

In the neonate who was not treated because congenital syphilis was considered less likely or unlikely, non-treponemal antibody titers should decline by age 3 months and be nonreactive by age 6 months:

- At 6 months, if the non-treponemal test is **nonreactive**, no further evaluation or treatment is needed;
- At 6 months, if the non-treponemal test is still **reactive**, the infant is likely to be infected and should be treated.

Treated neonates that exhibit persistent non-treponemal test titers by 6–12 months should be re-evaluated through CSF examination and managed in consultation with Pediatric Infectious Disease.

Neonates with a negative non-treponemal test at birth and whose mothers were seroreactive at delivery should be retested at 3 months to rule out serologically negative incubating congenital syphilis at the time of birth.

Treponemal tests should not be used to evaluate treatment response because the results are qualitative and passive transfer of maternal IgG treponemal antibody might persist for at least 15 months.