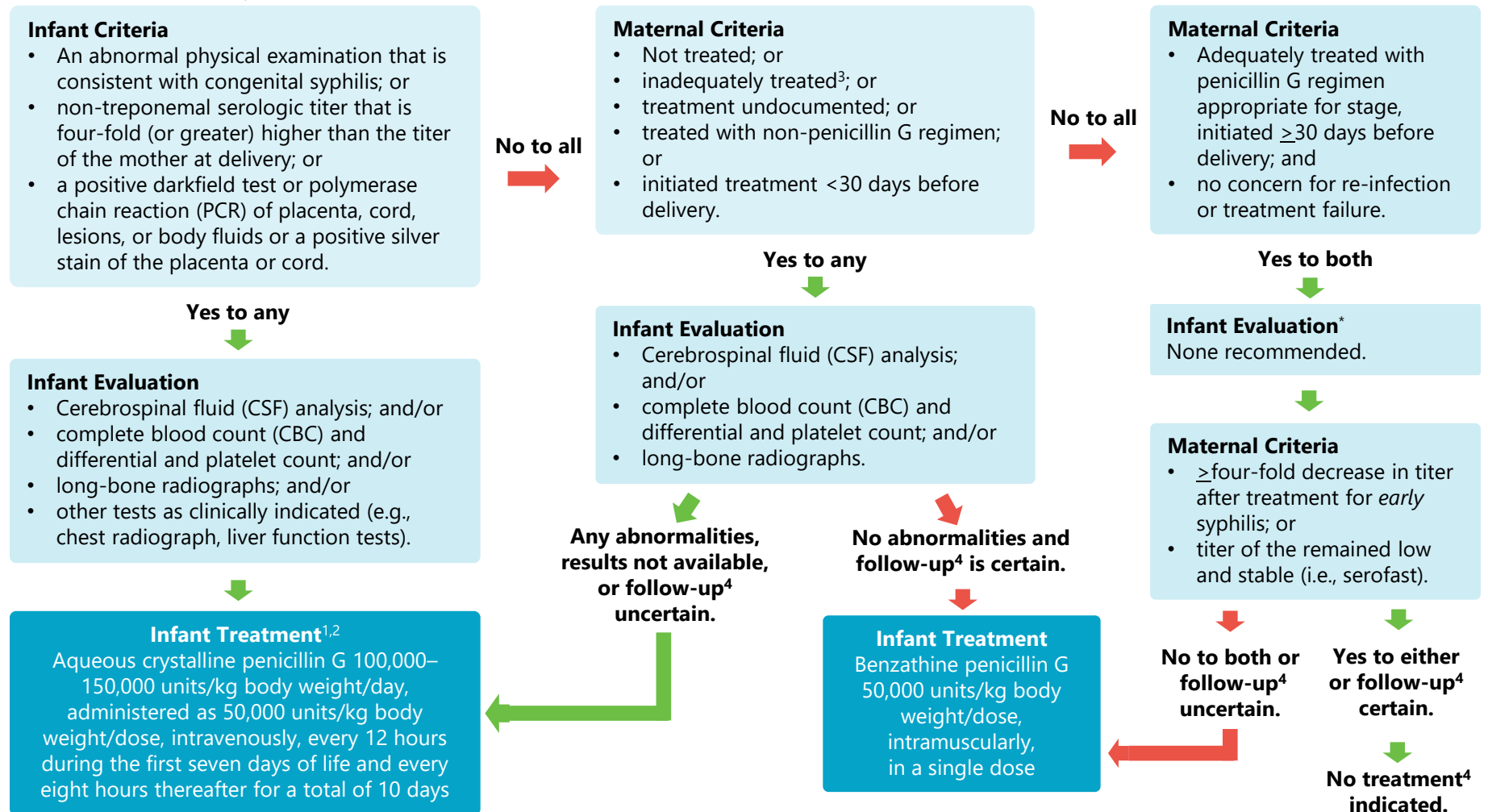


Congenital Syphilis Evaluation and Treatment Algorithm

START

All neonates born to women who have reactive non-treponemal serologic tests for syphilis at delivery are expected to be evaluated with a quantitative non-treponemal serologic test and examined thoroughly for evidence of congenital syphilis.



- * Scenario is excluded in which an infant has a normal physical exam and titer <four-fold the titer of the mother and the mother was adequately treated prior to becoming pregnant.
- Or procaine penicillin G 50,000 units/kg body weight/dose, intramuscularly, in a single daily dose for ten (10) days
 - If >1 day of therapy is missed, the entire course must be re-started. Data are insufficient regarding the use of other antimicrobial agents (e.g., ampicillin). When possible, a full ten-day course of penicillin is preferred, even if ampicillin was initially provided for possible sepsis. Using agents other than penicillin requires close serologic follow-up for assessing therapy adequacy.
 - Adequate treatment is defined as the completion of a penicillin-based regimen, in accordance with Centers for Disease Control and Prevention treatment guidelines, appropriate for stage of infection, initiated thirty (30) or more days before delivery.
 - All neonates with reactive non-treponemal tests are expected to receive thorough follow-up examinations and serologic testing (i.e., RPR or VDRL) every two (2) to three (3) months until the test becomes non-reactive.