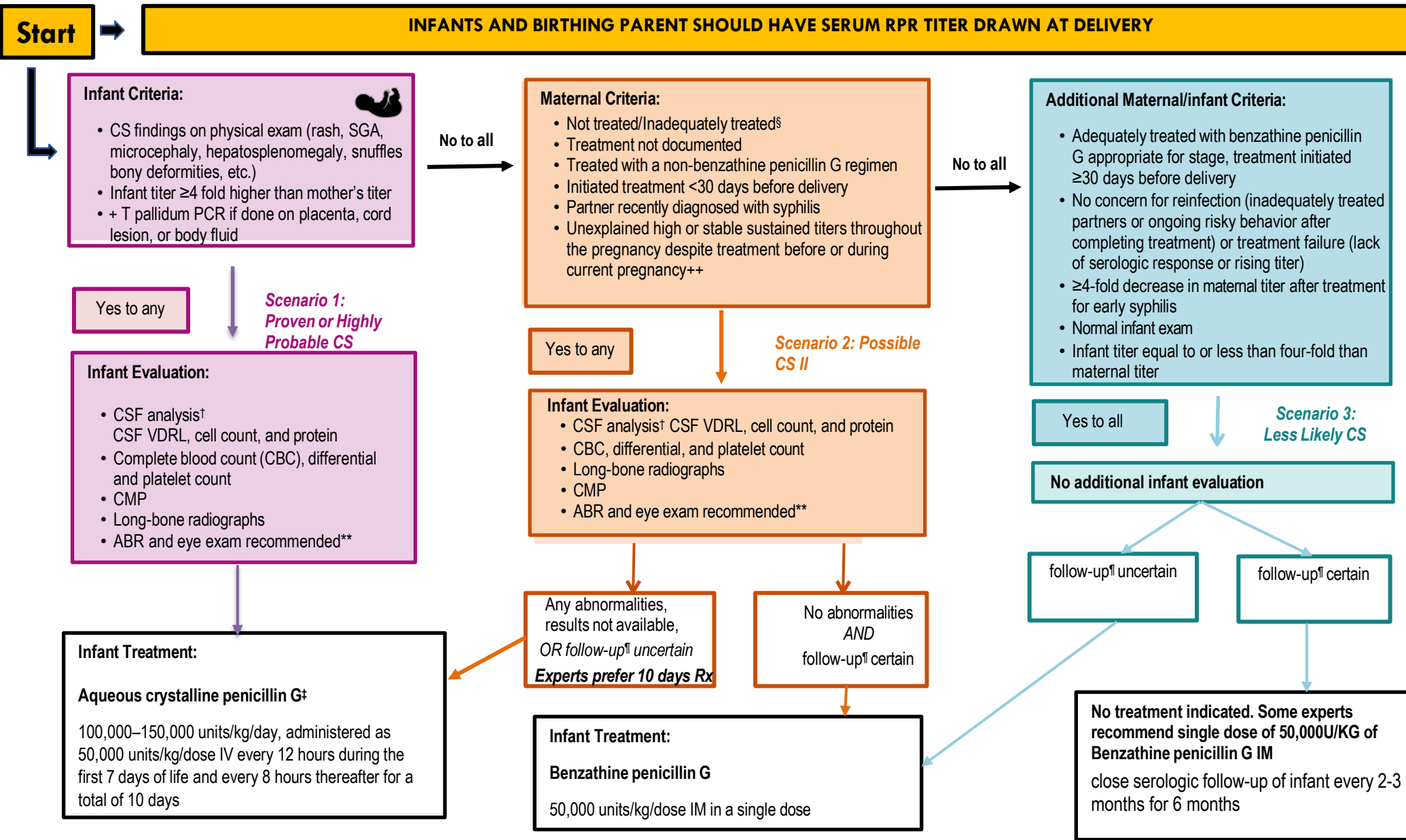


Concern for CONGENITAL SYPHILIS (CS)

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



* ID consult is recommended but not urgent unless concerns for other high-risk behaviors needing HIV medications for the infant. (see HIV CPG). Don't hesitate to call urgently if the algorithm's answers are unclear. Make all the efforts to get maternal syphilis diagnosis and treatment in the past. State HD 1888-374-8824 can help in certain situations for maternal treatment details.

** MRI head and other imaging on a case-to-case basis

++ call ID for specific scenarios

† 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.

§ Benzathine Penicillin G (BPG or Bicillin-LA), administered according to the stage of disease and initiated at least 30 or more days before delivery is the only adequate treatment for syphilis during pregnancy. 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 2-3 months to rule out serologically negative incubating congenital syphilis at the time of birth.