

Congenital Syphilis

Treatment Guidelines Cheat Sheet

Recommended Regimens, Confirmed or Highly Probable Congenital Syphilis

Aqueous crystalline penicillin G 100,000–150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose by IV every 12 hours during the first seven days of life and every eight hours thereafter for a total of 10 days.

OR

Procaine penicillin G 50,000 units/kg body weight/dose IM in a single daily dose for 10 days.

Recommended Regimens, Possible Congenital Syphilis

Aqueous crystalline penicillin G 100,000–150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose by IV every 12 hours during the first seven days of life and every eight hours thereafter for a total of 10 days.

OR

Procaine penicillin G 50,000 units/kg body weight/dose IM in a single daily dose for 10 days.

OR

Benzathine penicillin G 50,000 units/kg body weight/dose IM in a single dose.

Recommended Regimens, Congenital Syphilis Less Likely

Benzathine penicillin G 50,000 units/kg body weight/dose IM in a single dose.*

* Another approach involves not treating the newborn if follow-up is certain but providing close serologic follow-up every 2–3 months for six months for infants whose mothers' nontreponemal titers decreased at least fourfold after therapy for early syphilis or remained stable for low-titer, latent syphilis (e.g., VDRL <1:2 or RPR <1:4).

Recommended Regimens, Congenital Syphilis Unlikely

No treatment is required. However, any neonate with reactive nontreponemal tests should be followed serologically to ensure the nontreponemal test returns to negative (see Follow-Up). Benzathine penicillin G 50,000 units/kg body weight as a single IM injection might be considered, particularly if follow-up is uncertain and the neonate has a reactive nontreponemal test.