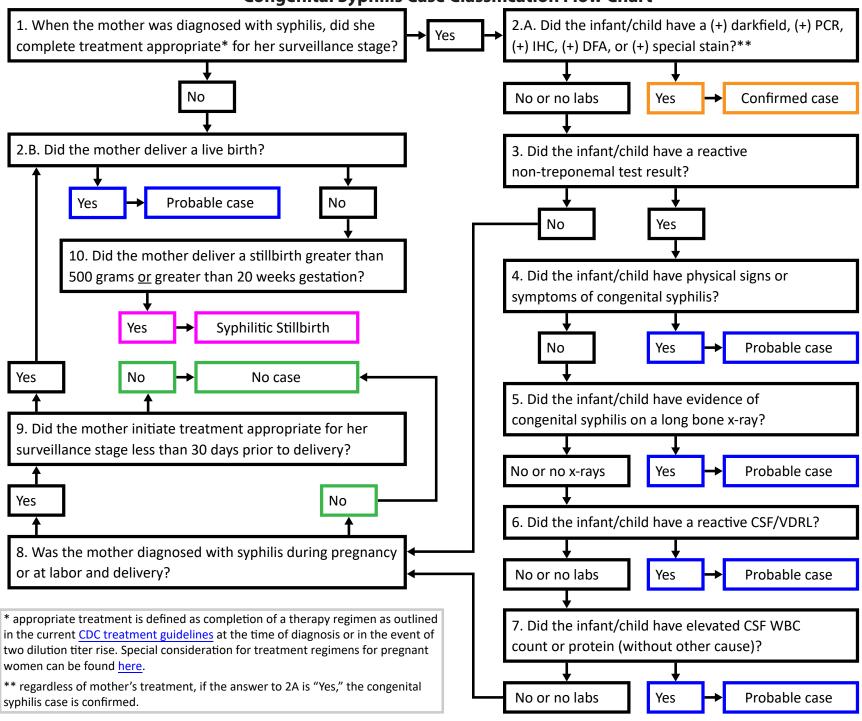
## **Congenital Syphilis Case Classification Flow Chart**



## **CDC Congenital Syphilis Case Definition**

## Considerations when following this flow chart:

- If an infant has a reactive darkfield, polymerase chain reaction (PCR), immunohistochemistry (IHC), direct fluorescent antibodies (DFA), or special stain test that is reactive for *Treponema pallidum* then <u>regardless</u> of mother's treatment history or infant's serological findings this will be a <u>confirmed case</u>.
- If mother did not complete treatment appropriate to her surveillance stage of syphilis (verify surveillance stage upon congenital syphilis case report)

  OR initiated treatment less than 30 days prior to delivery and had a live birth- the infant will be classified as a probable case.
- For a probable case to occur based on clinical manifestations an infant must have a reactive non-treponemal test AND
  - ♦ Positive CSF VDRL OR
  - Elevated CSF WBC (without other cause): Elevated CSF WBC is defined as greater than 15 WBC/mm³ for the first 30 days of life and greater than
     5 WBC/mm³ after the first 30 days of life OR
  - Elevated CSF protein (without other cause): Elevated CSF protein defined as greater than 120 mg/dl for the first 30 days of life and greater 40 mg/dl for after the first 30 days of life OR
  - Evidence of congenital syphilis on a long bone x-ray (bowing of the long bones) OR
  - Any one of the following clinical manifestations outlined on the flow chart (without other cause)
    - Common physical signs and symptoms of congenital syphilis in infants are:
      - \* Hepatosplenomegaly (enlarged liver and spleen)
      - \* Rash
      - condyloma lata
      - Snuffles (nasal discharge)
      - Jaundice (yellowing of the tissues)
      - \* Pseudoparalysis of the extremities
      - Edema (tissue swelling from excess fluid)
      - \* Nerve deafness
    - Common physical signs and symptoms of congenital syphilis in an older child are:
      - \* Ocular issues (cataracts, keratitis)
      - Nerve deafness
      - \* Dental issues (mulberry molars, Hutchinson teeth)
      - Facial and skin abnormalities (<u>frontal bossing</u>, <u>saddle nose</u>, <u>rhagades</u>)
      - Limb and extremities abnormalities (anterior bowing of the shins, <u>Clutton joints</u>)
- If a fetal demise occurred at greater than 500 grams <u>OR</u> roughly 20 weeks gestation or greater <u>AND</u> if mother did not complete treatment appropriate to her surveillance stage of syphilis (verify surveillance stage upon congenital syphilis case report) <u>OR</u> initiated treatment less than 30 days prior to delivery then the infant will be classified as a <u>congenital syphilis stillbirth</u>.

Additional Considerations: If mother is a documented biological false positive during the current pregnancy and a NR treponemal test is obtained from labor and delivery, no case report is needed. If mother has never met case criteria at the time of delivery, no case report is needed.