

Ophthalmia Neonatorum

Reporting Obligations

Ophthalmia neonatorum is designated as a disease of public health significance and is reportable under the Ontario Health Protection and Promotion Act. Report all suspect and confirmed cases within **one business day** to the health unit.

REPORTING FORM

Epidemiology

Aetiologic Agent:

Eye infection of newborn infant acquired during birth and caused by a maternal infection with *Neisseria gonorrhoeae* (*N. gonorrhoea*), and/or *Chlamydia trachomatis* (*C. trachomatis*).

Clinical Presentation:

Acute, inflammatory condition of the eye, occurring within 3 weeks of life. Signs and symptoms include purulent conjunctivitis, and swollen red eyelids

Modes of transmission:

Contact with the infected birth canal during childbirth.

Incubation Period:

Usually 1-5 days for gonococcal infection; 5-12 days for chlamydial infection.

Period of Communicability:

While discharge persists, if untreated; no longer communicable after 24 hours of treatment.

Risk Factors/Susceptibility

- Contact with the infected birth canal during childbirth
- Contact with the infected maternal genital tract

Diagnosis & Laboratory Testing

The most common infectious cause is **C. trachomatis**, which produces inclusion conjunctivitis that usually appears 5-14 days after birth.

Confirmed case:

- Laboratory confirmation of *Neisseria gonorrhoeae* or *Chlamydia trachomatis* in conjunctival specimens from an infant (most commonly occurs in infants less than or equal to 28 days in age)

Probable case:

- Laboratory confirmation of *Neisseria gonorrhoeae* or *Chlamydia trachomatis* in maternal specimen AND/OR
- Clinically compatible signs and symptoms in an infant (most commonly occurs in infants less than or equal to 28 days in age)

Clinical Evidence:

- Acute redness and swelling of conjunctiva in one or both eyes, with mucopurulent or purulent discharge in which gonococci are identifiable by microscopic and culture methods. Corneal ulcer, perforation and blindness may occur if specific treatment is not given promptly

TESTING INFORMATION & REQUISITION

Treatment & Case Management

Treatment is under the direction of the attending health care provider. Mother and infant should both be treated for the appropriate infection. Contact isolation should be employed for the first 24 hours after treatment begins. Refer to "[Canadian Guidelines on Sexually Transmitted Infections](#)", 2023.

Public Health staff will be involved in case and contact investigations.

Patient Information

PATIENT FACT SHEET

References

1. Heymann, D.L. Control of Communicable Disease Manual (21st Ed.). Washington, American Public Health Association, 2022.
2. [Ministry of Health, Infectious Diseases Protocol - Ontario Public Health Standards, 2022.](#)

Additional Resources

1. [Public Health Agency of Canada. "Canadian Guidelines on Sexually Transmitted Infections", 2023.](#)
2. [Health Canada. "Sexually Transmitted Infections \(STI\)."](#)
3. [PHO. "Ophthalmia Neonatorum", Dec 2022.](#)