

* CASE ACCESSION NUMBER	INVESTIGATION ID	ADDITIONAL ACCESSION NUMBERS (COMMA SEPARATED)
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CONGENITAL SYPHILIS CASE FORM

CASE FORM

***I. INFANT CASE IDENTIFICATION**

subject > client details > personal information

1. LAST NAME	2. FIRST NAME	3. DATE OF BIRTH/DELIVERY YYYY - MM - DD
4. ALTERNATE LAST NAME	5. ALTERNATE FIRST NAME	6. SEX <input type="radio"/> FEMALE <input type="radio"/> MALE <input type="radio"/> INTERSEX <input type="radio"/> UNKNOWN
7. REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS	8. HEALTH NUMBER (PHIN) 9 DIGITS	9. ALTERNATE ID SPECIFY TYPE OF ID
10. MOTHER'S ADDRESS AT TIME OF BIRTH → <input type="checkbox"/> ADDRESS IN FIRST NATION COMMUNITY		11. CITY/TOWN/VILLAGE
12. PROVINCE/TERRITORY	13. POSTAL CODE (OF ABOVE ADDRESS) A#A #A#	14. CURRENT PHONE NUMBER ### - ### - ####
15. RACIAL/ETHNIC IDENTITY (VOLUNTARY, PARENT/GUARDIAN SELF-REPORTED) <input type="radio"/> AFRICAN <input type="radio"/> BLACK <input type="radio"/> CHINESE <input type="radio"/> FILIPINO <input type="radio"/> LATIN AMERICAN <input type="radio"/> NORTH AMERICAN INDIGENOUS <input type="radio"/> SOUTH ASIAN <input type="radio"/> SOUTHEAST ASIAN <input type="radio"/> WHITE <input type="radio"/> DECLINED <input type="radio"/> OTHER (SPECIFY):		
16. INDIGENOUS IDENTITY DECLARATION (VOLUNTARY, PARENT/GUARDIAN SELF-REPORTED) <input type="radio"/> FIRST NATIONS <input type="radio"/> MÉTIS <input type="radio"/> INUIT <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED	17. FIRST NATIONS STATUS (VOLUNTARY, PARENT/GUARDIAN SELF-REPORTED) <input type="radio"/> STATUS <input type="radio"/> NON-STATUS <input type="radio"/> NOT ASKED <input type="radio"/> DECLINED	MHSU USE ONLY
18. ALTERNATE LOCATION INFORMATION (IF ANY)		

II. TRANSMISSION EXPOSURE DETAILS

(DOCUMENT IN MATERNAL CASE INVESTIGATION)

investigation > exposure summary > create transmission event

MODE OF TRANSMISSION = PERINATAL;

19. MOTHER'S LAST NAME	20. MOTHER'S FIRST NAME	21. MOTHER'S DATE OF BIRTH YYYY - MM - DD
22. MOTHER'S REGISTRATION NUMBER (FORMER MHSC) 6 DIGITS	23. MOTHER'S HEALTH NUMBER (PHIN) 9 DIGITS	24. ALTERNATE ID SPECIFY TYPE OF ID
25. <input type="checkbox"/> MOTHER NOT IDENTIFIABLE		

III. INVESTIGATION INFORMATION

investigation > investigation details > investigation information

26. * INVESTIGATION DISPOSITION	<input type="radio"/> FOLLOW-UP COMPLETE <input type="radio"/> UNABLE TO COMPLETE INTERVIEW <input type="radio"/> PENDING
investigation > investigation details > resp. org/investigator	
27. * RESPONSIBLE ORGANIZATION (PRIMARY)	<input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> OPMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC
28. OTHER RESPONSIBLE ORGANIZATIONS INVOLVED	<input type="checkbox"/> WRHA <input type="checkbox"/> NRHA <input type="checkbox"/> PMH <input type="checkbox"/> SH-SS <input type="checkbox"/> IERHA <input type="checkbox"/> FNIHB <input type="checkbox"/> CSC <input type="checkbox"/> DND

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IV.*INFECTION INFORMATION

Refer to disease protocol: <https://www.gov.mb.ca/health/publichealth/cdc/protocol/syphilis.pdf>

investigation > investigation details > disease summary

29. STAGE	30. CASE CLASSIFICATION
<input type="checkbox"/> EARLY CONGENITAL (ONSET <2 YEARS AFTER BIRTH)	<input type="checkbox"/> LAB CONFIRMED <input type="checkbox"/> CLINICALLY CONFIRMED <input type="checkbox"/> PROBABLE <input type="checkbox"/> NOT A CASE
<input type="checkbox"/> LATE CONGENITAL (>2 YEARS AFTER BIRTH)	<input type="checkbox"/> LAB CONFIRMED <input type="checkbox"/> NOT A CASE
<input type="checkbox"/> SYPHILITIC STILLBIRTH	<input type="checkbox"/> LAB CONFIRMED <input type="checkbox"/> PROBABLE <input type="checkbox"/> NOT A CASE
31. CASE CLASSIFICATION NOTES: (SEE CASE DEFINITIONS ON PAGES 5 AND 6. IN PHIMS, DOCUMENT RATIONALE FOR CASE CLASSIFICATION AND CLINICIANS CONSULTED (E.G. PEDS ID) IN A NOTE).	

V. SIGNS AND SYMPTOMS

investigation > signs and symptoms

32. SIGNS AND SYMPTOMS <input type="radio"/> ASYMPTOMATIC <input type="radio"/> SYMPTOMATIC <input type="radio"/> UNKNOWN	
<input type="checkbox"/> CEREBROSPINAL FLUID (CSF) ABNORMALITIES (ELEVATED CSF CELL COUNT OR PROTEIN WITHOUT OTHER CAUSE) <input type="checkbox"/> CHARACTERISTIC CLINICAL LATE MANIFESTATIONS OF SYPHILIS*** <input type="checkbox"/> CONDYLOMATA LATA <input type="checkbox"/> HEPATOSPLENOMEGALY <input type="checkbox"/> JAUNDICE <input type="checkbox"/> PSEUDOPARALYSIS <input type="checkbox"/> PCR POSITIVE <input type="checkbox"/> GESTATIONAL AGE AT BIRTH (SPECIFY IN WEEKS) <input type="checkbox"/> BIRTHWEIGHT (SPECIFY IN GRAMS)	<input type="checkbox"/> RASH <input type="checkbox"/> RADIOGRAPHIC EVIDENCE OF SYPHILIS IN LONG BONES <input type="checkbox"/> REACTIVE CSF VDRL <input type="checkbox"/> REACTIVE SEROLOGY <input type="checkbox"/> REACTIVE SEROLOGY WITH RISING TITRES <input type="checkbox"/> REACTIVE SEROLOGY WITH 4X HIGHER THAN MOTHER (ON SAME DATE) <input type="checkbox"/> RUNNY NOSE (SNUFFLES) <input type="checkbox"/> OTHER (SPECIFY)
*** MAY INCLUDE KERATITIS, NERVE DEAFNESS, ANTERIOR BOWING OF SHINS, FRONTAL BOSSING, MULBERRY MOLARS, HUTCHINSON'S TEETH, SADDLE NOSE, RHAGADES, OR CLUTTON'S JOINTS.	

VI. TREATMENT INFORMATION (FOR INFANT, EXCLUDES STILLBIRTHS)

investigation > prescriptions > prescription summary

33. PRESCRIBER NAME	34. TREATMENT FACILITY
SPECIFY	SPECIFY
<input type="checkbox"/> BENZATHINE PENICILLIN G (SPECIFY DOSAGE, ROUTE, FREQUENCY, DURATION, AND START DATE): SPECIFY START DATE: YYYY-MM-DD	<input type="checkbox"/> OTHER (SPECIFY DRUG, DOSAGE, ROUTE, FREQUENCY, DURATION, AND START DATE): SPECIFY START DATE: YYYY-MM-DD
35. ALLERGIES (RELEVANT TO TREATMENT, IF ANY) subject > allergies	
SPECIFY	

VII. OUTCOMES AT TIME OF INVESTIGATION

investigation > outcomes

<input type="checkbox"/> HOSPITAL ADMISSION YYYY-MM-DD	<input type="checkbox"/> HOSPITAL DISCHARGE YYYY-MM-DD	<input type="checkbox"/> ICU ADMISSION YYYY-MM-DD	<input type="checkbox"/> ICU DISCHARGE YYYY-MM-DD
<input type="radio"/> FATAL SPECIFY DATE OF DEATH YYYY-MM-DD		<input type="radio"/> OTHER SIGNIFICANT OUTCOME/SEQUELAE SPECIFY	

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VIII. RISK FACTOR INFORMATION

subject > risk factors

COMPLETE THE FOLLOWING AND SPECIFY DETAILS WHERE REQUESTED:	YES	NO	UN-KNOWN	DECLINED TO ANSWER	NOT ASKED
INFANT RISK FACTORS					
BORN TO INFECTED MOTHER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CONTACT TO A NEW OR PREVIOUSLY DIAGNOSED CASE (OTHER THAN MOTHER)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER RISK FACTOR <div style="text-align: right;">SPECIFY</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATERNAL RISK FACTORS					
HOUSING UNSTABLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRENATAL CARE RECEIVED (AT LEAST ONE VISIT FOR PREGNANCY-RELATED CARE) <div style="text-align: right;">SPECIFY TRIMESTER OF FIRST VISIT</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PRENATAL CARE – NUMBER OF VISITS (FOR ANY PREGNANCY-RELATED CARE) <div style="text-align: right;">SPECIFY NUMBER OF VISITS</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LABORATORY TESTING FOR SYPHILIS DURING FIRST TRIMESTER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LABORATORY TESTING FOR SYPHILIS AT 28-32 WEEKS GESTATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LABORATORY TESTING FOR SYPHILIS AT DELIVERY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LABORATORY TESTING – NUMBER OF TIMES TESTED FOR SYPHILIS DURING PREGNANCY (INCLUDING DELIVERY) <div style="text-align: right;">SPECIFY NUMBER OF TESTS</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATERNAL DIAGNOSIS DATE (DURING PREGNANCY) <div style="text-align: right;">SPECIFY DATE YYYY-MM-DD</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATERNAL HISTORY OF STBBI'S (DURING PREGNANCY) <div style="text-align: right;">SPECIFY INFECTIONS AND DATES DIAGNOSED</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATERNAL INCARCERATION DURING PREGNANCY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MATERNAL PARTNER WITH UNTREATED INFECTION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
REINFECTION OR RELAPSE DURING PREGNANCY AFTER APPROPRIATE THERAPY (KNOWN OR SUSPECTED) <div style="text-align: right;">SPECIFY DETAILS</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUBSTANCE USE DURING PREGNANCY (SELF DECLARED) <div style="text-align: right;">SPECIFY SUBSTANCE(S) AND METHOD OF USE</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SUBSTANCE USE DURING PREGNANCY – CRYSTAL METH (SELF DECLARED) <div style="text-align: right;">SPECIFY METHOD OF USE</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TREATMENT FOR INFECTION DURING PREGNANCY <div style="text-align: right;">SPECIFY TREATMENT AND DATE ADMINISTERED YYYY-MM-DD</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TREATMENT FOR INFECTION DURING PREGNANCY ASSESSED AS INADEQUATE (SEE CASE DEFINITIONS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TREATMENT – INADEQUATE SEROLOGIC RESPONSE DOCUMENTED DURING PREGNANCY (SEE CASE DEFINITIONS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER RISK FACTOR <div style="text-align: right;">SPECIFY</div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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IX. EVIDENCE-BASED INTERVENTIONS

investigation > treatment and interventions > intervention summary

36. RECOMMENDED INTERVENTIONS	37. DATE (YYYY-MM-DD)
<input type="checkbox"/> REFERRAL FOR TREATMENT (SPECIFY)	
<input type="checkbox"/> REFERRAL TO PEDIATRIC INFECTIOUS DISEASES (SPECIFY DATE)	
<input type="checkbox"/> OTHER (SPECIFY)	

X.* REPORTER INFORMATION (IF NOT RESPONSIBLE REGIONAL PUBLIC HEALTH OFFICE)

38. FORM COMPLETED BY (PRINT NAME)	39. FACILITY NAME/ADDRESS	REPORTER USE ONLY
40. SIGNATURE	41. PHONE	42. FAX
43. FORM COMPLETION DATE YYYY-MM-DD	44. ORGANIZATION (IF APPLICABLE) <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	
		STAMP HERE

XI.* RESPONSIBLE REGIONAL PUBLIC HEALTH AUTHORITY USE ONLY (PRIMARY INVESTIGATOR)

investigation > investigation details > close investigation

45. FORM COMPLETED BY (PRINT NAME)	46. SIGNATURE	47. FORM COMPLETION DATE YYYY-MM-DD
48. FORM REVIEWED BY (PRINT NAME)	49. FORM REVIEWED DATE YYYY-MM-DD	RHA USE ONLY
50. INVESTIGATION STATUS <input type="radio"/> ONGOING <input type="radio"/> CLOSED TO THE REGION	51. ORGANIZATION <input type="radio"/> WRHA <input type="radio"/> NRHA <input type="radio"/> PMH <input type="radio"/> SH-SS <input type="radio"/> IERHA <input type="radio"/> FNIHB <input type="radio"/> CSC	
		STAMP HERE

PLEASE SUBMIT THIS INVESTIGATION FORM BY SECURED FAX OR COURIER TO THE SURVEILLANCE UNIT AT MANITOBA HEALTH AFTER HOURS EMERGENCY PHONE FOR PUBLIC HEALTH ISSUES: (204) 788-8666.

THIS FORM IS ALSO AVAILABLE FOR DOWNLOAD IN A FILLABLE PDF FORMAT AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>
 A USER GUIDE FOR COMPLETION OF SURVEILLANCE FORMS FOR REPORTABLE DISEASES AND INSTRUCTIONS FOR THIS FORM ARE AVAILABLE FOR DOWNLOAD AT <http://www.gov.mb.ca/health/publichealth/surveillance/forms.html>

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Congenital Syphilis Case Definitions

Laboratory Confirmed Case-Early Congenital Syphilis (within 2 years of birth):

- Identification of *T. pallidum* by dark-field microscopy^a, fluorescent antibody^b, detection of *T. pallidum* (TP) – specific nucleic acid (using NAT, e.g., PCR – polymerase chain reaction) in an appropriate clinical specimen, or equivalent examination of material from nasal discharges, skin lesions, placenta or umbilical cord, or autopsy material of a neonate (up to four weeks of age);

OR

- Reactive serology (treponemal and nontreponemal) from venous blood (not cord blood) in an infant/child with or without clinical, laboratory, or radiographic evidence consistent with congenital syphilis^c but who has one or both of the following:
 - Rising syphilis serologic titres upon follow-up where there is evidence that the mother had a syphilis infection during pregnancy
 - Titres greater than or equal to fourfold higher than those of the mother when collected at the same time or on the same day, in the immediate post-natal period.

OR

- A child who does not meet the above criteria but has persistently reactive treponemal serology between 18 and 24 months of age (regardless of maternal treatment status and infectious status).

Clinically Confirmed Case-Early Congenital Syphilis (within 2 years of birth):

- Reactive serology (treponemal and nontreponemal) from venous blood (not cord blood) in an infant/child with clinical, laboratory, or radiographic evidence consistent with congenital syphilis^c whose mother:
 - Was seropositive or PCR positive for syphilis during pregnancy or at delivery , AND
 - Had inadequate treatment^d (i.e., no documented evidence of adequate treatment), OR
 - Demonstrated to have evidence of reinfection or relapse in pregnancy following appropriate therapy.

^a Not available in most medical laboratories including Cadham Provincial Laboratory (CPL).

^b Fluorescent antibody testing for syphilis is not routinely available in Manitoba but may be used in exceptional circumstances.

^c Includes any evidence of congenital syphilis on physical examination (e.g. hepatosplenomegaly, consistent rash, condyloma lata, snuffles, pseudoparalysis), evidence of congenital syphilis on radiographs of long bones, a reactive CSF (cerebrospinal fluid) VDRL (Venereal Disease Research laboratory test), an elevated CSF cell count or protein without other cause.

^d Inadequate treatment consists of any non-penicillin therapy or penicillin administered during pregnancy but less than 30 days before delivery.

Probable Case-Early Congenital Syphilis (within 2 years of birth)^e:

- Reactive serology (treponemal and nontreponemal) from venous blood (not cord blood) in an infant/child without clinical, laboratory, or radiographic manifestations of congenital syphilis whose mother had untreated or inadequately^f treated syphilis at delivery.

^eA persistent treponemal serologic reaction at 18-24 months of age confirms the diagnosis of congenital syphilis. An absent serologic reaction (treponemal and nontreponemal) at 18-24 months of age excludes the case (i.e., it is no longer probable or confirmed).

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^fInadequate treatment consists of any non-penicillin therapy or penicillin administered during pregnancy but less than 30 days before delivery.

Laboratory Confirmed Case-Syphilitic Stillbirth:

- A fetal death that occurs after 20 weeks gestation where the mother had untreated or inadequately treated syphilis at delivery;
AND
- Laboratory confirmation of infection (i.e., detection of *T. pallidum* DNA in an appropriate clinical specimen, fluorescent antibody or equivalent examination of material from placenta, umbilical cord or autopsy material).

Probable Case-Syphilitic Stillbirth:

- A fetal death that occurs after 20 weeks gestation where the mother had untreated or inadequately treated infectious syphilis at delivery with no other cause of stillbirth established.

Case Definition Reference Table:

STAGE	CASE CLASSIFICATION	LAB CRITERIA	PRESENCE OF MATERNAL CRITERIA (SEE NOTE A)	PRESENCE OF INFANT CRITERIA (SEE NOTE B OR C)
EARLY CONGENITAL (ONSET <2 YEARS AFTER BIRTH)	LAB CONFIRMED	IDENTIFICATION OF <i>T. PALLIDUM</i> BY DARK-FIELD MICROSCOPY, FLUORESCENT ANTIBODY, OR <i>T. PALLIDUM</i> SPECIFIC NUCLEIC ACID (E.G. NAT, PCR)	NOT REQUIRED	NOT REQUIRED
		REACTIVE SEROLOGY WITH RISING TITRES	PRESENT	NOT REQUIRED
		REACTIVE SEROLOGY WITH TITRES ≥ 4X HIGHER THAN MOTHER (ON THE SAME DATE)	PRESENT	NOT REQUIRED
		REACTIVE SEROLOGY AFTER 18-24 MONTHS OF AGE	NOT REQUIRED	EARLY MANIFESTATIONS NOT REQUIRED; ABSENCE OF LATE MANIFESTATIONS
	CLINICALLY CONFIRMED	REACTIVE SEROLOGY	PRESENT	EARLY MANIFESTATIONS PRESENT ^B
	PROBABLE	REACTIVE SEROLOGY FROM VENOUS BLOOD	PRESENT	NOT REQUIRED
	NOT A CASE	DOES NOT MEET ANY OF ABOVE CRITERIA INITIALLY CLASSIFIED AS CASE, FOLLOWED BY NEGATIVE REACTIVE SEROLOGY FROM VENOUS BLOOD AFTER 18-24 MONTHS OF AGE		
LATE CONGENITAL (>2 YEARS AFTER BIRTH)	LAB CONFIRMED	REACTIVE SEROLOGY FROM VENOUS BLOOD AFTER 24 MONTHS OF AGE	NO OTHER KNOWN SOURCE OF EXPOSURE	LATE MANIFESTATIONS PRESENT ^C
SYPHILITIC STILLBIRTH	LAB CONFIRMED	LABORATORY CONFIRMATION OF INFECTION ^D	PRESENT	FETAL DEATH AFTER 20 WEEKS GESTATION
	PROBABLE	NOT REQUIRED	PRESENT	FETAL DEATH AFTER 20 WEEKS GESTATION; AND NO OTHER CAUSE OF STILLBIRTH ESTABLISHED

^A MATERNAL CRITERIA INCLUDES **LAB CONFIRMATION** OF SYPHILIS DURING PREGNANCY **AND EITHER INADEQUATE TREATMENT OR SUSPECTED REINFECTION/RELAPSE** FOLLOWING APPROPRIATE THERAPY.

- INADEQUATE TREATMENT IS DEFINED AS ANY NON-PENICILLIN THERAPY, PENICILLIN ADMINISTERED LESS THAN 30 DAYS BEFORE DELIVERY, OR INSUFFICIENT DOSE.
- SUSPECTED REINFECTION/RELAPSE DURING PREGNANCY CAN INCLUDE AN INADEQUATE SEROLOGIC RESPONSE TO TREATMENT (LESS THAN 4-FOLD DECREASE IN NTT TITERS BY 3 MONTHS) OR CLINICAL SUSPICION OF RELAPSE/REINFECTION.

^B INFANT CRITERIA FOR **EARLY CONGENITAL** STAGE INCLUDES **CONSISTENT CLINICAL, LABORATORY, OR RADIOGRAPHIC MANIFESTATIONS**, INCLUDING HEPATOSPLENOMEGALY, SYPHILITIC RASH, CONDYLOMA LATA, SNUFFLES, PSEUDOPARALYSIS, JAUNDICE/HEPATITIS, EDEMA, EVIDENCE OF CONGENITAL SYPHILIS ON RADIOGRAPHS OF LONG BONES, A REACTIVE CSF VDRL, OR AN ELEVATED CSF CELL COUNT OR PROTEIN WITHOUT OTHER CAUSE.

^C INFANT CRITERIA FOR **LATE CONGENITAL** STAGE INCLUDES **CONSISTENT CLINICAL, LABORATORY, OR RADIOGRAPHIC MANIFESTATIONS** INCLUDING INTERSTITIAL KERATITIS, NERVE DEAFNESS, ANTERIOR BOWING OF SHINS, FRONTAL BOSSING, MULBERRY MOLARS, HUTCHINSON'S TEETH, SADDLE NOSE, RHAGADES, OR CLUTTON'S JOINTS.

^D LABORATORY CONFIRMATION OF INFECTION IN STILLBIRTHS INCLUDES DETECTION OF *T. PALLIDUM* DNA IN AN APPROPRIATE CLINICAL SPECIMEN, FLUORESCENT ANTIBODY OR EQUIVALENT EXAMINATION OF MATERIAL FROM PLACENTA, UMBILICAL CORD OR AUTOPSY MATERIAL.

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