



+ Test for HIV-antibody. Infants of HIV-infected mothers do not require different evaluation or treatment.

* Women who maintain a VDRL titer $\leq 1:2$ (RPR $\leq 1:4$) beyond 1 year following successful treatment are considered serofast.

Evaluation consists of hemoglobin/hematocrit, platelet count; CSF examination for cell count, protein, and quantitative VDRL. Other tests as clinically indicated: long-bone x-rays, neuroimaging, auditory brainstem response, eye exam, chest x-ray, liver function tests.

† Hemoglobin/hematocrit, platelet count; CSF examination for cell count, protein, and quantitative VDRL; long-bone x-rays

TREATMENT:

(1) Aqueous penicillin G 50,000 U/kg IV q 12 hr (≤ 1 wk of age), q 8 hr (>1 wk), or procaine penicillin G 50,000 U/kg IM single daily dose, x 10 days

(2) Benzathine penicillin G 50,000 U/kg IM x 1 dose

Abbreviations: TP, *Treponema pallidum*; EIA, enzyme immunoassay; CIA, chemiluminescence immunoassay; RPR, rapid plasma reagin; VDRL, Venereal Disease Research Laboratory; HIV, human immunodeficiency virus; TP-PA, *Treponema pallidum* particle agglutination; FTA-ABS, fluorescent treponema antibody-adsorbed; IM, intramuscular; CSF, cerebrospinal fluid; kg, kilogram; IV, intravenous

FIGURE 1

Algorithm for evaluation and treatment of neonates born to mothers with reactive serologic tests for syphilis.