

SYPHILIS

MATERNAL VDRL or RPR POSITIVE

- Confirm maternal treponemal test (e.g. TPPA, TPHA, EIA or FTA-ABS)
- Check maternal HIV and Hepatitis B status
- Take blood from infant for VDRL or RPR and anti-treponemal EIA IgM (not cord blood)
- Examine infant thoroughly for evidence of congenital syphilis, looking for:
 - non-immune hydrops
 - jaundice
 - hepatosplenomegaly
 - rhinitis
 - rash
 - pseudoparalysis of an extremity
- Identify infants with probable or possible disease, or probably not infected-see **below**

INFANTS WITH PROBABLE OR POSSIBLE DISEASE

Probable disease

Abnormal physical examination consistent with congenital syphilis
VDRL/RPR titre the same or >4 x maternal titre

Possible disease

Normal physical examination AND
VDRL/RPR titre the same or <4 x maternal titre AND
One or more of the following:

- mother not treated, inadequately treated, or has no documentation of having been treated
- mother treated with erythromycin or other non-penicillin regimen
- mother treated ≤ 4 weeks before delivery; or
- mother has early syphilis and has a nontreponemal titre that has either not decreased fourfold or has increased fourfold (e.g. re-infection suspected)

INVESTIGATIONS

- FBC, differential, and platelet count
- If clinically indicated:
 - chest X-ray
 - liver function tests
 - cranial ultrasound
 - ophthalmologic examination
 - auditory brainstem response
 - CSF VDRL, cell count and protein
 - do not use cord blood for serological testing on neonate

TREATMENT

Benzylpenicillin **30 mg/kg 12 hrly IV for first 7 days; then 8 hrly for a further 3 days**

INFANTS PROBABLY NOT INFECTED

Normal physical examination AND
VDRL/RPR titre the same or <4 x maternal titre BUT
not meeting criteria above for possible disease

TREATMENT

- Procaine penicillin 100 mg/kg IM single dose or, if unavailable, Benzathine penicillin 50,000 units/kg IM single dose
- No LP, long bone x-ray or follow up necessary as routine unless otherwise clinically indicated if treatment given

FOLLOW UP OF ALL INFANTS

- Serological testing (nontreponemal) every 3 months until test is non-reactive or titre has decreased fourfold
- If titres stable or increase after 6-12 months, consider further evaluation (e.g. CSF) and treatment