

Ophthalmia Neonatorum

Agent: *Chlamydia trachomatis* (bacteria) or *Neisseria gonorrhoeae* (bacteria). *C. trachomatis* is more common.

Mode of Transmission: Infants are typically exposed to the organism in the birth canal during childbirth. Rarely, infection during cesarean section or in utero may occur.

Signs/Symptoms: Redness or swelling of one or both eyes beginning five to fourteen days after birth.

Prevention: All pregnant women should be screened for chlamydia and gonorrhea. Women who were infected with *C. trachomatis* or *N. gonorrhoeae* in the first trimester of pregnancy should be retested during the third trimester to prevent postnatal infection in the infant. Topical prophylactic agents applied to newborns' eyes are highly effective at preventing development of gonococcal ophthalmia, but do not always effectively prevent chlamydial ophthalmia.

Ophthalmia Neonatorum: 2014 Data Summary	
Number of Cases:	6
5-Year Average Number of Cases:	7.4
% Change from 5-Year Average:	-19%
Incidence Rate per 100,000:	0.1

In 2014, six infants were reported with ophthalmia neonatorum in Virginia. Two cases were caused by *N. gonorrhoeae* and four by *C. trachomatis*. Although chlamydial ophthalmia cases have decreased significantly in recent years, two out of seven gonococcal ophthalmia cases reported in the last decade occurred in 2014.