

CONGENITAL SYPHILIS CASE INVESTIGATION WORKSHEET

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PART I: MOTHER'S INFORMATION

1. Mother's Name: _____ 2. Medical Record Number: _____
 3. Street Address: _____ 4. Zip Code: _____ 5. Telephone Number: (____) _____
 6. Delivery Hospital: _____ 7. Mother's Physician: _____ 8. Physician's Telephone Number: (____) _____
 9. Mother's Date of Birth: ___/___/___ Unk 10. Mother's Age: _____ 11. Mother's obstetric history: G ____ P ____ (G=pregnancies, P=live births)
 12. Race: American Indian/Alaskan Native Black White 13. Ethnicity: Hispanic/Latino Unk
 Asian Native Hawaiian/Other Pacific Islander Other/Unk Non-Hispanic/Latino
 14. Marital Status: Single, never married Separated/Divorced Other 15. Last Menstrual Period (LMP) Before Delivery: ___/___/___ Unk
 Married Widow Unk
 16. Did the mother have prenatal care? Yes No Unk 17. a) Date of First Prenatal Care Visit: ___/___/___ Unk
 b) Indicate trimester of first prenatal visit: 1st 2nd 3rd Unk
 18. Number of Prenatal Visits: _____ Unk 19. Prenatal Provider: _____
 20. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? Y N Unk b) 28-32 weeks gestation? Y N Unk
 c) at delivery, or within 3 days of delivery? Y N Unk (if no or unk, go to Q23)

21. Indicate dates and results of a) first and b) most recent non-treponemal tests during pregnancy and delivery:

Date	Results	Titer
a. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive (NR) <input type="checkbox"/> Unk		1: _____
b. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive (NR) <input type="checkbox"/> Unk		1: _____

22. Indicate dates and results of a) first and b) most recent treponemal tests during pregnancy:

Date	Test Type	Results
a. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> EIA or CLIA <input type="checkbox"/> Other <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive (NR) <input type="checkbox"/> Unk	<input type="checkbox"/> TP-PA <input type="checkbox"/> Unk	
b. ___/___/___ <input type="checkbox"/> Unk <input type="checkbox"/> EIA or CLIA <input type="checkbox"/> Other <input type="checkbox"/> Reactive <input type="checkbox"/> Nonreactive (NR) <input type="checkbox"/> Unk	<input type="checkbox"/> TP-PA <input type="checkbox"/> Unk	

23. Did mother have a confirmatory treponemal test result (e.g. FTA-ABS or TP-PA)?
 Yes, reactive No test
 Yes, nonreactive Unknown
22. 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
24. What was mother's HIV status during pregnancy?
 Positive Negative Equivocal test Not tested Unk
25. Mother's Stage of syphilis during pregnancy?
 Primary Secondary Early latent Late or late latent
 Previously treated/serofast Other Unk

26. Before this delivery, when was mother last treated for Syphilis?
 Before pregnancy Less than 30 days before delivery
 During pregnancy No treatment Unk
27. a) If treated, first dose of treatment course most recent to delivery: Date began
 Benzathine PCN (Bicillin) 2.4 million units IM ___/___/___
 Benzathine PCN (Bicillin) 4.8 million units IM ___/___/___
 Benzathine PCN (Bicillin) 7.2 million units IM ___/___/___
 Erythromycin 500 mg po QID x 2 weeks ___/___/___
 Tetracycline 500 mg po QID x 2 weeks ___/___/___
 Doxycycline 100 mg po BID x 2 weeks ___/___/___
28. Mother's Toxicology Results: Positive Negative Unk
 If positive, Results: _____
29. Any signs or symptoms of Syphilis? Yes No Unk
 If yes, specify: _____
- b) Indicate trimester Mother received first dose of treatment:
 1st 2nd 3rd Before pregnancy No Treatment Unk

Part II. INFANT'S INFORMATION

30. Infant/Child's Name: _____ 31. Medical Record Number: _____ 32. Gender: Male Female Unknown
 33. Date of Delivery ___/___/___ Unk 34. Vital Status: Alive Born Alive, then died Stillborn Unknown
 35. If Died, Date of Death: ___/___/___ Unk 36. Physician: _____ 37. Physician's Telephone Number: (____) _____
 38. Birth Weight (in grams): _____ Unk 39. Estimated Gestational Age (in weeks): _____ Unk
 40. Infant's Toxicology Results: Positive Negative Unk If positive, Results: _____
 41. Did infant/child have a reactive non-treponemal test for syphilis? Yes No Unk 42. If yes, date of first reactive test? ___/___/___ Unk 43. Titer: 1: _____
 44. Any Signs of CS in Infant or Child < 2 Years of Age: Yes No, asymptomatic Unk
 If yes: Condyloma Lata Edema (nephrotic syndrome and/or malnutrition) Snuffles Pseudoparalysis
 Hepatosplenomegaly Syphilitic Skin Rash Syphilitic Hepatitis None

45. Infant/Child Evaluation:

TEST	DATE	RESULT	TEST	DATE	RESULT
<input type="checkbox"/> Long Bone X-Rays	___/___/___		<input type="checkbox"/> Treponemal (FTA, MHA, or EIA)	___/___/___	
<input type="checkbox"/> CSF-WBC Count/Protein	___/___/___		<input type="checkbox"/> Darkfield Exam of Lesions	___/___/___	
<input type="checkbox"/> CSF-VDRL	___/___/___				

46. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? Yes, positive Yes, negative No test No lesions or tissue to test Unk
 47. Was infant treated? Yes No

If yes:	TREATMENT	DATE	TREATMENT	DATE
<input type="checkbox"/> Yes, Aqueous or Procaine Penicillin for 10 Days		___/___/___	<input type="checkbox"/> Yes, Benzathine Penicillin IM x1 Dose	___/___/___
<input type="checkbox"/> Yes, with other treatment		___/___/___	<input type="checkbox"/> No treatment	___/___/___