

U.S. Preventive Services Task Force Issues Final Recommendation Statement on Ocular Prophylaxis for Gonococcal Ophthalmia Neonatorum

All newborns should receive antibiotic ointment to prevent a serious eye infection

WASHINGTON, D.C. – January 29, 2019 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement and evidence summary on ocular prophylaxis for gonococcal ophthalmia neonatorum (GON). The Task Force looked at the benefits and harms of an antibiotic ointment applied at birth to prevent GON, a serious eye infection. The Task Force found convincing evidence that applying this ointment to the eye, also known as ocular prophylaxis, is safe and effective. It recommends that all newborns receive it to prevent GON. **This is an A recommendation** and is consistent with the Task Force’s 2011 recommendation.

Grade in this recommendation:

A: Recommended.

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GON is a severe infection of the eye that can occur in babies born to women with gonorrhea, a sexually transmitted infection. If left untreated, the condition can cause serious eye problems, including blindness, as early as 24 hours after birth. The number of cases of gonorrhea is on the rise; gonorrhea infections went up by 63% between 2013 and 2017. Most people with gonorrhea experience no symptoms.

Fortunately, because ocular prophylaxis is the standard of care for all newborns in the United States, GON is extremely rare. Without prophylaxis, it is estimated that up to 50% of babies born to mothers with gonorrhea could develop GON. The only medication approved by the U.S. Food and Drug Administration for this purpose is erythromycin.

“The Task Force continues to recommend that all newborns are given antibiotic ointment to prevent GON,” says Task Force member and pediatrician Michael Silverstein, M.D., M.P.H. “The medicine is safe and highly effective at preventing this serious eye infection and its devastating consequences, including blindness.”

Screening for and treatment of gonorrhea in pregnant women is also an important strategy for preventing GON in babies. In a separate recommendation, the Task Force recommends that all pregnant women at risk for gonorrhea be screened and treated for the infection as part of routine prenatal care. However, since not all women get prenatal care and gonorrhea infection can happen at any point in pregnancy, ocular prophylaxis in all newborns continues to be necessary.

This recommendation statement is consistent with recommendations from other organizations in the United States.

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: <http://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement was available for public comment from September 11, 2018 to October 9, 2018.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based

recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Silverstein is a professor of pediatrics, director of the Division of General Academic Pediatrics, and vice chair of research for the Department of Pediatrics at the Boston University School of Medicine. He is also a staff pediatrician and associate chief medical officer for research and population health at Boston Medical Center.

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