

CONGENITAL SYPHILIS CASE INVESTIGATION AND REPORT

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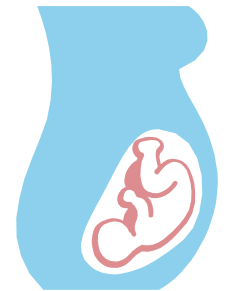
PART I – MATERNAL INFORMATION

1. Mother's Name: _____ 2. Med. Record No: _____ 3. Mother's Country of Birth: _____
4. Street Address: _____ | Apt. No. _____ 5. ZIP Code: _____ 6. Phone No: _____
7. Delivery Hospital: _____ 8. Mother's Physician: _____ 9. Physician's Phone No: _____
10. Mother's DOB: _____ Unk 11. Mother's Age: _____ 12. Was Mother Homeless or Housing Insecure During Pregnancy? Yes No Unk
13. Race: American Indian/Alaskan Native African American/Black Caucasian/White Asian Native Hawaiian/Pacific Islander Other Unk
14. Ethnicity: Hispanic/Latino Not Hispanic/Latino Unk 15. Marital Status: Single/Never Married Married Separated/Divorced Widowed Unk
16. Mother's Obstetric History: G _____ P _____ (G = pregnancies | P = live births) 17. Last Menstrual Period (LMP) Before Delivery: _____ Unk
18a. Did Mother Have Prenatal Care? Yes No Unk (If No or Unk, go to No. 21) 18b. Number of Prenatal Care Visits: _____ Unk
19a. Date of First Prenatal Care Visit: _____ Unk 19b. Indicate Trimester of First Prenatal Visit: First Second Third Unk
20a. Prenatal Care Provider: _____ 20b. Facility: _____ 20c. Phone No: _____
21. Mother's Health Insurance Status: Medicaid Private (HMO/PPO) SSDI Medicare None Unk Other _____
22. Did Mother Have a Non-Treponemal or Treponemal Test at: (a) First Prenatal Visit? Yes No Unk (b) 28-32 Weeks Gestation? Yes No Unk
(c) Delivery or Within Three Days of Delivery? Yes No Unk
23. Indicate Dates and Results of (a) First and (b) Most Recent NON-TREPONEMAL Tests During Pregnancy and at Delivery ▼

DATE	RESULT	TITER
(a) Unk No Test	Reactive NR Unk	
(b) Unk No Test	Reactive NR Unk	

24. Indicate Dates and Results of (a) First and (b) Most Recent TREPONEMAL Tests During Pregnancy and at Delivery ▼

DATE	TEST TYPE	RESULT
(a) Unk No Test	EIA/CLIA FTA-ABS MHA-TP TP-PA Other Unk	Reactive NR Unk
(b) Unk No Test	EIA/CLIA FTA-ABS MHA-TP TP-PA Other Unk	Reactive NR Unk



25. Did Mother Have Darkfield or Direct Fluorescent Antibody (DFA) Exam of Lesions at Delivery? Yes—Pos Yes—Neg No Test of Lesion No Lesion Unk
26. What was Mother's HIV Status During Pregnancy? Pos Neg Equivocal Not Tested Unk
27a. Did Mother Have Any Signs/Symptoms of Syphilis? Yes No Unk 27b. If Yes, Specify: Lesion Rash Mucous Patches Condyloma Lata Alopecia
28. What was Mother's Stage of Syphilis During Pregnancy? 1° 2° Early (Non 1°/Non 2°) Late/Unk Duration Previously Treated/Serofast Other Unk
29. Before This Delivery, When was Mother's Last Treated for Syphilis? Before Pregnancy During Pregnancy < 30 Days Before Delivery No Treatment Unk
30a. If Treated, First Dose of Treatment Most Recent to Delivery ▼

TREATMENT	DATE STARTED	TREATMENT	DATE STARTED
Benzathine Penicillin G (Bicillin) 2.4 million units IM single dose		Doxycycline 100 mg PO BID >>> x 14 days x 28 days	
Benzathine Penicillin G (Bicillin) 2.4 million units IM x 2 weeks		Erythromycin 500 mg PO QID x 14 days	
Benzathine Penicillin G (Bicillin) 2.4 million units IM x 3 weeks		Tetracycline 500 mg PO QID x 14 days	

- 30b. Indicate Trimester Mother Received First Dose of Treatment: Before Pregnancy First Second Third No Treatment Unk
31a. Mother's Toxicology Results: Pos Neg Unk 31b. If Pos, Specify: Cannabinoids Cocaine Opioids Methamphetamines Other _____
32. Did Mother Exchange Sex for Drugs/Money During Pregnancy? Yes No Unk 33. Was Mother Incarcerated During the Past 12 Months? Yes No Unk

PART II – INFANT/CHILD INFORMATION

34. Infant/Child's Name: _____ 35. Delivery Date: _____ Unk 36. Delivery Type: Singleton Twin > 2 Unk
37. Gender: Male Female Unk 38. Vital Status: Born Alive Born Alive—Then Died Stillborn Unk 39. If Died, Date of Death: _____
40. Birth Weight (in grams): _____ Unk 41. Estimated Gestational Age (in weeks): _____ Unk 42. Birth Cert. No: _____
43. Med. Record No: _____ 44. Physician: _____ 45. Physician's Phone No: _____
46a. Infant's Toxicology Results: Pos Neg Unk 46b. If Pos, Specify: Cannabinoids Cocaine Opioids Methamphetamines Other _____
47a. Did Infant/Child Have Reactive Non-Treponemal Syphilis Test? Yes No Unk 47b. If Yes, 1st Reactive Test Date: _____ Unk 46c. Titer: _____
48a. Any Signs of Congenital Syphilis in Infant/Child < 2 Years of Age? Yes No—Asymptomatic Unk
48b. If Yes, Specify: Condyloma Lata Snuffles Pseudoparalysis Edema (nephrotic syndrome and/or malnutrition)
Hepatosplenomegaly Syphilitic Skin Rash Syphilitic Hepatitis Other _____ Unk
49. Infant/Child Evaluation ▼

TEST	DATE	RESULT	TEST	DATE	RESULT
Long Bone X-Rays	No Test		Treponemal (EIA/FTA-ABS/TP-PA)	No Test	
CSF-WBC (cells/ μ L) Protein (mg/dL)	No Test		Darkfield Exam of Lesion/Tissue	No Test	
CSF-VDRL	No Test		Other (Specify):		

50. Did the Infant/Child, Placenta, or Cord Have Darkfield Exam, DFA, or Special Stains? Yes—Pos Yes—Neg No Lesions/Tissue to Test No Test Unk
51. Was Infant/Child Treated? Yes No (If Yes, Indicate Treatment Below) ▼

TREATMENT	DATE	TREATMENT	DATE
Aqueous Crystalline Penicillin G IV x 10 Days (50,000 units/kg/dose)		Benzathine Penicillin G IM in a Single Dose (50,000 units/kg/dose)	
Procaine Penicillin G IM x 10 Days (50,000 units/kg/dose)		Other Treatment (Specify):	

52. CASE DETERMINATION: NOT A CASE CONFIRMED CASE SYPHILITIC STILLBIRTH PROBABLE CASE