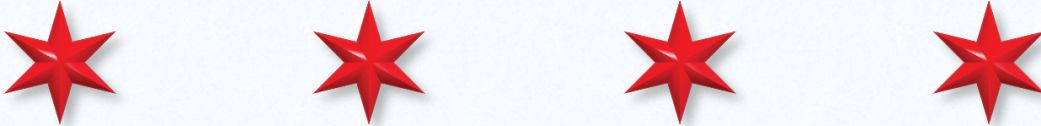


CHIMS | ELECTRONIC CONGENITAL SYPHILIS CASE REPORTING

DECEMBER 2023



CHICAGO HEALTH INFORMATION MANAGEMENT SYSTEM



Brandon Johnson
Mayor



Olusimbo Ige, MD, MPH
Commissioner

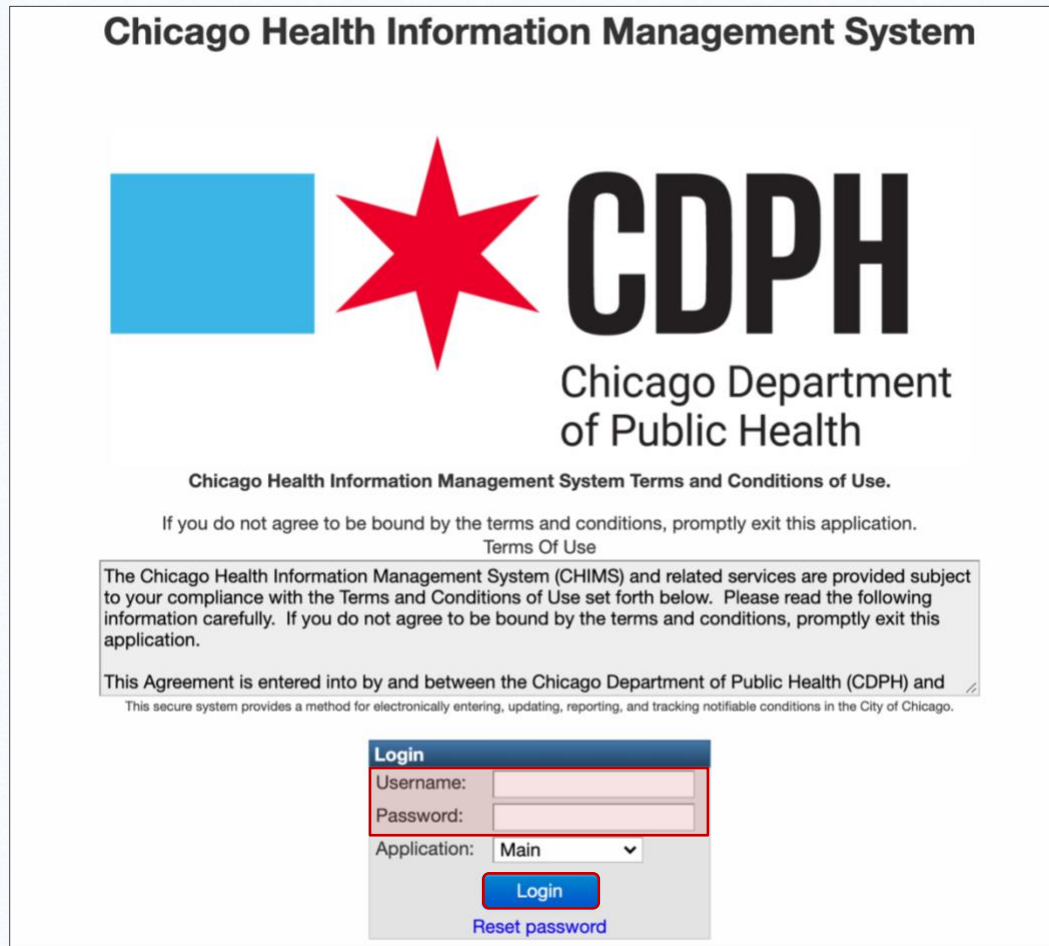
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CHIMS [Chicago Health Information Management System] is an electronic surveillance system utilized by the Chicago Department of Public Health [CDPH] for the mandated[†] case reporting of sexually transmitted infections [STIs] and HIV/AIDS by Chicago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



Chicago Health Information Management System

 **CDPH**
Chicago Department of Public Health

Chicago Health Information Management System Terms and Conditions of Use.

If you do not agree to be bound by the terms and conditions, promptly exit this application.
Terms Of Use

The Chicago Health Information Management System (CHIMS) and related services are provided subject to your compliance with the Terms and Conditions of Use 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
This secure system provides a method for electronically entering, updating, reporting, and tracking notifiable conditions in the City of Chicago.

Login

Username:

Password:

Application: Main

[Reset password](#)

[†]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.ilqa.gov/commission/icar/admincode/077/07700693sections.html> [STIs]
<https://www.ilqa.gov/commission/icar/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**.

Chicago Health Information Management System SHORTCUT BUTTONS [Home ? Enter Case ID Search Eric Warren]

TOOLBAR BUTTONS [Paper Icon Search Reports Recent Events]

Welcome to the CHIMS Reporting Site

Getting Started

- To create a new case report, use the Create Event button on the tool bar above (far left).
- Your most recent case reports are listed below. To find older case reports, use the Search tool (magnifying glass) on the tool bar above.
- Click the link in the CASE ID column to see detailed information about a specific case report.
- To update your professional information, click on your name in the My Professional Information section below.
- To update your contact information, choose Edit Profile in the drop-down after clicking your name at the top right of the screen.
- Link to [State of Illinois â€ Reportable STIs and Laboratory Results](#).
- Link to [State of Illinois â€ HIV/AIDS Confidentiality and Testing Code](#).

My Professional Information

Name	Date Created	Last Updated
Eric Warren	02/11/2021	02/12/2021

Provider-created cases listed by most recent

My Recent Cases

Case ID	Date Created	Patient Name	Condition	Status
100000121	02/20/2021	HIV Test4	900 - HIV	Open
100000120	02/19/2021	STD Test7	700 - Syphilis	Open
100000112	02/11/2021	STD Test6	700 - Syphilis	Open
100000109	02/11/2021	STD Test5	700 - Syphilis	Open
100000106	02/09/2021	700 Test2	700 - Syphilis	Open

Provider labs imported by CDPH

My Lab Tests

Case ID	Patient Name	Specimen Collection Date	Specimen Source	Test	Result	Titer	Result Notes
100000121	HIV Test4	02/08/2021	Blood	HIV 1 and 2 Ab [Identifier] in Serum or Plasma by Rapid immunoassay	Positive (10828004)		
100000121	HIV Test4	02/08/2021	Blood	HIV 1 RNA [# /volume] (viral load) in Plasma by Probe & signal amplification method	Detected	250	
100000096	700 Test1	02/01/2021		Reagin Ab [Titer] in Serum by RPR		1:16	
100000096	700 Test1	02/01/2021		Treponema pallidum Ab c in Serum by Immunoassay	Reactive (G-A497)		
100000096	700 Test1	02/01/2021		Reagin Ab [Presence] in Serum by RPR	Reactive (G-A497)		

Filter:

Showing 1 to 5 of 5 entries First Previous **1** Next Last

TOOLBAR BUTTONS

- Create Event** | Create a new event.
- Search Event** | Search for an existing event based on various search criteria.
- Reports** | View/print and export reports from data entered in CHIMS [limited functionality].
- Recent Events** | Provide access to the last 20 events the user has opened or created.

SHORTCUT BUTTONS

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

Search **provider external** [v]

Edit Profile

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

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

★ 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.

Create Event - Person Information

Event Information

Disease: 790 - Congenital syphilis ▼

Add Person

First Name:

Middle Name:

Last Name:

Maiden/Other Name:

Mother's Maiden Name:

Birth Date:

Social Security Number:

Additional Demographics

Name Type:

 ▼ [Add New](#)

Alias Date of Birth:

  [Add New](#)

Sex at Birth:

 ▼

Current Gender Identity:

 ▼

Race:

American Indian Alaskan Native
Asian
Black or African American
White

Expanded Race:

 ▼

Ethnicity:

 ▼

⬇️ SCROLL DOWN TO CONTINUE DATA ENTRY ⬇️

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

Emergency Contact First Name:	Emergency Contact Last Name:	
<input type="text"/>	<input type="text"/>	
Emergency Contact Relationship:		
<input type="text" value="▼"/>		
Emergency Contact Phone:		
<input type="text"/>		
Emergency Contact Street Address:	Emergency Contact Street Address 2:	
<input type="text"/>	<input type="text"/>	
Emergency Contact City:	Emergency Contact State:	Emergency Contact Zip Code:
<input type="text"/>	<input type="text" value="▼"/>	<input type="text"/>

Contact Information

Street:

City: State: Zip Code:

County: Country:

Home Phone: Mobile Phone: Work Phone:

Email:

Contact Method: Residence Type:

ENTERING CONGENITAL SYPHILIS CASE INFORMATION

★ To begin the process of entering Congenital Syphilis case information, double click [Congenital Syphilis](#).

Event Summary x

Basic Information	
Event ID:	103477366
Disease:	790 - Congenital syphilis
Person:	CS Case1 Birth Date: 09/01/2021 Phone: (999) 999-9999
Dates:	Create Date: 10/01/2021
Maven Status:	Open
Linked Events/Contacts:	0 linked event(s)/contact(s)
Notifications:	General Notifications (1) Lot Number: Not answered
	General Notifications (1) Diagnosis Date: Not answered
	General Notifications (1) Diagnosis Code: Not answered
	General Notifications (1) Congenital Syphilis Case Classification: No Case

Edit Event Properties

Event Data
Person

Question Packages					
Question Package	Person	Last Update	Updated By	Status	
▶ Congenital Syphilis	CS Case1	10/06/2021	Test Physician2 [eric.warren@cityofchicago.org]	Incomplete	
Laboratory Test Results (read only)	CS Case1	10/01/2021	Test Physician2 [eric.warren@cityofchicago.org]	Completed	

View Question Package

SECTION 1 | Reporter Information

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

Reporter Information			
* Date of report	09/11/2021		
* Reporting facility	Englewood Medical Center (Test)	If Reporting Facility is not populated, you will NOT be able to submit your case report to CDPH.	
Person completing form	Test Physician2	* Reporter phone number	(773) 000-9996
		* Reporter Email	eric.warren@cityofchicago

SECTION 2 | Provider Information

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

Provider Information			
* Attending clinician		Department/clinic	
Clinician Phone Number	(312) 747-8900	Alt. phone	
* Street address	641 W 63RD St	Street address 2	Lower Level
* City	Chicago	State	IL
* Reason for visit		* ZIP code	60621
* Testing or treating clinician	Testing Treating		

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.

Maternal Information			
ALL maternal information on this form is regarding the BIOLOGIC mother.			
Mother's Demographics			
Mother's first name		Mother's last name	
Mother's birth date	MM/DD/YYYY	Mother's maiden name	
Mother's race	<input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Mother's ethnicity	
Mother's street address		Mother's street address 2	
Mother's city		Mother's state	IL
Mother's county	Cook County	Mother's zip code	
Mother's telephone		Mother's country	
Mother's marital status			
Mother's country of birth	USA		

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.

Labor and Delivery	
* Date of delivery	09/01/2021
Type of birth	
Location of birth	Hospital
Delivery or Post-partum Hospital	
Infant's chart number	
Mother's medical record number at delivering or post-partum hospital	

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].

Maternal Clinical			
Total number of pregnancies (maternal gravida)		Total number of live births (maternal parity)	
Number of stillbirths - status during this pregnancy		Number of miscarriages and abortions - status during this pregnancy	
Date of last menstrual period prior to delivery	MM/DD/YYYY	Pregnancy start date	01/20/2021
Prenatal care	Yes		
Date of first prenatal visit	MM/DD/YYYY	Number of prenatal visits	
Trimester of first prenatal visit			
Prenatal care facility/provider			
Mother's clinical stage of syphilis during pregnancy			
Number of weeks gestation at syphilis diagnosis			

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].

Maternal Testing			
Mother refused testing	<input type="text"/>		
Non-treponemal or treponemal tests at first prenatal visit	<input type="text"/>	Non-treponemal or treponemal tests at 28-32 weeks gestation	<input type="text"/>
			Non-treponemal or treponemal tests at delivery <input type="text"/>
Date of mother's non-treponemal test (List most recent test first)	<input type="text" value="06/01/2021"/> Add New		
Test specimen source	<input type="text"/>		
Test type	<input type="text"/>		
Test qualitative result	<input type="text"/>		
Test titer	<input type="text"/>		
Date of mother's treponemal test (List most recent test first)	<input type="text" value="06/01/2021"/> Add New		
Test specimen source	<input type="text"/>		
Test type	<input type="text"/>		
Test result	<input type="text"/>		
Mother's HIV status during pregnancy	<input type="text"/>		

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**.

Maternal Treatment	
* Date of first dose of benzathine penicillin	<input type="text" value="09/01/2021"/>
First dose of benzathine penicillin received	<input type="text" value="During pregnancy"/>
Trimester treatment started	<input type="text"/>
* Mother's treatment	<input type="text" value="Other"/>
Specify other treatment Note written by: Date and time:	<div style="border: 1px solid red; height: 80px;"></div>
Mother refused treatment during pregnancy	<input type="text"/>

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.

General Information			
Date of birth (update in person tab)	09/01/2021	* Child vital status	Born alive and then died
Was an autopsy performed?		Death certificate number	
Give cause(s) of death from death certificate Note written by: Date and time:			

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**.

Child Clinical			
* Estimated gestational age at birth, in weeks (blank for unknown)			
* Birth weight (specify units) of child	Grams		
* Birth weight (grams)		Birth weight (lbs)	
* Birth certificate number		Birth weight (oz)	
* Did the child have classic signs of congenital syphilis?	Yes		
Which classic signs	<input type="checkbox"/> No signs/asymptomatic <input type="checkbox"/> Condyloma lata <input type="checkbox"/> Edema - nephretic syndrome and/or malnutrition <input type="checkbox"/> Hepatosplenomegaly <input type="checkbox"/> Jaundice/hepatitis <input type="checkbox"/> Pseudoparalysis <input type="checkbox"/> Syphilitic skin rash <input type="checkbox"/> Snuffles <input type="checkbox"/> Stigmata <input type="checkbox"/> Other <input type="checkbox"/> Unknown		

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].

Child Testing				
* Did child have reactive non-treponemal test?	<input type="text" value="Yes"/>			
Date of child's first reactive non-treponemal test	<input type="text" value="MM/DD/YYYY"/>	Specimen source of child's first reactive non-treponemal test	<input type="text"/>	Type of child's first reactive non-treponemal test
			<input type="text"/>	Titer of child's first reactive non-treponemal test
			<input type="text"/>	
Did child have a reactive treponemal test?	<input type="text" value="Yes"/>			
Date of child's first reactive treponemal test	<input type="text" value="MM/DD/YYYY"/>	Specimen source of child's first reactive treponemal test	<input type="text"/>	Type of child's first reactive treponemal test
			<input type="text"/>	
Did the infant/child, placenta or cord have darkfield exam, DFA or special stains?	<input type="text" value="Yes, positive"/>	Date of child's darkfield exam or DFA-TP	<input type="text" value="MM/DD/YYYY"/>	
* Did child have long bone x-rays?	<input type="text" value="Yes, changes consistent with congenital syphil"/>	Date of child's long bone x-rays	<input type="text" value="MM/DD/YYYY"/>	
Was lumbar puncture (LP) done?	<input type="text" value="Yes"/>	Date first LP done	<input type="text" value="MM/DD/YYYY"/>	
* Did child have a CSF-VDRL?	<input type="text" value="Yes, reactive"/>	Date of child's CSF-VDRL	<input type="text" value="MM/DD/YYYY"/>	
* Did child have a CSF cell count or CSF protein test?	<input type="text" value="Yes, CSF WBC count elevated"/>	Date of child's CSF cell count or CSF protein test	<input type="text" value="MM/DD/YYYY"/>	
WBC count	<input type="text"/>	RBC count	<input type="text"/>	Protein count
			<input type="text"/>	Glucose count
			<input type="text"/>	<input type="text"/>

[†] CDC treatment guidelines do not recommend screening infants for congenital syphilis with treponemal tests. [MMWR Recomm Rep. 2010 Dec 17;59(RR-12), p. 36.] However, if maternal treponemal test data are not available, a treponemal test for the infant/child can be used.

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>

Child Treatment	
* Specify medication name	Aqueous Crystalline Penicillin G Add New
* Dose	
* Frequency	
* Duration	
* Route	
* Date treatment started	MM/DD/YYYY
Facility/provider	
No treatment given	<input type="checkbox"/> Yes
Did the child have any underlying conditions or comorbidities?	<input type="checkbox"/> Yes
Specify the underlying conditions or comorbidities	
Outpatient pediatric facility/provider	

SECTION 5 | Comments

- ★ If additional or other relevant information is available regarding the case, enter in the **Comments** field.

Comments	
Comments Note written by: Date and time:	

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**.

Report Submission

* Submit now to the DPH? **Yes**

Date submitted 04/08/2022

If you have submitted a case report in error, please email chims@cityofchicago.org. Please do not make any changes to the patient's name, address, or demographics.

* Indicates required field

Save Cancel Help

LOGGING OUT OF THE CHIMS PROVIDER PORTAL

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

Chicago Health Information Management System

Enter Case ID Search Test Physician2

Edit Profile

Logout

AMENDMENT OF SUBMITTED CONGENITAL SYPHILIS CASE REPORT

- ★ Congenital Syphilis case reports may be amended up to 30 days after the date of submission. After 30 days, the case report will be locked and cannot be amended.
- ★ If amendments are needed after 30 days, please email chims@cityofchicago.org with the last four [4] digits of the Event ID and the case report will be unlocked.

★ 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 \geq 1:8 or maternal titer = 1:8, neonatal titer \geq 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.

- ★ 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

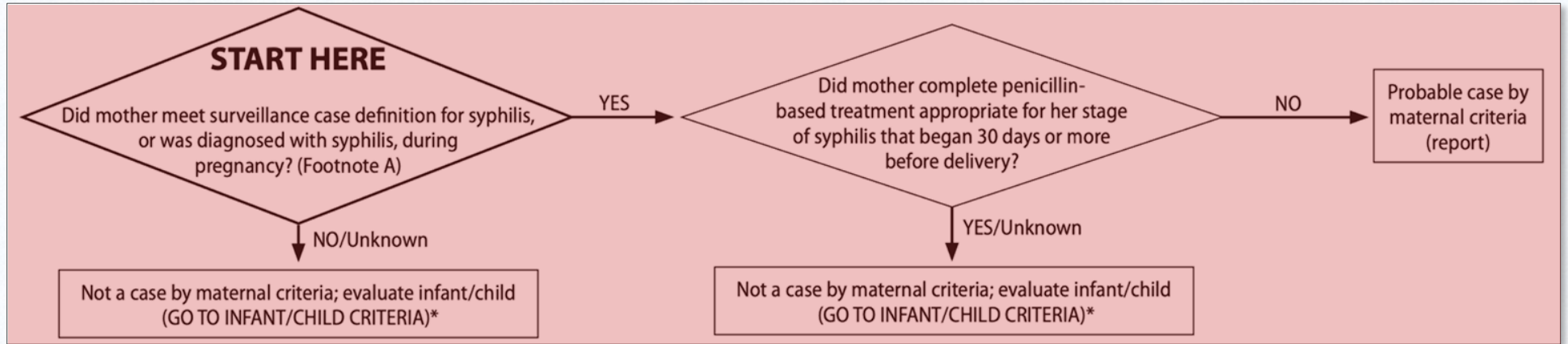
- ★ Any neonate who has a normal physical examination and a serum quantitative nontreponemal serologic titer equal or less than fourfold of the maternal titer at delivery [e.g., maternal titer = 1:8, neonatal titer \leq 1:16] and both of the following are true:
 - ◆ The mother was treated during pregnancy, treatment was appropriate for the infection stage, and the treatment regimen was initiated \geq 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

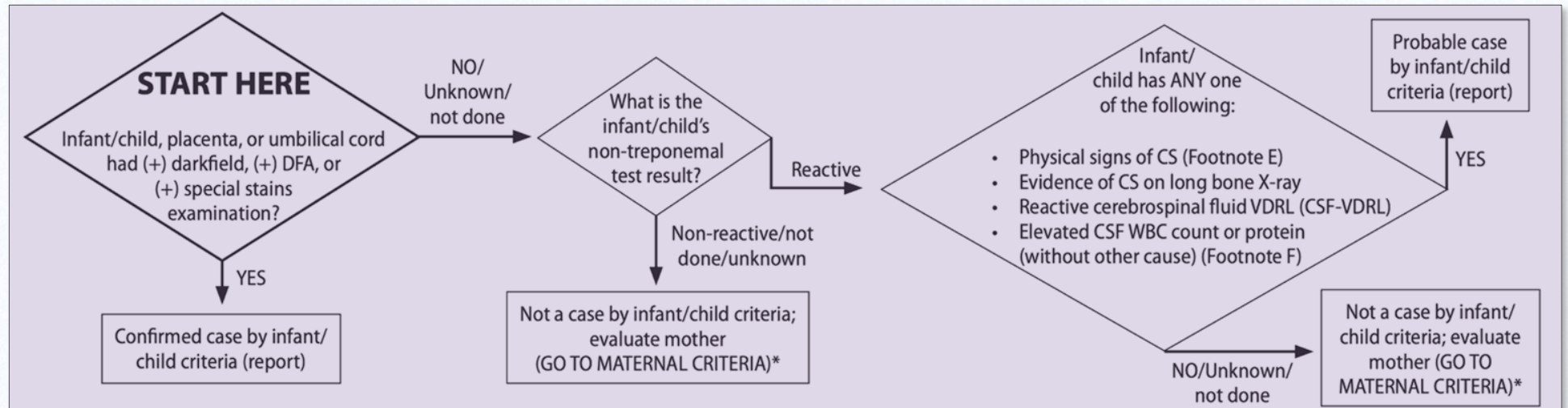
- ★ Any neonate who has a normal physical examination and a serum quantitative nontreponemal serologic titer equal to or less than fourfold of the maternal titer at delivery and both of the following are true:
 - ◆ The mother's treatment was adequate before pregnancy; AND
 - ◆ The mother's nontreponemal serologic titer remained low and stable [i.e., serofast] before and during pregnancy and at delivery [e.g., VDRL \leq 1:2 or RPR \leq 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 $\geq 1:4$. 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.

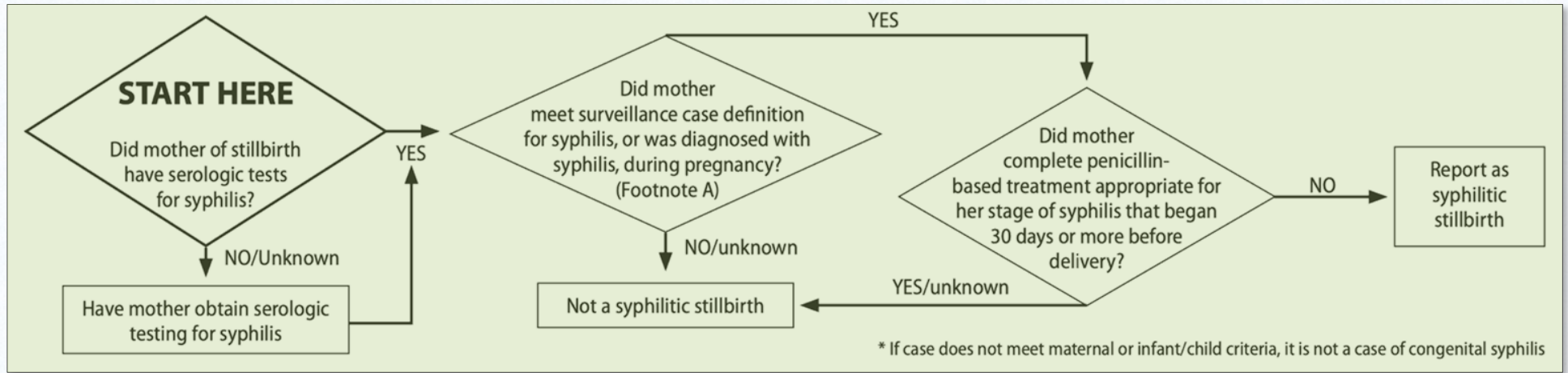
APPENDIX F | INFANT/CHILD CRITERIA TO REPORT CONGENITAL SYPHILIS



Footnote E | Signs of CS [usually in an infant or child < 2 years old] include: condyloma 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.

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/mm³ or a CSF protein > 120 mg/dL is abnormal. After the first 30 days of life, a CSF WBC count of > 5 WBC/mm³ 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 $\geq 1:4$. 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.

[†] A syphilitic stillbirth is a fetal death in which the mother had untreated or inadequately treated syphilis at delivery of a fetus after a 20-week gestation or weighing > 500 g.

Incomplete Congenital Syphilis Report in CHIMS



o chims@cityofchicago.org <chims@cityofchicago.org>

Today at 7:09 PM

To: o Eric Warren

10/02/2021
Englewood Medical Center (Text)

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/icar/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.

