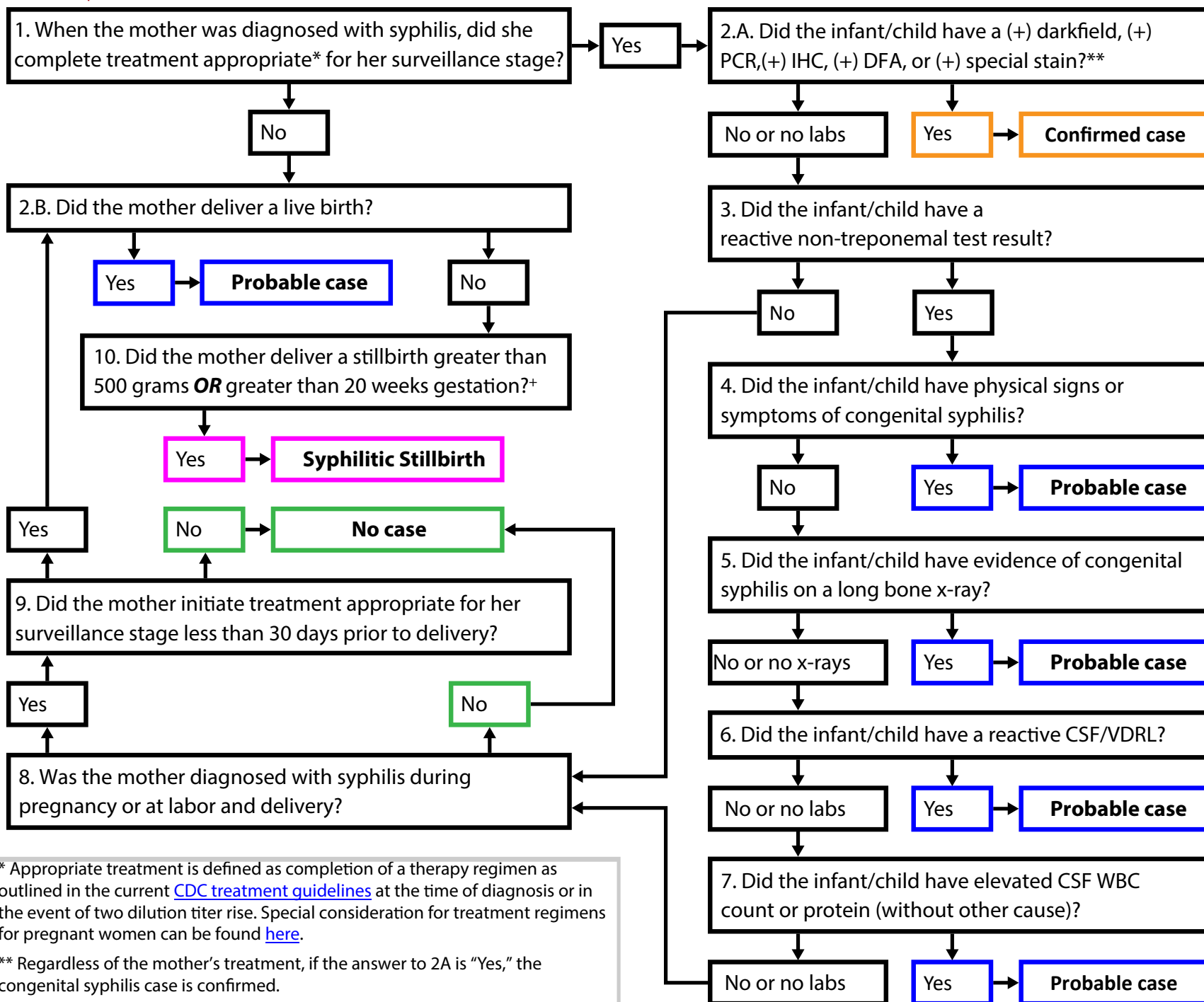




Congenital Syphilis Surveillance Case Classification Flow Chart



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

+ If No, birth does not meet surveillance case definition and no CS investigation or report is needed.

CDC Congenital Syphilis Surveillance Case Definition

Considerations when following this flow chart:

- If a live born 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/mm³ for the first 30 days of life and greater than 5 WBC/mm³ 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's joints](#))
- If a fetal demise occurred at greater than 500 grams **OR** at least 20 weeks gestation **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.