Public Health Worksheet: Syphilis/Congenital Syphilis

Investigator (PHN/DIS): _____

Jurisdiction: _____ Date: _____

Maternal	
MIDIS ID	
Name	
Phone	
Estimated Due Date (EDD)	
Gestational Age of Fetus at Maternal Date of Diagnosis	
Gestational Age of Fetus at Delivery	
Maternal Provider Name	
Maternal Provider Phone	

Maternal Testing		
Initial Treponemal Test (TPPA, EIA, CIA)	Type: Date: Result:	
Initial Nontreponemal Titer/Dilution (RPR, VDRL)	Type: Date: Result: Titer:	
Syphilis Stage	☐ Primary ☐ Secondary ☐ Early Latent ☐ Late Latent/Unknown	
Treatment Dates	Date of Treatment 1:	
(7-9 Day Interval)	Interval:	
	Date of Treatment 2:	
(7-9 Day Interval)	Interval:	
	Date of Treatment 3:	

Follow-Up Testing During Pregnancy	
Nontreponemal Titer / Dilution (RPR, VRDL)	Type: Date: Result: Titer:
Was there a 4-fold titer change? **Must compare RPR to RPR and VDRL to VDRL**	☐ Yes ☐ No
If yes, was there an increase or decrease?	☐ Increase (suggests treatment failure or reinfection) ☐ Decrease (suggests successfully treated)

Follow-Up Testing at Delivery	
Nontreponemal Titer / Dilution (RPR, VRDL)	Type: Date: Result: Titer:
4-fold titer change since initiation of treatment? **Must compare RPR to RPR and VDRL to VDRL**	☐ Yes ☐ No

Maternal Treatment		
Date of Delivery:	☐ Live Birth ☐ Stillbirth	
Was Maternal Treatment Initiated at least 30 days prior to delivery?	Date Treatment Initiated: Interval between Date Treatment Initiated and Date of Delivery:	
Was Maternal Treatment Regimen Completed at Time of Delivery?	☐ Yes* ☐ No+	
*If Yes, Dates of Treatment:	Date of Treatment 1:	
	Interval:	
	Date of Treatment 2:	
	Interval:	
	Date of Treatment 3:	
+If No, then Infant needs further evaluation, See Figure 3, Scenario 2		

Infant			
MIDIS ID		DOB	
Name			
Caregiver Name		Caregiver Number	
Infant Provider Name		Provider Number	

At Delivery: Infant		
Initial Treatment Recommended for Infant?	☐ Yes ☐ No	Notes:
Nontreponemal test at delivery (The infant's nontreponemal test should be the same type as the maternal test e.g. RPR & RPR or VDRL&VDRL)	Type (RPR or VDRL): RPR Date: Result: Titer:	
Is the nontreponemal titer 4-fold higher than the maternal titer?	☐ Yes[⊥] ☐ No	
Did infant have an CS finding on physical exam?	☐ Yes[⊥] ☐ No	Notes:
[⊥]If yes, then infant is classified as proven or highly probable CS case and needs further evaluation and treatment (Scenario 1 in Figure 3)		

Follow-Up Testing for Infant						
Nontreponemal Testing 1	Type		Date		Titer	
Nontreponemal Testing 2	Type		Date		Titer	
Nontreponemal Testing 3	Type		Date		Titer	
Did Infant's Nontreponemal Test Decrease to Nonreactive by 6 months?	☐ Yes ☐ No[×] Notes:					
[×]If no, was infant referred for further evaluation and treatment?	☐ Yes ☐ No Notes:					
Treatment:	Notes:					

Questions? Contact STD/HIV/HCV Program Prevention: 406-444-3565