

**Centers for Disease Control and Prevention (CDC) Surveillance
Case Definition for Congenital Syphilis**

Case Classification

Probable

A condition affecting an infant whose mother had untreated or inadequately treated* syphilis at delivery, regardless of signs in the infant, or an infant or child who has a reactive non-treponemal test for syphilis (Venereal Disease Research Laboratory [VDRL], rapid plasma reagin [RPR], or equivalent serologic methods) **AND** any one of the following:

Any evidence of congenital syphilis on physical examination (see Clinical description)

Any evidence of congenital syphilis on radiographs of long bones

A reactive cerebrospinal fluid (CSF) venereal disease research laboratory test (VDRL) test

In a non-traumatic lumbar puncture, an elevated CSF leukocyte (white blood cell, WBC) count or protein (without other cause)

Suggested parameters for abnormal CSF WBC and protein values:

During the first 30 days of life, a CSF WBC count of >15 WBC/mm³ or a CSF protein >120 mg/dL.

After the first 30 days of life, a CSF WBC count of >5 WBC/mm³ or a CSF protein >40 mg/dL, regardless of CSF serology.

The treating clinician should be consulted to interpret the CSF values for the specific patient.

Syphilitic stillbirth

A fetal death that occurs after a 20-week gestation or in which the fetus weighs greater than 500 g and the mother had untreated or inadequately treated* syphilis at delivery.

**Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with CDC treatment guidelines, appropriate for stage of infection, initiated 30 or more days before delivery.*

Confirmed

A case that is laboratory confirmed.

Source: Centers for Disease Control and Prevention. STD Surveillance case definitions <http://www.cdc.gov/std/stats/CaseDefinitions-2014.pdf>.