



SETRAC Congenital Syphilis Data Definitions

Data Dictionary:

1. Percentage of active maternal syphilis cases

Definition:

a= Number of pregnant women with a positive RPR or VDRL (non-treponemal test) **and** a positive Treponemal test (Treponemal antibody/TP-PA/EIA/CIA) during the current prenatal course (or during delivery hospitalization) delivered in the defined time period.

b= Total number of deliveries at ≥ 20 weeks gestation in a defined time period

Must have a positive Treponemal test sometime during the testing period. A positive RPR alone without a confirmation test once does not count as a positive (could be false positive).

*A positive Treponemal test with a negative/non-reactive RPR indicates past infection if there is a history of syphilis with treatment confirmed (via local health department or medical record). If there is no history of prior infection, it could indicate an untreated active infection.

Do not include women with a history of treated syphilis prior to currently pregnancy who continue to have a low RPR $\leq 1:8$ (this is not active syphilis, they are serofast).

Of note, serofast patients must have documented treatment per health department records.

See FAQ

2. Percentage of maternal syphilis cases with clear documentation of syphilis diagnosis as part of the delivery admission H&P.

Definition:

a= Yes, if all components are a part of the admission H&P. If all components listed below are not documented, this is a 'no'.

Number of patients with the following components clearly documented in the admission H&P

1. Syphilis diagnosis (primary, secondary, latent, serofast)
2. First pregnant RPR titer or titer used to make diagnosis



b= Number of mothers from 1a.

3. Percentage of maternal syphilis cases with documentation of testing in the first trimester or first pregnancy visit (whichever is earlier) .

Definition:

a = Yes, for syphilis testing (RPR/VDRL/Treponemal antibody) during the first trimester or first pregnancy visit (whichever is earlier) is clearly documented.

No is not documented/unknown/unsure

b= Number of mothers in 1a.

4. Percentage of maternal syphilis cases tested or screened for syphilis in the third trimester.

Definition:

a = Yes, for number of maternal syphilis patients with syphilis testing (RPR/VDRL/Treponemal antibody) in the third trimester (28 weeks or later) during prenatal care, is clearly documented. No is not documented/unknown/unsure

b= Number of mothers in 1a.

5. Percentage of maternal syphilis cases tested or screened for syphilis during the delivery admission.

Definition:

a = Number of maternal syphilis mothers that received syphilis testing (RPR/VDRL/Treponemal Antibody) during delivery hospitalization admission.

b = Number of mothers from 1a.

6. Percentage of maternal syphilis cases treated for syphilis during pregnancy.

Definition:

a = Number of pregnant women with documented treatment (adequate or not) for syphilis in the delivery hospitalization H&P.

b = Number of mothers from 1a.



7. Percentage of maternal syphilis cases during pregnancy that were successfully treated during pregnancy (at least 30 days prior to delivery).

Definition:

a = Number of pregnant women with documented completed treatment (per stage of syphilis) **or** at least 4-fold decrease from RPR at the time of diagnosis; at least 30 days before delivery.

b = Number of mothers from 6a.

If the titer is low prior to treatment (ex. <1:8) and remains stable, this can be considered adequate treatment. In these cases, the RPR does not have to become non-reactive to be considered adequate treatment.

Adequate treatment during pregnancy is defined as treatment with Benzathine Penicillin G per stage of syphilis listed below. If the gravida was treated with any other medication, treatment should be considered inadequate.

Per Redbook and CDC:

For primary, secondary and early latent, a single dose of Benzathine Penicillin G 2.4 million U IM. A second dose may be given 1 week later.

For late latent or tertiary syphilis, Benzathine Penicillin G, administered as 3 doses of 2.4 million U, IM, each at 1-wk intervals; pregnant people who have delays in any dose of therapy beyond 9 days between doses should repeat the full course of therapy.

8. Percentage of maternal syphilis cases documented as reported to health department in the medical record.

Definition:

a = Number of patients who had positive syphilis testing or diagnosis status reported to the health department and documentation of that report was placed in the medical record. This includes if you know that the testing was reported electronically by the facility. (Unsure is no)

b = Patients in 1a.

9. Percentage of neonates with positive congenital syphilis testing

Definition:



a = Newborns with a positive RPR or VDRL during the birth hospitalization with a maternal history of syphilis in the defined time period

b= Total number of neonates born to mothers as defined in 1a.

10. Percentage of neonates receiving treatment for congenital syphilis

Definition:

a= Newborns that received **Penicillin (Benzathine Penicillin IM, Procaine Penicillin IM or Aqueous Penicillin IV)** during the birth hospitalization for treatment of possible congenital syphilis in a defined time period

b= Total number of neonates born to mothers as defined in 1a. This is the same number as 9b.

11. Percentage of neonatal congenital syphilis reported to the local health department.

Definition:

a= Number of neonates with suspected congenital syphilis during the birth hospitalization that were reported to the health department and documented in the medical record. (unsure is no)

b=Total number of neonates with suspected congenital syphilis (same as 9a).