

# 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: ☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ 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

24. 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

25. What was mother's HIV status during pregnancy?  
☐ Positive ☐ Negative ☐ Equivocal test ☐ Not tested ☐ Unk

26. Mother's Clinical Stage of syphilis during pregnancy?  
☐ Primary ☐ Secondary ☐ Early latent ☐ Late or late latent  
☐ Previously treated/serofast ☐ Other ☐ Unk

27. Before this delivery, when was mother last treated for Syphilis?  
☐ Before pregnancy ☐ Less than 30 days before delivery  
☐ During pregnancy ☐ No treatment ☐ Unk

28. 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

29. Mother's Toxicology Results: ☐ Positive ☐ Negative ☐ Unk  
If positive, Results: \_\_\_\_\_

30. Any signs or symptoms of Syphilis? ☐ Yes ☐ No ☐ Unk  
If yes, specify: \_\_\_\_\_

b) Indicate trimester Mother received first dose of treatment:  
☐ 1<sup>st</sup> ☐ 2<sup>nd</sup> ☐ 3<sup>rd</sup> ☐ Before pregnancy ☐ No Treatment ☐ Unk

## Part II. INFANT'S INFORMATION

31. Infant/Child's Name: \_\_\_\_\_ 32. Medical Record Number: \_\_\_\_\_ 33. Gender: ☐ Male ☐ Female ☐ Unknown

34. Date of Delivery \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Unk 35. Vital Status: ☐ Alive ☐ Born Alive, then died ☐ Stillborn ☐ Unknown

36. If Died, Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Unk 37. Physician: \_\_\_\_\_ 38. Physician's Telephone Number: (\_\_\_\_) \_\_\_\_\_

39. Birth Weight (in grams): \_\_\_\_\_ ☐ Unk 40. Estimated Gestational Age (in weeks): \_\_\_\_\_ ☐ Unk

41. Infant's Toxicology Results: ☐ Positive ☐ Negative ☐ Unk If positive, Results: \_\_\_\_\_

42. Did infant/child have a reactive non-treponemal test for syphilis? ☐ Yes ☐ No ☐ Unk 43. If yes, date of first reactive test? \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Unk 44. Titer: 1:\_\_\_\_\_

45. 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

46. 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	____/____/____		<input type="checkbox"/> Darkfield Exam of Lesions	____/____/____	
<input type="checkbox"/> Count/Protein	____/____/____				
<input type="checkbox"/> CSF-VDRL	____/____/____				

47. 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

48. 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	____/____/____

