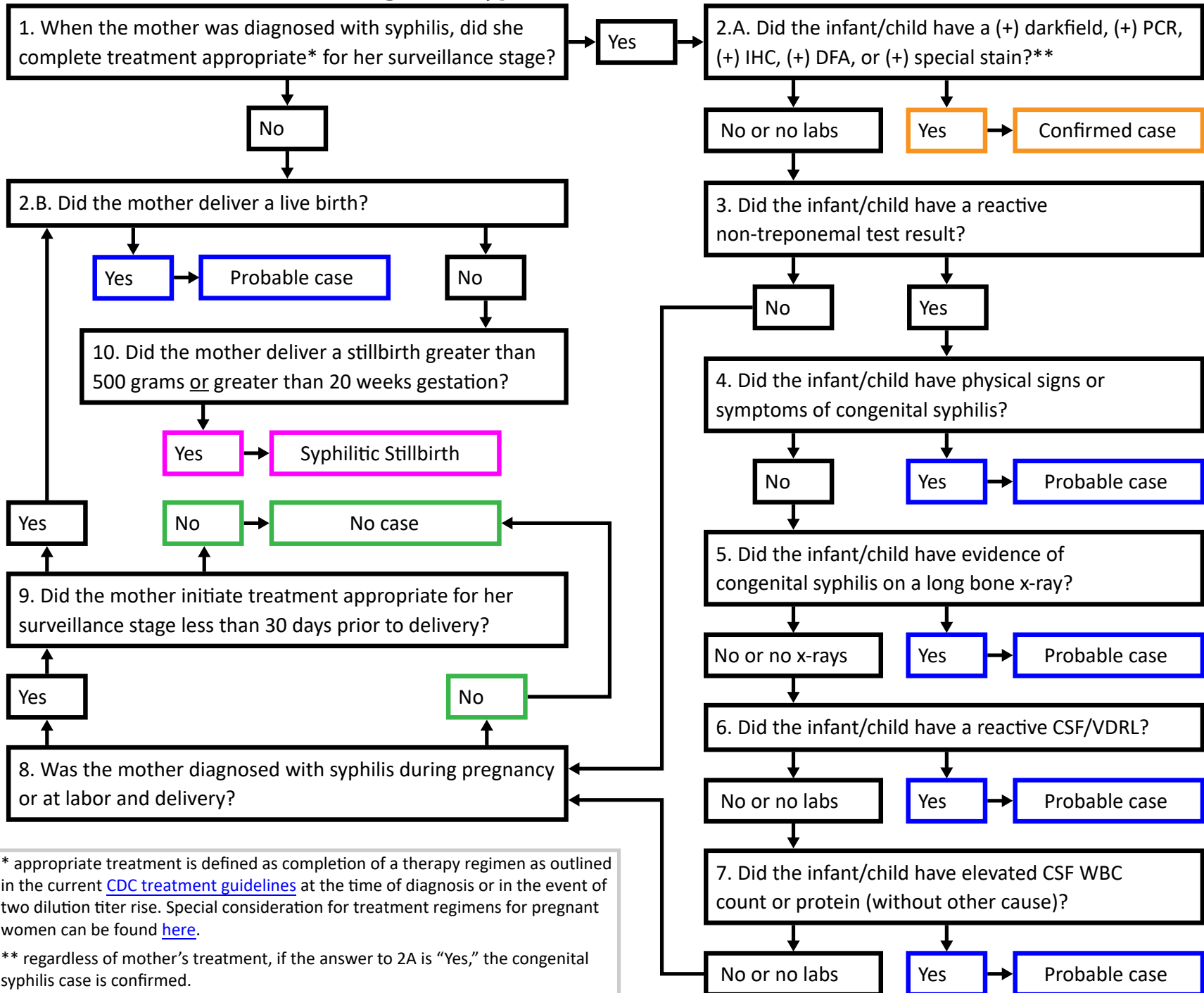


## Congenital Syphilis Case Classification Flow Chart



\* appropriate treatment is defined as completion of a therapy regimen as outlined in the current [CDC treatment guidelines](#) at the time of diagnosis or in the event of two dilution titer rise. Special consideration for treatment regimens for pregnant women can be found [here](#).

\*\* regardless of mother's treatment, if the answer to 2A is "Yes," the congenital syphilis case is confirmed.

## CDC Congenital Syphilis Case Definition

### Considerations when following this flow chart:

- If an infant has a reactive darkfield, polymerase chain reaction (PCR), immunohistochemistry (IHC), direct fluorescent antibodies (DFA), or special stain test that is reactive for *Treponema pallidum* then regardless of mother's treatment history or infant's serological findings this will be a **confirmed case**.
- If mother did not complete treatment appropriate to her surveillance stage of syphilis (verify surveillance stage upon congenital syphilis case report) **OR** initiated treatment less than 30 days prior to delivery and had a live birth- the infant will be classified as a **probable case**.
- For a **probable case** to occur based on clinical manifestations an infant must have a reactive non-treponemal test **AND**
  - ◇ Positive CSF VDRL **OR**
  - ◇ Elevated CSF WBC (without other cause): Elevated CSF WBC is defined as greater than 15 WBC/mm<sup>3</sup> for the first 30 days of life and greater than 5 WBC/mm<sup>3</sup> after the first 30 days of life **OR**
  - ◇ Elevated CSF protein (without other cause): Elevated CSF protein defined as greater than 120 mg/dl for the first 30 days of life and greater 40 mg/dl for after the first 30 days of life **OR**
  - ◇ Evidence of congenital syphilis on a long bone x-ray (bowing of the long bones) **OR**
  - ◇ Any one of the following clinical manifestations outlined on the flow chart (without other cause)
    - ◆ Common physical signs and symptoms of congenital syphilis in infants are:
      - \* Hepatosplenomegaly (enlarged liver and spleen)
      - \* Rash
      - \* condyloma lata
      - \* Snuffles (nasal discharge)
      - \* Jaundice (yellowing of the tissues)
      - \* Pseudoparalysis of the extremities
      - \* Edema (tissue swelling from excess fluid)
      - \* Nerve deafness
    - ◆ Common physical signs and symptoms of congenital syphilis in an older child are:
      - \* Ocular issues (cataracts, [keratitis](#))
      - \* Nerve deafness
      - \* Dental issues ([mulberry molars](#), [Hutchinson teeth](#))
      - \* Facial and skin abnormalities ([frontal bossing](#), [saddle nose](#), [rhagades](#))
      - \* Limb and extremities abnormalities (anterior bowing of the shins, [Clutton joints](#))
- If a fetal demise occurred at greater than 500 grams **OR** roughly 20 weeks gestation or greater **AND** if mother did not complete treatment appropriate to her surveillance stage of syphilis (verify surveillance stage upon congenital syphilis case report) **OR** initiated treatment less than 30 days prior to delivery then the infant will be classified as a **congenital syphilis stillbirth**.

Additional Considerations: If mother is a documented biological false positive during the current pregnancy and a NR treponemal test is obtained from labor and delivery, no case report is needed. If mother has never met case criteria at the time of delivery, no case report is needed.

