

## MANAGEMENT OF A NEWBORN INFANT FOLLOWING THE MOTHER BEING TREATED FOR INFECTIOUS SYPHILIS SIX DAYS EARLIER

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**Background/Purpose:** There is an outbreak of Syphilis in Northern Australia. New cases began in the Pilbara region of WA from March 2018. The purpose of the paper is to remind all regional clinicians of the importance of frequent syphilis serology testing in the antenatal period.

**Approach:** In March 2019 an infant was delivered at 37 weeks, in Port Hedland in Northern West Australia. This date was only six days after the mother had had treatment for infectious syphilis. The mother had been screened 2 months previously and was then negative for syphilis. The child was regarded as a high risk infant for congenital syphilis and treated with 10 days of IV penicillin commenced before the pathology results were available.

**Outcomes/Impact:** The mothers RPR at treatment was 128 and had not dropped at delivery. The child had no signs of congenital syphilis at birth. The child's serum taken on Day 1 was RPR =16 TP Ab positive, TPPA 3+. The CSF showed a raised protein level, and a TP Ab positive. The VDRL was negative in the CSF but this did not rule out neurosyphilis. The child completed 10 days of IV therapy and was discharged for further follow up on the date that the placental results (PCR positive) became available.

**Innovation and Significance:** As yet there is not a WA state wide protocol for congenital syphilis.. However using the Northern Territory guidelines were useful in considering this child a high risk infant and treating immediately to cover both congenital syphilis and neurosyphilis prior to the results becoming available. As congenital syphilis is more aggressive in infants than adults it is important to treat well and early.

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