Texas Department of State Health Services

STD-126 Syphilis Infant Reactor Control Record Instructions

Rev. March 11, 2019

TEXAS Health and Human Services

Texas Department of State Health Services

The Syphilis Infant Reactor Control Record (STD-126) is a dual-purpose form for field-based case investigation and surveillance unit morbidity reporting of congenital syphilis. It is intended to provide:

- Statewide standardization of congenital syphilis case determination
- A two tier quality control system
- Streamlined reporting of congenital cases
- A practical system for both large and small programs

Reporting of Congenital Syphilis Cases is required by the Texas Department of State Health Services. There are four types of congenital case determinations that may be reported:

1. No Case
2. Confirmed Case
3. Stillbirth
4. Probable Case

Please refer cdc.gov/nndss/conditions/syphilis/case-definition/2018/ for official case definitions of congenital syphilis cases.

The information needed to determine whether an infant or a child meets the criteria for the CDC/Council for State and Territorial Epidemiology (CSTE) surveillance case definition of CS may be found in a variety of places:

- The mother's syphilis reactor file
- The mother's hospital record
- The infant's or child's hospital record
- The infant's or child's birth certificate or death certificate

No single record is likely to contain all the information needed; therefore, information should be obtained from several sources. For example, the following steps may be taken to evaluate a report of a reactive STS obtained at delivery:

- Check the STD program's reactor file to determine whether the mother had evidence of untreated or inadequately treated syphilis before delivery.
- Review the mother's hospital and prenatal records for demographic information, prenatal care information, findings at delivery (e.g., genital lesions, abnormal placenta, or stillborn infant), and serologic test results.
- Review the infant's or child's medical record for physical examination findings, radiographic, serologic, cerebrospinal fluid (CSF), other test results, and treatment information.

This form was created to assist with filling out the required fields for reporting requirements for the Centers for Disease Control and Prevention (CDC). You may find the CDC form and instructions at:

CDC Congenital Syphilis Form
CDC Congenital Syphilis Instructions

General Instructions

This form is a fillable Portable Document File (PDF) and must be completed electronically using Adobe.

This form should be completed after the information is obtained and entered into Maven Disease Surveillance Suite TB, HIV, and STD Integrated System (THISIS). Please be sure all of the information entered is reflective of the information collected.

A supervisor must review the form and the form must be submitted according to the Texas Department of State Health Services Program Operating Procedures (Chapter 8: Surveillance, dshs.texas.gov/hivstd/pops/chap08.shtm). After completing the form, upload it as an attachment to the infant or child's syphilis event in THISIS.

Out of Jurisdiction Reporting

The jurisdiction where the infant is born *regardless* of mother's address is the jurisdiction responsible for completing the STD-126.

- Example A: Mother's address is in Katy (Region 6/5S); she delivers in Houston. City of Houston Health Department is responsible for completing the STD-126.
- Example B: Mother's address is in Seguin (Region 8); she delivers in San Antonio. San Antonio Metro Health District is responsible for completing the STD-126.

The jurisdiction where mother resides *regardless* where she delivered is the jurisdiction where morbidity is assigned.

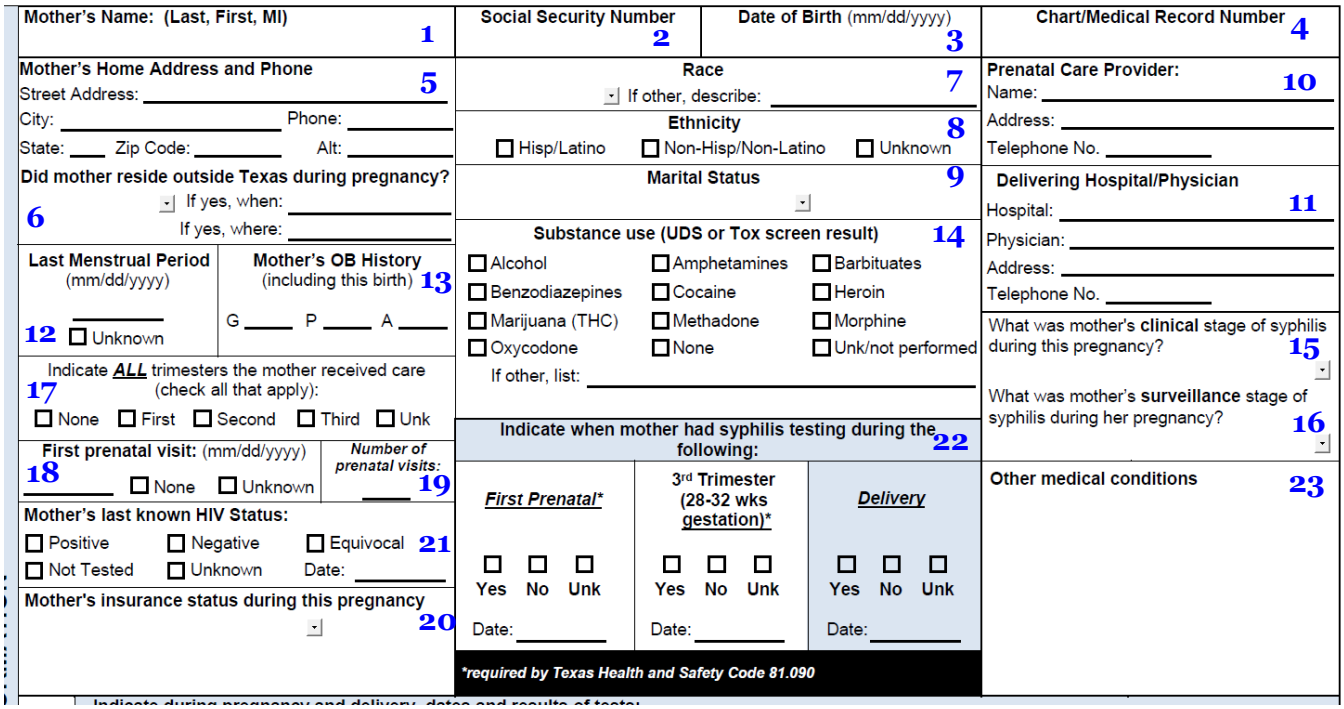
- Example C: Mother's address is Arlington; she delivers at Parkland Hospital in Dallas. Dallas County Health & Human Services will complete the STD-126, the morbidity will be assigned to Tarrant County.
- Example D: Mother's address is Georgetown; she delivers in Austin. Austin Public Health is responsible for completing the STD-126, the morbidity will be assigned to Williamson County (Region 7).

Reporting Site Information

Unique Identifier/Control Number		Date Reported to Health Dept. (mm/dd/yyyy)	Date Morb Card Submitted (mm/dd/yyyy)	Date Assigned (mm/dd/yyyy)
A - -		B	C	D
Surveillance Site	**Reporting State**	**Reporting County**	**Reporting City**	**DIS Name**
E	48	F	G	H

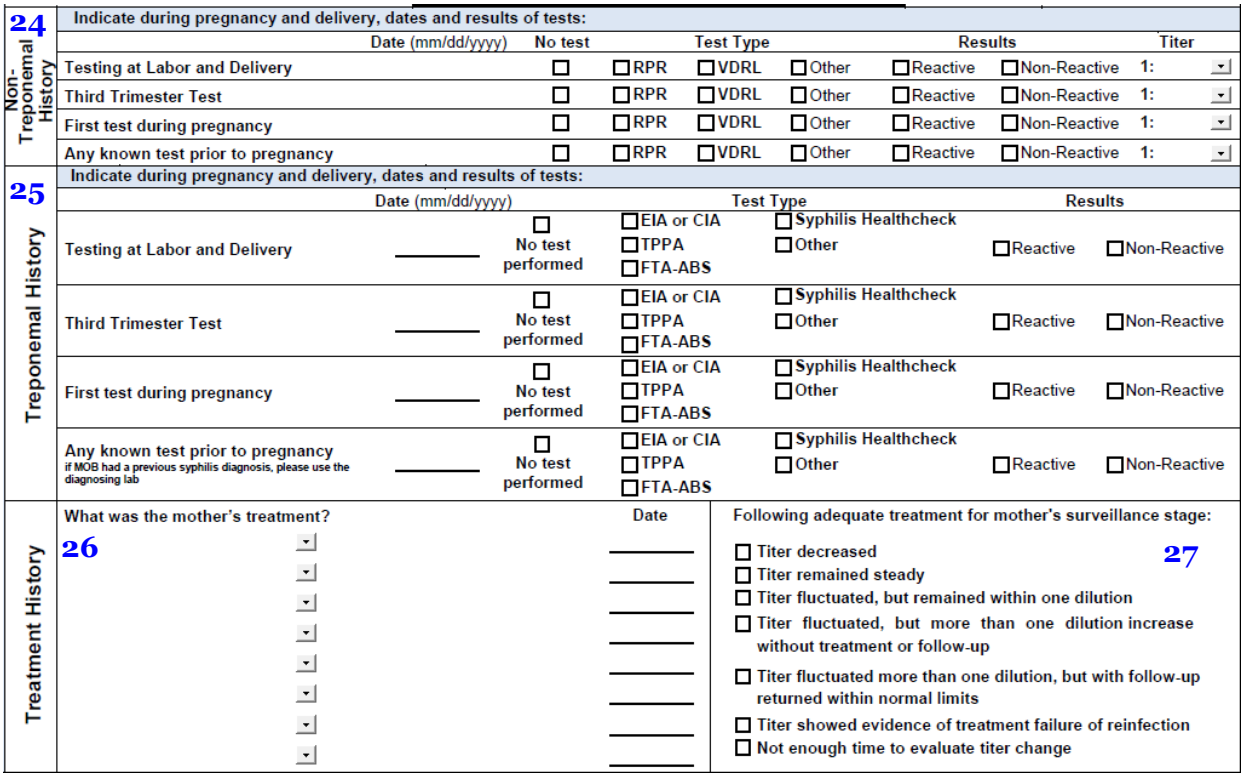
A. Unique Identifier/Control Number: A seven-digit code is required for this field. This number is automatically generated by THISIS. Utilize the THISIS generated number in this field.
B. Date Reported to Health Department: The date the lab(s) or birth of the infant was initially reported to the health department.
C. Date Morbidity Card Submitted: The date the STD-126 was submitted to the DSHS Central Office.
D. Date Assigned: The date assigned to the staff member for investigation.
E. Surveillance Site: Enter the surveillance site that is completing the investigation.
F. Reporting County: Enter the reporting county that is completing the investigation.
G. Reporting City: Enter the reporting city that is completing the investigation.
H. DIS Name: Enter the DIS name or Surveillance staff person who completed the congenital investigation.

Mother's Information



1. **Mother's Name:** last name, first name and middle initial of the mother
2. **Social Security Number:** the social security number of the mother (optional)
3. **Date of Birth**: date the mother was born
4. **Chart/Medical Record Number:** number assigned to the mother's medical record at hospital or provider
5. **Mother's Home Address:** reported home address
6. **Mother's Residency:** mother's reported residency during pregnancy- ascertain if mother resided in Texas for the duration of her pregnancy
7. **Race:** mother's self-reported race. If mother is multi-racial, select other and enter select reported races.
8. **Ethnicity:** mother's self-reported ethnicity
9. **Marital Status:** mother's reported marital status
10. **Prenatal Care Provider:** information for the provider who conducted prenatal care for the mother. If no prenatal care was received, write N/A.
11. **Delivering Hospital/Physician:** information for the facility or provider that delivered the infant
12. **Last Menstrual Period:** time when the last menstrual period started. This will assist in determining the approximate gestational age of the infant
13. **Mother's OB History**:
    a. *Gravida:* number of times a mother has been pregnant
    b. *Para:* number of deliveries >20 weeks, including stillbirths. Multiple births such as triplets only count once
    c. *Abortus:* number pregnancies lost, including induced. Stillbirths (greater than 20 weeks) do not count in this category
14. **Substance Use:** If a toxicology screen was performed or the mother disclosed during to a DIS substance use, indicate which substance(s) were used during pregnancy. If other substance(s) are noted in the medical chart or interview record, please list them under "other".
15. **Clinical stage of syphilis:** the stage of syphilis as determined during the current pregnancy.

16. **Surveillance stage of syphilis:** the stage of syphilis as is determined by public health follow-up or surveillance staff. Serofast cases are considered non-infected.
17. **Trimesters received care:** mark all of the trimesters the mother received prenatal care
18. **First Prenatal Visit:** date when the mother had her first prenatal visit and indicate the date care was initiated
19. **Number of Prenatal Visits:** indicate the number of prenatal visits mother had
20. **Mother's HIV status during pregnancy:** reported HIV status of the mother and the date of the *most* recent test.
21. **Mother's Insurance Status During Pregnancy:** select the mother's insurance status *during* pregnancy. If mother was uninsured at the time of delivery, select none
22. **When mother had syphilis testing:** this will determine when the mother had prenatal syphilis testing during her pregnancy. The mother should have test results from her first prenatal visit (required by law). It does not matter when she presented for prenatal care. If the mother first presents for care in the third trimester, she should be tested at that first visit, which may be at her 28-32 weeks gestation (required by law). Indicate the dates of each test.
23. **Other Medical Conditions:** this is free text field to indicate other pertinent medical conditions that may have impacted the mother's pregnancy (eg. Gestational diabetes)

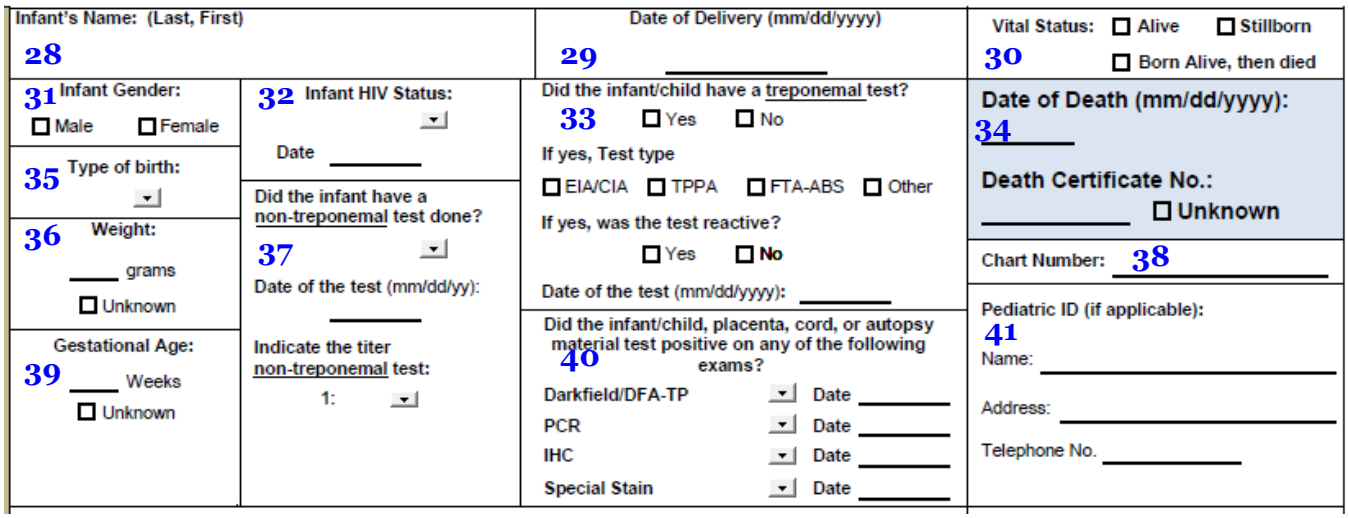


24. **Non-Treponemal History:** mother's testing history using non-treponemal testing to identify potential syphilis infection. Please note that if mother is considered to be serofast, use the diagnosing lab titer associated with the mother's morbidity.
25. **Treponemal History:** mother's testing history using treponemal testing to confirm potential syphilis infection. Please note that if mother is considered to be serofast, use the diagnosing lab lab associated with the mother's morbidity **or** any known previous positive treponemal test.
26. **Mother's Treatment History:** indicate when the mother received treatment for syphilis diagnosis(es). If Mother received multiple treatments (eg Bicillin 2.4 MU x3), indicate the date of treatment given

    example: Bicillin 2.4 MU 1/1/2019, Bicillin 2.4 MU 1/8/2019, Bicillin 2.4 MU 1/15/2019

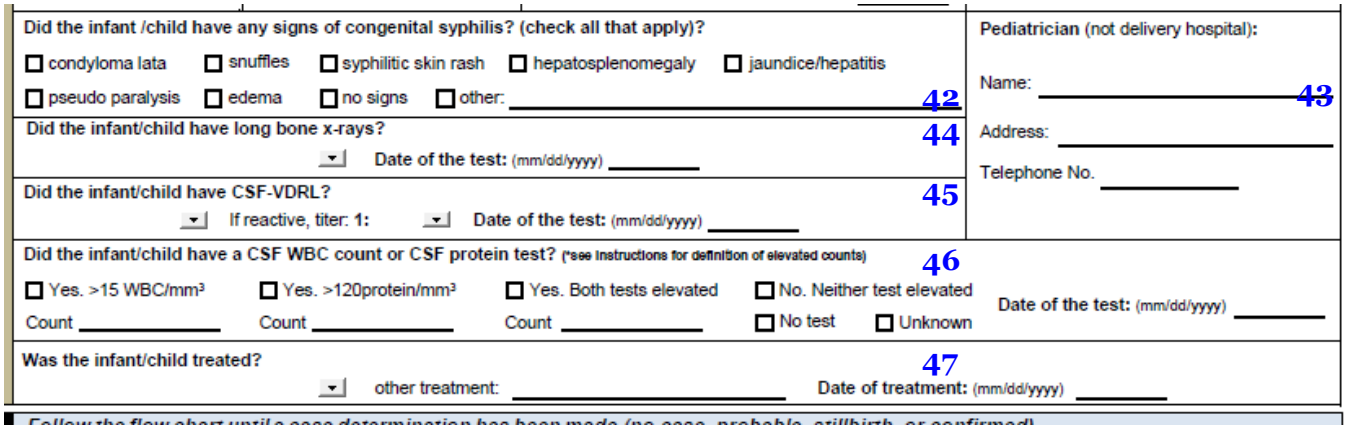
27. **Titer Response:**
    a. **Titer decreased:** select this option if the mother had an appropriate four-fold or more decrease in titer.
    b. **Titer remained steady:** select this option if the mother's titer remained the same following treatment (most often seen when a diagnosing titer is low).
    c. **Titer fluctuated, but remained within one dilution**: select this option when the mother's titer increased two-fold at any point following treatment, but returned to normal (serofast titer).
    d. **Titer fluctuated, but more than one dilution increase without treatment or follow-up**: select this option when the mother's titer increased four-fold or more at any point following treatment and no public health follow-up was conducted (labs drawn and/or treatment given) to determine possible re-infection status.
    e. **Titer fluctuated more than one dilution, but with follow-up returned within normal limits:** select this option when the mother's titer increased four-fold or more at any point following treatment and public health follow-up labs were drawn within three weeks of rise in titer and titer returned to "normal" (serofast titer) without treatment.
    f. **Titer showed evidence of treatment failure or reinfection:** select this option if the mother received public health follow-up following a titer increase of four-fold or more following initial diagnosis and treatment and was found to be a new case of syphilis.
    g. **Not enough time to evaluate titer change:** select this option if the mother was treated late in pregnancy and there was not adequate time for the titer to change.

Infant Information



28. **Infant's Name:** enter the infant's full name, last name first
29. **Date of Delivery:** enter the date the infant was delivered, this should be consistent with the infant's date of birth
30. **Vital Status:** enter the vital status of the infant at the time that report is submitted
31. **Infant Gender:** enter the gender at birth- this field must be completed
32. **Infant HIV Status:** enter in the HIV status of the infant at the time this form was being filled out. Indeterminate status is for infants whose status has not been clearly identified; if no test was performed or records or not available, choose no test performed/unknown.
33. **Treponemal testing:** enter in the treponemal test results for the infant- if a test was performed, enter the date the lab was drawn.
34. **Date of Death:** this item should be filled out only if the infant was stillborn or died after birth
35. **Type of Birth:** notate if this was a single birth (singleton), twins
36. **Birth weight:** enter the birth weight of the infant in grams. Normal birth weight can be from 2500 grams to 3,999 grams.
37. **Non-Treponemal Testing**: enter in the non-treponemal test results for the infant. If the infant was stillborn, this item may be left blank.
38. **Chart Number**: number assigned to the infant of child's medical record at hospital or provider
39. **Gestational Age:** enter the approximate gestational age of the infant in weeks. If the gestational age is a fraction (e.g. – 37 2/7), round to the nearest whole number.
40. **Placenta, cord, or autopsy tests for spirochetes**:
    a. **Darkfield/DFA-TP:** this is a special test looking specifically for T. pallidum.
    b. **Infant Polymerase Chain Reaction (PCR) or other equivalent direct molecular methods:** testing of specimens from lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material for the genetic markers of T. pallidum.
    c. **Immunohistochemistry (IHC):** testing of specimens from lesions, placenta, umbilical cord, or autopsy material, detecting for antigens through the use of antibodies specific for T. pallidum.
    d. **Special Stain (eg: silver staining):** testing of specimens, from lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material using a special stain, for the presence of spirochetes.

41. **Pediatric Infectious Disease Clinician:** enter all contact information for the consulting pediatric infectious disease clinician



42. **Signs of Congenital syphilis:** check all of the symptoms that apply.
43. **Pediatrician:** enter in all contact information for the pediatrician if known at the time of discharge.
44. **Long Bone X-Rays:** bone involvement is one sign of congenital syphilis. Enter whether or not a long bone x-ray was done, the result, and the date of the x-rays.
45. **CSF-VDRL:** enter whether or not the infant had a CSF-VDRL, the results, and the date of the test.
46. **CSF WBC or CSF protein test:** enter whether or not the infant had a CSF-WBC or protein test and what the results were. Cerebrospinal fluid (CSF) white blood cell (WBC) count and protein vary with gestational age. During the first 30 days of life, a CSF WBC count of >15 WBC/mm3 or a CSF protein >120 mg/dl is abnormal. After the first 30 days of life, a CSF WBC count of >5 WBC/mm3 or a CSF protein >40 mg/dl is abnormal, regardless of CSF serology (from CDC instructions).
47. **Infant treatment:** mark what type of treatment the infant received. If the begins one type of treatment, but does not complete the therapy, please indicate in the "Additional comments" and select "other". Please use the standard dosing and not the exact dosage when entering "other" treatments.