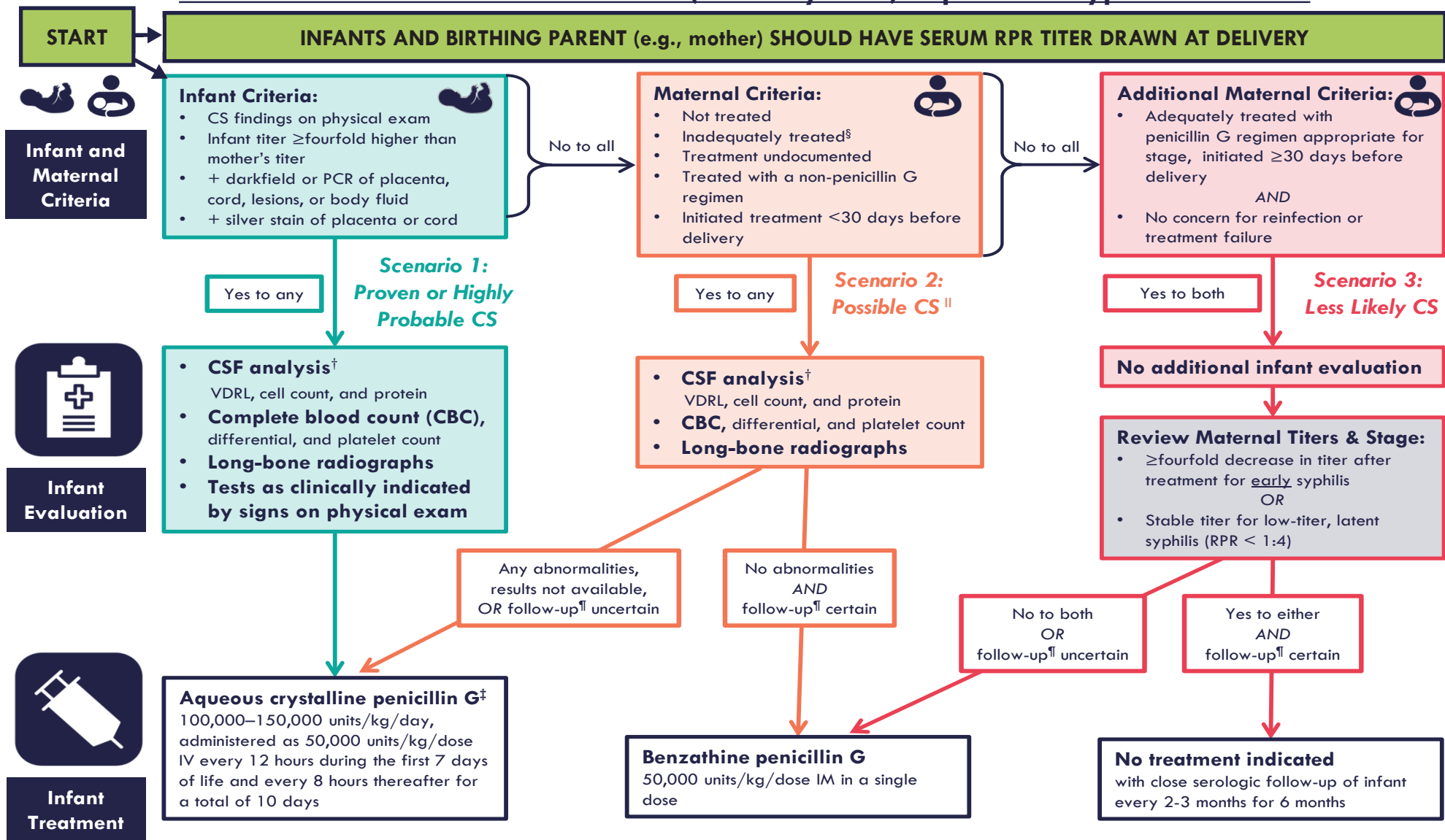


CONGENITAL SYPHILIS (CS)

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 ≤fourfold of the maternal titer at delivery, and the mother was adequately treated prior to becoming pregnant and sustained RPR titers ≤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.

|| 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.