

STEPS TO PREVENTION

- *All pregnant persons should be offered screening for N. gonorrhoea (GC) and C. trachomatis (CT) during the prenatal period.*
- *Screening must be offered with sensitivity and a recognition that there may be associated stigma.*
- *Treat those who are infected, as well as their partners, and re-test (per Health Canada guidelines) to ensure treatment has been effective.*
- *If screening is done early in pregnancy, re-screening based on risk factors may be indicated closer to baby's due date to confirm negative status.*
- *Consider eye prophylaxis for infants of parturients with unknown GC/CT status.*
- *Counsel parents regarding signs and symptoms, and when to seek medical advice or care.*

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For additional information:

- Canadian Guidelines on Sexually Transmitted Infections: Summary of Recommendations for Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG) and Syphilis: Government of Canada 2019
- Preventing Ophthalmia Neonatorum: Canadian Paediatric Society 2015/2018



u.osu.edu

Preventing Ophthalmia Neonatorum (Newborn Conjunctivitis)

PRIMARY CARE
PRACTICE
RESOURCE



**Optimal health for women,
babies, and families.**

<http://rcp.nshealth.ca/>

What is Gonococcal or Chlamydial Ophthalmia Neonatorum?



Ocular Chlamydia
Retrieved from: iraq-med.com

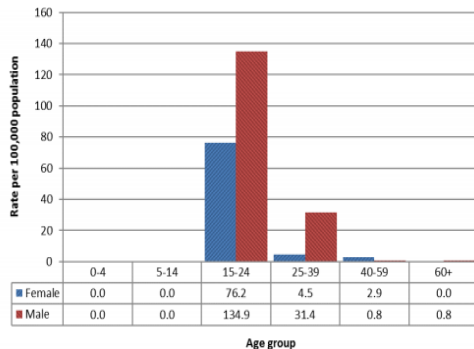
Ophthalmia neonatorum (ON), or newborn conjunctivitis, is a relatively common illness that occurs within the first four weeks of life. Originally, this term only referred to cases caused by *N*

gonorrhoeae, but the term currently encompasses any conjunctivitis in this age group (CPS 2018).

In most cases, ON is a mild illness. The exception is ophthalmia due to infection with *N gonorrhoeae* (GC), which if left untreated can progress quickly to corneal ulceration, perforation of the globe and permanent blindness. ON due to *Chlamydia trachomatis* (CT) can lead to severe pneumonia in neonates.

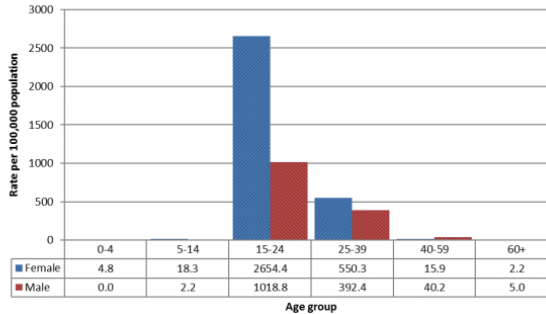
Prevalence of GC: all age groups (2017 Notifiable Diseases in NS Surveillance report)

Figure 12: Reported rates of gonorrhoea in Nova Scotia by age group and sex, 2017



Prevalence of CT: all age groups (2017 Notifiable Diseases in NS Surveillance report)

Figure 10: Reported rates of chlamydia in Nova Scotia by age group and sex, 2017



How to Recognise ON

Look for the following:

- Profound irritation and redness of the conjunctiva and eye in general
- *Acute significant mucopurulent discharge*
- Excessive edema of the eyelids
- Typically, symptoms are bilateral

* ↑ risk of infection for the examiner - ensure proper face and hand protection/hygiene

How to Respond to ON

Ensure an accurate diagnosis:

GC: Swab for gram stain and culture

CT: Specific CT transport swab

Obtain urgent consultation with ophthalmologist or paediatrician



ON Gonorrhea:
www.cehjournal.org

| Causative Organism | Neisseria Gonorrhoea | Chlamydia Trachomatis | Other causes |
|-------------------------------|--|-----------------------|--|
| <u>Clinical presentation:</u> | | | |
| Onset (age) | Within first ~4 days of birth | 7-14 days of age | variable |
| Inflammation of eyelids | Extensive & excessive | minimal | minimal |
| Corneal involvement | Usual; risk of corneal ulceration or rupture | rarely | rarely |
| Additional concerns | * Acute significant mucopurulent discharge * Perforation of the globe and visual impairment | Chlamydial pneumonia | Moderate conjunctival injection and minimal mucopurulent discharge |