Appendix A: Disease-Specific Chapters

Chapter: Ophthalmia neonatorum
Ophthalmia neonatorum

- Communicable
- Virulent

Health Protection and Promotion Act:
Ontario Regulation 558/91 – Specification of Communicable Diseases

Health Protection and Promotion Act:
Ontario Regulation 559/91 – Specification of Reportable Diseases

1.0 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*)

2.0 Case Definition

2.1 Surveillance Case Definition
See Appendix B

2.2 Outbreak Case Definition
Not applicable

3.0 Identification

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

3.2 Diagnosis
See Appendix B

4.0 Epidemiology

4.1 Occurrence
Varies widely according to maternal infection; infrequent where eye prophylaxis is adequate.

Cases of ophthalmia neonatorum have fluctuated in the province of Ontario over the years, and continue to remain fairly low, with about 7 reported cases per year.

4.2 Reservoir
Infected maternal genital tract.
4.3 Modes of Transmission
Contact with the infected birth canal during childbirth.

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

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

4.6 Susceptibility and Resistance
Susceptibility is general.

5.0 Reporting Requirements

5.1 To local Board of Health
Suspect and confirmed cases shall be reported to the medical officer of health by persons required to do so under the Health Protection and Promotion Act, R.S.O. 1990.

5.2 To Public Health Division (PHD)
Report only case classifications specified in the case definition to PHD.
Cases shall be reported using the integrated Public Health Information System (iPHIS), or any other method specified by the Ministry within five (5) business days of receipt of initial notification as per iPHIS Bulletin Number 17: Timely Entry of Cases.

The minimum data elements to be reported for each case is specified in the following:
- Ontario Regulation 569 (Reports) under the Health Protection and Promotion Act (HPPA);
- The disease-specific User Guides published by the Ministry, and
- Bulletins and directives issued by the Ministry.

6.0 Prevention and Control Measures

6.1 Personal Prevention Measures
Preventative measures:
- Recognition and treatment of maternal infection
- The use of an established, effective preparation for protection of babies’ eyes at birth is mandated in Regulation 557 under the HPPA - “Eyes of the Newborn”.

6.2 Infection Prevention and Control Strategies
Contact isolation for the first 24 hours after treatment.

6.3 Management of Cases
Collect relevant data.
Case and contact management of maternal infection.
Treatment is under the direction of the attending health care provider. Mother and infant should also be treated for appropriate infection.

6.4 Management of Contacts
See above, case and contact management of maternal infection.

6.5 Management of Outbreaks
Not applicable.

7.0 References

8.0 Additional Resources
