Completion of the Revised Congenital Syphilis Form

Jessica Frasure-Williams, MPH Syphilis Elimination Coordinator May 13, 2013 9-10AM

Call-in Information: 888-606-7149 65231#

Please mute your phones!





Training Series

Introduction and Protocol for Congenital Syphilis Surveillance in California May 6, 2013 – 9-10AM

Completion of the Revised Congenital Syphilis Form May 13, 2013 – 9-10AM

CalREDIE: Initiating, Monitoring and Entering Data for Congenital Syphilis May 20, 2013 – 9-10AM

Overview of Training

- When to complete the California Congenital Syphilis Case Investigation and Report ("CS Form")
- Description and rationale for variables included in the form



Preventing and reporting cases.

WHEN TO COMPLETE THE CS FORM

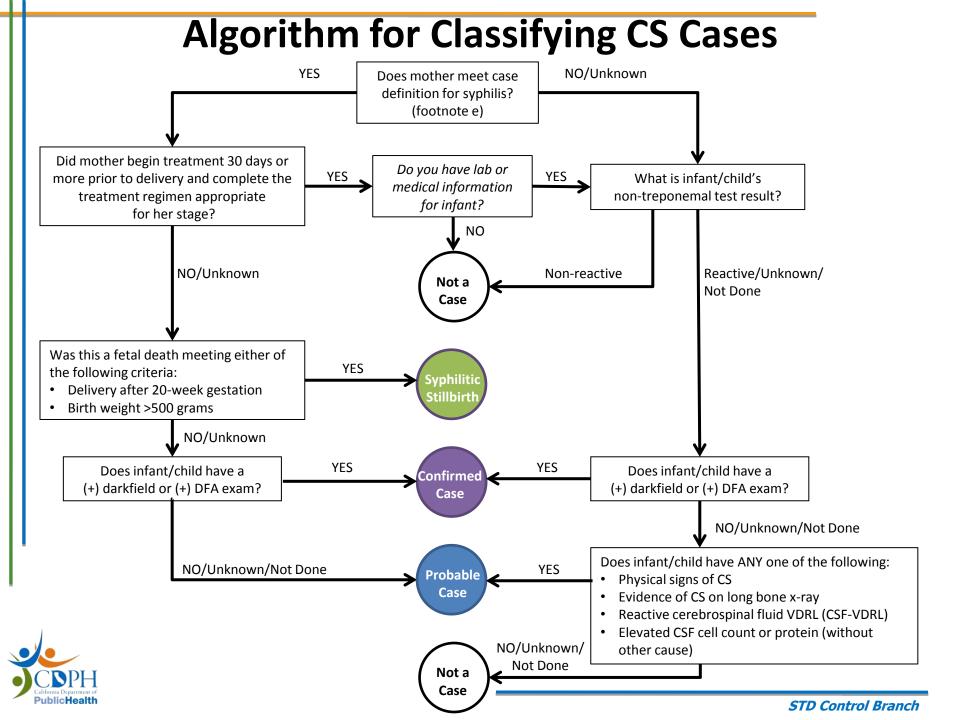


STD Control Branch

Protocol Summary

- Confirm treatment for all cases in women of child-bearing age and infants
- Initiate FR for the following:
 - All **female cases** of child-bearing age
 - All females with an infant with a reactive STS
 - All infants with a reactive STS
- Conduct syphilis interviews and partner services for early cases
- Complete the revised CS form for the following:
 - Infants or stillborn fetuses of mothers who are inadequately treated
 - Infants with reactive STS and evidence of congenital syphilis
- Fax provider information sheets according to circumstances
- Close cases within 30 days of treatment verification or delivery





When to complete the CS Form

- Complete the CS form for Confirmed, Presumptive, or Syphilitic Stillbirths.
 - Infants or stillborn fetuses of mothers who are inadequately treated
 - Infants with reactive STS and evidence of congenital syphilis. Evidence includes
 - Physical signs of CS (footnote c)
 - Evidence of CS on long bone x-ray
 - Reactive cerebrospinal fluid VDRL (CSF-VDRL)
 - Elevated CSF cell count or protein (without other cause) (footnote d)



Why each data element is important.

RATIONALE



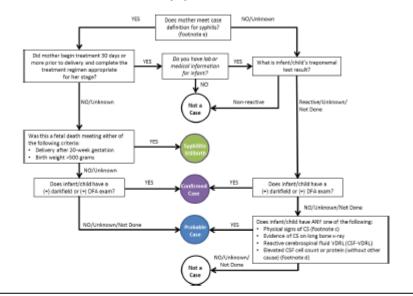


STD Control Branch

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Information to public health for the "purpose of ... public health surveillance, public health interventions," and public health interventions..." 45 CR836451280(1) Refurn completed form to the COPH STD Congenital Syphills Coordinator via secure email to <u>cpacesecdph.ca.gov</u> or fax to 916.440.5 COPH 9049 (42013) (CS Case Report 4442013)

CALIFORNIA CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT ALGORITHM



Footnotes:

- a. Adequate treatment in adults is defined in the STD Treatment Guidelines (<u>sds.gov/std/treatment/</u>). In pregnancy, primary, secondary or early latent cases should be treated with Benzathine Penicillin G 2.4 million units IM administered 30 days or more prior to delivery; late latent cases and latent cases of unknown duration should be treated with Benzathine Penicillin G, 7.2 million units, administered a 3 doses of 2.4 million units IM each, at one week intervals, with the first dose administered 30 days or more prior to delivery and all doses received.
- b. A syphilitic stillbirth is a fetal death in which the mother had untreated or inadequately treated syphilis at the time of delivery of either a fetus after a 20-week gestation or a fetus weighing > 500 grams.
- c. Signs of congenital syphilis (usually in an infant or child < 2 years old) include: condyloma lata, snuffles, syphilitic skin rash, hepatospienomegaly, jaundice/hepatitis, pseudoparalysis, or edema (nephrotic syndrome and/or mainutrition). 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.</p>
- d. Cerebrospinal fluid (CSF) cell count and protein vary with gestational age. Beyond the neonatal period, a CSF cell count of > 5 white blood cells/mm³ or a CSF protein > 40 mg/dl is abnormal, regardless of CSF serology.
- e. See the national case definition for syphilis: www.cdc.gov/osels/ph_surveillance/nndss/casedef/syphilis1990.htm



CDPH 9049 (4/2013) (CS Case Report 4/4/2013) Back

Rationale for Completing the Form

PART 1. MATERNAL INFORMATION



STD Control Branch

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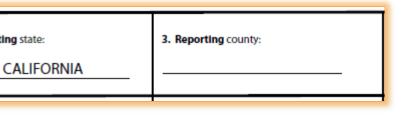
Information to public health for the "purpose of ... public health surveillance, public health interventions..." 45 CTR 9164512(0)() Refurn completed form to the CDPH STD Congenital Syphills Coordinator via secure email to <u>cpacese cdph.ca.gov</u> or fax to 916,440,5949 CDPH 9049 (42013) (CS Case Report 44(2013)



when working the case.

	Part I: MA	TERNAL INFOR	MATION	
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Reporting of STDs does not require patient connert and in not adject to the requirements of the Health Insurance Portability and Accountability Act BPRAL HEPRA allows disclosure of the Information to public health benchmarker and product health Information to public health Information Information Technology and the Information Informati



1. Report date to HD:

Date when the first information about the infant came to the attention of the LHJ.

2, 3. Reporting State, County The State (California) and county reporting the CS case. This should be the county of residence for the mother.

Rationale: Used for tracking CS reports by LHJ.



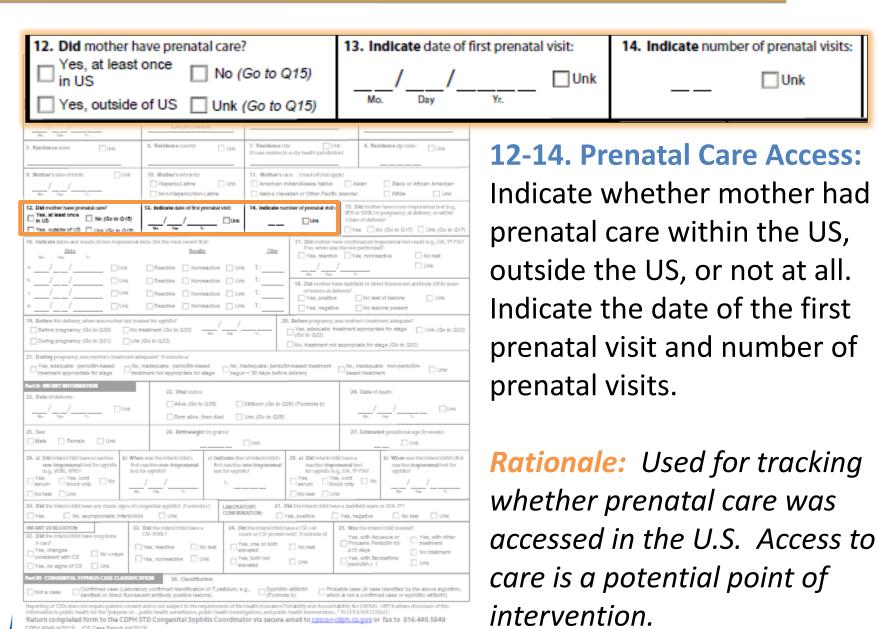
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28. a) Did Infati/child have a reactive bit Who more the ponemal and the topphils (a, , , , , , , , , , , , , , , , , , ,	Instructive nos-traponensal Instructive Instructi	Yes, Yes, Second asrum Yes, Stood only No text Unk Anony ATORY 21. DM the Inter/thild two a dark MATTOR: Yes, positive Yes, or a fixed only on the Inter/thild two a dark MATTOR: Mattors: Yes, positive Yes, or a fixed only on the Inter/thild two a dark MATTOR: Yes, or a fixed only on the Inter/thild two a dark MATTOR: Yes, or a or both No test Yes Yes, or a or both No test Yes Yes, and Unk Yes	init section traponemal to uphilia? No	Rationale: Use morbidity by Ll information us imported CS fro	ed to track
Reporting of STDs does not require patient correct information to public health for the "purpose of	cent antibody positive lealons) ni and is not subject to the requirements of th public health surveillance, public health inven STD Congenital Syphills Coordina	 a. Systillic albit Gostnos b) Probable os eliath insurance Portability and Accountability A tigations, and public health interventions." 45 CFB after via secure email to <u>cpacter cdph.cc</u> 	a confirmed case or syphilitic stillbir ct (HPAA). HPPA allows disclosure of t (§164.512(b)(1)	hin .	

Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to <u>cpacesecdph.ca.gov</u> or fax to 916.440.5949 CDPH Sole (A2013) (C5 Case Report 442013)



State of California - Health and Human Services Agency		California Department of Public He	n
9. Mother's date of birth: /// 	Unk	10. Mother's ethnicity: Hispanic/Latina Unk Non-Hispanic/Non-Latina	11. Mother's race: (check all that apply) American Indian/Alaska Native Asian Native Hawaiian or Other Pacific Islander White
S. Residence state: Unk . Mother's date of bitt: Unk	6. Residence county: Unit	T. Residence stly: Unk Grave mides in a city health jurisdiction Mother's race: (checkel that apply)	
Image: Second	Hispaniol.sine Weight State Monol Hispaniol Non-Lates Monol Hispaniol Non-Lates Lobdicate date of their presultal visit: Man	Amatican Indian/Hanka Nather Amatican Amatican Amatican Back or Abican Amarican Back or Abican Amarican Back or Abican Amarican Back or Abican Amarican Unix H4. Indicate number of Derar Pacific Mander H4. Indicate number of perstal what H4. Indicate number of the perstand what H4. Indicate number of the personal what H4. Indicate number of perstal wha	Establishes mother's demographics. Note that you can check all that apply for race. Rationale: Used for describing
darkfield or direct fluoreeo	ry confirmed identification of T.pailidum, e.g ent antibody positive lealons)	Disphills atIDith Diffeotnote b) Diffe	

Return completed form to the CDH Store construction of the CDH Sto



California Department of PublicHealth

5. Did mother have a non-treponemal test (e.g., PR or VDRL) in pregnancy, at delivery, or within days of delivery?	16. Indicate dates and results of no <u>Date</u> Mo. Day Yr.	n-treponemal tests: (list the most recent first) <u>Results</u>	Titer
] Yes 🔲 No (Go to Q17) 🔲 Unk (Go to Q17)	a//	Unk Reactive Nonreactive Unk	1:
Part & MATIONAL RECOGNATION 2. Reporting state: 2. Reporting county: /	ь// с. / /	Unk Reactive Nonreactive Unk	1: 1:
5. Residence state: [Ltsh.] 6. Residence county: [] Ltsh. 7. Residence cty: (If case resides in a city healt	'' v d. / /	Unk Reactive Nonreactive Unk	1:
B. Mother's date of birth: Control Co	ar Pacific Islander White Utik util inft: 15. Did mother have a non-bepomenal is at lang. PRor VDR 1 in pregnancy, at delivery, or within the 2 days of delivery?	15-16. Non-Treponem	
Date Basific Ther Two h Day h Image: Constraint of the second of	(, mactive Viss, nonreactive No text /	Document RPR/VDRL t and results in pregnand delivery, or within 3 da delivery.	cy, at
Yes, steputo: periolitin-based No. Instancest: periolitin-based Unsainent appropriate for stage No. Instancest: periolitin-based Partil: No. No. Instancest: periolitin-based No. Instancest: periolitin-based 22. Des of dolivery: 23. Vital status:	24. Date of doubt: <u></u>	Rationale: Used for as	sessing
non-insponental test for cyphills find reactive non-insponental test for cyphills find reactive non-insponental test for cyphills? max test for cyphills?	Infanticidal have a bit When was the infanticidal's find take separamental text for opphilis long. (SIA, FFAR) public long. (SIA, FFAR) bibliod only IN IN Units Infanticidal (SIA, FFAR) bibliod only IN IN Comparison (SIA, SIA, SIA, SIA, SIA, SIA, SIA, SIA,	appropriate screening	by
120. Did the Intertchild have any classic signs of comparedial ophillal "Footnoted" LM200LATORY 21. Did the Intertchild Yea No. asymptomatic Intertchild Usk CONFERMATION Yea, positive WEARD TVALATION 22. Did the Intertchild have a cross of the Intert	I 25. Was the infant/child treated? ote-dl	medical providers. Res DIS and managers asse	•
Pertile: Color Suit ALS TYPE LES CASE CLASS SICATION 26. Classification Not a case Confirmed case (Laboratory confirmed identification of T_pellidum, e.g., Confirmed case (Laboratory confirmed identification of T_pellidum, e.g., Confirmed case (Laboratory confirmed identification of the ineuth investigation, and public halls hold Perture completed form to the COPH STD Congenital Syphills Coordinator via secure email to COPH 8064 (2021). (SC Cases Report 44/2021)	d Accountability Act 5-87AAL HPPA allows disclosure of this ventions*45 (3:8):164.512(b)(1)	whether mother is a ne syphilis.	ew case d

California Department of **PublicHealth**

F

onfirmatory test perform Yes, noni	ned?	test resul	No test	IA, TP-PA)?
			No test	
Yes, non	reactive		No test	
			NO lesi	
3.0			Unk	-
Yr.				
y?			_	
	001 01 100101	10		IIS .
No le	esions pres	ent		-
//		L] Unik	I days of delivery	(Go to Q17) Unk (Go to Q
int the most recent first)	The	17. Did mother has If so, when was	e confirmatory trep the test performed?	onemai test result (e.g., EIA, 1747)
		//	Th	Unk
				fucescent antibody (DFA) exam
		Yes, positive	No test o	-
ent (Go to Q22)	h h	Go to Q22)	atment appropriate	for stage 🗌 Unk (Go to Q)
		No, treatment not i	appropriate for etag	je (Go to Q22)
	□ No, Inadequate: penicil begun < 30 days before	In-based treatment delivery	No, Inadequate based treatment	non-penkillin- 🗌 Unk
22. Vital status			24. Date of de	with:
Alive (Ge to Q25)	Stilborn (Go to Q	26) (Footnote b)		
Dom alive, then die	d Unk (Go to Q25)			-/Ulak
26. Birthweight (in gra	mit:		27. Estimated	(gestational age (in weeks)
	Unk			Unk
the intert/child's c) ind	Scale ther of Intant/child's	29. a) Did infant/chik mactive trepos	semal test	 When was the intant/child's it reactive treponenal test for veshills?
e non-treponemal finit	t mactive non-treponenal t for syphilis? 1:	Ves, Yes, Yes, Security Ves, Ves, Ves, Ves, Ves, Ves, Ves, Ves,	d only	////
e non-treponenial finitiality	LABORATORY 21. 0	Pas, Pas, bioo	d only 🗌 No	/ / / Bh Dy Th
o non-treponenal finitian /	LABORATORY 21. C CONFIRMATION: 0	Yes, Yes, Yes, Bioo asrum Bioo No test Unit No the Infant/child have fee, positive	cord d only D No e darkfield exam or Yee, negative	
o non-treponenal finited test	LABORATORY 21. 0	Ves, Ves earum bloo No test Unk Md the Inter/Unkl Anny /es, positive avre a CSF cell test? (Sochole d) No test	cord IND No	/ / Der Th.
			y? No test of lesions No lesions present No lesions present No lesions present No lesions present No lesions present No lesions present No lesions present No de solution No lesions present No de solution No de solution No lesions present No de solution No de	No test of lesions Ur No lesions present No lesions No

Reporting of STDs does not require patient connert and in not subject to the requirements of the Health Insurance Tortability and Accountability Act 647441. HIPY Adless disclosure of the Information to public health the Physical Physical Control (1997) and Physical PhysicaPhysicaPhysicaPhysicaPhysicaPhysicaPhysicaPhy

17-18. Additional testing: Indicate date of confirmatory testing (TP-PA, EIA), results and date of test. Indicate any additional testing done on lesions at delivery.

Rationale: Used for assessing appropriate confirmatory testing by medical providers. Positive tests of lesions classify the mother as a primary case of syphilis at delivery.



State of California—Health and Human Services Agen	was mother last treated		California Dega	tment of Public Health	20. Befor □ ^{Yes} (Go
Mother's Name:	Mothwis California Die	Dollwory Hospital:	CASE ID No.:		No,
	ONGENITAL SYPHILIS (ON AND REPORT	r	
Pert E MATCHINA REPORTATION I. Report date to health department: Unit / / /	2. Reporting state: CALIFORNIA	2. Reporting county:	4. Country of residence: (inave blank ITUSA)		ate: penicillin-base days before deliver
5. Residence state: Unit	6. Residence county: Unk	7. Residence city: Unk (If case resides in a city health jurisdiction)	8. Residence sip code:	Unk	
Mother's date of birts	10. Mother's sthricity: HispanioLatina Unk Non-Hispanio/Non-Latina	Mother's race: (checkel that apply) American Indian/Alaska Native Native Hawalian or Other Pacific Islam		can Amerikan	19-21.
12. Did mother have prenated care? Yes, at least once No (Go to Q15) 'n US No (Go to Q15) Yes, outside of US Unk (Go to Q15)	12. Indicate date of thit prenatal vhit:	Unk 1	IS. Did mother have a non-trepo PR or VDRL) in pregnancy, at del I days of delivery? Yes No (Go to Q17)	Wry, or within Unix (Go to Q17)	Indicat
16. Indicate data and results of non-terportera Image Image	Reactive Normactive Uni	Ther If so, when was the If so, when was the Yea, neadble k 1:	Yes, nonreactive	No test Unic	treated
c/_/Unk	Reactive Nonreactive Uni	Tes, positive	No test of lesions	Unk	_
c / / Disk d / Disk f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f f	Reactive Normactive Uni wated to upphilis?	k 1: Yes, negative 20. Betree programs, was n The programs and the programs of the program o		_	that tr
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d. / / Dok Duck Duck	Reactive Normactive Ori Normactive Ori Note to Q22 No. it No. it No. it Z2. Vital status:	k 1: Trac policive Trac policive 28. Before pregrams, was n Vas, adoquate: tracher (Go to Q22) No, tracher not app	No text of leasons No leasons present instruct instrument adequate? each appropriate for etage oppriate for etage (Go to G22) No, inadequate: non-periolitin- based finadment 24. Date of death:	Unk (Go to Q22)	
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d d d d d d d d d d d d d d d d d d d	Reactive Normactive Ore Normactive Ore Normactive Ore Statement (Go to Q22) Ann Org Statement (Go to Q22) Qadequate: periolitiv-based Anne (Go to Q25) Qadequate: periolitiv-based Z2. Vital status: Anne (Go to Q25) Com salve, then died Z6. Einthweight (In grann): see was the intervibities Q do Indicate tite	k 1: Yes, poserve yes, adoptate: transf % 20. Before program 20, we n Program 20, we	No text of leatons No text of leatons No, leatons preset nother's treatment adequate? set appropriate for stage (So to Q22) No, leadequate: non-periolite- text treatment 24. Date of death: <u></u>	Unk (Go to Q22)	Ration classify
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Biparting of 31Ds desined require patient connect and in not subject to the requirements of the Health Insurance Portability and AccountedBity Act (34PAAL). HIPP Addites disclosure of the Information to guide health to the "uppool = 1, patient health and upped health and patient and the second second



20. Before pregnancy,	was mother's treatment adequate?	?
 Go to Q22)	reatment appropriate for stage	Unk (Go to Q22)
🗌 No, treatment no	t appropriate for stage (Go to Q2	22)
nicillin-based treatment fore delivery	□ No, inadequate: non-penicil based treatment	llin- 🔲 Unk

19-21. Mother's Treatment: Indicate when mother was last treated for syphilis, and whether that treatment was adequate.

Rationale: Required for classifying the infant as a CS case. Also, inadequate treatment may indicate a need for medical provider intervention.

efore this delivery, when was m	other last treated for syphilis?		20. Before pregnancy, was mother's treatment adequate?
			Yes, adequate: treatment appropriate for stage Unk (Go to Q22
State of California- Heelth and Human Services Agency		California Department of Public Health	(Go to Q22)
Mother's Name: M	lother's CaREDE ID4:	CASE ID No.:	No, treatment not appropriate for stage (Go to Q22)
	fant's CaREDE IDI: Hospital:		
CALIFORNIA CONGE	NITAL SYPHILIS (CS) CASE INVESTIGATI	ON AND REPORT	
Report date to health department:	orting state: 2. Reporting county:	4. Country of residence: (Inave blank If USA)	ate: penicillin-based treatmentNo, inadequate: non-penicillin
/ /	CALIFORNIA		days before delivery
	dence county: Link 7. Residence city: Unk	8. Residence zip code: Unk	
	(If case resides in a city health jurisdiction)		
	ther's stimicity: 11. Mother's race: (check of that opply) spanic/Latina Unik American Indian/Alaska Nativa	Aalan Diack or Attican American	
	n-Hispanic/Non-Latina Native Havalian or Other Pacific Iala		19-21. Mother's Treatment:
		15. Did mother have a non-insponental test (e.g., RFR or VDRL) in pregnancy, at delivery, or within	
Yes, at least once No (Go to Q15) In US No (Go to Q15) Yes, outside of US Unk (Go to Q15)		I days of delivery?	
Indicate dates and results of non-treponental tests (list th	Hara salisan sala iba	confirmatory treponental test result (e.g., EIA, TP-PA/2	Indicate when mother was last
Bala No. Day To	Yes, reactive	Yes, nonreactive No test	
	ctive Nonnective Unk 1:/_/	Ts Unk	treated for syphilis, and whether
	of leafors at deliver		dicated for sypring, and whether
d. / / Dink Rea	ctive Nonreactive Unk 1: Yes, negative	No test of lealons Unk	that traatmaant waa adaguusta
Before this delivery, when was mother last breated for sys		nother's treatment adequate?	that treatment was adequate.
Before pregnancy (Go to Q20) No treatment (During pregnancy (Go to Q21) Unk (Go to Q2	Go to Q22)	nent appropriate for stage 🗌 Unik (Go to Q22)	•
1. During pregnancy, was mother's beatment adequate? (F		propriate for stage (Go to Q22)	
□Yee, adequate: penicilin-based □No, inadequate treatment appropriate for stage □beatment not	te: pericilin-based appropriate for stage Statut < 30 days before delivery	No, inadequate: non-penicillin- Unk based treatment	
Part II: INFANT INFORMATION	22. Vital status:	24. Date of death:	Rationale: Required for
2. Date of delivery: / / Dink	Alive (Go to Q25) [Stillborn (Go to Q26) (Footnote b)	/ /Unk	nationale. Requirea jui
Ha. Day Is	Dom alive, then died Unk (Go to Q25)	Ma. Day Ta.	almostificity of the standard and the CC
Sez: Male Pernale Unk	26. Rirthweight (in gram):	27. Estimated gestational age (in weeks)	classifying the infant as a CS
al Did infani/child have a reactive bit When we the i	Dak	Unk	<i>,, , , ,</i>
20. a) Did interfuction have a reactive non-treponemal test for syphilis (e.g., VDRL, RPRP interfuction of test for syphilis	on-treponental fini mactive non-treponental mactive treponen	nal test reactive treponenal test for	case. Also, inadequate
□Yes, □Yes, cord □No /	/1:	ord The A A	
No test Unk Ma Dep	The Information Information Information Information	Ha. Day To.	tractment may indicate a need
20. Did the InterUchild have any classic signs of congenital s Yes No, asymptomatic infant/shild		darkfield exam or DFA-1177 se, negative 🔄 No test 🗌 Unk	treatment may indicate a need
NFANT EVALUATION 22. Did the in 12. Did the intant/child have long bone CSF-VORL	stant/child have a 24. Did the intant/child have a CSF cell 25.	Was the infant/child treated?	
X-cayo? Ves. channes	Yes, one or both	Yes, with Aqueous or Proceine Penkillin for Ves, with other treatment k10 days	for medical provider
	Van helb set	210 days INo treatment Yes, with Denzathine penicilin x 1 Unk	
WHILE CONDENITAL SYPHILIS CASE CLASSIFICATION	26. Classification		intervention.
Not a case Confirmed case (Laboratory confirm darkfield or direct fluorescent antibo	ned identification of T. pallidum, e.g., DSyphilitic stillbith DProbabil ody positive leatons) Update by which is	e case (A case identified by the above algorithm, not a confirmed case or syphilitic stillbirth)	
Reporting of STDs does not require patient consent and is not		ly Act (HPAA). HPPA allows disclosure of this	

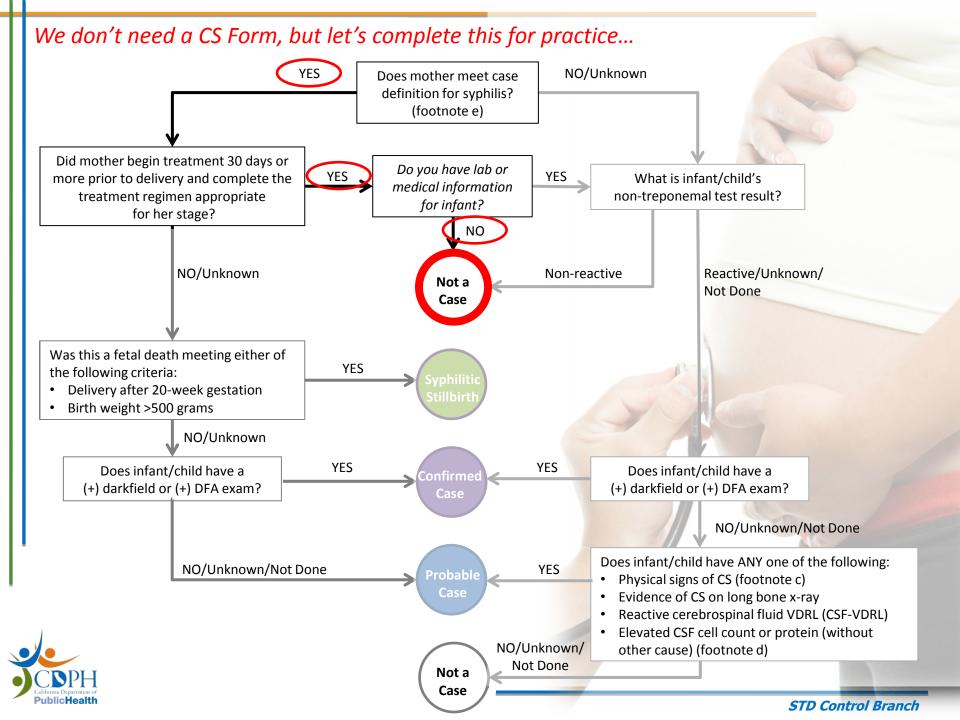
Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to coacsecuted h. ca.gov or fax to 916.440.5949 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)



Case Study #1: Sophia

- 27 year old mother, who is TP-PA+ with RPR of 1:16, diagnosed with late latent syphilis
- Previously treated for secondary syphilis (2009) with BIC x 1
- Last reported RPR of 1:2 in 2010
- First dose of BIC received 40 days before delivery
- Third dose of BIC received 26 days before delivery
- Treatment verified by medical provider





State of California—Health and Human Services Agenc	4		California Department of Public Health
Mother's Name:	Mother's CaIREDIE ID#:		CASE ID No.:
Infant's Name:	Infant's CaIREDIE ID#:	Delivery Hospital:	
CALIFORNIA CO	ONGENITAL SYPHILIS (C	S) CASE INVESTIGAT	ION AND REPORT
Part I: MATERNAL INFORMATION			A Country of residence
1. Report date to health department: Unk	2. Reporting state:	3. Reporting county:	 Country of residence: (leave blank if USA)
/Yr	CALIFORNIA		
5. Residence state: Unk	6. Residence county: Unk	7. Residence city: Unk (if case resides in a city health jurisdiction)	8. Residence zip code: Unk
9. Mother's date of birth:	10. Mother's ethnicity:	11. Mother's race: (check all that apply)	
//	Hispanic/Latina Unk	American Indian/Alaska Native	Asian Black or African American
Mo. Day Yr.	Non-Hispanic/Non-Latina	Native Hawaiian or Other Pacific Isla	
12. Did mother have prenatal care?	13. Indicate date of first prenatal visit:	ren indicate number of prenatal visits.	15. Did mother have a non-treponemal test (e.g., RPR or VDRL) in pregnancy, at delivery, or within
In US IN (Go to Q15) Ves, outside of US Unk (Go to Q15)	// Unk		3 days of delivery? Yes No (Go to Q17) Unk (Go to Q17)
16. Indicate dates and results of non-treponemal	tests: (list the most recent first)		confirmatory treponemal test result (e.g., EIA, TP-PA)?
Date	Results	Titerlf so, when was the	
Mo. Day Yr. a. / / □Unk	Reactive Nonreactive Unk	1: / /	
b. / / □Unk	Reactive Nonreactive Unk	1: <u>Mo.</u> <u>Day</u>	Yr.
c. / / 🗌 Unk		18. Did mother have of lesions at delive	darkfield or direct fluorescent antibody (DFA) exam ry?
d. / / Unk	Reactive Nonreactive Unk	Yes, positive	No test of lesions Unk
			No lesions present
19. Before this delivery, when was mother last tree Before pregnancy (Go to Q20) No	treatment (Go to Q22)	20. Before pregnancy, was	mother's treatment adequate? nent appropriate for stage Unk (Go to Q22)
	(Go to Q22)	(Go to Q22)	propriate for stage (Go to Q22)
21. During pregnancy, was mother's treatment ad	leguate? (Footnote a)		sophille for ougo (oo to dee)
Yes, adequate: penicillin-based International Notice Treatment appropriate for stage	inadequate: penicillin-based No, ina	adequate: penicillin-based treatment < 30 days before delivery	No, inadequate: non-penicillin-
California Department of PublicHealth			

STD Control Branch

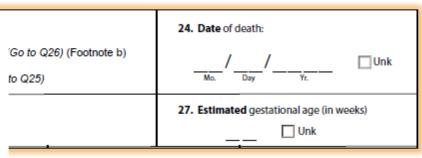
Rationale for completing the form.

PART 2. INFANT INFORMATION



STD Control Branch

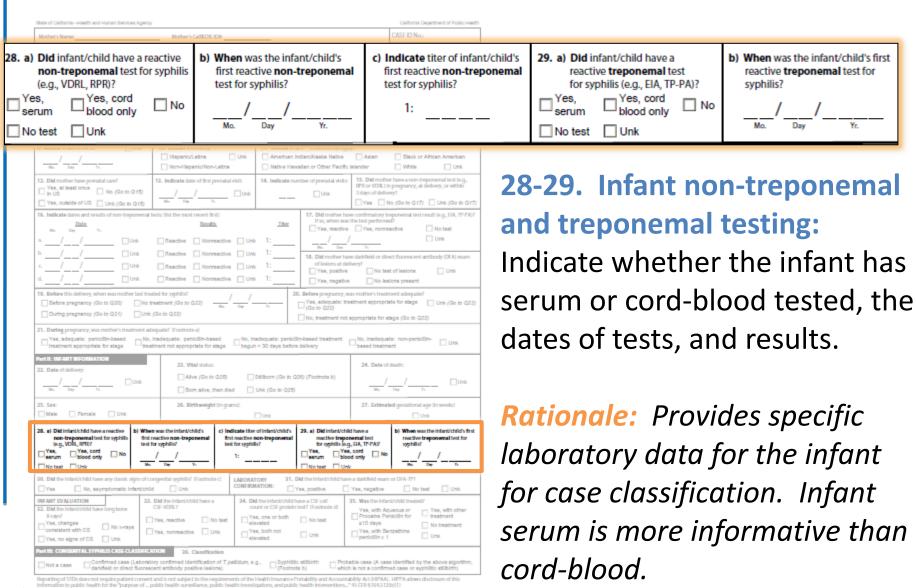
Mother's Name:	Mother's California Inte		California Department of Public He CASE ID No.:
Infant's Name:	Infant's CaREDIS IDR	Delivery Hospital:	
CALIFORNIA C	ONGENITAL SYPHILIS (ON AND REPORT
Part I: MATERNAL INFORMATION 1. Report date to health department:	2. Reporting state:	2. Reporting county:	4. Country of residence:
	CALIFORNIA		(inave blank If USA)
/ / /	CALIFORNIA		
5. Residence state: Unk	6. Residence county: 🗌 Unit	7. Residence city: Unk (If case resides in a city health jurisdiction)	6. Residence zip code: 🗌 Unk
9. Mother's date of birth:	10. Mother's ethnicity:	11. Mother's race: (check of that apply)	
//	HispanioLatina Unk		Aalan 🗌 Black or African American
	Non-Hapanio/Non-Latina	Native Hawallan or Other Pacific Islan	
12. Did mother have prenatal care? Yes, at least once No (Go to Q15) In US	12. Indicate date of first prevatal white	R	5. Did mother have a non-treponenial test (e.g., rR or VDRL) in pregnancy, at delivery, or within
In US In US Ves, outside of US Unk (Go to Q15)	// □unk		days of delivery? Yes: No (Go to Q17) Unk (Go to Q
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Date No. Day To	Besselta.	Titler If so, when was the	est performed? Yee, nonreactive
	Reactive Nonreactive Uni		
b. / / 🗌 Unk	Reactive Norreactive Uni	k 1: He Day	Ts ehtReid or direct fluorescent antibody (DFA) exam
c. / / 🗍 Urk	Reactive Nonreactive Uni	k 1: of internal delivery	f Dite bed at before a substitution of the b
d. / / 🗌 Unk	Reactive Nonreactive Uni	k 1: Ves. positive	No testors present
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22-27. General information about the infant:

Indicate date of delivery, vital status, date of death if applicable, sex birth weight, and estimated gestational age.

Rationale: Provides basic information about the infant, including information required for classifying stillborn infants as syphilitic stillbirths.



Internation to plate health for the purpose of _plate health serverance, plate health international and plate health intervention... "Is U is \$ No.5 Lab(1) Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to <u>cpaces (dph.ca.gov</u> or fax to \$16.440.5949 CDPH SH4 (42013) (CS Cease Report 64/2013)



CALIF	_		lassic signs of congenatic infant/child
HE MATERNAL RECORDENCE Report date to health department: Unik / //	2. Reporting state: CALIFORNIA	2. Reporting county:	4. Country of residence: (inure blank If USA)
Residence state: Unk	6. Residence county: 🗌 Unk	7. Residence city: Unk (If case resides in a city health jurisdiction	
Mother's deterof birth:	10. Mother's sthricity: HepanioLatina Unix Non-HapanioNon-Latina	Mother's race: (check of that opp) American Indian/Alassia Native Native Havailan or Other Pacific I	Asian 🗌 Black or Atrican American
Did mother have prenatal care? Yes, at least once In US No (Go to Q15) Yes, outside of US Unk (Go to Q15)	12. Indicate date of the prenatal vhit:	14. Indicate number of prenatal status	15. Did mother have a non-insponental list leag, IPR or VDRJ in pregnancy, at delivery, or within 3 days of delivery? Yes No (Go to Q17) Unix (Go to Q17)
Indicate dates and results of non-treponenal Indicate dates Indicate dates	Instruction (in the most recent first)	Ther If so, when was in Yes, reactive	e confirmatory treponemal test result (e.g., EIA, 17-PA)? the test performed? Yea, nonreactive No test Unk
L/_/ □Unk L/_/ □Unk	Reactive Nonreactive Unit Reactive Nonreactive Unit Reactive Nonreactive Unit	1: of limitors at dell	No test of lesions Unk
9. Before this delivery, when was mother last tra Before pregnancy (Go to Q20) No t Ouring pregnancy (Go to Q21) Unix		 Yes, adequate: tree (Go to Q22) 	as mother's treatment adequate? atment appropriate for stage Unik (Go to Q22) appropriate for stage (Go to Q22)
During pregnancy, was mother's beatment at Yea, adequate: penicillin-based		adequate: pericilin-based treatment [No, Inadequate: non-penicillin-
H III: BUCANTI IN COUNTATION 2. Date of delivery: 		Stilborn (Go to Q25) (Foolinots b) Unix (Go to Q25)	24. Data of douth:
5. Sez: Maie Female Unk	26. Birthweight (in grami):	[] Unik	27. Estimated gentational age (in weeks)
non-treponental test for syphilis fint			semal lost reactive treponemal test for SIA, TF-PAP sphills? cond No/
0. Did the intentichtid have any classic signs of c Yes No, asymptomatic infanticht	CONFIRM		a darkfield exam or DFA-197 Yes, negative 📄 No test 📄 Unk
VFANT EVALUATION 22. 2. Did the Infant/child have long bone	CSF-VDRL7 co	d the Infant/child have a CSF cell and or CSF protein test? (Footnote d) a, one or both I No test wated	Was the infunit/child treated? Yes, with Aqueous or Proceine Penkillin for k10 days No treatment

Reporting of STDs does not separa patient convert and in not adject to the requirements of the Health Insurance Portability and AccountedBity Act B&MAL. HPTA allow disclosure of the Information to public health for the "uproper of ______abilic health is uncleared in public health Informations to public health informations". 40 CFR \$V\$(\$V\$(\$ST20)(1)) Return completed form to the CDPH STD Congenital Syphillis Coordinator via secure email to <u>cpacese.cdph.ca.gov</u> or fax to 916,440.5949 CDPH 0604 (02013). (CG Came Record 442021)

30. Signs of CS:

syphilis? (Footnote c)

Unk

Indicate whether the infant has signs of congenital syphilis, including condyloma lata, snuffles, syphilitic skin rash, hepatosplenomegaly, jaundice/hepatitis, pseudo paralysis, and edema. Consult a clinician if unclear about signs.

Rationale: Signs of CS are important for understanding true burden of clinical CS.

LABORATORY 31. CONFIRMATION:	Did the Infant/child have a darkfi Yes, positive 🛛 Yes, ne	_	Unk
Part E: MARY MARK ALL INCOMMATION 2. Reporting state: 1. Report date to hwath department:	Reporting county: 4. Country of residence: Geneve black (LLDA) Country of residence: Geneve black (LLDA) Country of residence sity: Country of residence sity code: Dek	21 Laborator	confirmation
Sector Image: Sector </td <td>No. Day To. 11. TML. Did mother have darkfield or direct fluorescent antibody (DFA) exam of linears at delivery? The control of linears at delivery? 12. YAs, positive N test of leasons N test</td> <td>Indicate result exam or DFA-T from lesions, p</td> <td>y confirmation: s of any darkfield P in specimens placenta, umbilical</td>	No. Day To. 11. TML. Did mother have darkfield or direct fluorescent antibody (DFA) exam of linears at delivery? The control of linears at delivery? 12. YAs, positive N test of leasons N test	Indicate result exam or DFA-T from lesions, p	y confirmation: s of any darkfield P in specimens placenta, umbilical
Lossiment appropriate for stage beginned not appropreserve appropriate for stage beginned not appropriate for stage	20. Before programmey, was mother's insufficient adequate? 10. Before programmey, was mother's insufficient adequate? 10. Go to 0221 10. Re, adequate: treatment appropriate for stage 10. Re, treatment not appropriate for stage (Go to 0222) 10. Re, treatment not appropriate for stage (Go to 0222) 10. Re, treatment not appropriate for stage (Go to 0222) 10. Re, treatment not appropriate for stage (Go to 0222) 10. Re, treatment not appropriate for stage (Go to 0222) 10. Re, treatment not appropriate for stage (Go to 0222) 10. Re, treatment not appropriate for stage (Go to 022) 10. Re, treatment not appropriate for stage (Go to 022) 10. Re, treatment not appropriate for stage (Go to 022) 10. Re, treatment not appropriate for stage (Go to 022) 10. Re, (Go to 024) 10. Re, (Go to 023) 10. Re, (Go to 023)		sy material. (rare) <i>sitive darkfield</i>
25. Sec: 26. Birthweight (In grum:): Istale Penale Unk 26. a) Did infant/child have a reactive non-treposenal for for rphils (in_g VOR), RTF7 b) When was the infant/child's flot reactive sone-treposenal is to trephils? c) Indicate th finit much/ve sone-treposenal is to trephils?	27. Estimated geviational age (In weeks) Unk or of intervivitids 29. s) Did intervivitids thave a non-treponental int tor optimilis log. (IA, TFAR) Dianum Discontry DNo No test Unk No test Unk	classify an info	P are required to ant as a confirmed
INF-ANT EVALUATION INF-ANT EVALUATION INF-ANT EVALUATION Z2. Did the indext/child have a Z2. Did the indext/child have long bone Z2. Child here indext/child have long bone Yes, changes Yes, changes Yes, nonneactive Unix Yes, nonneactive Unix	MATION: Yes, positive Yes, negative No test Unix add the indensicial factors and SE call 23. Was the indensicial factors and SE call 23. Was the indensicial factors and SE call 24. Was the indensicial factors and SE call 25. Was the indensicial factors and SE call as cons or both No test 26. Was the indensicial factors and SE call 27. Was with Acqueous or Precision or Pre	CS case.	

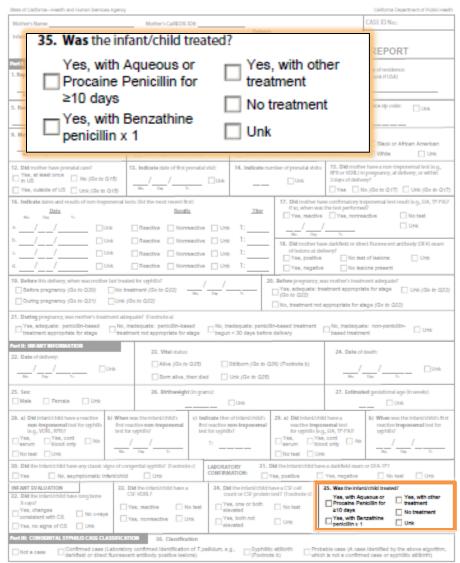


ANT EVALUATION DId the infant/child have long bone X-rays? Yes, changes consistent with CS No x-rays Yes, no signs of CS Unk	 33. Did the infant/child have a CSF-VDRL? Yes, reactive No test Yes, nonreactive Unk 	34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) Yes, one or both elevated No test Yes, both not elevated Unk
Profile and a set once in the provided set of the interval in the interval in the interval interv	Control instance programmed advector of the second se	32-34. Infant Evaluation: Indicate results of long bone X-rays, CSF-CDRL, CSF cell count of CSF protein test.
Particle In: JANE al 2010/Altion 22. Vital data: 22. Date of delivery:	n-treponental matche treponental led treppins (a, G, BA, TPAF Vas, (a, G, BA, TPAF Vas, (a, G, BA, TPAF Vas, (b, Cast) Vas, (b	<i>Rationale:</i> Evidence of syphilis from one of these tests may be required for classifying an infan as a probable case.

med identification of T.pallidum, e.g., DSphillic stillbirth Group algo cody positive lasions) University of Costnots b) University of the source of a confirmed case or syphillic stillbirth Not a case darkfield or direct fluorescent antibody positive lesions) Reparting of STDs does not require patient consent and is not subject to the requirements of the Health Insurance Portability and Accountability Act 5/87AAL HIPPA allows disclosure of this information to public health for the "purpose of __public health surveillance, public health Insurity allows the Act State (SAR) (445.512)(11)

Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to cpacse cdph.ca.gov or fax to 916.440.5949 CDPH 9049 (4/2013) (CS Case Report 4/4/2013)





Reporting of STDs does not require patient connect and in not adject to the requirements of the Health Insurance Tortality and Accountability Act 647441. 1897 Adless disclosure of the Information to public health the Insurance Tortality and Accountability Act 647441. 1897 Adless disclosure of the Information to public health Insurance Tortality and Accountability Act 647441. 1897 Adless disclosure of the Information to public health the Insurance Tortality and Accountability Act 647441. 1897 Adless disclosure of the Information to public health Information To P

35. Infant Treatment: Indicate treatment for the infant, if received.

Rationale: Ensures treatment to prevent future complications of congenital syphilis. STD Control Officer may consider whether further follow-up with the medical provider is needed.



Not a case

Part III: CONGENITAL SYPHILIS CASE CLASSIFICATION

36. Classification

Confirmed case (Laboratory confirmed identification of T.pallidum, e.g., darkfield or direct fluorescent antibody positive lesions)

Syphilitic stillbirth (Footnote b)

Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)

No. Der Do	Sanati Sanatin	-				
5. Residence state:	6. Residence county:	k (If case resides in	y: Uni a city health jurisdictio			
Nother's date of birth: Unit. // Bas	10. Mother's othnicity: HepaniciLatina Un Non-Hapanic/Non-Latina	k 🗌 American Ir	ce: (check of that opp dian/Alaska Native alian or Other Pacific	Asian Disck or African American		
12. Did mother have prenatal care? Yes, at least once In US Yes, outside of US Unk (Go to Q15)	12. Indicate date of first prevatal visits /		nber of prenatal visits:	15. Did mother have a non-insponential lest (e.g., RPR or VDR.) in pregnancy, at delivery, or within 2 days of delivery? Yes No (Go to Q17) Unix (Go to Q17)		
Data Data No. Data No. Data L Data	Inte (bit the most recent finit)	Unk 1:	If so, when year Yes, reactive / / / Be. Did mother hav of instore at del Yes, positive	e darkfield or direct fluorencent antibody (DFA) examinery?		
Before pregnancy (So to Q20) No During pregnancy (So to Q21) Urin During pregnancy (So to Q21) Urin T. During pregnancy, was mother's bradment a Yea, adequate: periollin-basedNo	In Before this delivery, when was mother last braided br upphilo? In Before pregnancy (Go to Q20) No brashmeri (Go to Q22) During pregnancy (Go to Q21) Unix (Go to Q22) During pregnancy (Go to Q21) Unix (Go to Q22) In During pregnancy, was mother's treatment adequate? Ecotrote #					
Part II: INFANT INFORMATION 22. Date of delivery:	22. Vital status: Alive (Go to Q25) Dom alive, then died	Stilborn (Go to Q)		24. Date of death:		
25. Sez: Maie Pemale Unk	26. Birthweight (in gram ():	- Unix		27. Extimated gestational age (in weeks)		
non-treponemal test for syphills find (e.g., VDR, RFR? VasYas.conf	reactive non-treponential finit reac	etter of intent/child's tive non-treponental sphills?	29. a) Did intent/chil mactive trappor for upphilluling Yes, Yes, assrum bloc No test Univ	nemal Init reactive treponemal Init for sphills?		
20. Did the intert/child have any classic signs of c Ves No, asymptomatic infantichi		C BEAR ATTICAL		e a darkfield exam or DFA-197 Yea, negative 📄 No teat 📄 Unix		
22. Did the interluchtlid have long bone X-rays? Yes, changes No x-rays	CSF-VDRL7 Yee, reactive No test	4. Did the intant/child h count or CSF protein t elevated Yes, one or both elevated		25. Was the infanti/child brasted? Yes, with Aqueous or brastment Proceime Pankille for brastment 210 days No trastment Yes, with Benzahne Pankillen 1 Unk		
Partille CONDENITAL SYPHILIS CASE CLASSIFIC	26. Classification tory confirmed identification of T.pelidu cont antibody positive lasions)	m, e.g., □Syphilitic (Footnot	atilbith Proba b) which	able case (A case identified by the above algorithm, is not a continued case or syphilitic atlibith)		

Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to <u>coacs@cdph.ca.gov</u> or fax to 916.440.5949 H 9049 (4/2013) ICS Case Report 4/4/2013



36. CS Case Classification: Using the algorithm, classify the case as Not a case (form not required), a Confirmed case, a Syphilitic stillbirth, or a Probable case.

Rationale: Provides final classification for cases.

State of California - Heelth and Human Services Agency			California Department of Public Health
Mother's Name:	Mother's California IDE		CASE ID No.:
Infant's Name:	Infant's California Dife	Dollvery Hospital:	
	NGENITAL SYPHILIS (TION AND REPORT
Parti: MATERNAL INFORMATION	NOENTIAL STERILIS (
1. Report date to health department:	2. Reporting state:	2. Reporting county:	 Country of residence: (inave biank if USA)
/ /	CALIFORNIA		
Ha. Day Ya			
5. Residence stats:	6. Residence county: 🗌 Unk	7. Realdence city: Unk (If case resides in a city health jurisdiction	
9. Mother's date of birth:	10. Mother's ethnicity:	11. Mother's race: (check of that app)	
	HapanioLatina Unk	American Indian/Alaska Native	
ormation to public health	for the "purpose of rm to the CDPH	public health surveilla STD Congenital	the requirements of the He ance, public health investiga Syphilis Coordinator
a/_/Unk	Reactive Nonreactive Un	k 1:/_/	Unk
	Reactive Norreactive Un	The lower states and the states and	e darkfield or direct fluorescent antibody (DFA) exam
	Reactive Normactive Uni	Yes, positive	
d// 🗌 Unk	Reactive Nonreactive Un	k 1: Yes, negative	No lesions present
19. Before this delivery, when was mother last treat			as mother's treatment adequate?
Before pregnancy (Go to Q20) No tre During pregnancy (Go to Q21) Unk (80. Dep		atment appropriate for stage Unk (Go to Q22)
		No, treatment not a	appropriate for stage (Go to Q22)
21. During programsy, sea mother's treatment ade Yea, adequate: pericilin-based treatment appropriate for stage		nadequate: penkilln-based treatment (n < 30 days before delivery	No, inadequate: non-penicilin-
Part II: INFANT INFORMATION	22. What status:		24. Date of death:
22. Date of delivery:		Stilborn (Go to Q26) (Footnote b)	
/// Unk	Dom alve, then died	Unk (Go to Q25)	/ / Unk
25. Sex	26. Birthweight (in gramu):		27. Estimated gestational age (in weeks)
Male Pernale Unk		Link	
non-treponential test for syphilis find re-		r of intentichtlich non-treponennal lin7 Park Annum Pitton No text Unix	semal lost reactive treponemal test for sphills?
No test Unk	ngenital sphills? (Footnotes)		a darkfield exam or DFA-197 Yes, negative No test Unk
No test Unic No. 20. Did the Interfact/child have any classic signs of con			25. Was the infant/child treated?
No test Usik Ms. 20. Did the Interlichtlid have any classic signs of cor Yes No, saymptomatic Interlichtlid INFANT GVALUATION 22. 1 No. No.	Unk CONFIRU Did the infant/child have a 24. Di	id the infant/child have a CSF cell 2	
No Inat Unix Max 20. Did the intent/child have any cleanix signs of cor Yea No, asymptomatic intent/child Yea No, asymptomatic intent/child 22. Did the intent/child have long bone 22. Did the intent/child have long bone	Unk CONFID Did the intert/child have a CSF-VORL7 CC	ount or CSF protein test? (Footnote-d)	Yes, with Aqueous or Yes, with other
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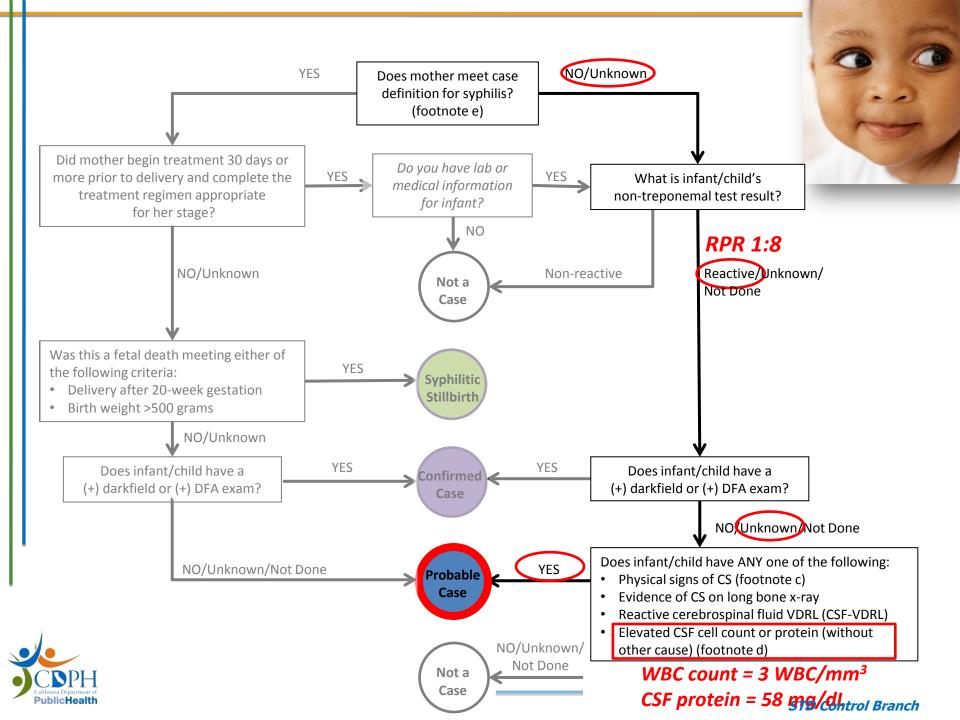


Case Study #2: Isabella

- Adopted no information on mother
- 3 month-old female with RPR of 1:8
- Lumbar puncture results:
 - WBC count = 3 WBC/mm³
 - CSF protein = 58 mg/dL
- No long bone X-ray available







Part II: INFANT INFORMATION 22. Date of delivery: $O1 / 17 / 2013$ Mo. $I7 / I7 / Yr.$ Unk 25. Sex: Male Female	23. Vital status: Alive (Go to Q25) Born alive, then die 26. Birthweight (in gra	ams):	26) (Footnote b)	27. Estimate	leath: / Unk Day Yr. d gestational age (in weeks) S Unk
non-treponemal test for syphilis (e.g., VDRL, RPR)? test for symplex Yes, Yes, Yes, cord	tive non-treponemal first test $\frac{12}{D_{ay}} / \frac{2013}{Y_{r.}}$		29. a) DId infant/chil reactive trepor for syphilis (e.g ∑Yes, Yes serum bloo No test Uni DId the Infant/child have	nemal test g., EIA, TP-PA)? s, cord I No od only No k	b) When was the infant/child's first reactive treponemal test for syphilis? O3 / 12 2013 Mo. Day Yr. DFA-TP? Yr.
Yes No, asymptomatic infant/child Unk CONFIRMATION: Yes, positive Yes, negative No test Unk INFANT EVALUATION 33. Did the infant/child have a CSF-VDRL? 34. Did the infant/child have a CSF cell count or CSF protein test? (Footnote d) S. Was the infant/child treated? "Yes, changes consistent with CS No x-rays Yes, nonreactive No test Yes, one or both elevated No test Procaine Penicillin for elevated Yes, with Benzathine encillin x 1 No treatment					/child treated? eous or Yes, with other icillin for No treatment
PartIII: CONGENITAL SYPHILIS CASE CLASSIFICATION 36. Classification Image: Not a case Confirmed case (Laboratory confirmed identification of <i>T.pallidum</i> , e.g., darkfield or direct fluorescent antibody positive lesions) Syphilitic stillbirth (Footnote b) Probable case (A case identified by the above algorithm, which is not a confirmed case or syphilitic stillbirth)					

Reporting of STDs does not require patient consent and is not subject to the requirements of the Health Insurance Portability and Accountability Act (HIPAA). HIPPA allows disclosure of this information to public health for the "purpose of ... public health surveillance, public health investigations, and public health interventions..." 45 CFR §164.512(b)(1) Return completed form to the CDPH STD Congenital Syphilis Coordinator via secure email to cpacs@cdph.ca.gov or fax to 916.440.5949

CDPH 9049 (4/2013) (CS Case Report 4/4/2013)



SUMMARY





STD Control Branch

Summary

- Complete the CS form for Confirmed, Presumptive, or Syphilitic Stillbirths.
 - Infants or stillborn fetuses of mothers who are inadequately treated
 - Infants with reactive STS and evidence of congenital syphilis
- Use of the CS form for non-cases is optional, to be determined by local program managers.
- Forms should be submitted to the Congenital Syphilis Coordinator within 7 days of case closure.



Case Closure, Case Review and Documentation

Mother Adequately Treated

• Within 30 days of treatment confirmation

Mother Inadequately Treated

- Within 30 days of treatment confirmation, stillbirth or delivery
- Front line supervisors should review all cases prior to submission.
- The following should be submitted to the Congenital Syphilis Coordinator within 7 days of case closure :
 - California CS Case Investigation and Report
 - Copy of the FR for mother and infant
 - Reactor history printed from the local reactor database
 - For early cases: copies of the FRs for partners and IR for mother
- Notify ICCR headquarters if you request a CS ID Number and the infant is subsequently determined not to be a case.



CONGENITAL SYPHILIS COORDINATOR: cpacs@cdph.ca.gov or fax to **916.440.5949**



Training Series

Introduction and Protocol for Congenital Syphilis Surveillance in California May 6, 2013 – 9-10AM

Completion of the Revised Congenital Syphilis Form May 13, 2013 – 9-10AM

CalREDIE: Initiating, Monitoring and Entering Data for Congenital Syphilis May 20, 2013 – 9-10AM

Thank You!

California Department of Public Health

- Michael Samuel
- Denise Gilson
- Romni Neiman
- Edwin Lopez
- George Camarillo
- Heidi Bauer

County of San Diego

- Heidi Aiem
- Debra Lopez-Devereaux

Contact Information

PRESENTER INFORMATION:

Jessica Frasure-Williams Syphilis Elimination Coordinator Jessica.Frasure@cdph.ca.gov SUBMIT ALL FORMS TO: Congenital Syphilis Coordinator <u>cpacs@cdph.ca.gov</u> or fax to 916.440.5949



Surveillance Case Definition for Congenital Syphilis (CS)

- A *confirmed case* of CS is an infant or child in whom *Treponema pallidum* is identified by darkfield microscopy, direct fluorescent antibody, or other specific stains in specimens from lesions, placenta, umbilical cord, or autopsy material.
- A *presumptive case* of CS is either of the following: any infant whose mother had untreated or inadequately treated syphilis at the time of delivery, regardless of the findings in the infant or child; any infant or child who has a reactive treponemal test for syphilis and any one of the following:
 - evidence of CS on physical examination;
 - evidence of CS on long bone X-ray;
 - reactive CSF-VDRL;
 - elevated CSF cell count or protein (without other cause);
- A *syphilitic stillbirth* is defined as a fetal death in which the mother had untreated or inadequately treated syphilis at the time of delivery of either a fetus after a 20-week gestation or a fetus weighing >500g.



Established by the Coalition of State and Territorial Epidemiologists

Adequate treatment for syphilis in pregnant females

Stage of syphilis	Treatment	Timing
Primary, Secondary, and Early Latent	BIC x 1	Administered 30 days or more prior to delivery
Late Latent and Latent of Unknown Duration	BIC x 3	First dose administered 30 days or more prior to delivery, AND all doses received

Pregnant women allergic to penicillin should be treated with penicillin after desensitization. There are no alternative regimens for syphilis treatment in pregnancy.



STD Treatment Guidelines, 2010. cdc.gov/std/treatment/2010/

STD Control Branch

Definition: Syphilitic Stillbirth

- fetal death in which the mother had untreated or inadequately treated syphilis at the time of delivery of either
 - a fetus after a 20-week gestation or
 - a fetus weighing >500g



Definition: Confirmed Case

- positive darkfield or special stains in the specimens from
 - lesions
 - placenta
 - umbilical cord, or
 - autopsy material



Definition: Probable Case

- inadequate treatment in the *mother*, regardless of infant results, OR
- reactive non-treponemal test in the *infant* plus one of the following:
 - evidence on physical exam,
 - evidence on long bone X-ray,
 - reactive CSF-VDRL, OR
 - elevated CSF cell count or protein (without other cause)

Age of infant/neonates	Elevated CSF White Blood Cell Count	Elevated CSF Protein Count	
≤30 days old	>15 WBC/mm ³	>120 mg/dL	
days old	>5 WBC/mm ³	>40 mg/dL	