Determining Mother’s Residency & Assigning Morbidity for Congenital Syphilis Cases

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Learning Objectives

1. Describe how residency should be identified and reported on congenital syphilis case notifications sent to CDC
2. Understand how CDC assigns CS morbidity to a jurisdiction
3. Identify best practices for when mother’s state of residency and reporting state differ for CS cases
• CDC asks for ‘state’ information in two ways:
  1. Reporting state (state that reports the case)
  2. Mother’s state of residence (state where mother is a ‘usual’ resident at time of delivery)
• CDC assigns morbidity* based on mother’s state of residence
  • If usual residence at delivery is unknown or outside the U.S., CDC assigns morbidity based on reporting state

*Assigned morbidity = Case assigned to the state in CDC datasets and displayed for the state in the national surveillance report
CS morbidity should be assigned to the mother's state of usual residence at time of delivery.

“Usual residence is defined as the place where the person lives and sleeps most of the time...”

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Best practices when you think mother’s state of usual residence is not your own jurisdiction

• Contact the other jurisdiction to share information, discuss and determine mother’s state of usual residence at time of delivery, and discuss and determine who will report the case

• Ideally, the state that will be assigned the morbidity reports the case
  • State where infant currently resides should ensure appropriate follow up care
  • State where most of the pregnancy occurred should follow up with providers to reduce future missed opportunities

• Reach out to CDC for assistance if needed
Methods to Determine Mother’s Place of Usual Residence at the Time of Infant’s Delivery

1. Interview with mother

2. Birth certificate

3. Hospital records
Most Common Scenario
The mother’s usual residence was in New Jersey during pregnancy. The infant is born in New Jersey.

**Most Common Scenario:**

- Mother lives & delivers in the same state

- Mother’s usual residence at delivery: New Jersey
- Reporting state: New Jersey
- CDC assigns morbidity to New Jersey
Knowledge Check
The mother’s usual residence was in New Mexico during pregnancy. The infant is born in New Mexico.

Mother’s usual residence at delivery?

Reporting state?

CDC assigns morbidity to ________.
Uncommon Scenario #1
Uncommon Scenario 1: 
*Mother lives in one state & delivers as a visitor in another state*

The mother’s usual residence is New Jersey. The infant is born in Maine while the mother is there on vacation.

Mother’s usual residence at delivery? 
- New Jersey

Reporting state? 
- New Jersey (best practice)
- Maine (possible)

CDC assigns morbidity to New Jersey

*This scenario is also common in border regions where women live in one state but seek healthcare in a neighboring, non-resident state.*
Knowledge Check
The mother’s usual residence is St. Louis, Missouri, but she receives her prenatal care in East St. Louis, Illinois. The infant is born in a hospital in East St. Louis, Illinois.

Mother’s usual residence at delivery? 
Reporting state?

CDC assigns morbidity to _________
Uncommon Scenario #2
Uncommon Scenario 2:
Mother lives in one state during most of the pregnancy & delivers as a new resident in another state.

The mother’s usual residence was in North Carolina for most of the pregnancy, but she moved to Kentucky two weeks before delivery. The infant was born in Kentucky.

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CDC assigns morbidity to Kentucky.
The mother’s usual residence was in California for most of the pregnancy, but she moved to Wyoming one month before delivery. The infant was born in Wyoming.

Mother’s usual residence at delivery?

Reporting state?

CDC assigns morbidity to ________
Uncommon Scenario 3: Mother lives in one state & infant is adopted into another state

Mother’s usual residence was in Alabama during pregnancy. The infant is born in Alabama. The infant is adopted by a family in South Carolina where CS is diagnosed.

- Mother’s usual residence at delivery? Alabama
- Reporting state? Alabama (best practice)

CDC assigns morbidity to Alabama
Mother’s usual residence was in Kentucky during pregnancy. The infant is born in Kentucky. The infant is adopted by a family in Georgia where CS is diagnosed.

Mother’s usual residence at delivery?
Reporting state?

CDC assigns morbidity to ________
Knowledge Check
Mother’s usual residence was in Mexico during pregnancy. The infant is born in Mexico. The infant is adopted by a family in Florida where CS is diagnosed.

Mother’s usual residence at delivery? Reporting state?

CDC assigns morbidity to ________
Have a more complicated CS case?

Review CSTE Guidance on identifying usual place of residence
  • Covers situations such as students, homeless persons, and military members

If you want to discuss with a CDC STD Surveillance SME, please email
STD_Surv_Inquiry@cdc.gov
What about residency for non-CS STD case notifications?

For chlamydia, gonorrhea, syphilis (other than congenital syphilis), and chancroid case notifications, CDC currently uses the reporting state to assign morbidity. Reporting state should be based on the patient’s usual place of residence closest to time of infection. Since time of infection is usually unknown, specimen collection date is an appropriate proxy.

As more jurisdictions move to providing case notification data to CDC via the STD Message Mapping Guide using HL7 standards, this approach to assigning morbidity may be modified.

If you want to discuss with a CDC STD Surveillance SME, email STD_Surv_Inquiry@cdc.gov
In summary...

• CDC assigns morbidity for congenital syphilis case notifications based on “Mother’s state of usual residence” at delivery, which may not be the state where the infant was delivered or where most of the pregnancy occurred.

• Communication between involved states is critical to determining the state of usual residence and deciding which state should report the case to CDC.

• When in doubt, reach out to a CDC STD surveillance SME at STD_Surv_Inquiry@cdc.gov
Thank you!

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.