Congenital Syphilis Evaluation and Treatment
Per the Centers for Disease Control and Prevention's 2015 STD Treatment Guidelines

Evaluation and treatment of infants (Less than 30 days of age) born to persons with reactive syphilis serology during pregnancy*

All infants born to mothers with reactive syphilis serology during pregnancy should have a quantitative nontreponemal serologic test performed.

Does the infant have physical manifestations of congenital syphilis (CS)?

**Texas Law (Health and Safety Code SB 81.090) requires all pregnant persons to be tested for syphilis at the first prenatal visit, during the third trimester (no earlier than 28 weeks' gestation), and again at delivery. If at any point during pregnancy or at Labor and Delivery, a woman has a reactive syphilis serology, the neonate should have a nontreponemal test drawn prior to hospital discharge.

Clinical Scenario #1
Proven or Highly Probable CS

Does the infant have a 4-fold (two-dilution) titer higher than mother’s titer?

Clinical Scenario #2
Possible CS

Did the mother receive appropriate treatment for her syphilis diagnosis at least four weeks prior to delivery?**

And

Did the mother show no evidence of treatment failure (relapse) or re-infection as determined through titer monitoring?

Clinical Scenario #3
Less Likely CS

DURING the current pregnancy?

When was the mother adequately treated for her syphilis diagnosis:

PRIOR to the current pregnancy?

Clinical Scenario #4
CS Unlikely

**Appropriate syphilis treatment is defined as completion of a therapy regimen as outlined in the 2015 CDC STD treatment guidelines at the time of diagnosis or in the event of two dilution titer rise. Benzathine Penicillin is the only acceptable treatment for persons who are pregnant.
Congenital Syphilis Evaluation and Treatment
Per the Centers Disease Control and Prevention’s 2015 STD Treatment Guidelines

Clinical Scenario #1
Proven or Highly Probable CS

Infant Evaluation Recommendations:
• Lumbar Puncture
  CSF-VDRL, CSF-White Blood Cell, CSF Protein
• Complete blood count (CBC)
  With differential and platelet count
• Tests as clinically indicated by signs and symptoms on a physical exam

Infant Treatment Recommendation:
Aqueous Crystalline Penicillin G
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

Clinical Scenario #2
Possible CS

Infant Evaluation Recommendations:
• Lumbar Puncture
  CSF-VDRL, CSF-White Blood Cell, CSF Protein
• Complete blood count (CBC)
  With differential and platelet count
• Long-bone radiographs

Any abnormal, incomplete, uninterpretable results, or is follow up uncertain?

Yes

Infant Treatment Recommendation:
Aqueous Crystalline Penicillin G
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

Alternative treatment of Procaine Penicillin G administered as 50,000 units/kg/dose IM in a single daily dose for 10 days

No

Infant Treatment Recommendation:
Benzathine Penicillin G
Administered as 50,000 units/kg/dose IM in a single dose

For Clinical Scenario # 3 Only:
Alternative of no treatment with certainty of close serologic follow-up of infant every 2-3 months for 6 months.

Clinical Scenario #3
Less Likely CS

No further infant evaluation recommended

Clinical Scenario #4
CS Unlikely

No further infant evaluation recommended

No treatment recommended
Close serologic follow-up every 2-3 months for 6 months if the neonate has a reactive non-treponemal test

A single dose of Benzathine Penicillin G may be considered if follow-up of infant is uncertain or if the infant has a reactive non-treponemal test at birth.

Additional laboratory criteria that can definitively demonstrate the presence of Treponema pallidum are: darkfield microscopy of lesions, body fluids, or neonatal nasal discharge or a polymerase chain reaction (PCR) or immunohistochemistry (IHC) or special stains (e.g. silver staining) of lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material.