

Texas Department of State Health Services HIV/STD/TB/Viral Hepatitis Prevention and Care Branch STD-126 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)	
		-	-								
	Sur	veillance Site		Reporting State	Repor	ting County		Reporting	City	DIS	Name
				48							
	Mothe	Nother's Name: (Last, First, MI)			Social Security Number Date of		te of B	Birth (mm/dd/yyyy) Chart/Medical Reco		Medical Record	Number
	Mother	Mother's Home Address and Phone			Race			Prenatal Care Provider:			
		Address:			If other, describe:				Name:		
	City: Phone:				Ethnicity				Address:		
	State: Zip Code: Alt:				Hisp/Latino Non-Hisp/Non-Latino Unknown			Telephone No.			
	Did mother reside outside Texas during pregnancy? If yes, when:				Marital Status			Delivering Hospital/Physician			
		-	, where:	Substance use (UDS or Tox screen result)				Hospital:			
	Last Menstrual Period Mother's OB History				Alcohol Amphetamines Barbituates				Physician: Address:		
	ı) (ı	(mm/dd/yyyy) (including this birth)			Benzodiazepines			Heroin	Telephone No.		
			G P	А	Marijuana (THC)	Methadone		Morphine	What was mother's clinical stage of syphilis		
		Unknown			Oxycodone	None		Unk/not performed			
	Indi	icate <u>ALL</u> trimesters (check a	s the mother Il that apply):		If other, list:				What was mother's surveillance store of		
	No	one First S	Second	Third Unk	Indicate when m	other had own	ilia taa	ting during the	What was mother's surveillance stage of syphilis during her pregnancy?		
	Firs	t prenatal visit: (m	m/dd/yyyy)	Number of	Indicate when m	following:		ting during the			
		None	Unknown	prenatal visits:		3 rd Trimester (28-32 wks gestation)*			Other medic	al conditions	
	Mothe	r's last known HIV			<u>First Prenatal*</u>			<u>Delivery</u>			
	Pos	sitive Neg	ative	Equivocal		gootation	<u>.</u>				
z	Not	t Tested Unk	nown Da	ate:	Yee No Unk	Vee No II	m le	Vac No Unk			
ō	Mother's insurance status during this pregnancy				Yes No Unk	Yes No U	Ink	Yes No Unk			
AT					Date:	Date:		Date:			
INFORMATION					*required by Texas Health and Safety Code 81.090						
Ö		Indicate during	pregnancy a	and delivery, dat	es and results of tests:						
Ž	al			Date	(mm/dd/yyyy) No tes	st .	Test Ty	vpe	Resul	ts	Titer
	Non- Treponemal History	Testing at Labor	and Deliver	у		RPR	VDR		Reactive	Non-Reactive	1:
MOTHER		Third Trimester Test				RPR	VDR	-	Reactive	Non-Reactive	1:
Б		First test during pregnancy				RPR	VDR		Reactive	Non-Reactive	1:
Σ		Any known test			es and results of tests:	RPR	VDR	L Other	Reactive	Non-Reactive	1:
		indicate during	pregnancy a		mm/dd/yyyy) Test Type			Results			
	Z	Testing at Labor and Delivery				EIA or (CIA	Syphilis Healt	ncheck		
					No test performed			Other		Reactive	Non-Reactive
	His				portorinod		FTA-ABS EIA or CIA Syphilis Healt				
	lal	Third Trimester 1	Test		No test	TPPA	CIA	Other	ICHCCK	Reactive	Non-Reactive
	nen				performed	performed FTA-ABS					
	por						EIA or CIA Syphilis Healt TPPA Other		ncheck	Depative	New Desetting
	Treponemal Histo	First test during	pregnancy		No test performed			Other	Reactive Non-Re		Non-Reactive
		Any known test prior to pregnancy if MOB had a previous syphilis diagnosis, please use the diagnosing lab				EIA or		Syphilis Healt	hcheck		
					No test	ТРРА		Other		Reactive	Non-Reactive
					performed	11/(/(4	1				
	ry	What was the mother's treatment?				Date	Fo	ollowing adequate tre	eatment for m	other's surveill	ance stage:
								Titer decreased			
	ry										
	istory							Titer remained stea Titer fluctuated, but	-	ithin one dilutio	n
	t History							Titer fluctuated, bu	t remained w		
	tent History								t remained wind wind the termination of terminatio of termination of termination of termination o		
	atment History							Titer fluctuated, but Titer fluctuated, b without treatment of Titer fluctuated mod	t remained wi ut more tha or follow-up re than one d	n one dilution	increase
	Treatment History							Titer fluctuated, but Titer fluctuated, b without treatment of Titer fluctuated more returned within nor	t remained wi ut more tha or follow-up re than one d mal limits	n one dilution ilution, but with	i increase I follow-up
	Treatment History							Titer fluctuated, but Titer fluctuated, b without treatment of Titer fluctuated mod	t remained w ut more tha or follow-up re than one d mal limits nce of treatm	n one dilution ilution, but with ent failure of re	i increase I follow-up



Texas Department of State Health Services

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	Infant's Name: (Last, First	t)	Date of Delivery	(mm/dd/yyyy)	Vital Status: Alive Stillborn						
		,									
	Infant Gender:		Did the infant/child have a t	trononomal toot?	Born Alive, then died						
		Infant HIV Status:	-	lieponemaritest? No	Date of Death (mm/dd/yyyy):						
	Male Female	Date	If yes, Test type	-							
	Type of birth:			FTA-ABS Other	Death Certificate No.:						
	Did the infant have a <u>non-treponemal</u> test done?		If yes, was the test reactive		Unknown						
	Weight:			۱o	Chart Number:						
	grams	Date of the test (mm/dd/yy):	Date of the test (mm/dd/yyy	v):							
7	Unknown		Did the infant/child, placen		Pediatric ID (if applicable):						
Į0	Gestational Age:	Indicate the titer	material test positive on a exams?		Name:						
AT	Weeks	non-treponemal test: 1:	Darkfield/DFA-TP	Date							
RR	Unknown		PCR	Date	Address:						
P.			ІНС	Date	Telephone No.						
Z			Special Stain	Date							
INFANT INFORMATION	Did the infant /child have	any signs of congenital syphilis?	(check all that apply)?		Pediatrician (not delivery hospital):						
ΕA	condyloma lata s	nuffles syphilitic skin rash	hepatosplenomegaly jau	undice/hepatitis							
Z	pseudo paralysis e	dema no signs other:			Name:						
	Did the infant/child have I	ong bone x-rays?			Address:						
		Date of the test: (mm/dd/yyyy)		Telephone No.						
	Did the infant/child have (of the test: (mm/dd/aaa)								
	If reactive, titer: 1: Date of the test: (mm/dd/yyyy) Did the infant/child have a CSF WBC count or CSF protein test? (*see instructions for definition of elevated counts)										
	Yes. >15 WBC/mm³ Yes. >120protein/mm³ Yes. Both tests elevated No. Neither test elevated Count Count Count No test Unknown										
	Was the infant/child treated?										
	other treatment: Date of treatment: (mm/dd/yyyy)										
	Follow the flow chart u	Intil a case determination has l	been made (no case, proba	able, stillbirth, or con	firmed).						
	1. When the mother was diagnos		2.A. Did the infant/child have a (+) darkfi		O CASE						
	complete treatment appropriate	* for her surveillance stage?	(+) IHC, (+) DFA, or (+) special stain?**		ROBABLE CASE						
	No	ז ר	♦ ♦ No or no labs Yes → Cont	firmed case							
			*	°	YPHILITIC STILLBIRTH						
	2.B. Did the mother deliver a live		3. Did the infant/child have a reactive non-treponemal test result?		YPHILITIC STILLBIRTH ONFIRMED CASE						
Z	2.B. Did the mother deliver a live Yes → Probable			C							
lion	Yes Probable	case No		C	ONFIRMED CASE						
IATION	Yes Probable	e case No	non-treponemal test result?	Additional	ONFIRMED CASE						
MINATION	Yes Probable 10. Did the mother deliv 500 grams <u>or</u> greater the	er a stillbirth greater than an 20 weeks gestation?	non-treponemal test result?	Additional	ONFIRMED CASE						
ERMINATION	Yes Probable 10. Did the mother deliv 500 grams <u>or</u> greater the	er a stillbirth greater than an 20 weeks gestation?	non-treponemal test result? No 4. Did the infant/child have physical signs symptoms of congenital syphilis?	Additional	ONFIRMED CASE						
ETERMINATION	Yes Probable 10. Did the mother deliv 500 grams <u>or</u> greater the	er a stillbirth greater than an 20 weeks gestation?	non-treponemal test result? No 4. Did the infant/child have physical signs symptoms of congenital syphilis? Vo Ves Yes Pro	s or	ONFIRMED CASE						
DETERMINATION	Yes Probable 10. Did the mother deliv 500 grams <u>or</u> greater that Yes No +	ecase No er a stillbirth greater than an 20 weeks gestation? Syphilitic Stillbirth No case	non-treponemal test result? No 4. Did the infant/child have physical signs symptoms of congenital syphilis?	s or bable case	ONFIRMED CASE						
SE DETERMINATION	Yes → Probable 10. Did the mother deliv 500 grams <u>or</u> greater tha Yes → S	er a stillbirth greater than an 20 weeks gestation?	non-treponemal test result? No 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Yes Fro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray?	s or bable case	ONFIRMED CASE						
CASE DETERMINATION	Yes Probable 10. Did the mother deliv 500 grams or greater that Yes S Yes No S 9. Did the mother initiate treatm surveillance stage less than 30 da	er a stillbirth greater than an 20 weeks gestation?	non-treponemal test result? No 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Yes Fro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray?	s or bable case	ONFIRMED CASE						
CASE DETERMINATION	Yes Probable 10. Did the mother deliv 500 grams or greater that Yes S Yes No S 9. Did the mother initiate treatm	er a stillbirth greater than an 20 weeks gestation?	non-treponemal test result? No 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Yes Fro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray?	s or bable case	ONFIRMED CASE						
CASE DETERMINATION	Yes Probable 10. Did the mother deliv 500 grams <u>or</u> greater the Yes Yes No 9. Did the mother initiate treatm surveillance stage less than 30 da Yes 8. Was the mother diagnosed wi	er a stillbirth greater than an 20 weeks gestation? syphilitic Stillbirth No case	non-treponemal test result? No Yes 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Yes Pro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray? No or no x-rays Yes Yes Pro 6. Did the infant/child have a reactive CS	s or bable case	ONFIRMED CASE						
CASE DETERMINATION	Yes Yes Yes No No No No No No No No No No	era stillbirth greater than an 20 weeks gestation? ivphilitic Stillbirth No case ient appropriate for her ays prior to delivery? No th syphilis during pregnancy	non-treponemal test result? No Yes 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Yes Pro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray? No or no x-rays Yes Yes Pro 6. Did the infant/child have a reactive CS	s or bable case	ONFIRMED CASE						
CASE DETERMINATION	Yes Yes Yes Yes Yes Yes Yes Yes	er a stillbirth greater than an 20 weeks gestation? syphilitic Stillbirth No case ent appropriate for her ays prior to delivery? No th syphilis during pregnancy th syphilis during pregnancy the time of diagnosis or in the event of	non-treponemal test result? No Yes 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Pro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray? No or no x-rays Yes Pro 6. Did the infant/child have a reactive CS No or no labs Yes Pro 7. Did the infant/child have elevated CSF	s or bable case F/VDRL? bable case	ONFIRMED CASE						
CASE DETERMINATION	Yes Probable 10. Did the mother deliv 500 grams or greater that Yes S S S S S S S S S S S S S S S S S S S	era stillbirth greater than an 20 weeks gestation? syphilitic Stillbirth No case tent appropriate for her ays prior to delivery? No th syphilis during pregnancy pletion of a therapy regimen as outlined t the time of diagnosis or in the event of on for treatment regimens for pregnant	non-treponemal test result? No Yes 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Pro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray? No or no x-rays Yes Pro 6. Did the infant/child have a reactive CS No or no labs Yes Pro	s or bable case F/VDRL? bable case	ONFIRMED CASE						
CASE DETERMINATION	Yes Probable 10. Did the mother deliv 500 grams or greater that Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	era stillbirth greater than an 20 weeks gestation? syphilitic Stillbirth No case tent appropriate for her ays prior to delivery? No th syphilis during pregnancy pletion of a therapy regimen as outlined t the time of diagnosis or in the event of on for treatment regimens for pregnant	non-treponemal test result? No Yes 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Pro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray? No or no x-rays Yes Pro 4. Did the infant/child have a reactive CS No or no labs Yes Pro T. Did the infant/child have elevated CSF count or protein (without other cause)?	s or bable case F/VDRL? bable case	ONFIRMED CASE						
	Yes Probable 10. Did the mother deliv 500 grams or greater that Yes No 9. Did the mother initiate treatm surveillance stage less than 30 did Yes 8. Was the mother diagnosed wi or at labor and delivery? * appropriate treatment is defined as con in the current CDC treatment guidelines a two dilution titer rise. Special consideratio women can be found here.	era stillbirth greater than an 20 weeks gestation? syphilitic Stillbirth No case tent appropriate for her ays prior to delivery? No th syphilis during pregnancy pletion of a therapy regimen as outlined t the time of diagnosis or in the event of on for treatment regimens for pregnant	non-treponemal test result? No Yes 4. Did the infant/child have physical signs symptoms of congenital syphilis? Yes Pro 5. Did the infant/child have evidence of congenital syphilis on a long bone x-ray? No or no x-rays Yes Pro 4. Did the infant/child have a reactive CS No or no labs Yes Pro T. Did the infant/child have elevated CSF count or protein (without other cause)?	s or bable case F/VDRL? bable case	ONFIRMED CASE						

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