CONGENITAL SYphilIS (CS)

Evaluation and treatment of infants (<30 days old) born to women with syphilis during pregnancy

* Start

ALL INFANTS AND MOTHERS SHOULD HAVE SERUM RPR OR VDRL TITER DRAWN AT DELIVERY

**Infant and Mother Criteria**

- Infant:
  - CS findings on physical exam
  - Infant titer ≥4 fold higher than mother’s titer
  - + darkfield or PCR of lesion/body fluid

- Mother:
  - Not treated
  - Inadequately treated†
  - Treatment undocumented
  - Treated with a non-benzathine penicillin G regimen
  - Received treatment <4 weeks before delivery

**Evaluation**

**Scenario 1: Proven or Highly Probable CS**

- Aqueous crystalline penicillin G‡
  - 100,000–150,000 units/kg/day, administered as 50,000 units/kg/dose IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days

- **Scenario 2: Possible CS**

- CSF analysis§ VDRL, cell count, and protein
- Complete blood count (CBC), differential and platelet count
- Long-bone radiographs
- Tests as clinically indicated by signs on physical exam.

- **Review Maternal Titers & Stage:**
  - ≥4 fold decrease in titer after treatment for early syphilis
  - Stable titer for low-titer, latent syphilis (RPR < 1:4 or VDRL<1:2)

- **Scenario 3: Less Likely CS**

- No additional infant evaluation

- Benzathine penicillin G
  - 50,000 units/kg/dose IM in a single dose

- **Scenario 4**

- No treatment indicated

  - with close serologic follow-up of infant every 2-3 months for 6 months

**Notes:**

- *Scenario 4 – in which an infant at delivery has a normal physical exam and titer < 4 fold mother’s titer, AND the mother was adequately treated prior to becoming pregnant and sustains RPR titers <1:4 or VDRL<1:2 throughout pregnancy – is not included.

- † Benzathine Penicillin G (BPG or Bicillin-LA), administered according to stage of disease and initiated at least 4 weeks prior to delivery is the only adequate treatment for syphilis during pregnancy.

- ‡ Alternative: Procaine penicillin G 50,000 units/kg/dose IM in a single daily dose for 10 days

- § CSF test results obtained during the neonatal period can be difficult to interpret; normal values differ by gestational age and are higher in preterm infants.

- II All neonates with reactive nontreponemal tests should receive careful follow-up examinations and serologic testing (i.e., a nontreponemal test) every 2-3 months until the test becomes nonreactive. Neonates with a negative nontreponemal test at birth whose mothers were seroreactive at delivery should be retested at 3 months to rule out serologically negative incubating congenital syphilis at the time of birth.

FOR MORE INFORMATION ABOUT SCENARIO 4 MANAGEMENT, TREATMENT OF SYphilIS IN PREGNANCY, NEONATAL CSF INTERPRETATION, AND CS INFANT FOLLOW-UP, PLEASE REFER TO THE 2015 CDC STD TREATMENT GUIDELINES.

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