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

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

Infant and Maternal Criteria

Scenario 1: Proven or Highly Probable CS

Yes to any

Scenario 2: Possible CS

Yes to any

Additional Maternal Criteria:
- Adequately treated with benzathine penicillin G appropriate for stage, ≥4 weeks before delivery
- No concern for reinfection or treatment failure

Scenario 3: Less Likely CS

No additional infant evaluation

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)

Infant Evaluation

Infant Treatment

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

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

Any abnormalities, results not available, OR follow-upII uncertain

No abnormalities AND follow-upII certain

No to both OR follow-upII uncertain

Yes to either AND follow-upII certain

No treatment indicated with close serologic follow-up of infant every 2-3 months for 6 months

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.