

dictate changes in hospital policy. For example, observing a high or increasing rate of chlamydial ophthalmia neonatorum might suggest a change in neonatal ocular prophylaxis from silver nitrate to erythromycin or tetracycline preparations. Calling some of these infections nosocomial should not be taken to suggest that their acquisition is somehow the fault of hospital personnel.

REFERENCES

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Conjunctivitis in Neonates

To the Editor:

We read with interest the article "Nongonococcal ophthalmitis associated with erythromycin ointment prophylaxis of gonococcal ophthalmia neonatorum" in the March 1984 issue of *Infection Control*.¹ We recognized a similar situation in our 520-bed community teaching hospital.

An investigation of conjunctivitis in neonates was conducted through retrospective review by the nurse epidemiologists. A case was designated as conjunctivitis if so indicated directly in the clinical notes or a unilateral (or bilateral) injected, erythematous conjunctiva with drainage of purulent material was described. The period of review was 34 months. After the exclusive use of erythromycin

ophthalmic prophylaxis was initiated, and in March 1982, there were 12 recognized cases of conjunctivitis from a total of 4,724 live births over a 20-month period. In comparison, over a 14-month period, from January 1981 through February 1982, there were two eye infections from a total of 3,036 live births during exclusive use of silver nitrate prophylaxis (Figure). The attack rates were 0.25% and 0.07%, respectively ($p = 0.054$ by X^2). While the difference in these rates did not quite reach statistical significance, we felt that it was clinically important. Because the isolated organisms were different and cases occurred over the entire period of review, a single source was unlikely. Ten of the 12 cases had cultures of conjunctival exudate taken and organisms that were recovered included: *Proteus* species (1), *Staphylococcus aureus* (2), alpha streptococcus (2), *Serratia marcescens* (1), *Haemophilus influenzae* (2), *Escherichia coli* (1), and *Neisseria gonorrhoeae* (1).

After observing the installation of the erythromycin ointment, we postulate that manipulation with the caretaker's finger necessary to apply the ointment was the likely reason that the conjunctivitis was occurring at an increased rate. In January 1984, we changed to 1% tetracycline eye drops for prophylaxis of neonatal ophthalmic infections. To date we have recognized no further cases of neonatal conjunctivitis. Clearly, longer term follow-up will be necessary to conclude that 1% tetracycline eye drops are safer.

REFERENCES

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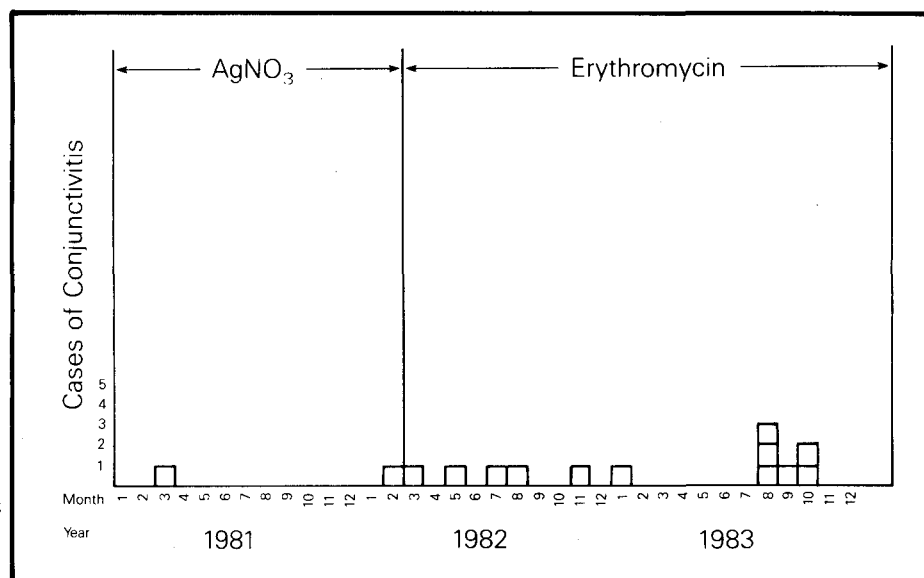


Figure. Cases of eye infections in newborns by month.