

STRICTLY CONFIDENTIAL

BPSU number

Congenital syphilis study – Paediatric questionnaire

Study conducted by the British Paediatric Surveillance Unit, Health Protection Agency & BASHH

A General information

- 1. Name of reporting paediatrician
- 2. Contact telephone number
- 3. Contact email address

B About the child

- 4. (a) Date of birth/...../ 20.....
 (b) Gender (please circle) **Male / Female**
- 5. Place / hospital of birth
- 6. Hospital number
- 7. Birth weight grams
- 8. Duration of pregnancy completed weeks
- 9. Ethnic group (please circle as appropriate) **White; Asian or Asian British; Black or Black British; Chinese; Mixed or other**
 (please specify)
- 10. How did the child come to medical attention? (please circle as appropriate)
 - 1. Antenatal screening
 - 2. Maternal illness
 - 3. Signs/symptoms in child
 - 4. Other (please specify)
- 11. Results of laboratory tests (child) **Result (date of test)**
 - EIA (...../...../ 20.....)
 - EIA-IgM (...../...../ 20.....)
 - TPHA (...../...../ 20.....)
 - RPR/VDRL (...../...../ 20.....)
 - Titre
 - FTA (...../...../ 20.....)
 - FTA-IgM (...../...../ 20.....)
 - Other (please specify)

C Child's clinical presentation (if no abnormal findings proceed to section D)

- 12. Condyloma lata **Yes / No / Not recorded**
- 13. Syphilitic skin rash **Yes / No / Not recorded**
- 14. Desquamation **Yes / No / Not recorded**
- 15. Rhinitis **Yes / No / Not recorded**
- 16. Mucosal lesion **Yes / No / Not recorded**
 If yes, please give details

- 17. **Marked lymphadenopathy** Yes / No / Not recorded
- 18. **Hepatosplenomegaly** Yes / No / Not recorded
- 19. **Pseudoparalysis** Yes / No / Not recorded
- 20. **Oedema** Yes / No / Not recorded
- 21. **Other** Yes / No / Not recorded
If yes, please give details
.....
- 22. **X-ray signs** Yes / No / Not recorded
If yes, please give details
.....

**About the mother
(please provide if available)**

- 23. **Hospital number**
- 24. **Hospital name**
- 25. **Date of her birth (if not available, please state age at delivery)**/...../ 19... or years
- 26. **Place of her birth (town if UK, or country)**
- 27. **Ethnic group (please circle as appropriate)** **White; Asian or Asian British; Black or Black British; Chinese; Mixed or other**
(please specify)
- 28. **Type of syphilis (please circle as appropriate)**
 - 1. **Primary**
 - 2. **Secondary**
 - 3. **Early latent**
 - 4. **Late latent**
 - 5. **Late (cardiovascular, neuro or gummatous syphilis)**
 - 6. **Non-venereal treponematoses (eg. yaws)**
 - 7. **Not known**
 - 8. **Mother's VDRL/RPR titre (if known)**
.....
- 29. **Date of maternal diagnosis**/...../
- 30. **Was the mother diagnosed as a result of antenatal screening?** Yes / No / Not recorded
- 31. **Did the mother receive therapy for syphilis infection during pregnancy?** Yes / No / Not recorded
If yes, what therapy did the mother receive during pregnancy? (please specify)
.....
- 32. **At what gestation was the mother treated?**wks