

Congenital Syphilis Case Worksheet

Maternal information (Birth parent)

Birth parent's name (Last name, middle initial, first name)

Birth parent's date of birth

Birth parent's address (street address, city, state, ZIP code)

Birth parent's obstetric history

Number of previous pregnancies

Number of previous live births

Birth parent's Race

☐ American Indian/Alaska Native☐ Black☐ Asian☐ White☐ Native Hawaiian/Other Pacific Islander☐ Unknown☐ Other:Birth parent's
Ethnicity☐ Hispanic☐ Non-Hispanic☐ Unknown

Birth parent's date of first prenatal visit

☐ None ☐ Unknown

Trimester of first prenatal visit

☐ 1st ☐ 2nd ☐ 3rd

Number of prenatal visits

Birth parent's last menstrual period date

☐ Unknown

Birth parent's marital status

☐ Single (never married)☐ Married☐ Separated/divorced☐ Widow☐ Unknown ☐ Other:

Birth parent's non-treponemal tests (example RPR or VDRL) information

Most recent

Date:

Test type:

☐ Non-reactive☐ Reactive (titer 1:) ☐ Unknown

Previous test

Date:

Test type:

☐ Non-reactive☐ Reactive (titer 1:) ☐ Unknown

Previous test

Date:

Test type:

☐ Non-reactive☐ Reactive (titer 1:) ☐ Unknown

Birth parent's Treponemal tests (example FTA or TPPA) Information

Most recent

Date:

Test type:

☐ Non-reactive☐ Reactive☐ Unknown

Previous test

Date:

Test type:

☐ Non-reactive☐ Reactive☐ Unknown

Previous test

Date:

Test type:

☐ Non-reactive☐ Reactive☐ Unknown

Birth parent's HIV status during pregnancy

☐ Positive☐ Negative☐ Equivocal☐ No test☐ Unknown

Birth parent's Clinical Stage of Syphilis

☐ Primary☐ Secondary☐ Early non-primary/non-secondary☐ Late (unknown duration)☐ Treated prior to pregnancy☐ Other☐ UnknownWas birth parent
treated?☐ Yes☐ No☐ UnknownHow many doses of 2.4mu of
benzathine penicillin G?☐ 1 (2.4mu)☐ 2 (4.8mu)☐ 3 (7.2mu)

When did the birth parent receive their first dose of benzathine penicillin G?

☐ 1st Trimester☐ 2nd Trimester☐ 3rd Trimester☐ Before Pregnancy☐ No Treatment☐ Unknown

Substance use by the birth parent during pregnancy

☐ Alcohol☐ Marijuana☐ Cocaine (powder)☐ Cocaine (crack)☐ Meth☐ Ecstasy☐ Other:

Notes:

Neonate/infant/child information**(*More information may be needed for certain reactive test results)**

Neonate's name (Last, middle initial, first)

Delivery date

Vital status

☐ Alive ☐ Born alive, then died ☐ Stillborn ☐ Unknown

Date of death (if neonate died)

☐ Unknown

Birth weight in grams

Estimated gestational age in weeks

Neonate's non-treponemal tests (example RPR or VDRL) information☐ No test ☐ Tested, but non-reactive ☐ Reactive (titer 1:)

If tested, type of test:

Date of test:

☐ Unknown**Neonate's treponemal tests (example FTA or TPPA or FTA-ABS-19S-IGM) information**☐ No test ☐ Tested, but non-reactive ☐ Reactive ☐ Unknown

If tested, type of test:

Was darkfield testing completed on the neonate? For example, placenta, cord, or autopsy.

Type of tissue tested:

☐ No lesions/tissue to test ☐ No test ☐ Unknown
☐ Tested, but non-reactive ☐ Tested reactive*

Congenital Syphilis (CS) Signs or Symptoms:

☐ No signs/asymptomatic ☐ Snuffles
☐ Hepatosplenomegaly ☐ Syphilitic skin rash
☐ Hutchinson teeth ☐ Frontal Bossing ☐ Mulberry Molars
☐ Unknown ☐ Other:

Long bone exam

☐ Yes, signs of CS ☐ Yes, no signs of CS
☐ No x-ray ☐ Unknown

Central Spinal Fluid Test (CSF-VDRL)

☐ Yes, reactive (titer 1:) ☐ Yes, non-reactive
☐ No test ☐ Unknown

CSF WBC and or protein count

☐ Yes CSF WBC elevated* ☐ Yes, CSF protein elevated* ☐ Both elevated* ☐ Neither elevated ☐ No test
☐ Unknown

* If elevated, values of WBC and/or protein:

HIV status of the neonate

☐ Positive ☐ Negative ☐ Equivocal ☐ No test ☐ Unknown

During the course of the pregnancy were any ultrasound findings suggestive of congenital syphilis (i.e., Hepatomegaly)?

☐ Yes ☐ No ☐ No ultrasounds performed ☐ Unknown

Neonate treated?

☐ Yes with ACPG or procaine PCN for 10 days ☐ Yes with benzathine PCNx1 ☐ No treatment ☐ Unknown
☐ Yes with other treatment:

Notes:

Instructions: Medical Providers can mail or fax a completed hard-copy form **within 72 hours** to the LTHD in the county the patient resides. LTHD addresses are available at <https://www.dhs.wisconsin.gov/lh-depts/counties.htm>. Submit electronic reports via Wisconsin Electronic Disease Surveillance System (WEDSS) Web Report, or directly into WEDSS. Call the State of Wisconsin STI Unit at 608-266-7365 with questions.