



Priority Assessment

Case Number: _____

Assessor's Name: _____

Assessment Completion Date: ___/___/___

Month and Year of Pregnancy Outcome: _____

How was this Case Identified: _____

Sources of Information Used: _____

Listed in Decreasing Order of Priority (i.e., "1" is highest priority)

| HIGHEST PRIORITY | |
|---|---|
| <p>a. Does the case under review meet the surveillance case definition for syphilitic stillbirth:</p> <p>“A fetal death that occurs after a 20-week gestation, or in which the fetus weighs >500 g, and the mother had untreated or inadequately treated syphilis (i.e., non-penicillin treatment or penicillin <30 days before delivery).”</p> | <p>b. Did the case under review die after being born, and the mother had untreated or inadequately treated syphilis (i.e., non-penicillin treatment or penicillin <30 days before delivery)?</p> |
| Higher Priority | |
| <p>a. Does the case under review have a positive darkfield microscopy exam or special stains exam, or polymerase chain reaction (PCR) test?</p> | <p>b. Does the case under review have any of the following symptoms:</p> <ul style="list-style-type: none"> A reactive cerebrospinal (CSF) VDRL test An elevated CSF protein and/or CSF white blood cell count,* without another cause besides syphilis Long bone X-rays with changes suggestive of syphilis (e.g., osteitis) Physical symptoms of syphilis[†] |
| High Priority | |
| <p>Did the mother of the case under review have untreated syphilis, syphilis not treated with benzathine penicillin, or received treatment with benzathine penicillin less than 30 days before delivery?</p> | |

NOTE: Children reported as case patients with congenital syphilis who

- Were not stillborn or did not die after being born
- Did not have *T. pallidum* detected by darkfield microscopy, special stains, or PCR
- Did not have symptoms of congenital syphilis
- Had a mother whose syphilis had been treated prior to pregnancy, or who had been treated 30 or more days before delivery

are unlikely to have congenital syphilis. Priority should be given to other reported cases of CS who do fit one of these situations.

† An infant or child (aged less than 2 years) may have signs such as an enlarged liver and spleen (hepatosplenomegaly), rash, flat, moist warts around the genital area (condyloma lata), snuffles (runny nose, often bloody), jaundice (yellow skin consistent with nonviral hepatitis), pseudoparalysis, anemia, or edema (nephrotic syndrome and/or malnutrition). An older child may have stigmata including eye problems (like interstitial keratitis), nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinsonian teeth, saddle nose, rhagades, or Clutton joints.