

## CONJUNCTIVITIS (INFECTIOUS) V 3.0

For the Community Pharmacy Common Conditions Service, refer to the [HSE Common Conditions Service Protocols page](#).

### Comments from the Expert Advisory Group

- Symptoms of acute conjunctivitis include irritated red eye with watery or purulent discharge.
- Conjunctivitis may be due to an infection (viral or bacterial conjunctivitis) or an allergy (allergic conjunctivitis).
- It is difficult to differentiate viral and bacterial conjunctivitis clinically.
- 80% of adult cases are viral and the majority of cases in younger children are bacterial.
- Most acute bacterial conjunctivitis infections are self-limiting and do not require topical antibiotics. Usually they are unilateral, but often spread to the other eye. There is typically a yellow-white mucopurulent discharge and pruritus is usually absent. Symptoms usually resolve within 5-7 days without treatment.
- Note: In acute bacterial conjunctivitis there is no blurring or loss of vision (other than blurring that clears with blinking). Any blurring or any sign of whiteness/opacification at the level of the cornea or any abnormality in the pupils would indicate a need for urgent referral to an ophthalmologist.
- For self-care advice for the patient presenting with sticky eye/conjunctivitis, refer to [HSE A-Z conjunctivitis](#).
- Public Health advice states that children with conjunctivitis do not need to stay out of school/ childcare if child is otherwise well but school/childcare provider should be informed.
- Allergic conjunctivitis is more common in the summer months, with watery discharge, no glued eye in the morning and absence of photophobia. The most consistent clinical feature of allergic conjunctivitis is itching.

#### **If topical antibiotic considered necessary:**

- Consider a delayed prescription for 3 days to see if symptoms resolve with [self-care](#) and without antibiotic eye drops.
- Patient should be informed to seek medical advice if no improvement after 2 days of treatment or if new symptoms such as pain in the affected eye(s), photophobia or vision is affected.
- Prolonged or recurrent use of any topical antimicrobial agent should be avoided where possible as it leads to the emergence of antimicrobial resistance.
- Fusidic acid has minimal Gram-negative activity. Note that in contact lens wearers, infection may be Gram-negative.
- Advice for contact lens wearers:
  - Stop contact lens wear for 2 weeks or until symptoms have resolved.
  - Throw out any reusable disposable contact lens that has been used in that eye.
  - Consult with the optometrist who dispensed the contact lenses regarding reusable non-disposable lens cleaning.
- Chloramphenicol is not recommended in pregnancy or breastfeeding.

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### When to swab, refer or seek specialist input:

- Consider swabbing if chronic infection, recurrent infection or no improvement with treatment choice. Note: adenovirus conjunctivitis can last for 2-3 weeks.
- Refer patients with severe pain, suspected gonorrhoea/chlamydia infection, or chronic infection of >1 month.
- Reduced visual acuity, photophobia, contact lens use and/or moderate to severe eye pain may indicate sight-threatening disease that can warrant an urgent ophthalmology opinion. Note: Contact lens wearers particularly those who wear re-useable contact lenses are at increased risk of corneal infection.
- Seek specialist advice for severe cases as systemic treatment may be required such as:
  - Hyperacute conjunctivitis (onset within 12–24 hours with severe purulent discharge): consider *Neisseria gonorrhoea*. Refer for diagnosis and systemic treatment. Neonates in the first week of life, and sexually active people are at particular risk. Infection can cause serious complications, including uveitis, severe keratitis and corneal perforation.
  - Conjunctivitis in the first month of life may indicate *Chlamydia trachomatis*. Refer for diagnosis and systemic therapy.
  - Teenagers and adults are also at risk of *Chlamydia trachomatis* conjunctivitis, especially if there is no response to standard topical therapy. Such cases often present with a chronic (longer than 2 weeks) low-grade irritation and mucous discharge in a sexually active person. Pre-auricular lymphadenopathy may be present.
- Suspected herpes simplex or herpes zoster eye disease.

**Treatment table is outlined on the next page**

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## Treatment

### ACUTE BACTERIAL CONJUNCTIVITIS TREATMENT TABLE

**If topical antibiotic is required:**

- **Consider referral to ophthalmology :**
  1. If symptoms persist for more than 7 to 10 days.
  2. If there is any clinical suspicion of corneal infection as more broad spectrum intensive topical antibiotics would be indicated. Contact lens wearers are at increased risk of corneal infection.
- Patient should be advised to seek urgent medical advice if the vision becomes blurred and does not clear with blinking or if the eye becomes painful / extreme sensitivity to bright lights develops.

Drug	Dose	Duration	Notes
<b>1<sup>st</sup> choice options</b>			
Chloramphenicol 0.5% eye drops	<b>Adults and Children</b> Apply one or two drops to the infected eye(s) every 6 hours. Doses should be spaced evenly during waking hours.	Treatment should be continued for 48 hours after resolution of symptoms, in general for a maximum of one week.	<ul style="list-style-type: none"> <li>• Chloramphenicol is not recommended in pregnancy or breastfeeding.</li> <li>• Chloromycetin 0.5% w/v Redidrops eye drops solution contains preservatives.</li> <li>• Chloramphenicol eye drops should be used with caution in children &lt;2 years.</li> </ul>
<b>OR</b> Chloramphenicol 1% eye ointment <i>(Unlicensed medication)</i>	<b>Adults and children 2 years and over :</b> Apply to the infected eye(s) every 6 to 8 hours. Doses should be spaced evenly during waking hours.	Treatment should be continued for 48 hours after resolution of symptoms, in general for a maximum of one week.	<ul style="list-style-type: none"> <li>• Chloramphenicol 1% Ointment may be preferred in individuals who find the frequency of drops difficult to comply with.</li> <li>• Presence of ointment on the eye may blur the vision with use during the day.</li> </ul>
<b>2nd choice options</b>			
Azithromycin 15 mg/g eye drops	<b>Adults and children:</b> Apply one drop to infected eye(s) every 12 hours	For 3 days only. Azithromycin eye drops have a prolonged action and will continue to work after the three day course.	Do not use your drops for more than three days even if you still have some residual signs of your eye infection
Fusidic Acid 1% viscous eye drops (suspension)	<b>Adults and children:</b> Apply one drop to infected eye(s) every 12 hours	Treatment should be continued for 48 hours after resolution of symptoms, in general for a maximum of one week.	Fusidic acid has minimal gram-negative activity. Note that in contact lens wearers, infection may be gram-negative

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## Patient Information

- [HSE A-Z Conjunctivitis](#)
- Care should be taken with application of eye drops not to touch the dropper off the eye to reduce risk of spreading/ prolonging infection.
- Wash hands after application with liquid soap and water or decontaminate with alcohol rub.