

## CONGENITAL SYPHILIS: RECOMMENDED DIAGNOSTIC & MONITORING APPROACH

*Treponema pallidum*

### Laboratory monitoring of infants born to woman with reactive TP during pregnancy

Scenario	Timing of testing (age in months) <sup>1</sup>	TP + RPR on serum						VDRL	
		0	1	2	3	6	12	18	CSF
Mother was treated for primary, secondary, or early latent syphilis during pregnancy more than 4 weeks before delivery, with adequate fall in her RPR titres and no evidence of relapse or reinfection.		✓			✓	✓		✓	
Mother was treated for late latent <sup>2</sup> syphilis anytime during or following pregnancy.		✓				✓		✓	
Mother has untreated primary or secondary syphilis during pregnancy									
Infant's RPR titre is fourfold or greater (higher than the mother's at birth)									
There is a fourfold rise in infant RPR titre		✓			✓	✓		✓	✓
Infant has any findings compatible with congenital syphilis at any age									
Infant has reactive RPR at 12 months of age									
Child has reactive TP antibodies at 18 months of age									
Treated for congenital syphilis	Mother was treated for primary, secondary or early latent syphilis within 4 weeks before delivery								
	Mother was treated with an antibiotic other than penicillin	✓			✓	✓		✓	✓
	Mother was treated for primary, secondary or early latent syphilis before or during her pregnancy and her RPR titre did not show the expected decline or inadequate time has passed to assess the decline								
Not treated for congenital syphilis	Mother was treated for primary, secondary or early latent syphilis within 4 weeks before delivery								
	Mother was treated with an antibiotic other than penicillin	✓	✓	✓	✓	✓	✓	✓	✓
	Mother was treated for primary, secondary or early latent syphilis before or during her pregnancy and her RPR titre did not show the expected decline or inadequate time has passed to assess the decline								

Scenario	Timing of testing (age in months) <sup>1</sup>	TP + RPR on serum						VDRL	
		0	1	2	3	6	12	18	CSF
Treated for congenital syphilis	Mother was treated for primary, secondary or early latent syphilis before pregnancy, but there are doubts about the adequacy of therapy or the possibility of reinfection								
	Mother was treated for primary, secondary or early latent syphilis during pregnancy and her follow-up RPR was not obtained	✓			✓	✓		✓	✓
	Mother was treated for any type of syphilis during pregnancy but long-term infant follow-up cannot be assured								
Not treated for congenital syphilis	Mother was treated for primary, secondary or early latent syphilis before pregnancy, but there are doubts about the adequacy of therapy or the possibility of reinfection								
	Mother was treated for primary, secondary or early latent syphilis during pregnancy and her follow-up RPR was not obtained	✓	✓	✓	✓	✓	✓	✓	✓
	Mother was treated for any type of syphilis during pregnancy but long-term infant follow-up cannot be assured								

<sup>1</sup>Follow-up should be performed at comparable intervals if the problem is recognized several months later

<sup>2</sup>Late latent syphilis implies the mother was infected > 1 year before pregnancy. If there is any doubt about the stage of the maternal infection, it should be assumed she may have infectious syphilis (primary, secondary or early latent), which leads to more aggressive infant follow-up.

TP = TP antibodies (syphilis serology)

RPR = Rapid Plasma Reagen

VDRL = Venereal disease research laboratory test

CSF = cerebrospinal fluid

**References**

1 Robinson, J, R, and the Infectious Diseases and Immunization Committee, Canadian Pediatric Society. Congenital syphilis: No longer just of historic interest. Paediatr Child Health 2009,14(6):1-5.



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