

<b>Conjunctivitis</b>		
V3.0	Last reviewed: 21/03/2024	Review date: March 2027

## EYE INFECTIONS

### Conjunctivitis

([CKS Conjunctivitis – infective](#))

#### 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.

**Acute viral conjunctivitis** is often associated with other upper respiratory symptoms e.g., pharyngitis, fever. Discharge may be more watery than bacterial conjunctivitis.

Most cases of acute, infectious conjunctivitis are self-limiting and do not require antimicrobial treatment. Viral (non-herpetic) conjunctivitis usually resolves within one to two weeks without treatment.

Advise the person that symptoms may be eased with self-care measures:

- Bathe/clean eyelids with cotton wool soaked in sterile saline or boiled (cooled) water to remove crusting.
- Cool compresses applied gently around the eye area.
- Lubricating agents or artificial tears.

**Most bacterial infections are self-limiting and resolve within 5–7 days without treatment. Mild cases should not need treating, except in neonates.** They are usually unilateral with yellow-white mucopurulent discharge.

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.**

Infective conjunctivitis is contagious, and people should try to prevent spread of infection to their other eye and other people. **The UK Health Security Agency (UKHSA) does not recommend an exclusion period** from school, nursery, or childminders unless an outbreak or cluster of cases occurs. UKHSA recommends that it **should not** normally be necessary to stay off work or school if suffering from conjunctivitis.

See APC patient information leaflet [here](#).

#### Treatment:

- **Chloramphenicol** has broad spectrum antimicrobial activity and is well-tolerated.
- **Fusidic acid** drops have inferior Gram-negative cover to chloramphenicol and should be reserved for second line use.

If gonococcal infection or orbital cellulitis is suspected, arrange urgent admission to hospital for intravenous therapy. Refer cases of severe contact lens conjunctivitis to an ophthalmologist to exclude the possibility of acanthamoeba.

**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.**

Antibiotic <sup>1</sup>	Dose	Duration
<b>First line if severe:</b>		
Chloramphenicol 0.5% drops	One drop 2 hourly for 2 days, then reduce frequency as infection is controlled to four times a day.	Continue for 48 hours after resolution
<b>OR</b> Chloramphenicol 1% eye Ointment	Apply three to four times a day.	Continue for 48 hours after resolution
Note: Chloramphenicol drops and ointment can be purchased OTC for children and adults ≥2 years of age.		
<b>Second line:</b> Fusidic Acid 1% eye drops	Apply 1 drop twice daily	Continue for 48 hours after resolution

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**Chlamydial conjunctivitis:**

Antibiotic <sup>1</sup>	Dose	Duration
Doxycycline <sup>2</sup> (Not suitable in pregnancy)	Adults: 100mg twice a day	7 days
Azithromycin (if pregnant)	1g STAT on day 1, then 500mg once daily on days 2 and 3.	3 days total

<sup>1</sup>See [BNE](#) and [BNFC](#) for appropriate use and dosing in specific populations, e.g., hepatic, renal impairment, pregnancy, breastfeeding.  
<sup>2</sup>Doxycycline is not suitable for pregnant women.

**Note:** Consider referring patient to Integrated sexual health services (ISHS) for management, screening of other sexually transmitted infections and contact tracing.