

## Highlights of Guideline: Prevention and Management of Ophthalmia Neonatorum caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

In July 2018 the government of British Columbia repealed section 17 of the Health Act Communicable Disease Regulation that mandated universal newborn baby eye prophylaxis.

Perinatal Services BC (PSBC) recommends the following:

- All women should be offered screening for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* at the first prenatal visit.
- Additional screening is recommended in each trimester for women with ongoing risk factors.
- Continuation of universal eye prophylaxis of all newborns to prevent Ophthalmia Neonatorum, caused by *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, until there is a safe alternative to erythromycin, such as maternal screening at the time of delivery for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*. The only agent approved in Canada for eye prophylaxis is erythromycin.
- Monitor all newborns for signs and symptoms of Ophthalmia Neonatorum. It is imperative for both health care providers and parents to recognize the signs and symptoms of Ophthalmia Neonatorum and to respond appropriately.
- If infection is suspected collect conjunctival specimen and test for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*.
- Cefotaxime is the recommended treatment for infants at risk for, or diagnosed with, Ophthalmia Neonatorum caused by *Neisseria gonorrhoeae*. Due to adverse reactions associated with ceftriaxone in the neonatal population, cefotaxime is the preferred antimicrobial.
- Consider a single dose of intramuscular cefotaxime prior to discharge if the infant is at risk for exposure to *Neisseria gonorrhoeae* and there is any concern that the mother or caregiver may not recognize the signs of Ophthalmia Neonatorum, and/or respond appropriately.
- Asymptomatic infants born to mothers with untreated *Neisseria gonorrhoeae* infection at the time of birth should receive a single dose of cefotaxime 100 mg/kg IV/IM.
- Infants born to mothers with untreated *Neisseria gonorrhoeae* at the time of birth that are unwell require:
  - A full septic work-up (urine, blood and CSF specimens) for routine septic workup as well as gram stain and gonorrhea culture
  - Empiric antibiotics of ampicillin and cefotaxime
  - Consult with a pediatric infectious diseases specialist
  - Consult with an ophthalmologist
  - Referral to higher level of care if indicated
- Treat infants that test positive for *Chlamydia trachomatis* with oral or intravenous erythromycin.

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Complete guideline available at  
[www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca)