



Neonatal

conjunctivitis: also known as ophthalmia neonatorum, is a form of conjunctivitis that occurs in the **first 30 days of life**, typically transmitted during delivery through a colonized birth canal

ETIOLOGY

Bacterial

- *Chlamydia trachomatis* (most common)
- *Neisseria gonorrhea* (most severe)
- *Staphylococcus aureus*, *Group A/B streptococcus*, *Haemophilus influenzae*, *Pseudomonas aeruginosa*

Viral

- Herpes simplex virus (HSV)

DIAGNOSIS

- Conjunctival swabs for gram stain and culture
- Nucleic acid amplification tests if chlamydia is suspected

PRESENTATION

- Conjunctival erythema, chemosis, periorbital edema, epiphora, non-purulent or purulent discharge
- *Neisseria gonorrhea*: presents **2-5 days** after birth. Symptoms are **bilateral**, purulent discharge
- *Chlamydia trachomatis*: presents **5-14 days** after birth. Symptoms initially **unilateral** but progress to bilateral, purulent discharge.
- *Other bacteria*: presents 4-5 days after birth.
- *HSV*: presents 6-14 days after birth. May have associated skin vesicles and corneal epithelial defect



IMPORTANT: Neonatal conjunctivitis caused by *Neisseria gonorrhea* can lead to permanent vision loss and progress into meningitis and septicemia. Early identification and treatment is key.

MANAGEMENT

Active

- *Chlamydia trachomatis*: oral azithromycin for 3 days or erythromycin for 14 days
- *Neisseria gonorrhea*: Saline irrigation, one dose of ceftriaxone, treatment of concurrent chlamydia
- *HSV*: IV acyclovir ± topical antiviral for 14-21 days
- Admission and monitoring by infectious disease specialists and pediatric ophthalmologists may be necessary
- Treat mother and partner(s)

Prophylactic

- **Routine screening and treatment of chlamydia and gonorrhea in pregnant women**
- One dose of ceftriaxone to infants born to women with untreated gonococcal infection
- Ocular prophylaxis with topical erythromycin could prevent serious complications in at-risk populations

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