

# Gonococcal Conjunctivitis Information for Health Professionals

## What is gonococcal conjunctivitis?

Gonococcal conjunctivitis is a highly contagious eye infection caused by the bacteria *Neisseria gonorrhoeae*. It is a **sight-threatening medical emergency** and all cases should be **treated in consultation with an ophthalmologist**.

Gonococcal conjunctivitis in neonates (within the first six weeks of life) is referred to as gonococcal ophthalmia neonatorum (also known as gonococcal neonatal ophthalmia). Between 2004 and 2023, there has been an average of 3.3 cases of gonococcal conjunctivitis per year in the Northern Territory (NT). Previously epidemics occurred in communities in northern Australia, however in the past 20 years, cases have been sporadic. Gonococcal conjunctivitis and gonococcal ophthalmia neonatorum are notifiable diseases in the NT.

## What are the symptoms?

Gonococcal conjunctivitis infection usually presents with:

- Mucopurulent discharge within 12 hours of exposure;
- Erythema;
- Irritation;
- Tenderness on palpation;
- Conjunctival chemosis;
- Oedema of eye lids;
- Tender preauricular lymphadenopathy.

Corneal ulceration, perforation and blindness can occur if treatment is not given promptly.

Gonococcal ophthalmia neonatorum usually occurs within 1-5 days of birth, presenting with acute redness and swelling of the conjunctiva with mucopurulent or purulent discharge. It is a more serious clinical situation than that usually seen in older children and adults because of its greater potential to cause corneal perforation.

## How is it spread?

*Neisseria gonorrhoeae* can infect the eye by:

- Vertical transmission during the passage of an infant through the birth canal if a mother is infected with genital *Neisseria gonorrhoeae*. Transmission is less likely but still possible if an infant is delivered by caesarean section.
- Auto-inoculation from genital gonorrhoea to infection of the eyes by fingers or fomites (e.g. clothes, towels) contaminated with their genital secretions.

- Contact with the contaminated fingers or fomites of another person who has conjunctival or genital gonorrhoea.
- Flies have been a source of transmission in epidemics, usually in remote communities and following heavy rains.
- Fomite transmission is rare as *Neisseria gonorrhoea* does not survive for more than a few minutes outside the human body.

Note, sporadic cases in children raise the possibility of sexual abuse. Cases are infectious while discharge is present until 24 hours after treatment with appropriate antibiotics.

## What is the treatment?

For the most up to date clinical guidelines please refer to the NT Health [Gonococcal Conjunctivitis Public Health Guidelines](#).

All cases of gonococcal conjunctivitis should be referred immediately to an ophthalmologist. All suspected cases need swabs taken for microscopy, culture and sensitivity (MC&S) as well as PCR for gonorrhoea and chlamydia. Examination of the eye is also important to check visual acuity, and for corneal ulceration. If diagnosis is confirmed, a full STI check and treatment of sexual partners of the patient should be undertaken.

All purulent discharge in neonates should be considered as gonococcal until proven otherwise. Cases should be notified to an ophthalmologist immediately and should remain in hospital if already admitted, or be immediately transferred. If diagnosis is confirmed, a full STI check is required. For cases of gonococcal ophthalmia neonatorum, treatment of gonorrhoea for the mother and her sexual partner(s) is required.

## What is the public health response?

Notify your local NT Centre for Disease Control (CDC). If the patient is a child, exclude the child from school or childcare until 24 hours after treatment.

CDC can expedite testing, provide advice, and assist with identification and management of contacts. CDC can assist in alerting the appropriate institutions.

## Mandatory reporting

In the Northern Territory (NT), you must report your concerns if you believe a child is being, or has been, harmed or abused. This is called a [mandatory report](#).

Reporting your concerns is a legal responsibility under the NT [Care and Protection of Children Act 2007](#) for all people 18 years and over. For more information, see: [Report child abuse - NT.GOV.AU](#)

For more information contact the Centre for Disease Control in your region:

Location	Phone
Darwin (Top End Region)	(08) 8922 8044 or 1800 008 002
Katherine (Big Rivers Region)	(08) 8973 9049
Tennant Creek (Barkly Region)	(08) 8962 4259
Alice Springs (Central Australia Region)	(08) 8951 7540
Nhulunbuy (East Arnhem Region)	(08) 8987 0357

or <https://health.nt.gov.au/professionals/centrefor-disease-control/cdc-contact>

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