

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

*Task Force reaffirms that all newborns should receive  
antibiotic ointment to prevent a serious eye infection*

WASHINGTON, D.C. – September 11, 2018 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review 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, also known as ocular prophylaxis, is safe and effective at preventing GON. **This is an A recommendation** and 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.

Ocular prophylaxis to prevent GON is an antibiotic ointment applied to the baby’s eyes at birth. 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.

Gonorrhea is a growing public health concern; gonorrhea infections went up by 30% between 2014 and 2016. Most people with gonorrhea experience no symptoms. “It is imperative that all newborns get antibiotic ointment to prevent GON, especially with the recent rise in gonorrhea rates,” says Task Force member Alex Kemper, M.D., M.P.H., M.S. “This medication is safe for babies and treatment can prevent blindness.”

Screening for and treatment of gonorrhea in pregnant women is also an important strategy for preventing GON. 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, given that not all women get prenatal care and that GON has devastating consequences, the Task Force reaffirms that all newborns should continue to receive this important preventive medication.

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

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force Web site at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from September 11, 2018 to October 9, 2018 at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

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. Kemper is a board-certified pediatrician and chief of the Division of Ambulatory Pediatrics at Nationwide Children's Hospital. Dr. Kemper is also the deputy editor of *Pediatrics*.

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