



Texas Department of State Health Services

Texas Department of State Health Services
 HIV/STD/TB/Viral Hepatitis Prevention and Care Branch
 TX-STD-126a Syphilis Infant Reactor Control Record

Unique Identifier/Control Number		Date Reported to Health Dept. (mm/dd/yyyy)	Date Morb Card Submitted (mm/dd/yyyy)	Date Assigned (mm/dd/yyyy)
-				
Surveillance Site	Reporting State	Reporting County	Reporting City	Investigator Name
	48			

MOTHER INFORMATION	Mother's Name: (Last, First, MI)	Social Security Number	Date of Birth (mm/dd/yyyy)	Chart/Medical Record Number
	Mother's Home Address and Phone	Race		Other medical conditions
	Street Address:	If other, describe:		
	City: Phone:	Ethnicity		
	State: Zip Code: Alt:	Hisp/Latino	Non-Hisp/Non-Latino	Unknown
	Did mother reside outside Texas during pregnancy? If yes, when: If yes, where:	Substance use (UDS or Tox screen result)		
	Mother's insurance status during this pregnancy	Alcohol	Amphetamines	Barbituates
Did the mother experience housing instability during her current pregnancy?	Benzodiazepines	Cocaine	Heroin	
Was mother incarcerated during her current pregnancy?	Marijuana (THC)	Methadone	Morphine	
If yes, duration:	Oxycodone	None	Unk/not performed	
Did mother have history of prior CPS involvement?	If other, list:			
Following adequate treatment for mother's surveillance stage:				
Titer decreased		Titer fluctuated more than one dilution, but with follow-up returned within normal limits		
Titer remained steady		Titer fluctuated, but remained within one dilution		
Titer fluctuated, but more than one dilution increase without treatment or follow-up		Titer showed evidence of treatment failure of reinfection		
		Not enough time to evaluate titer change		

INFANT	Infant's Name: (Last, First)	Date of Delivery (mm/dd/yyyy)	Vital Status: Alive Stillborn	
	Infant Gender: Male Female	Who is the primary caregiver for this child upon hospital discharge?	Mother Grandparent	Child Protective Services (CPS) Foster Care
		Father Family Member (other)	Adoption Agency	

Follow the flow chart until a case determination has been made (no case, probable, stillbirth, or confirmed).

CASE DETERMINATION

1. When the mother was diagnosed with syphilis, did she complete treatment appropriate* for her surveillance stage?

Yes → 2.A. Did the infant/child have a (+) darkfield, (+) PCR, (+) IHC, (+) DFA, or (+) special stain?*

No → 2.B. Did the mother deliver a live birth?

2.A. Yes → Confirmed case

2.A. No or no labs → 3. Did the infant/child have a reactive non-treponemal test result?

2.B. Yes → Probable case

2.B. No → 10. Did the mother deliver a stillbirth greater than 500 grams or greater than 20 weeks gestation?

3. Yes → Probable case

3. No → 4. Did the infant/child have physical signs or symptoms of congenital syphilis?

4. Yes → Probable case

4. No → 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray?

5. Yes → Probable case

5. No or no x-rays → 6. Did the infant/child have a reactive CSF/VDRL?

6. Yes → Probable case

6. No or no labs → 7. Did the infant/child have elevated CSF WBC count or protein (without other cause)?

7. Yes → Probable case

7. No or no labs → 8. Was the mother diagnosed with syphilis during pregnancy or at labor and delivery?

8. Yes → 9. Did the mother initiate treatment appropriate for her surveillance stage less than 30 days prior to delivery?

9. Yes → 10. No case

9. No → 8. No case

10. Yes → Syphilitic Stillbirth

10. No → No case

NO CASE

PROBABLE CASE

SYPHILITIC STILLBIRTH

CONFIRMED CASE

Additional comments:

Investigation identified through Vital Statistics Matching: Yes

* appropriate treatment is defined as completion of a therapy regimen as outlined in the current CDC treatment guidelines at the time of diagnosis or in the event of two dilution titer rise. Special consideration for treatment regimens for pregnant women can be found here.
 ** regardless of mother's treatment, if the answer to 2A is "Yes," the congenital syphilis case is confirmed.

Supervisor's Approval

Approved by: _____ Date: _____