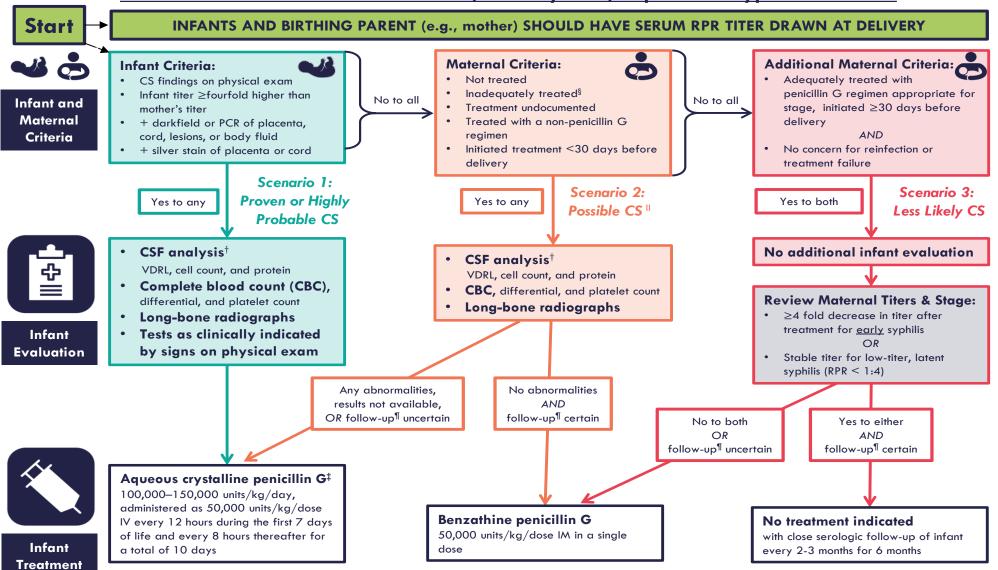
CONGENITAL SYPHILIS (CS)

Evaluation and treatment of infants (<30 days old) exposed to syphilis in utero*



- * Scenario 4: CS Unlikely is not shown. This scenario covers infants with normal physical exam and RPR titer \leq fourfold of the maternal titer at delivery, and the mother was adequately treated prior to becoming pregnant and sustained RPR titers \leq 1:4 throughout pregnancy. † CSF test results obtained during the neonatal period can be difficult to interpret; normal values differ by gestational age.
- ‡ Alternative: Procaine penicillin G 50,000 units/kg/dose IM in a single daily dose for 10 days
- § Adequate treatment for syphilis in a pregnant person refers to the appropriate penicillin regimen recommended by the CDC initiated at least 30 days prior to delivery.
- Il Evaluation is not necessary if a 10-day course of parenteral therapy is administered, although such evaluations might be useful. If the neonate's nontreponemal test is nonreactive and the mother's risk for untreated syphilis is low, a single IM dose of benzathine penicillin G (BPG) can be considered without evaluation.
- ¶ 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 CDC 2021 STI TREATMENT GUIDELINES.





