Congenital Syphilis Evaluation and Treatment Algorithm



START

All neonates born to women who have reactive non-treponemal serologic tests for syphilis at delivery are expected to be evaluated with a quantitative non-treponemal serologic test and examined thoroughly for evidence of congenital syphilis.



Infant Criteria

- An abnormal physical examination that is consistent with congenital syphilis; or
- non-treponemal serologic titer that is four-fold (or greater) higher than the titer of the mother at delivery; or
- a positive darkfield test or polymerase chain reaction (PCR) of placenta, cord, lesions, or body fluids or a positive silver stain of the placenta or cord.

Yes to any

Infant Evaluation

- Cerebrospinal fluid (CSF) analysis; and/or
- · complete blood count (CBC) and differential and platelet count; and/or
- long-bone radiographs; and/or
- other tests as clinically indicated (e.g., chest radiograph, liver function tests).



Infant Treatment^{1,2}

Aqueous crystalline penicillin G 100,000-150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose, intravenously, every 12 hours during the first seven days of life and every eight hours thereafter for a total of 10 days

Maternal Criteria

Not treated: or

No to all

- inadequately treated³; or
- treatment undocumented; or
- treated with non-penicillin G regimen;
- initiated treatment <30 days before delivery.

No to all

Maternal Criteria

- Adequately treated with penicillin G regimen appropriate for stage, initiated >30 days before delivery; and
- no concern for re-infection or treatment failure.

Yes to any



Infant Evaluation

- Cerebrospinal fluid (CSF) analysis; and/or
- complete blood count (CBC) and differential and platelet count; and/or
- long-bone radiographs.



Any abnormalities, results not available, or follow-up4 uncertain.



No abnormalities and follow-up⁴ is certain.



Infant Treatment

Benzathine penicillin G 50,000 units/kg body weight/dose, intramuscularly, in a single dose

Yes to both



Infant Evaluation*

None recommended.



Maternal Criteria

- >four-fold decrease in titer after treatment for early syphilis; or
- · titer of the remained low and stable (i.e., serofast).



No to both or follow-up⁴ uncertain.

Yes to either or follow-up4 certain.



No treatment4 indicated.

- Scenario is excluded in which an infant has a normal physical exam and titer < four-fold the titer of the mother and the mother was adequately treated prior to becoming pregnant. 1. Or procaine penicillin G 50,000 units/kg body weight/dose, intramuscularly, in a single daily dose for ten (10) days
- If >1 day of therapy is missed, the entire course must be re-started. Data are insufficient regarding the use of other antimicrobial agents (e.g., ampicillin). When possible, a full ten-day course of penicillin is preferred, even if ampicillin was initially provided for possible sepsis. Using agents other than penicillin requires close serologic follow-up for assessing therapy
- Adequate treatment is defined as the completion of a penicillin-based regimen, in accordance with Centers for Disease Control and Prevention treatment guidelines, appropriate for stage of infection, initiated thirty (30) or more days before delivery.
- All neonates with reactive non-treponemal tests are expected to receive thorough follow-up examinations and serologic testing (i.e., RPR or VDRL) every two (2) to three (3) months until the test becomes non-reactive.