

# Tennessee State Law

(a) Every physician, surgeon, or other person permitted by law to attend a pregnant woman during gestation shall, in the case of each woman so attended, take or cause to be taken a sample of the blood of the woman at the time of first examination and visit or within ten (10) days after the first examination. If the first visit is at the time of delivery, or after delivery, the standard serological test required by this subsection (a) shall be performed at that time. The blood sample shall be sent to a laboratory approved by the department for testing for syphilis infection, rubella immunity, and hepatitis B surface antigen (HBsAg). In the same manner, a sample of blood shall be taken during or after the twenty-eighth week of gestation for a woman whom the attending physician determines to be at high risk of hepatitis B or syphilis according to the current standards of care. This second sample shall be sent to a laboratory approved by the department for testing for syphilis infection and HBsAg only. Additional testing for rubella immunity is not required in subsequent pregnancies once a positive result is verified or a documented history of vaccination against rubella is available. However, all pregnant women shall be tested for syphilis and hepatitis B during an early prenatal visit in each pregnancy. A positive test for syphilis and hepatitis B shall be reported to the local health department in accordance with this chapter, and regulations governing the control of communicable diseases in Tennessee.

Tenn. Code Ann. § 68-5-602

# CDC Screening Recommendations

[Español](#) | [Other Languages](#)

**CDC** Centers for Disease Control and Prevention  
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## Sexually Transmitted Infections Treatment Guidelines, 2021

# STI Treatment Guidelines

2021 RECOMMENDATIONS NOW AVAILABLE

[Print](#)

CDC's Sexually Transmitted Infections (STI) Treatment Guidelines, 2021 provides current evidence-based prevention, diagnostic and treatment recommendations that replace the 2015 guidance. The recommendations are source for clinical guidance. Healthcare providers should be based on their clinical circumstances and local burden.

<b>Women</b>	<ul style="list-style-type: none"><li>• Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection<sup>2,7</sup></li></ul>
<b>Pregnant Women</b>	<ul style="list-style-type: none"><li>• All pregnant women at the first prenatal visit<sup>8</sup></li><li>• Retest at 28 weeks gestation and at delivery if at high risk (lives in a community with high syphilis morbidity or is at risk for syphilis acquisition during pregnancy [drug misuse, STIs during pregnancy, multiple partners, a new partner, partner with STIs])<sup>2</sup></li></ul>

**BROWSE GUIDELINES ONLINE**  
View the full STI Treatment Guidelines.

**PROVIDER RESOURCES**  
Access print-friendly versions of the wall chart, pocket guide, and guidelines.

Explore STD trainings, technical assistance, clinical consultation services, and more.

Learn about recommendations and tools to help healthcare settings improve STD care

<https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>

# Healthy People 2030

## Reduce the syphilis rate in females — STI-03

Status: Getting worse ⊖

[Learn more about our data release schedule](#)



Most Recent Data:

**10.8** cases of primary and secondary syphilis per 100,000 females (2020)



Target:

**4.6** per 100,000



Desired Direction:

**Decrease desired**



Baseline:

**5.1** cases of primary and secondary syphilis per 100,000 females aged 15 to 44 years were reported in 2017

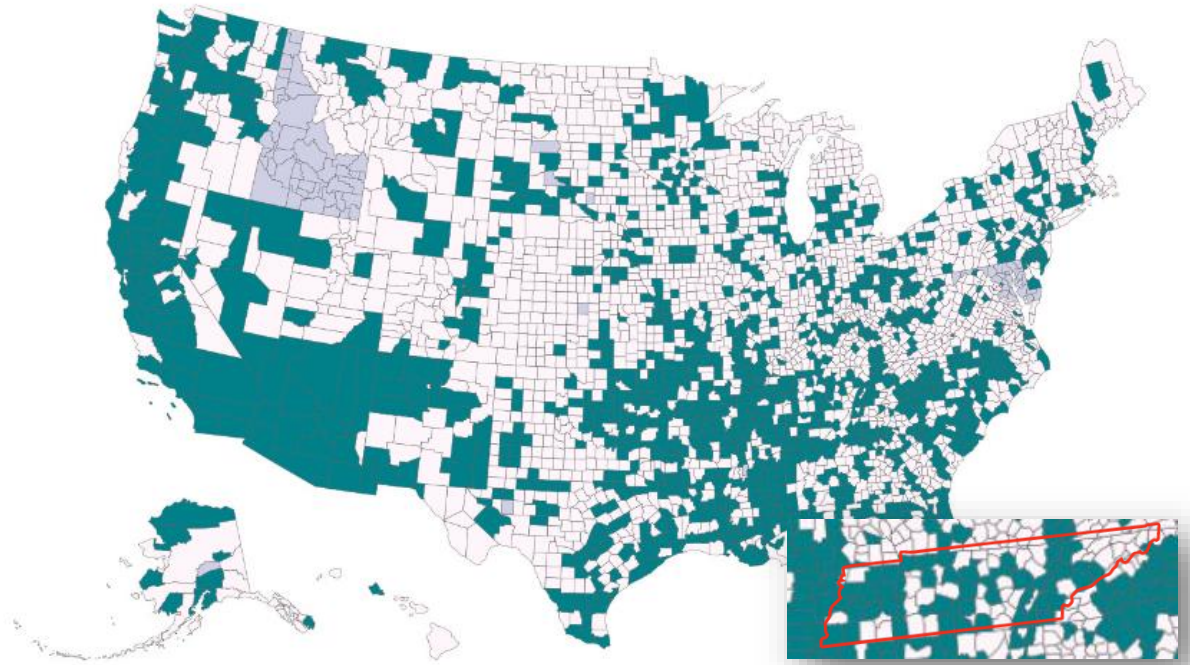


**OASH**

Office of  
Disease Prevention  
and Health Promotion

<https://health.gov/healthypeople/objectives-and-data/browse-objectives/sexually-transmitted-infections/reduce-syphilis-rate-females-sti-03>

County-level syphilis rates among women can help direct syphilis screening efforts.



- Continue to assess individual risk factors to determine screening needs\*
- Offer syphilis testing to all sexually active people aged 15-44\*\*
- Suppressed†

**73%**


<https://www.cdc.gov/nchstp/atlas/syphilis/index.html>

**TN**

Department of  
**Health**

# Healthy People 2030

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Desired Direction

Decreases



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Continue to assess individual risk factors to determine screening needs\*

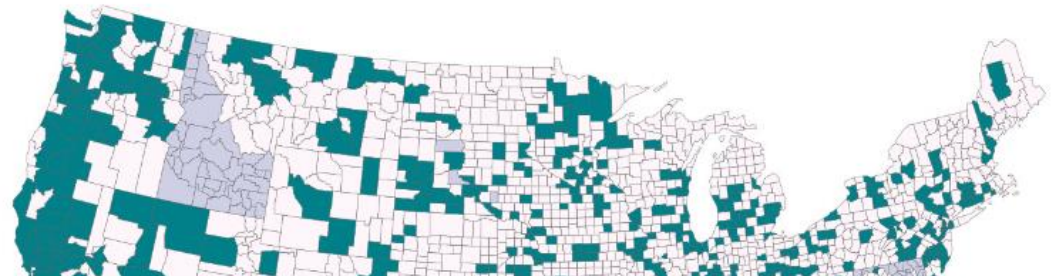


Offer syphilis testing to all sexually active people aged 15-44\*\*



Suppressed†

County-level syphilis rates among women can help direct syphilis screening efforts.



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Offer syphilis testing to all sexually active people aged 15-44\*\*



Suppressed†

**73%**

<https://www.cdc.gov/nchstp/atlas/syphilis/index.html>

**TN**

Department of  
**Health**



# TDH Recommendations - THAN



Dear Colleague,

Thank you for your continued support of public health in Tennessee. Due to the continued rise in syphilis and congenital syphilis (CS) cases, the Tennessee Department of Health (TDH) strongly encourages additional recommendations for screening and treatment.

Untreated syphilis in pregnancy results in severe adverse pregnancy outcomes. Syphilis is a major cause of stillbirth and increases risk of preterm birth. Up to 40% of babies born to mothers with untreated syphilis are stillborn or die in infancy. Infected infants can be asymptomatic at birth but develop serious symptoms as neonates or later in life. **Adequate detection and treatment of syphilis during pregnancy is critical.** A pregnant woman can transmit syphilis to her child during any stage of syphilis and any trimester of pregnancy.

- From 2017 to 2021, TN had a 227% increase in CS cases, compared to a 185% increase nationally.
- Increases continued in 2022 with 219 pregnant patients with syphilis (all stages) and 61 CS cases. In 2022, there were 3,870 cases of syphilis (all stages) in TN.
- Of the CS cases in 2022, 15% of the moms who screened negative for syphilis in the 1<sup>st</sup> or 2<sup>nd</sup> trimester were not rescreened at 28-32 weeks, but had a subsequent baby with CS.
- 76% of pregnancies resulting in CS had some prenatal care, but 24% had no prenatal care.
- The burden of CS cases is greater among certain racial and ethnic populations. Removing barriers to care can help ensure that health access is equitable for all.

#### Pregnancy/Stillbirth Recommendations:

- Currently, state law requires all pregnancies be tested for syphilis in the 1<sup>st</sup> trimester or at the 1<sup>st</sup> prenatal care visit.
- **Rescreening** for syphilis at 28-32 weeks gestation and at delivery is **highly encouraged** by TDH for ALL patients, regardless of first trimester test results.
- If a patient is getting a pregnancy test in an emergency department or outpatient/walk-in setting, TDH highly encourages concurrent sexually transmitted infection testing including syphilis. Cases of CS can be prevented if syphilis has been detected and treated at the time the pregnancy was diagnosed.
- If a patient has a vaginal complaint in pregnancy which requires a workup, strongly consider testing for syphilis in addition to your other testing.
- If a patient faces obstacles to care, TDH recommends starting syphilis treatment right away following a positive rapid syphilis test during pregnancy. Send for full confirmatory syphilis testing for optimal patient follow-up. Bicillin® (long-acting penicillin G) is the only recommended treatment for syphilis during pregnancy. **Due to the ongoing Bicillin® shortages, prioritize Bicillin® for pregnant patients.**
- All women who experience stillbirth after 20 weeks should be tested for syphilis.

#### Pediatric Recommendations:

- Infants should not leave the hospital without the serologic status of the infants' mother having been documented at least once during pregnancy.
- CS should be considered in infants of mothers with evidence of syphilis infection during pregnancy, especially if syphilis is newly acquired during pregnancy.

#### Treatment

- Report suspected/probable CS cases to [local health departments](#) or fax the [PH-1600 Form](#) to (615) 741-3857.
- Need to know your patient's syphilis history to accurately treat? Positive syphilis serology and treatment history can be confirmed by contacting your local health department or by submitting a syphilis history request to <https://redcap.link/syphilis>.
- Refer to the CDC treatment guidelines for management of syphilis in pregnancy and congenital syphilis. <https://www.cdc.gov/std/treatment-guidelines/default.htm>

For more information contact, please contact [Syphilis.history@tn.gov](mailto:Syphilis.history@tn.gov) or call 615-741-7500

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**Rescreening** for syphilis at 28-32 weeks gestation and at delivery is **highly encouraged** by TDH for ALL patients, regardless of first trimester test results

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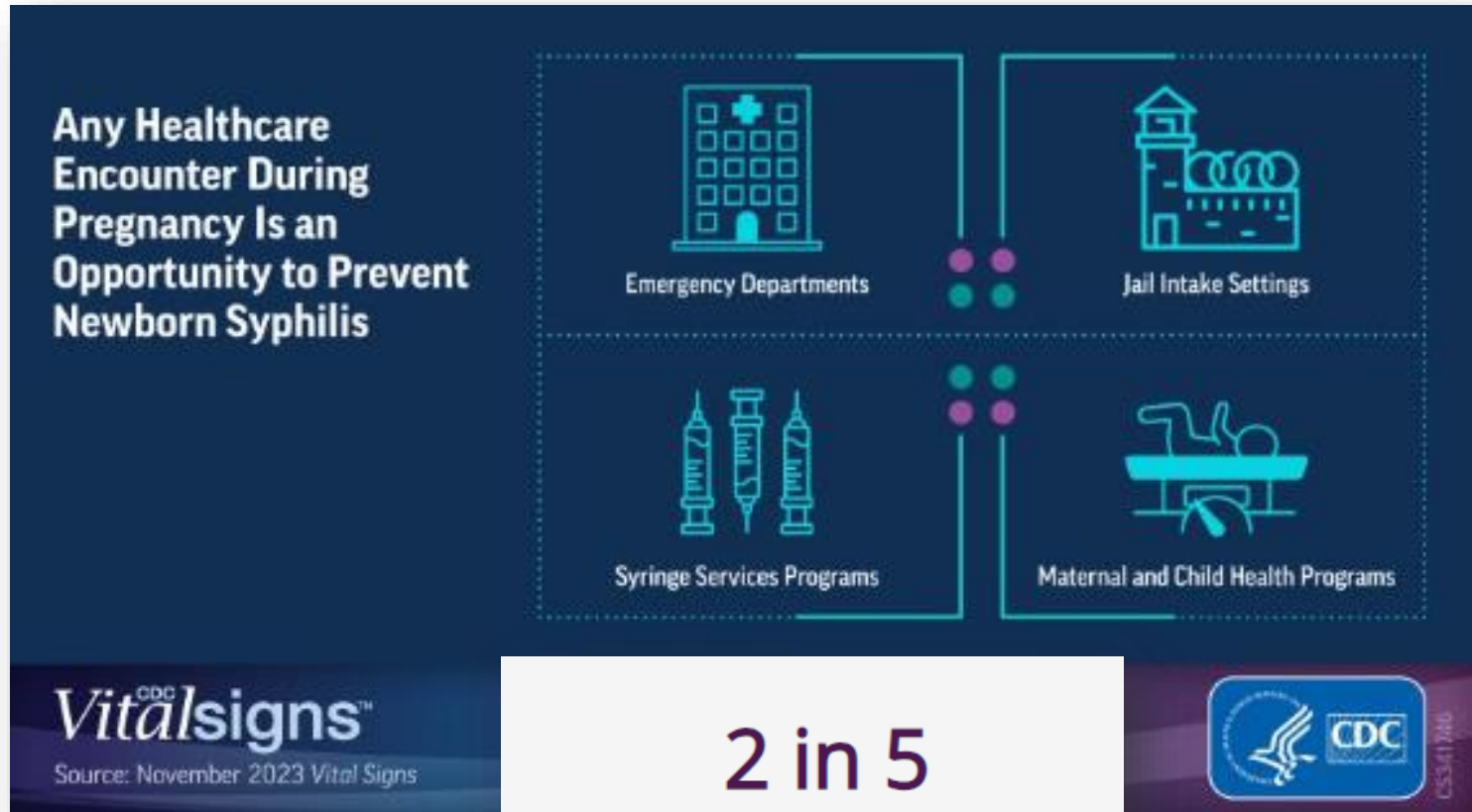
# ACOG Recommendations

## Updated ACOG Recommendation

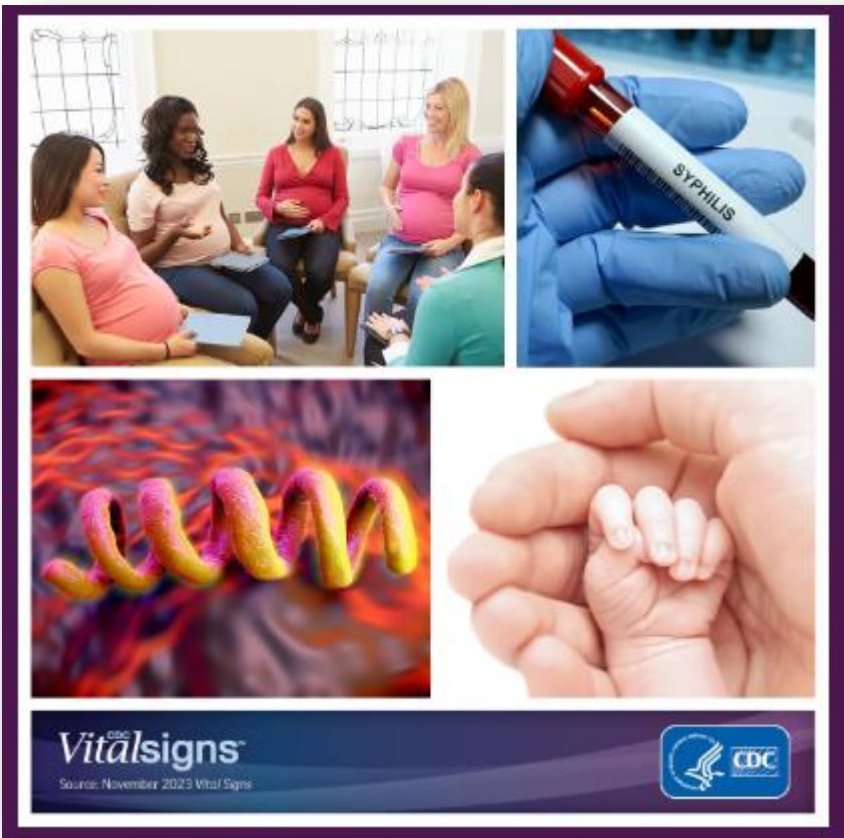
The American College of Obstetricians and Gynecologists (ACOG) continues to endorse the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Infection Treatment Guidelines, 2021 **1**. However, in the context of the rapidly increasing rates of congenital syphilis, obstetrician–gynecologists and other obstetric care professionals should screen all pregnant individuals serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth, rather than use a risk-based approach to testing.

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy>

# CDC Vital Signs



# Vital Stats Highlights



<https://www.cdc.gov/vitalsigns/newborn-syphilis/index.html>

- **Make any healthcare encounter during pregnancy an opportunity to treat and prevent newborn syphilis.**
  - Meet people where they are during pregnancy with syphilis testing and treatment, including outside of usual prenatal care settings.
  - Emergency departments, jails, syringe services programs, and maternal and child health programs play a role in identifying and treating syphilis among people who do not receive adequate prenatal care.
- **Ensure all people get the treatment they need.**
  - Rapid syphilis tests (points of care tests) offer opportunities to test and treat at the same time.
    - This is especially needed for people who might not see a healthcare provider regularly during pregnancy and who may face barriers to coming back for treatment.
  - Local disease intervention specialists, who are public health professionals trained to prevent and contain infectious diseases, also play a vital role in reaching out in communities and ensuring people are diagnosed and treated.



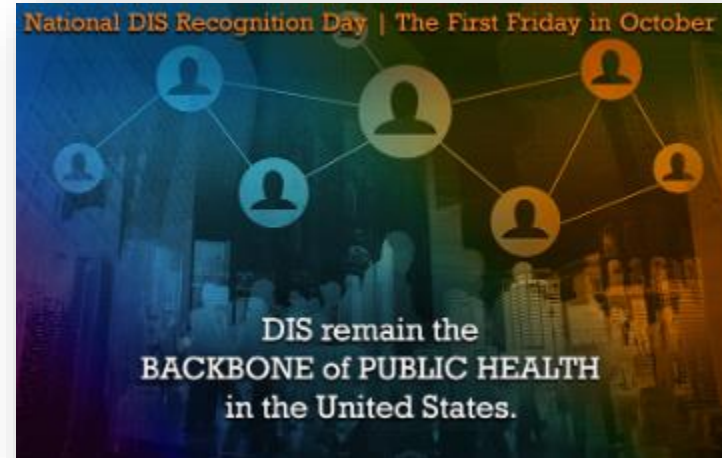
# Disease Intervention Specialists (DIS)

Public health professionals who use contact tracing and case investigation to prevent and control infectious diseases

## DIS specialize in:

- Public health investigations
- Case management and analysis
- Provider and community engagement, and
- Outbreak detection and response.

DIS offer partner services to people with STDs, their partners, and others at increased risk for infection.



Notify your patients of potential DIS follow-up.



TM

# Disease Reporting

# 2024 Reportable Disease List

**2024 Reportable Diseases/Conditions in Tennessee  
Healthcare Provider List**

(Laboratory requirements differ)

**Did you know that you are required to report certain disease and conditions to the Tennessee Department of Health?**

**You are an invaluable part of disease reporting and surveillance in Tennessee!**

These healthcare reporting requirements apply to all providers located within TN as well as those that with patients residing in TN.

Please report cases of diseases or conditions listed here to your local health office (listed at [www.tn.gov/health/health-program-areas/localdepartments.html](http://www.tn.gov/health/health-program-areas/localdepartments.html)) or the state office via [fax](mailto:615-741-3857) at 615-741-3857.

You may also report [online](https://redcap.health.tn.gov/redcap/surveys/7s=817CMWHN4M) via NBS. To request an NBS account for reporting, please fill out the user survey at <https://redcap.health.tn.gov/redcap/surveys/7s=817CMWHN4M>.

**Regular Reporting**

- PH-1600 form within 1 week (all diseases)
- Phone immediately and PH-1600 form within 1 week
- Phone next business day and PH-1600 form within 1 week

**Special Reporting**

- All blood lead test results must be reported, electronically or fax, within 1 week of elevated test results. Refer to [www.tn.gov/health/health-program-areas/mch-lead/for-providers.html](http://www.tn.gov/health/health-program-areas/mch-lead/for-providers.html) or email UT Extension at [leadtrk@utk.edu](mailto:leadtrk@utk.edu) for more details or assistance.
- Report in 30 days, for more information, see <https://www.tn.gov/health/cedep/hai.html>
- Neonatal abstinence syndrome within 1 month at <https://www.tn.gov/health/nas.html>
- Birth defects within 1 week at <https://tdhrc.health.tn.gov/redcap/surveys/s=TDEVPYCHET>
- Drug overdoses every Tuesday for the previous week for more information, see <https://www.tn.gov/health/health-program-areas/pdo/pdo/drug-overdose-reporting.html>
- For COVID-19 and mpox reporting, please refer to Reportable Diseases listed on this website: <https://www.tn.gov/health/cedep/reportable-diseases.html>

**Outbreaks and Events of Urgent Public Health Concern:**

Disease clusters or outbreaks

Single cases of pan non-susceptible organisms, unusual resistance mechanisms, or other emerging or unusual pathogen

\* See Appendix A of the M100 Performance Standards for Antimicrobial Susceptibility Testing

Disease/condition	Disease/condition
Anaplasmosis	Cronobacter
Anthrax	Cryptosporidiosis
Antibiotic Use (acute care and critical access hospitals)	Cyclosporiasis
Babesiosis	Dengue
Birth defects	Diphtheria
Botulism: foodborne, wound, or infant	Drug overdose
Brucellosis	Ehrlichiosis, including <i>E. chaffeensis</i> and <i>E. ewingii</i> infection
California/LaCrosse serogroup virus infection	Equine encephalitis virus infections:
Campylobacteriosis	Eastern or Venezuelan
<i>Candida auris</i> infection, including rule-out	Western
Candidemia (any <i>Candida</i> species isolated in blood)	Gonorrhea, including disseminated gonococcal infection (DGI)
Carbapenem-resistant Enterobacteriales infection	Group A Streptococcal invasive disease
Any organism from the Enterobacteriales order, including but not limited to, <i>Escherichia coli</i> , <i>Enterobacter</i> species, and <i>Klebsiella</i> species	Group B Streptococcal invasive disease
Carbapenemase-producing <i>Pseudomonas aeruginosa</i> (CP-CRPA) infection	<i>Haemophilus influenzae</i> invasive disease
Carbapenemase-producing <i>Acinetobacter baumannii</i> (CP-CRAB) infection	Hansen's disease (leprosy)
Carbon monoxide poisoning	Healthcare-associated events:
Chagas disease	Catheter-associated urinary tract infection
Chikungunya	Central line-associated bloodstream infection
Chlamydia, including lymphogranuloma venereum (LGV)	<i>Clostridioides difficile</i> infection
Cholera	Dialysis events
Congenital rubella syndrome	Healthcare personnel influenza vaccination
Coronavirus disease (COVID-19) caused by SARS-CoV-2	Methicillin-resistant <i>Staphylococcus aureus</i> infection
	Surgical site infection
	Ventilator-associated events

More information about reporting is available on the Reportable Diseases website at [www.tn.gov/health/cedep/reportable-diseases.html](http://www.tn.gov/health/cedep/reportable-diseases.html). For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006. For more details about the laboratory tests and results, specimen or isolate submission requirements, and catchment areas for individual pathogens, please refer to the Detailed Laboratory Guideline available on the Reportable Diseases website.

Page 1 of 2
Effective January 1, 2024

## Regular Reporting



PH-1600 form within 1 week (all diseases)

Phone immediately and PH-1600 form within 1 week

Phone next business day and PH-1600 form within 1 week

### Pathogen

Rubella	
St. Louis encephalitis virus infection	
Salmonella Typhi/Paratyphi	
Salmonella species (other than <i>S. Typhi</i> / <i>S. Paratyphi</i> )	
Shiga toxin-producing <i>Escherichia coli</i> infection	
Shigellosis	
Smallpox	
Spotted fever rickettsiosis	
<i>Staphylococcus aureus</i> , enterotoxin B pulmonary poisoning	
<i>Staphylococcus aureus</i> , vancomycin non-susceptible (all forms)	
<i>Streptococcus pneumoniae</i> Invasive disease	
Syphilis:	
Congenital	
Other	
Tetanus	
Toxic shock syndrome:	
Staphylococcal	
Streptococcal	
Tuberculosis infection (formerly "latent")	
Positive tuberculin skin test (TST) for any child <18 years old, or positive interferon-gamma release assay (IGRA) for any aged patient	



# Duty to Report

## How to Report: For Healthcare Providers

### Responsibility to Report

All healthcare providers (inpatient or outpatient), laboratories, or other persons knowing of or suspecting a reportable disease case, are responsible for reporting to the health department. Laboratories in healthcare facilities should refer to the reporting information for laboratories. Healthcare providers and laboratories in the same healthcare facility both have a duty to report. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006.

[https://www.tn.gov/content/dam/tn/health/documents/reportable-diseases/HealthcareProviders\\_How-to-Report.PDF](https://www.tn.gov/content/dam/tn/health/documents/reportable-diseases/HealthcareProviders_How-to-Report.PDF)



# Local Health Department

- Report syphilis cases to local health department STI program designee
- Regional health department STI program staff provide support and resources

## Local and Regional Health Departments



[Local and Regional Health Departments \(tn.gov\)](http://tn.gov)

# Local Health Department Contacts - STI

## STI Contacts for Regional Health Departments



West	Mid-Cumberland	South Central	Upper Cumberland	Southeast	East	Northeast
Felicia Stegall STI Manager	Lakesha Marshall STI Manager	Karan Kilpatrick STI Manager	Robin Palmer HIV/STI Manager	Beth Thomas STI Manager	Erika Hampton STI Manager	Samantha Webb STI Manager
P: 731-421-6745 F: 731-421-5000	P: 615-650-7041 P: 615-650-7025	P: 931-490-8362 931-490-8362	P: 931-646-7550 F: 931-520-7575	P: 423-634-5804 F: 423-634-3139	P: 865-601-7688 P: 865-549-5290	P: 423-979-4653 C: 423-202-5879



## STI Contacts for Metro Health Departments

Shelby	Madison	Davidson	Hamilton	Knox	Sullivan
Misty Hayes-Winton Program Manager	Quill Brabham HIV/STI Manager	Norman Foster STI/HIV Manager	Arlisia Craig STI Manager	Chad Burry Patient Services Manager	Heather Mullins Regional EPI/STD Director
P: 901-222-9416 P: 901-222-9427	P: 731-927-8534 C: 731-431-3561	P: 615-340-5695 F: 615-340-8560	P: 423-209-8264 F: 423-209-8259	P: 865-215-5267 C: 865-363-7105	P: 423-279-7545 F: 423-279-2727

# Local Health Department – Next Business Day Reporting

## Congenital Syphilis Reporting:

- What info is needed?
  - Mother & Infant:
    - DOB
    - Signs & Symptoms
    - Lab results (or pending results like VDRL)
    - Treatment
    - Prenatal Provider
  - Contact info for mother
    - If patient is still in hospital
      - Patients are very hard to locate once d/c'd from hospital



# Local Health Department – PH-1600 Reporting



This form may be completed online at <https://hssi.tn.gov/auth/login> or faxed to the Division of Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) at Tennessee Department of Health (TDH) at (615) 741-3857. To fax directly to the local or regional health office, refer to <https://www.tn.gov/health/health-program-areas/localdepartments.html>. For questions, contact CEDEP at (615) 741-7247 or (800) 404-3006. For more specific details, refer to the TDH Reportable Diseases website at <https://apps.health.tn.gov/ReportableDiseases>.

**Please note:** Birth Defects, Drug Overdose, Lead Levels, NAS, & NHSN Healthcare-Associated Infections should not be reported using this form.

**Directions for Providers:**

- All of the information on this form is required to report, if available. Public Health will follow up with the reporter for the patient demographics and lab report, if missing.
- The provider information, patient demographics, and clinical information may be provided on this form, or attached (e.g., patient cover sheet, notifiable diseases report, relevant medical records).
- Provide the contact information for the provider for Public Health follow-up. If the primary place of work for the provider is a private practice, provide the name, phone, and fax for that facility rather than the hospital.
- Attach the associated laboratory report to this form.
- Provide the county of the provider facility or practice to aid in assignment of the case to a public health jurisdiction.
- \*If patient's "Date of Birth" is unavailable, report the patient's age in years. If the patient is < 1 year of age, please mark the box for "Months." If the patient is < 1 month of age, please list "0" and mark the box for "Months."
- Patient address is used to assign public health jurisdiction for the investigation.
- \*Hepatitis symptoms include: fever, malaise, vomiting, fatigue, anorexia, diarrhea, abdominal pain, jaundice, headache, nausea.
- \*Reportable tickborne diseases such as Ehrlichiosis/Anaplasmosis, Spotted Fever Rickettsiosis, and Lyme Disease.
- For a positive interferon-gamma release assay (IGRA) for (latent) Tuberculosis Infection (TBI), attach a copy of the lab result to this form. For a positive tuberculin skin test (TST) for any child or adolescent < 18 years of age, document the TST result in millimeters (mm) of induration in the "Comments" field at right; fax this form directly to the Tennessee Tuberculosis Elimination Program: (615) 253-1370.

**Directions for Laboratories:**

- Laboratories should report to Public Health via electronic laboratory reporting (ELR) or a printed laboratory report, rather than by completing this form, unless provider information or patient demographics are missing in the lab report. Then, complete this form only for the missing information and attach the lab report.
- Laboratories are only required to report Specimen Collection Date and Specimen Source in the Clinical Information section.
- The information required (if available) for printed lab reports includes:
  - (1) Patient demographics (shown on the right, including address)
  - (2) Ordering provider and facility name, phone number, address
  - (3) Performing laboratory name, phone number, and address
  - (4) Reporting facility name, phone number, address

Report	Disease/Event:		Date of Report: ___/___/___	
	Reporter Name:		Phone: ( )	
	Lab Report: <input type="checkbox"/> Attached <input type="checkbox"/> Not Tested <input type="checkbox"/> Report Unavailable			
Provider	Provider Name:			
	Primary Facility/Practice:			
	Phone: ( )		Fax: ( )	County:
Patient Demographics	Patient Name:			
	Date of Birth: ___/___/___ (mm/dd/yyyy)		Race:	
	*Age: ___ Months		<input type="checkbox"/> American Indian/ Alaska Native	
	Sex:		<input type="checkbox"/> Asian	
	<input type="checkbox"/> Male		<input type="checkbox"/> Black/ African American	
	<input type="checkbox"/> Female		<input type="checkbox"/> Hawaiian/ Other Pacific Islander	
	<input type="checkbox"/> Unknown		<input type="checkbox"/> White	
	Ethnicity:		<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Hispanic			
	<input type="checkbox"/> Not Hispanic			
Street Address:				
City:		State:		
County:		Zip Code:		
Phone: ( )		Phone: ( )		
Clinical Information	Illness Onset Date: ___/___/___		Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Hospital Name:			
	Admission Date: ___/___/___		Discharge Date: ___/___/___	
	Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Died? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
	Symptoms? <sup>H</sup> hepatitis cases only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	Fever? <sup>T</sup> tickborne diseases only <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
	Specimen Collection Date: ___/___/___		Specimen Source:	

## Congenital Syphilis Infections Medical Records Needs:

- Face Sheet
- H&P
- MAR with syphilis treatment
- Consults related to syphilis
- Discharge Summary

Reportable Diseases and Events are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee (T.C.A. §68 Rule 1200-14-01-.02).

PH-1600 (REV.9/2019)

RDA-2094

- (5) Date of the laboratory report
- (6) Test performed (may differ from the test ordered)
- (7) Accession number
- (8) Specimen type/source and collection date
- (9) Result (quantitative and qualitative), interpretation, and reference range
- See the Reportable Diseases website for the ELR requirements.

STD Treatment: Date: ___/___/___	Comments:
Medications:	





# CDC Reporting Requirements

## Congenital syphilis reporting:

- Obstetric history
- Prenatal care details
- Test results
- Treatment
  - Treatment used
  - Date given
  - Duration of treatment
  - Adequate for stage?
  - Adequate response?
- Clinical presentation
- Risk factors

Local Use Only Mother's Name: _____ Chart No: _____ Mother's Case ID No: _____ Address: _____ (Number, Street, City, State) _____ (Zip code) _____ (City/State) _____ Phone No: (____) _____ Infants Name: _____ Chart No: _____ Delivering Physician: _____ Phone No: (____) _____ Pediatrician: _____ Phone No: (____) _____ - Patient Identifier information is not transmitted to CDC - Delivering Hospital: _____		
U.S. Department of Health and Human Services Centers for Disease Control and Prevention, Atlanta, GA 30333 <b>CONGENITAL SYPHILIS (CS) CASE INVESTIGATION AND REPORT</b> Other geographic unit: _____ CASE ID No.: _____ Local Use ID No.: _____		
1. Report date to health dept. 9 <input type="checkbox"/> Unk	2. Reporting state FIPS code: 9 <input type="checkbox"/> Unk	3. Reporting county FIPS code: 9 <input type="checkbox"/> Unk
Reporting State Name: _____ Reporting County Name: _____		
<b>PART I. MATERNAL INFORMATION</b>		
4. Mother's state FIPS code: _____	5. Mother's Country of residence: _____ (Leave Blank if USA)	6. Mother's residence county FIPS code: _____
7. Mother's residence ZIP code: _____	8. Mother's date of birth: _____ Mo. / Day / Yr.	9. Mother's obstetric history: _____ G _____ P _____ (S=spontaneous, P=live birth)
10. Last menstrual period (LMP) (before delivery): _____ Mo. / Day / Yr.	11. a) Indicate date of first prenatal visit: _____ Mo. / Day / Yr. 0 <input type="checkbox"/> No prenatal care (See #12)	b) Indicate trimester of first prenatal visit: _____ 1 <input type="checkbox"/> 1st trimester 2 <input type="checkbox"/> 2nd trimester 3 <input type="checkbox"/> 3rd trimester 9 <input type="checkbox"/> Unk
12. Mother's ethnicity: 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Non-Hispanic or Latino	13. Mother's race: (check all that apply) 1 <input type="checkbox"/> American Indian/Alaska Native 2 <input type="checkbox"/> Black or African American 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5 <input type="checkbox"/> Other	14. Did mother have non-treponemal or treponemal tests at: a) first prenatal visit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk b) 28-32 weeks gestation? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk c) delivery? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Unk
15. Mother's marital status: 1 <input type="checkbox"/> Single, never married 2 <input type="checkbox"/> Married 3 <input type="checkbox"/> Separated/Divorced 4 <input type="checkbox"/> Widowed 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	16. Indicate during pregnancy and delivery, dates and results of a) most recent and b) first non-treponemal tests: a. Date: _____ Results: _____ Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk b. Date: _____ Results: _____ Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk	
17. Indicate during pregnancy, date, type, and result of a) first and b) most recent treponemal tests: a. Date: _____ Test Type: _____ Results: _____ Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk b. Date: _____ Test Type: _____ Results: _____ Mo. / Day / Yr. 9 <input type="checkbox"/> Unk 1 <input type="checkbox"/> EIA or CLIA 2 <input type="checkbox"/> TP-PA 3 <input type="checkbox"/> Other 1 <input type="checkbox"/> Reactive 2 <input type="checkbox"/> Nonreactive 9 <input type="checkbox"/> Unk		18. What was mother's HIV status during pregnancy? 1 <input type="checkbox"/> positive 2 <input type="checkbox"/> patient not tested 3 <input type="checkbox"/> negative 4 <input type="checkbox"/> Unk
19. What CLINICAL stage of syphilis did mother have during pregnancy? 1 <input type="checkbox"/> primary 2 <input type="checkbox"/> secondary 3 <input type="checkbox"/> early latent 4 <input type="checkbox"/> late or late latent 5 <input type="checkbox"/> late or late latent/serofast 6 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk		20. What SURVEILLANCE stage of syphilis did mother have during pregnancy? (Report #) 1 <input type="checkbox"/> primary 2 <input type="checkbox"/> secondary 3 <input type="checkbox"/> early latent 4 <input type="checkbox"/> late or late latent 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk
21. When did mother receive her first dose of benzathine penicillin? 1 <input type="checkbox"/> Before pregnancy 2 <input type="checkbox"/> 1st trimester 3 <input type="checkbox"/> 2nd trimester 4 <input type="checkbox"/> 3rd trimester 5 <input type="checkbox"/> No Treatment (See #22) 9 <input type="checkbox"/> Unk	22. What was mother's treatment? 1 <input type="checkbox"/> 2.4 M units benzathine penicillin 2 <input type="checkbox"/> 4.8 M units benzathine penicillin 3 <input type="checkbox"/> 7.2 M units benzathine penicillin 8 <input type="checkbox"/> Other 9 <input type="checkbox"/> Unk	23. Did mother have an appropriate serologic response? (Report #) 1 <input type="checkbox"/> Yes, appropriate response 2 <input type="checkbox"/> No, inappropriate response: evidence of treatment failure or reinfection 3 <input type="checkbox"/> Response could not be determined from available non-treponemal titer information 4 <input type="checkbox"/> Not enough time for titer to change
<b>PART II. INFANT/CHILD INFORMATION</b>		
24. Date of Delivery: _____ Mo. / Day / Yr.	25. Vital status: 1 <input type="checkbox"/> Alive (See #27) 2 <input type="checkbox"/> Stillborn (See #27) (Report #) 3 <input type="checkbox"/> Born alive, then died 9 <input type="checkbox"/> Unknown (See #27)	26. Indicate date of death: _____ Mo. / Day / Yr.
27. Birthweight (in grams): _____	28. Estimated gestational age (in weeks): _____ (If infant was stillborn go to #37)	29. a) Did infant/child have a reactive non-treponemal test for syphilis? (Report #) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk (See #30 and/or retest)
30. a) Did infant/child have a reactive treponemal test for syphilis? (Report #) 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk b) When was the infant/child's first reactive treponemal test for syphilis? (Report #) _____ Mo. / Day / Yr.	31. Did the infant/child, placenta, or cord have darkfield exam, DFA, or special stains? 1 <input type="checkbox"/> Yes, positive 2 <input type="checkbox"/> Yes, negative 3 <input type="checkbox"/> No test 4 <input type="checkbox"/> No lesions and no tissue to test 9 <input type="checkbox"/> Unk	32. Did the infant/child have any signs of CS? (check all that apply) 1 <input type="checkbox"/> hepatosplenomegaly 2 <input type="checkbox"/> jaundice/hepatitis 3 <input type="checkbox"/> pseudo paralysis 4 <input type="checkbox"/> edema 5 <input type="checkbox"/> condylooma lata 6 <input type="checkbox"/> snuffles 7 <input type="checkbox"/> syphilitic skin rash 8 <input type="checkbox"/> other 9 <input type="checkbox"/> Unk
33. Did the infant/child have long bone X-rays? 1 <input type="checkbox"/> Yes, changes consistent with CS 2 <input type="checkbox"/> Yes, no signs of CS 3 <input type="checkbox"/> No X-rays 9 <input type="checkbox"/> Unk	34. Did the infant/child have a CSF VDRL? 1 <input type="checkbox"/> Yes, reactive 2 <input type="checkbox"/> Yes, nonreactive 3 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk	35. Did the infant/child have a CSF WBC count or CSF protein test? (Report #) 1 <input type="checkbox"/> Yes, CSF WBC count elevated 2 <input type="checkbox"/> Yes, CSF protein elevated 3 <input type="checkbox"/> both tests elevated 4 <input type="checkbox"/> neither test elevated 5 <input type="checkbox"/> No test 9 <input type="checkbox"/> Unk
36. Was the infant/child treated? (If an absolute response) 1 <input type="checkbox"/> Yes, with aqueous or procaine penicillin for 10 days 2 <input type="checkbox"/> Yes, with benzathine penicillin x 1 3 <input type="checkbox"/> Yes, with other treatment 5 <input type="checkbox"/> No treatment 9 <input type="checkbox"/> Unk	<b>PART III. CONGENITAL SYPHILIS CASE CLASSIFICATION</b>	
1 <input type="checkbox"/> Not a case 2 <input type="checkbox"/> Confirmed case (Laboratory confirmed identification of <i>T. pallidum</i> , e.g., darkfield exam, DFA, or special stain)	3 <input type="checkbox"/> Syphilitic stillbirth (Report #)	4 <input type="checkbox"/> Probable case (A case identified by the algorithm, which is not a confirmed case or syphilitic stillbirth)

# TN Congenital Syphilis Review Board

In-depth exploration of the contributors to congenital syphilis infections and the system issues that impact the risk of infection.

Multidisciplinary Case Review Team

Developing a clearer understanding of underlying risk factors and inequities that may not be identified otherwise.

Uses findings to take action that can prevent future cases of congenital syphilis and improve the system of care and resources for women and infants





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# Provider Resources

# Clinical Resources

Centers for Disease Control and Prevention

# MMWR

Morbidity and Mortality Weekly Report

Recommendations and Reports / Vol. 70 / No. 4

July 23, 2021

## Sexually Transmitted Infections Treatment Guidelines, 2021



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## SMART PHONE, SMART CARE

STD Clinical Toolbox: A free app for medical professionals nationwide



- LATEST STD NEWS
- STD TREATMENT GUIDELINES
- STD EDUCATIONAL COURSES
- STD-RELATED CONFERENCES



National Network of  
STD Clinical Prevention  
Training Centers

STD Clinical Consultation Network

[www.NNPTC.org](http://www.NNPTC.org)

## STI Treatment Guide Mobile App

- More Comprehensive
- More Integrated
- More Features



Download CDC's free app for  
iPhone and Android devices.



TN



# National STD Curriculum

National STD Curriculum

Sign In or Register

Self Study Quick Reference Question Bank STD Podcast Lecture Series Mpox Guide Clinical Consultation Master Bibliography

## National STD Curriculum

A free educational website from the University of Washington STD Prevention Training Center.




Contributors

Funded by Centers for Disease Control and Prevention (CDC)

### National STD Curriculum Updates

- NEW illustrated *Mpox Clinical Guide* reviews life cycle, manifestations, diagnosis, four treatment options, and prevention
- Seven 2nd Edition lessons and twenty-five question bank topics offer new CME, CME+MOC, CNE, and CE
- 2nd Edition content includes new recommendations in the CDC 2021 STI Treatment Guidelines
- Podcast series explores significant issues including testing for gonorrhea and antimicrobial resistance, HSV, and syphilis.

### STD & STI 2nd Edition Lessons

 <b>Chlamydia</b> Chlamydial Infections	<b>Quick Reference</b> > Rapidly access info about Chlamydia	<b>Self-Study</b> 2nd Edition CNE/CME Track progress and receive CE credit	<b>Question Bank</b> CNE/CME Interactive board-review style questions with CE credit
 <b>Gonorrhea</b> Gonococcal Infections	<b>Quick Reference</b> > Rapidly access info about Gonorrhea	<b>Self-Study</b> 2nd Edition CNE/CME Track progress and receive CE credit	<b>Question Bank</b> CNE/CME Interactive board-review style questions with CE credit
 <b>Syphilis</b>	<b>Quick Reference</b> > Rapidly access info about Syphilis	<b>Self-Study</b> 2nd Edition CNE/CME Track progress and receive CE credit	<b>Question Bank</b> CNE/CME Interactive board-review style questions with CE credit

Self Paced Learning

Podcasts with SME

FREE!

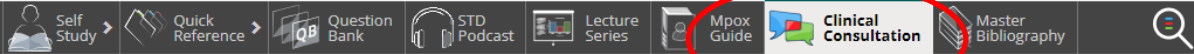
CE Credits

<https://www.std.uw.edu/>

# Clinical Consultation

National STD Curriculum

Sign In or Register



## STD Clinical Consultation Network

### For Licensed Healthcare Professionals and STD Program Staff

- The *National STD Curriculum* does not provide clinical consultation. If you are interested in obtaining clinical consultation regarding STD-related patient care, please contact the STD Clinical Consultation Network.
- The STD Clinical Consultation Network is a free clinical consultation service provided by expert faculty at regional STD Prevention Training Centers, as part of the National Network of STD Clinical Prevention Training Centers.
- The STD clinical consultation service is available only to licensed healthcare professionals and STD program staff.



National Network of  
STD Clinical Prevention  
Training Centers

### STD Clinical Consultation Network

Consultations can be submitted at <https://www.STDCCN.org>  
or by clicking on the logo above.

### Benefits for National STD Curriculum members

Signed in members are able to pre-fill some of the required information on the STD CCN consultation form.

Already have an account? [Sign in](#) to take advantage of this benefit.


An advertisement for the STD Clinical Consultation Network. It features a group of diverse healthcare professionals (doctors and nurses) in white coats. The text reads: "Syphilis management? Resistant gonorrhea? STD treatment? GOT A TOUGH STD QUESTION? Get FREE expert STD clinical consultation at your fingertips". Below the image are three icons: a document with a checkmark labeled "Ask your question", a person icon labeled "National STD experts review", and a smartphone with an envelope icon labeled "Response within 1-5 business days, depending on urgency". At the bottom, it says "Log on to [www.STDCCN.org](http://www.STDCCN.org) for medical professionals nationwide".

<https://www.stdccn.org/render/Public>



# Clinical Consultation

STD Clinical Consultation Network



National Network of  
STD Clinical Prevention  
Training Centers

The Clinical Consultation Service is intended for licensed healthcare professionals and STD program staff. We do not provide direct medical care, treatment planning, or medical treatment services to individuals. Consultations are based on information provided by the caller without the benefit of a direct evaluation/examination of the patient, and as such, do not constitute medical advice, are intended to be used only as a guide.

The information provided through the Clinical Consultation Service is not a replacement for local expertise or your state STD program protocols. Information is offered as clinical decision support, is advisory in nature and is not intended to replace local healthcare decision-making or provision. Requestors are free to disregard any advice offered. Final clinical decisions are the sole responsibility of the healthcare provider.

STD CCN is conducting a PILOT HOTLINE for syphilis in pregnancy and congenital syphilis for the state of CALIFORNIA only. All other STD CCN warmline inquiries will be answered in the usual timeframe of 1 to 5 days.

CONTINUE ▶

<https://www.stdccn.org/render/Public>



# Toolkit for Healthcare Providers

HOME > RESOURCES > RESOURCE LIBRARY > TOOLKIT

## Syphilis and Congenital Syphilis: A Toolkit for Healthcare Providers

RELEASED: 09/06/2024



Syphilis and Congenital Syphilis: A Toolkit for Healthcare Providers

This toolkit is a collection of tools, job aids, and evidence-based resources related to screening, testing, staging, and treating syphilis. It is intended for Title X staff but includes resources that can be useful for any sexual and reproductive health provider.

[VIEW ONLINE TOOLKIT](#)



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Supported by the Department of Health and Human Services / Office of Population Affairs / Office of Family Planning Grant #1 FPTPA006031-01-00.

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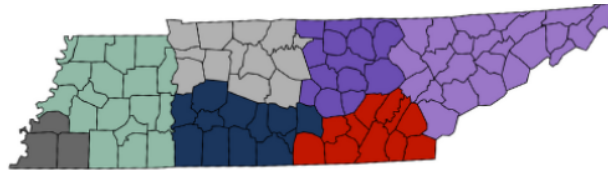
[REPRODUCTIVEHEALTHSERVICES.GOV](https://reproductivehealthservices.gov)

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# Provider and Patient Educational Resources



## MANY VOICES, ONE PLAN.

HIV, Sexually Transmitted Infections, Substance Use Disorder, & Viral Hepatitis

HIV

Sexually  
Transmitted  
Infections

Substance Use  
Disorders

Viral Hepatitis

Harm  
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TN

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Health

# Provider and Patient Educational Resources

## Find STI Resources

 Arabic  English  Spanish  Swahili



Locate an SSP in TN

[Learn More](#)



Locate a Health Department Near You

[Learn More](#)




Syphilis in Tennessee Brochure

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Syphilis in Tennessee Brochure (Spanish)

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Syphilis in Tennessee Flyer

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Congenital Syphilis in Tennessee Brochure

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Congenital Syphilis in Tennessee Brochure (Spanish)

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# Provider Resources – REDCap Syphilis History



Department of  
**Health**

AAA



## Tennessee Syphilis History Request

Licensed health care providers can access current and historical syphilis test results and treatment information for patients who are Tennessee residents to inform the diagnosis and management of syphilis in their patients. Clinical consultation is available at the National Network of STD Clinical Prevention Training Centers clinical consult network [NNPTC Online Consultation](#).

The Tennessee Department of Health (TDH) maintains records of **positive** syphilis test results for Tennessee residents. Clinical laboratories ([laboratory instructions](#)) and healthcare providers ([healthcare provider instructions](#)) are required by law (T.C.A. §68 Rule 1200-14-01-.02) to report all positive syphilis test results for Tennessee residents. Additional information on reportable disease in Tennessee is available at this [link](#).

### Instructions:

1. Complete the following survey
2. A Tennessee Department of Health employee will call the office/facility phone number to confirm that the individual is a current patient; once confirmed, the staff member will call the requesting provider preferred phone
3. Test results and treatment history will be provided verbally then securely emailed to the requesting healthcare provider
4. If no results are found, a secure email will be sent to the requesting healthcare provider
5. Institutional firewalls occasionally block receipt of emails. If you do not receive a response in the expected timeframe, please call **615-741-7500** and ask to speak with **Rebecca Moore** or **Lavonne Cole**



<https://redcap.health.tn.gov/redcap/surveys/?s=MJFDY39AKM3WLKJJ>

# Provider Resources – REDCap Syphilis History

Facility Information	
Facility or Practice Name: <small>* must provide value</small>	<input type="text"/>
Facility Address: <small>* must provide value</small>	<input type="text"/>
Facility City: <small>* must provide value</small>	<input type="text"/>
Facility State: <small>* must provide value</small>	Tennessee <input type="button" value="v"/>
Facility Zipcode: <small>* must provide value</small>	<input type="text"/>
Practice or facility direct phone number to confirm patient's relationship to requesting provider: <small>* must provide value</small>	<input type="text"/> <small>XXX-XXX-XXXX</small>
Provider Information	
Requesting Clinician: <small>* must provide value</small>	<input type="text"/>
Requesting Clinician Tennessee License Number: <small>* must provide value</small>	<input type="text"/>
Requesting Clinician National Provider Identifier: <small>* must provide value</small>	<input type="text"/>
Clinician Direct Phone Number: <small>* must provide value</small>	<input type="text"/> <small>XXX-XXX-XXXX   Please provide a cell phone or staffed office</small>





TM

Questions?



THANK  
YOU!



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