

Conjunctivitis

V2.2 Last reviewed: 08/07/2021 Review date: 22/04/2024

Conjunctivitis

Organisms:

- *Staphylococcus aureus*
- *Streptococcus pneumoniae*
- *Haemophilus influenzae*
- *Neisseria gonorrhoeae* (neonates)
- *Chlamydia trachomatis* (neonates)
- Viruses e.g. adenovirus

Neonatal conjunctivitis:

- **Urgently** refer all neonates with suspected ophthalmia for specialist assessment.
- Simple sticky eye (no signs of conjunctival inflammation) does not need referral.

Most bacterial infections are self-limiting. Mild cases should not need treating, except in neonates. They are usually unilateral with yellow-white mucopurulent discharge. 65% resolve on placebo by day 5.

Viral infections may be associated with other upper respiratory symptoms such as pharyngitis and fever. Discharge may be more watery than bacterial.

Refer cases of severe contact lens conjunctivitis to an ophthalmologist to exclude the possibility of acanthamoeba.

For more severe infections or if spontaneous resolution is not occurring after 4-5 days, antimicrobials should be given until 48 hours after clinical resolution.

Delayed or post-dated prescriptions should be considered.

Antibiotics:

- **Chloramphenicol** has broad spectrum antimicrobial activity, is well-tolerated, and the recommendation that it should be avoided even in eye drop/ointment form because of an increased risk of aplastic anaemia or Grey Baby Syndrome is not well founded and should not stop use as a first line agent.
- **Gentamicin** drops should only be used for *Pseudomonas*. Refer if not responding.
- **Fusidic acid** drops have inferior Gram negative cover to chloramphenicol and thus should be reserved for second line use.
- for dacryocystitis, systemic antimicrobials should be used.
- If gonococcal infection or orbital cellulitis is suspected, arrange urgent admission to hospital for intravenous therapy.

PHE recommends that it should not normally be necessary to stay off work or school if suffering from acute bacterial conjunctivitis and that it should *not* be necessary for a school or nursery to exclude a child until the infection has cleared.

Drug	Dose	Duration
First line treatment if non-severe is self-care: bath/clean eyelids with cotton wool dipped in sterile saline or boiled (cooled) water, to remove crusting.		
If severe First line: Chloramphenicol 0.5% drops <i>(can be safely used to children aged 0 to 2 years)</i> OR Chloramphenicol 1% eye Ointment Second line: Fusidic Acid 1% eye drops	One drop 2 hourly then reduce frequency as infection is controlled to QDS Apply TDS-QDS Twice daily	Continue for 48 hours after resolution Continue for 48 hours after resolution Continue for 48 hours after resolution
Chlamydial conjunctivitis:		
Adults: Doxycycline	100mg BD	7 days
If pregnant: use Azithromycin	1g STAT on day 1, then 500mg OD on days 2 and 3.	3 days total

Version Control- Conjunctivitis			
Version	Author(s)	Date	Changes
2.1	Shary Walker – Specialist Interface and Formulary Pharmacist	22/04/2021	– update on chloramphenicol eye drops contraindicated to children under 2 years due to boron content
2.2	Shary Walker	08/07/2021	– MHRA update : chloramphenicol drops is safe in 0-2 yrs