U.S. Preventive Services Task Force

Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Reaffirmation Recommendation Statement

▶ See related Putting Prevention into Practice on page 197.

This summary is one in a series excerpted from the Recommendation Statements released by the U.S. Preventive Services Task Force (USPSTF). These statements address preventive health services for use in primary care clinical settings, including screening tests, counseling, and preventive medications.

The complete version of this statement, including supporting scientific evidence, grading system, members of the USPSTF at the time this recommendation was finalized, and references, is available on the USPSTF Web site at http://www.uspreventiveservicestaskforce.org/.

A collection of USPSTF recommendation statements reprinted in *AFP* is available at http://www.aafp.org/afp/uspstf.

Summary of Recommendation and Evidence

The U.S. Preventive Services Task Force (USPSTF) recommends prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum *(Table 1)*. **A recommendation.**

Rationale

Importance. *Gonococcal ophthalmia neonatorum develops in approximately 28 percent of newborns delivered to women with gonorrheal disease in the United States. Identifying and treating the infection are important because gonococcal ophthalmia neonatorum can result in corneal scarring, ocular perforation, and blindness.*

Recognition of risk status. *The USPSTF recommends that all newborns receive prophylaxis; however, some newborns are at increased risk of gonococcal ophthalmia neonatorum. Newborns at increased risk include those with a maternal history of sexually transmitted infections, substance abuse, or no prenatal care.*

Benefits of risk assessment and preventive medication. *There is convincing evidence that blindness due to gonococcal ophthalmia neonatorum has become rare in the United States since the implementation of universal prophylaxis of newborns.*

Harms of risk assessment and preventive medication. *There is convincing evidence that universal prophylaxis of newborns is not associated with serious harms.*

USPSTF assessment. *The USPSTF concludes that there is high certainty that the net*

Table 1. Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum: Clinical Summary of the USPSTF Reaffirmation Recommendation

Population	All newborns
Recommendation	Provide prophylactic ocular topical medication for the prevention of gonococcal ophthalmia neonatorum. Grade: A
Risk assessment	All newborns should receive prophylaxis. However, some newborns are at increased risk, including those with a maternal history of no prenatal care, sexually transmitted infections, or substance abuse.
Preventive interventions	Preventive medications include erythromycin 0.5% ophthalmic ointment, silver nitrate 1.0% solution, and tetracycline 1.0% ointment. All are considered equally effective; however, the latter two are no longer available in the United States.
Timing of intervention	Within 24 hours after birth.
Relevant recommendations from the USPSTF	Several recommendations on screening and counseling for infectious diseases and perinatal care can be found at http://www.uspreventiveservicestaskforce.org/.

NOTE: *For the full recommendation statement and supporting documents, go to http://www.uspreventiveservicestaskforce.org/.*

USPSTF = U.S. Preventive Services Task Force.

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benefit is substantial for topical ocular prophylaxis for all newborns for the prevention of gonococcal ophthalmia neonatorum.

Clinical Considerations

PATIENT POPULATION

This clinical recommendation applies to all newborns.

PREVENTIVE MEDICATION

Prophylactic regimens using tetracycline 1.0% or erythromycin 0.5% ophthalmic ointment are equally effective in the prevention of gonococcal ophthalmia neonatorum; however, the only drug approved by the U.S. Food and Drug Administration for this indication is erythromycin 0.5% ophthalmic ointment. Tetracycline ophthalmic ointment and silver nitrate are no longer available in the United States. A 2.5% solution of povidone-iodine may be useful in preventing ophthalmia neonatorum, but it has not been approved for use in the United States.

OPTIMAL TIMING

Prophylaxis should be provided within 24 hours after birth.

The "Other Considerations," "Discussion," and "Recommendations of Others" sections of this recommendation statement are available at http://www.uspreventiveservicestaskforce.org/uspstf/uspsgononew.htm.

The U.S. Preventive Services Task Force recommendations are independent of the U.S. government. They do not represent the views of the Agency for Healthcare Research and Quality, the U.S. Department of Health and Human Services, or the U.S. Public Health Service. ■

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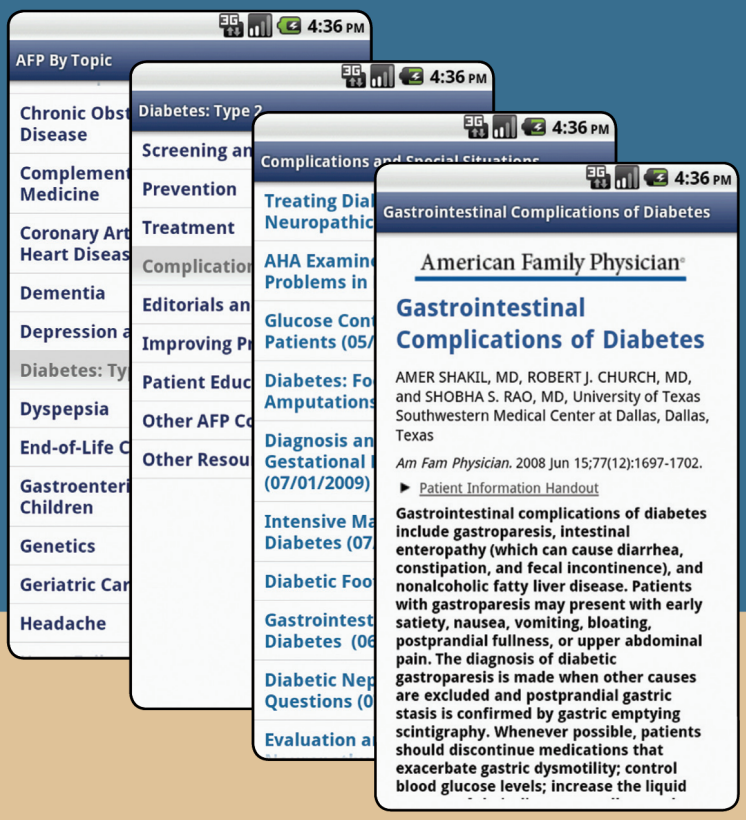

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