Galway: GAPP - Galway Antimicrobial Prescribing Policy / Guidelines (GAPP): Acute Bacterial Conjunctivitis

Acute Bacterial Conjunctivitis

Acute Conjunctivitis can be divided into bacterial, viral, allergic or non-specific aetiologies. It can be difficult to distinguish between them based on clinical exam alone, and all are self-limiting and often resolve within 5–7 days without treatment. Where treatment is required, it is reasonable to manage all as presumed bacterial.

This guidance is specifically for acute non gonococcal, non chlamydia bacterial conjunctivitis.

If concerned regarding chlamydia or gonococcal conjunctivitis discuss with Microbiology or Infectious Disease **AND** Ophthalmology.

A red eye is generally a sign of inflammation of the conjunctiva (conjunctivitis). Although conjunctivitis is the most common cause of a red eye there are other benign (dry eye, blepharitis, subconjunctival haemorrhage, episcleritis) and sight threatening (uveitis, scleritis, endophthalmitis, acute glaucoma) causes.

Conjunctivitis is usually benign so can be managed appropriately by general medical physicians in the first instance so long as certain red flag features (see below) are ruled out.

Any of the below red flag features should trigger a same day referral to Ophthalmology. Referral to an ophthalmologist is indicated when the red eye is associated with :

- Acute reduction in vision of the affected eye
- Severe pain/photophobia
- Contact lens use
- Recent intraocular surgery
- Recent intravitreal injection
- Prior glaucoma filtration surgery (Trabeculectomy)
- Abnormal pupil shape, unequal pupil size or a pupil that reacts poorly to light
- Copious mucopurulent discharge

Bacterial conjunctivitis may be associated with mucopurulent discharge and the lids are often “glued” on waking. **Send a swab for culture and sensitivity.** Topical Chloramphenicol or Fusidic acid may be used.

Note Chloramphenicol is not recommended in pregnancy or breastfeeding.

Prolonged or recurrent use of any topical antimicrobial agent can lead to the emergence of resistance and should be avoided.

Empiric Treatment of Acute Bacterial Conjunctivitis

Infection	Treatment	Comment
Acute Bacterial Conjunctivitis	Chloramphenicol 0.5% drops — apply 2 drops 3 hourly during waking hours or more frequently if required. **Or** Chloramphenicol 1% ointment (Unlicensed) — apply every 6 hours or apply at night only if used in conjunction with chloramphenicol drops. **Or** Fusidic acid 1% eye drops — can be used second line. Apply 1 drop every 12 hours.	Duration 48 hours after resolution of symptoms Note risk of local hypersensitivity reaction to antimicrobial.

Refs:

1. HSE *Conjunctivitis - Antibiotic Prescribing Reviewed October 2022*
2. *Summary of Product Characteristics. Chloromycetin 0.5% w/v Redidrops Eye Drops, Solution. Last updated August 2022.* ■