



SETRAC Congenital Syphilis FAQ

1. What determines if a pregnant patient has a history of syphilis that does not affect current pregnancy?
 - a. The patient has a history of treated syphilis prior to current pregnancy and is currently noninfectious (does not have active infection).
 - b. The patient may have a low RPR (1:1, 1:2, 1:4, up to 1:8) and does not require treatment during current pregnancy.
2. If a patient has a low RPR (1:1, 1:2 etc) prior to starting treatment, does the RPR need to decrease 4-fold after treatment?
 - a. No, If the RPR titer is low prior to treatment (ex. 1:2, 1:1) and remains stable, this is adequate treatment. The RPR does not have to become non-reactive to be considered adequate treatment.
3. Why is Penicillin the only adequate treatment for syphilis?
 - a. Nonpenicillin treatment of syphilis during pregnancy cannot be considered reliable to cure infection in the pregnant person and will not cross the placenta adequately to ensure fetal treatment.
4. If the patient's treatment was discussed or confirmed with the health department, does this count as 'reporting'? Yes
5. If you know that your facility sends the positive labs to the local health department, does it count as 'reporting'? Yes
6. What if the patient is transferred to a different facility? Please coordinate reporting between the transferring and receiving facilities.
7. NICU only facilities (non-delivery facilities) may not have a number for 9b.