



First and last names: \_\_\_\_\_

Record no.: \_\_\_\_\_ DOB: YYYY/MM/DD

|  | Date YYYY / MM / DD | Initials |
|--|---------------------|----------|
| <b>Initial evaluation of newborn and consultation</b>  |                     |          |
| <b>Syphilis serology at birth<sup>2</sup></b>  |                     |          |
| The serology must be performed through venipuncture and must not be from the umbilical cord.<br>Date of serology: YYYY/MM/DD<br>Results:<br><ul style="list-style-type: none"> <li>• Qualitative RPR analyzed in Nunavik: _____</li> <li>• EIA: _____</li> <li>• <b>RPR:</b> _____</li> <li>• TP-PA: _____</li> <li>• INNO-LIA: _____</li> </ul>   |                     |          |
| Initial physical examination   |                     |          |
| Proceed with newborn's physical examination at birth<br>Refer to Table 1 in appendix for features and clinical signs of congenital syphilis to look for during physical examination.   | Performed on:       |          |
| Consultation with pediatric infectious-diseases specialist   |                     |          |
| <b>Systematically</b> consult with the pediatric infectious-diseases specialist at child's birth<br>Consultation date:   |                     |          |
| Additional examinations following pediatric infectious-diseases specialist's recommendations   |                     |          |
| <input type="checkbox"/> FSC, liver enzymes and bilirubin  | Performed on:       |          |
| <input type="checkbox"/> X-rays of long bones and clavicles  | Performed on:       |          |
| <input type="checkbox"/> Lumbar puncture: CSF glucose, protein level, VDRL (available at tertiary centre) and CSF cell count   | Performed on:       |          |
| <input type="checkbox"/> Blood glucose (simultaneous with lumbar puncture)   | Performed on:       |          |
| <input type="checkbox"/> Hearing test and ophthalmological evaluation  | Performed on:       |          |
| Notification to the Public Health Department   |                     |          |
| Send the following information at stbbi.nrbhss@ssss.gouv.qc.ca<br><ul style="list-style-type: none"> <li>• Information on newborn (first and last names, DOB, record number)</li> <li>• Information on biological mother (first and last names, DOB, record no.)</li> <li>• Progress notes of newborn's physical examination performed by physician at birth</li> <li>• Date when initial serology was performed on newborn</li> <li>• Recommendations provided by pediatric infectious-diseases specialist</li> </ul> |                     |          |
| Treatment  |                     |          |
| <input type="checkbox"/> Check if a treatment with crystalline, water-soluble penicillin G IV for 10 days was administered on pediatric infectious-diseases specialist's recommendation or after attending physician's evaluation  |                     |          |
| Treatment started on: YYYY/MM/DD   |                     |          |
| Treatment completed on: YYYY/MM/DD   |                     |          |
| Record keeping   |                     |          |
| Schedule chart review for child at first month of life to ensure planning of follow-ups<br>Scheduled on:   |                     |          |
| Enter exposure to syphilis during pregnancy and recommendations of follow-ups on newborn's discharge-summary sheet   |                     |          |

Prescriber's signature and title: \_\_\_\_\_ Practice no.: \_\_\_\_\_ Date: YYYY/MM/DD

<sup>2</sup> It is possible for the EIA, RPR and confirmatory tests to be positive in the newborn due to transfer of antibodies from the mother without necessarily indicating a diagnosis of congenital syphilis. These results must be interpreted with caution and correlated with the mother's RPR. The risk of congenital infection is marked when the newborn's serum RPR is four times higher (two dilutions) than that of the mother at childbirth.

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| <b>Subsequent evaluations and follow-ups of newborn</b>   |                     |          |
| According to overall evaluation of risk of congenital syphilis and pediatric infectious-diseases specialist's recommendations, check physical examinations and serological follow-ups to be performed:  |                     |          |
| <b>Physical examinations</b>  |                     |          |
| <input type="checkbox"/> Proceed with physical examination at age of 1 month  | Performed on:       |          |
| <input type="checkbox"/> Proceed with physical examination at age of 2 month  | Performed on:       |          |
| <input type="checkbox"/> Proceed with physical examination at age of 3 month  | Performed on:       |          |
| <b>Serological follow-ups<sup>3</sup></b>   |                     |          |
| <input type="checkbox"/> Syphilis serology at age of 1 month scheduled for YYYY/MM/DD   | Performed on:       |          |
| <input type="checkbox"/> Syphilis serology at age of 2 month scheduled for YYYY/MM/DD   | Performed on:       |          |
| <input type="checkbox"/> Syphilis serology at age of 3 month scheduled for YYYY/MM/DD   | Performed on:       |          |
| <input type="checkbox"/> Syphilis serology at age of 4 month scheduled for YYYY/MM/DD   | Performed on:       |          |
| <input type="checkbox"/> Syphilis serology at age of 6 month scheduled for YYYY/MM/DD   | Performed on:       |          |
| <input type="checkbox"/> Syphilis serology at age of 12 month scheduled for YYYY/MM/DD  | Performed on:       |          |
| <input type="checkbox"/> Syphilis serology at age of 18 month scheduled for YYYY/MM/DD  | Performed on:       |          |
| <b>Additional examinations</b>  |                     |          |
| Other: _____  | Performed on:       |          |
| Other: _____  | Performed on:       |          |
| <b>Additional consultation with pediatric infectious-diseases specialist</b>  |                     |          |
| During follow-up, consult pediatric infectious-diseases specialist if needed and particularly for: <ul style="list-style-type: none"> <li>• presence of symptoms of congenital syphilis in child</li> <li>• rise in child's RPR<sup>4</sup></li> <li>• RPR still reactive at 6 months of age<sup>4</sup></li> <li>• EIA still reactive at 18 months of age<sup>4</sup></li> </ul> | Performed on:       |          |

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| Signature and license N° | Initials | Signature and license N° | Initials |
|--------------------------|----------|--------------------------|----------|
|                          |          |                          |          |
|                          |          |                          |          |
|                          |          |                          |          |

<sup>3</sup> It is possible for the EIA, RPR and confirmatory tests to be positive in the newborn due to transfer of antibodies from the mother without necessarily indicating a diagnosis of congenital syphilis. These results must be interpreted with caution and correlated with the mother's RPR. The risk of congenital infection is marked when the newborn's serum RPR is four times higher (two dilutions) than that of the mother at childbirth.

<sup>4</sup> The pediatric infectious-diseases specialist may recommend a lumbar puncture for control purposes in these situations.

## Appendix

**Table 1: Features and clinical signs of early congenital syphilis**

| System                 | Features  |
|------------------------|---|
| Growth                 | Low birth weight, failure to thrive*  |
| General                | Fever, pallor, jaundice, non-immune hydrops, generalized lymphadenopathy, severe sepsis syndrome  |
| Head and neck          | Rhinitis, chorioretinitis, cataracts, uveitis, keratitis  |
| Skin                   | Maculopapular*, desquamating* or vesiculobullous lesions  |
| Cardiorespiratory      | Myocarditis, congestive heart failure, respiratory distress, pneumonia  |
| Gastrointestinal       | Hepatosplenomegaly*, necrotizing funisitis, pancreatitis, transaminitis   |
| Central nervous system | Cranial neuropathies, meningitis, seizures, hearing loss  |
| Musculoskeletal        | Dactylitis, periostitis* leading to pseudoparalysis   |
| Renal                  | Proteinuria, hematuria or nephrotic syndrome  |
| Other                  | May mimic other infectious-disease syndromes, congenital infections or non-infectious conditions (e.g., juvenile myelomonocytic leukemia) |

\*Frequent observations

**Table 2: Reference concerning serological follow-ups recommended for newborns of mothers with a reactive syphilis serology during pregnancy (not a substitute for consultation and recommendations of pediatric infectious-diseases specialist)**

| Situation   | Recommendation for serological follow-ups                                       |
|---|---|
| Untreated newborn of mother adequately treated <b>before</b> pregnancy (and without reinfection of mother during pregnancy) | Birth<br>3 months*<br>6 months<br>12 to 18 months                               |
| Untreated newborn of mother who had syphilis that was adequately treated <b>during</b> pregnancy                            | Birth<br>2 months<br>4 months<br>6 months<br>12 to 18 months                    |
| Newborn treated for suspected/risk of congenital syphilis at birth  | Birth<br>3 months<br>6 months<br>18 months                                      |
| Untreated newborn of mother who had syphilis that was not adequately treated during pregnancy                               | Birth<br>1 months<br>2 months<br>3 months<br>6 months<br>12 months<br>18 months |

\* If the RPR and EIA results are non-reactive past three months of age and the mother's risk of reinfection at the end of pregnancy remained low, no other tests are indicated.

### References

Agence de la santé publique du Canada. Infections transmissibles sexuellement et par le sang : Guides à l'intention des professionnels de la santé. ASPC; 2021. Available at : <https://www.canada.ca/fr/sante-publique/services/maladies-infectieuses/sante-sexuelle-infections-transmissibles-sexuellement/lignes-directrices-canadiennes.html>

Fanella S, Bitnun A, Barton M, Sauvé L. Le diagnostic et la prise en charge de la syphilis congénitale : ne laisser passer aucune occasion. Société canadienne de pédiatrie; 2024. Available at : <https://cps.ca/fr/documents/position/syphilis-congenitale>