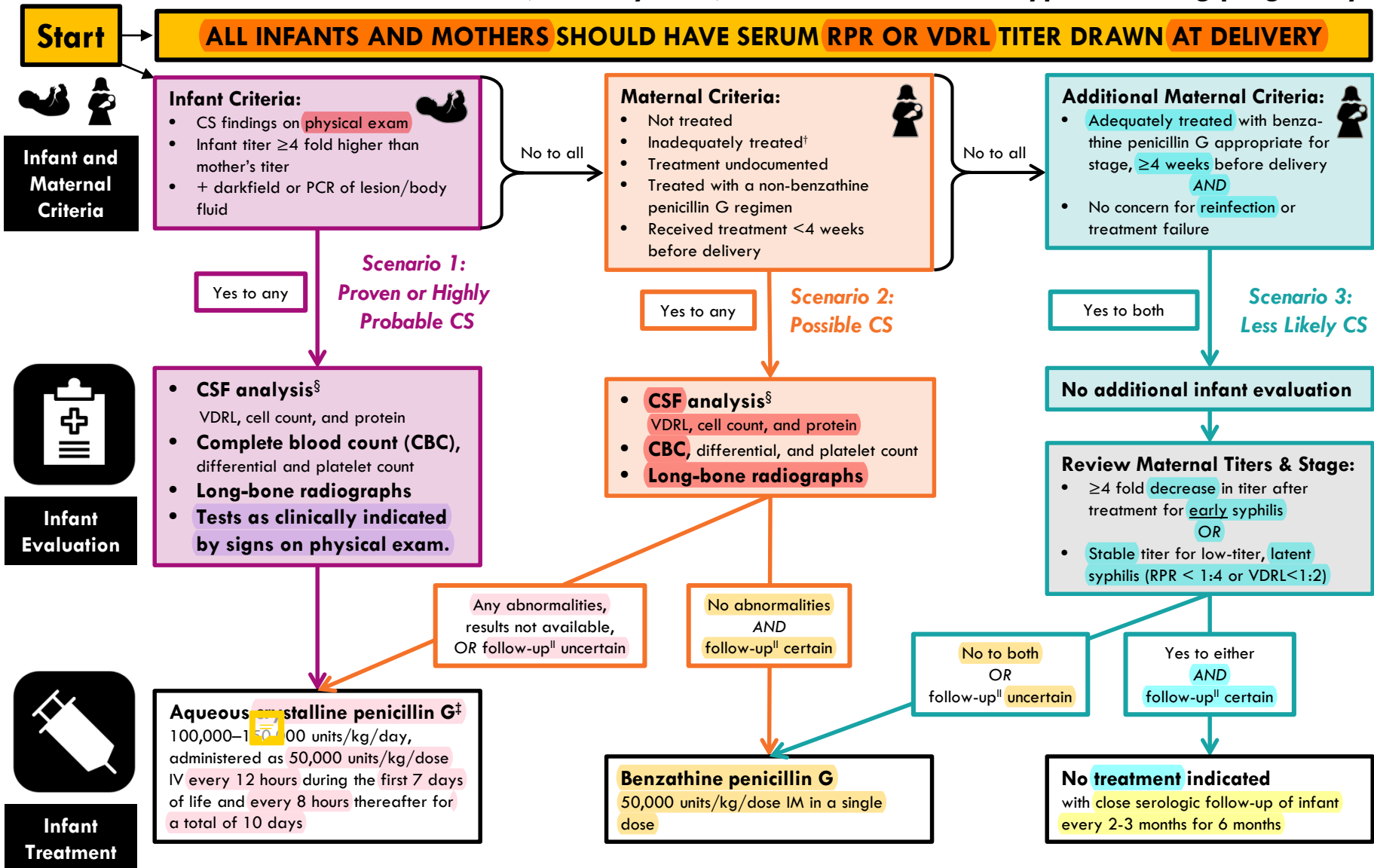


CONGENITAL SYPHILIS (CS)

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



* 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.

^{||} 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.