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