Notify MRP for mother and infant(s) regardless of admission status.

Positive for GC

Results for NAAT GC/CT

Positive for CT

Notify MRP

Negative for GC/CT

No further testing

Low Risk

Parents/Caregivers and health care providers must watch for signs of newborn eye infections and seek medical attention if signs occur.

Symptomatic Infant(s)*
- If admitted: consult NICU
- If outpatient: Go to Paediatric ED for admission
- Full septic work-up
- Eye swab for culture/NAAT
- Empiric IV antibiotics, including:
  - Cefotaxime
  - Paeds consult, Infectious Disease Consult

Asymptomatic Infant(s)
- Obtain Conjunctival swabs (NAAT) and follow up should be arranged with MRP
- Cefotaxime 100mg/kg IV or IM X 1 dose, or Ceftriaxone 50mg/kg IV or IM X 1 dose (dose not to exceed 125 mg)
- Advise to go to ED for assessment if infant becomes symptomatic*

Symptomatic Infant(s)**
- Obtain conjunctival swabs (NAAT and culture) and follow up should be arranged with MRP
- Oral erythromycin: 50 mg/kg/day in four divided doses for 14 days ***, or Oral azithromycin: 20 mg/kg once daily for 3 days ***

Asymptomatic Infant(s)
- No treatment
- Watch for signs of an eye infection, or if infant becomes symptomatic
- Seek medical attention if infant becomes symptomatic

Symptomatc Infant(s)*
- If admitted: consult NICU
- If outpatient: Go to Paediatric ED for admission
- Full septic work-up
- Eye swab for culture/NAAT
- Empiric IV antibiotics, including:
  - Cefotaxime
  - Paeds consult, Infectious Disease Consult

Treat Mom

Assess Newborn Infant(s)

Treat Mom

Assess Newborn Infant(s)

No further testing

Parents/Caregivers and health care providers must watch for signs of newborn eye infections and seek medical attention if signs occur.

NOTE:
When the newborn and mother are discharged, make a note on the baby’s chart that is provided to the mother to support the first baby check-up as to whether erythromycin was administered at time of birth.

Signs of an eye infection may include:
Eye irritation, drainage that is yellowish to greenish in colour, pain and tenderness in the eyes, and/or swollen eye lids.

A single dose of ceftriaxone (50 mg/kg to a maximum of 125 mg) intravenously or intramuscularly. The preferred diluent for intramuscular ceftriaxone is 1% lidocaine without epinephrine (0.45% ml/125 mg). This intervention is both safe and effective. Biliary stasis from ceftriaxone is not considered to be a risk with a single dose. (Ceftriaxone is contraindicated in newborns receiving intravenous calcium. A single dose of cefotaxime [100 mg/kg given intravenously or intramuscularly] is an acceptable alternative.)

If infant has symptoms of conjunctivitis or appears systemically unwell they should be admitted and have a full septic work-up.

If infant appears systemically unwell they should be admitted and have a full septic work-up.

*** Monitor for signs/symptoms of infantile hypertrophic pyloric stenosis (IHPS).

(Reference: CPS, 2015, Preventing Ophthalmia Neonatorum; Red Book, 2018, Report of the Committee on Infectious Diseases)