



CONJUNCTIVITIS

(Outbreaks only)

1. **Agent:** Conjunctivitis (Pink Eye) can be caused by viruses, bacteria, allergens, or irritants.

Viral: Infectious Conjunctivitis is most commonly caused by viruses such as adenovirus.

Bacterial: Infectious Conjunctivitis can also be caused by bacteria such as *Staphylococcus aureus*, *Streptococcus pneumoniae*, *Haemophilus influenzae*.

Allergic (non-infectious): Allergens such as pollen, dust mites, molds, dander from animals, medicines, and cosmetics.

Irritant (non-infectious): Irritation from foreign bodies such as smoke, fumes, dust, chemicals (ex. contact lens solution, chlorine in pools).

Other: Fungi, parasites.

2. **Identification:**

Symptoms: Conjunctivitis symptoms overlap between infectious and non-infectious causes. Common symptoms include pink or red color in the white of the eye(s), swelling of the conjunctiva, increased tear production, the feeling of a foreign body in the eye or urge to rub eye(s), itching, irritation, burning, discharge, crusting of eyelids or lashes, contact lenses that feel uncomfortable and do not stay in place.

Viral: Often occurs alongside a cold, flu, or other respiratory infections. Usually begins in one eye and may spread to the other. Discharge from the eye is typically watery rather than thick.

Bacterial: Thick discharge and pus which can lead to eyelids sticking together. Can occur with an ear infection.

Allergic: Typically occurs in both eyes. Itching, tearing, swelling of eyes. Accompanied by other allergy symptoms such as itchy nose, sneezing, scratchy throat, or asthma.

Irritant: Watery eyes and mucous discharge. May be associated with a history of exposure and may be accompanied by other symptoms related to irritant exposure (e.g. cough, shortness of breath).

Fungal: Rare but can be serious. Typically associated with exposure to a contaminated object such as an eye injury from a stick or plant material.

3. **Incubation:** Varies with agent. Bacterial infections generally have longer incubation times than viral infections. Allergens and irritants can produce symptoms quickly after exposure though some can take days.

4. **Reservoir:** Reservoir varies and based on causative agent.

5. **Transmission:** Exposure varies on causative agent.

- a. Respiratory and lacrimal secretions (saliva, sputum, nasal mucous, tears), feces.
- b. Close personal contact with infected individuals, such as, caring for individuals with illness.
- c. Touching surfaces or objects contaminated with germ, allergen, or irritant and then placing hands over eyes, nose, or mouth.

6. **Communicability:** Most contagious when symptomatic, especially while case is shedding virus or bacteria via respiratory or ocular route, blister fluid, and feces. Infectious period varies on virus or bacteria. Allergic and irritant conjunctivitis are not considered infectious. Virus and bacteria may persist in feces for days or weeks after symptoms resolve. Antibiotics can prolong bacterial shedding.

Persons working with young children should pay special attention to environmental hygiene.

7. **Specific Treatment:** Typically, conjunctivitis is mild and self resolves. Severe cases (affecting vision) should be referred to a medical provider. Symptomatic treatment varies on causative agent and may include warm compresses over affected eye(s); removal of irritant; and allergy medications. Antibiotics are not routinely recommended as they do not often alter the course of conjunctivitis. Children should not receive aspirin or medication with salicylate.



REPORTING PROCEDURES

1. **Outbreak Definition:** Individual cases are not reportable. Outbreaks are reportable, per California Code of Regulations, Section 2500.

Investigation should be conducted by telephone unless directed by the AMD. In person site visits might be considered for locations that require extra guidance, have special considerations (i.e., locations with vulnerable or special needs populations), or if requested. Outbreaks include 5 or more epi-linked confirmed or suspected cases with symptoms consistent with conjunctivitis occurring within a 7-day period. In settings where an epi-linked group is fewer than 15 people (such as a single classroom, sports team, or after-school group), the minimum number of cases required to open an outbreak is lowered to 3.

2. **Report Form:** [OUTBREAK/UNUSUAL DISEASE REPORT FORM \(CDPH 8554\)](#)¹

No line list is required.

CONTROL OF CASE, CONTACTS & CARRIERS

Investigate outbreaks within 24 hours. Conduct surveillance until 7 days with no new cases.

*Precautions: Respiratory and enteric precautions.
Limit group settings exposure.*

1. **CASES:** Symptomatic cases should not attend group activities. Children with conjunctivitis should be kept home from daycare or school until 24 hours after symptoms resolve (residual redness of eye with no discharge is acceptable).
2. **CONTACTS:** Search for other cases among individuals at the same setting. Increase personal hygiene.

PREVENTION/EDUCATION

1. Implement hygienic measures applicable to diseases transmitted via respiratory, fecal-oral, or contaminated fomites route.
2. Extra attention should be given to handwashing and personal hygiene, especially during diaper changing.
3. Shared toys can be vehicles for transmission. Wash or discard articles (toys) soiled with respiratory or ocular secretions, or feces.
4. Disinfect surfaces that may be contaminated with virus, bacteria, or irritants.
5. Prevent exposure of infants and young children to individuals with acute illness.
6. Assess for environmental hazards (chemicals, fumes, dust, and other irritants). Remove immediately.
7. Site visit to observe conditions and cleaning procedures can be particularly helpful, especially in large or ongoing outbreaks.

More information on the [CDC Conjunctivitis website](#).

DIAGNOSTIC PROCEDURES

Laboratory diagnosis of conjunctivitis is not routinely required or sought. Clinical and epidemiological history will determine tests to be performed. After consultation with AMD, please contact ACDC if unusual circumstances exist, such as more severe clinical complications or hospitalizations.