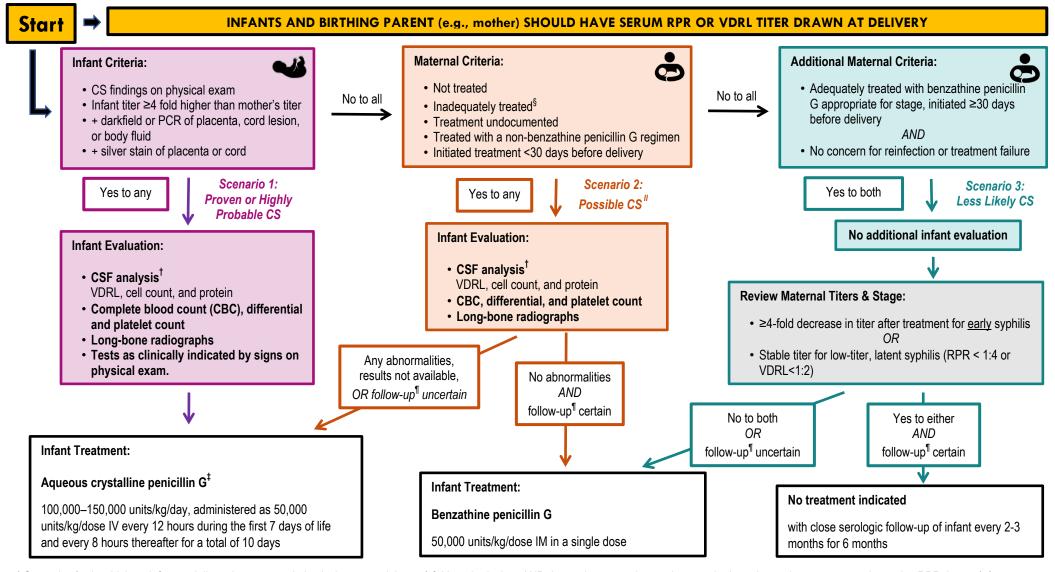
CONGENITAL SYPHILIS (CS)

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





^{*} 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.

- † 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.
- ‡ Alternative: Procaine penicillin G 50,000 units/kg/dose IM in a single daily dose for 10 days.

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[§] Benzathine Penicillin G (BPG or Bicillin-LA), administered according to stage of disease and initiated at least 30 days prior to delivery is the only adequate treatment for syphilis during pregnancy. 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 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.