of User's access to CHIMS shall be governed by the laws of Illinois and shall be brought and maintained in a state or federal court in Illinois which shall have exclusive jurisdiction thereof.

CDPH
Chicago Department of Public Health