

# Congenital Syphilis



Up to 40% babies born to women with untreated syphilis die from the infection

## Introduction

- Congenital syphilis is a serious infection passed from mother to baby during pregnancy. The number of cases in the U.S. has increased dramatically in recent years. In 2019, there were 1,870 cases, including stillbirths and infant deaths. Early detection and treatment are crucial to prevent severe outcomes.

## Prevention and Detection

- Routine Screening:
  - Test all pregnant women for syphilis at their first prenatal visit, at 28 weeks, and at delivery if they are at high risk.
- Identify Risk Factors
- Ensure Testing Before Discharge
  - No mother or newborn should leave the hospital without confirmed syphilis test results.

## Maternal Risk Factors

- Sex with multiple partners/ Sex with a new partner
- Drug use with injection drugs
- Drug Use with non-injection drugs (Methamphetamine & Heroin)
- Transactional sex
- Late or no prenatal care
- Failure to complete/comply with treatment
- Incarceration
- Unstable housing or homelessness



Alabama Perinatal Quality Collaborative



## Contact Info

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Scan the QR Code for quick access to CDC Recommendations.



## Congenital Syphilis 101

A Guide for Pediatricians on Evaluation, Treatment, and Follow-Up Procedures

# Newborn to 1 Month of Age

## Diagnosis in Newborns

- No routine screening of neonatal sera or umbilical cord blood.
- Documentation of maternal serologic status before discharge.
- All infants born to mothers who tested positive for syphilis should be screened.
- Initial tests include blood samples to detect syphilis antibodies

## Follow-up for Neonates

- Regular check-ups at 2, 4, 6, and 12 months of age.
- Blood tests every 2-3 months until they show no signs of infection.
- Untreated neonates:
  - Decrease in nontreponemal antibody titers by 3 months.
  - Nonreactive by 6 months.
  - Further evaluation if still reactive.

## Persistent Nontreponemal Test Titers

- Treated neonates:
  - Reevaluation and CSF examination if titers persist by 6-12 months.
  - Possible retreatment with penicillin G.

## Negative Nontreponemal Test at Birth

- Retesting at 3 months for neonates with seroreactive mothers

# 1 Month of Age and Older

## Evaluation and Treatment of Older Infants and Children

- Infants over 1 month with suspected syphilis need a thorough check-up, including blood tests and possibly a spinal tap.
- Standard treatment is a 10-day course of penicillin injections.

## Recommended Evaluations

- CSF analysis (VDRL, cell count, protein).
- CBC, differential, and platelet count.
- Other tests as clinically indicated.

## Treatment Regimens

- Aqueous crystalline penicillin G.
- Benzathine penicillin G for those without clinical manifestations and normal CSF.

# Follow-Up & Education

## Follow-up Procedures

- Regular examinations and serologic testing every 3 months.
- Reevaluation and retreatment if titers do not decrease after 12-18 months.
- No use of treponemal tests for treatment response evaluation.
- Management in consultation with an expert for persistent abnormalities.

## Encouraging/ Educating Parents

- Explain the importance of preconception care for future pregnancies to ensure the health of subsequent children.
- Reassure parents that with proper follow-up and treatment, children born with congenital syphilis can lead healthy lives.
- Highlight the importance of regular medical check-ups to monitor the child's development.

## Reporting to the Alabama Department of Health

- **Mandatory Reporting**
  - Congenital syphilis is a nationally notifiable disease and must be reported to the Alabama Department of Public Health.
  - Healthcare providers are responsible for reporting cases of congenital syphilis.
- **Why Reporting is Important**
  - Reporting helps track and manage the spread of syphilis.
  - It ensures that affected infants receive the necessary follow-up and care.

Scan the QR code for quick access to the ADPH REPORT CARD for Reportable Diseases/Condition.

