Conjunctivitis

Dear Parent or Guardian,

You are being provided with this fact sheet:

☐ **because you or your child may have been exposed to conjunctivitis (pinkeye).** If you believe your child has conjunctivitis, contact your medical provider. Notify your child care provider, school, or preschool immediately after the diagnosis has been made.

☐ **for informational purposes only.**

What is conjunctivitis?
Conjunctivitis is a common eye infection in children. It is an inflammation of the thin, clear lining inside the eyelid and on the white of the eye. It is also called pinkeye.

What causes conjunctivitis?
Many things can cause conjunctivitis including bacteria, viruses, and allergens (like pet dander or dust mites), or chemical irritants. Bacterial conjunctivitis is more common in older infants and children than viral conjunctivitis.

What are the symptoms of conjunctivitis?
Symptoms of conjunctivitis depend on the cause. They may include itching and burning of the eyes, discharge from the eyes (white, yellow or green), eyelids that stick together, and swollen eyelids. The white area of the eye (conjunctiva) appears red.

If a virus causes the conjunctivitis, there may be other symptoms such as a runny nose, sore throat, and earache. Symptoms of viral conjunctivitis occur 5-14 days after exposure. People with viral conjunctivitis may be communicable for up to 14 days after the start of the symptoms.
In bacterial conjunctivitis, symptoms occur 1-3 days after exposure. The disease may last from 2 days to 2 weeks.

If the conjunctivitis is a result of a chemical exposure, symptoms occur directly after exposure. If the conjunctivitis is a result of allergies, the symptoms may appear right away or hours later.
Symptoms that are NOT typically associated with conjunctivitis include changes in vision, eye pain, and increased sensitivity to light.

How is conjunctivitis spread?
Bacterial and viral conjunctivitis can be very contagious. Bacterial and viral conjunctivitis is spread directly and indirectly through contact with discharges from the eye or upper respiratory tract of an infected individual. Touching one's eye with unwashed hands is a common route for viruses and bacteria to enter the eye. Sharing personal items that come in close contact with the eye, such as makeup or swimming goggles, can spread the infection.

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Adapted from the Snohomish Health District

Who is at risk for conjunctivitis?
Any person who comes in contact with the discharge from an infected eye is at risk for conjunctivitis. Infections occur at any age. Also, people living in close quarters may be more likely to become exposed.

How is conjunctivitis diagnosed?
The diagnosis of conjunctivitis is made through direct observation of the infected eyes by a medical professional.

How is conjunctivitis treated?
It is important to know the *cause* of the conjunctivitis to provide the correct treatment.
Bacterial conjunctivitis is treated with antibiotics. Symptoms generally improve 2-3 days after starting treatment. *Viral* conjunctivitis does not respond to antibiotics and is treated with cool, wet compresses.

How is the spread of conjunctivitis reduced?
- Avoid sharing towels and personal items, such as makeup, with a person who has conjunctivitis.
- Using good handwashing techniques can reduce transmission of conjunctivitis.
- Use a sanitizing solution on toys and surfaces.
- Dispose of facial tissues properly and teach children to cover their mouth and nose with a tissue when they cough or sneeze or cough or sneeze into their upper sleeve, not their hands.

Handwashing
Handwashing is one of the primary ways to stop the spread of disease. Management of pinkeye should involve frequent hand hygiene to prevent the spread. The following steps are recommended for good handwashing:
Turn on warm water.
Apply soap to hands.
Rub soap over tops and palms of hands and around fingernails. Scrub hands for approximately 20 seconds.
Rinse hands with running water.
Dry hands with a clean, disposable towel.
Repeat the process if preparing foods.

Exclude from group setting?
Children and staff with conjunctivitis (pinkeye) should not be excluded from child care unless:
   a. They are unable to participate in activities;
   b. Care for other children would be compromised because of the care required by the child with conjunctivitis;
   c. They meet other meet other exclusion criteria, such as fever* with behavior change;
   d. A health care professional or health department recommends exclusion of the person with conjunctivitis.

Child care facilities may choose to include pinkeye as a criterion for exclusion, but it is not required by law. It is recommended that individuals with eye discharge be excluded from school or child care at the end of the day until the drainage is gone or until the child has been evaluated by a medical professional.

Children and staff in close contact with a person with conjunctivitis should be observed for symptoms and referred for evaluation, if necessary. If two or more children in a group care setting develop conjunctivitis in the same period, seek advice from the program's child care health consultant or public health authority

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about how to prevent further spread. Children who have severe prolonged symptoms should be evaluated by their primary care provider.

* Fever is defined as: temperature of 101°F (38.3°C) or higher.

Reference: *American Academy of Pediatrics*
- Managing Infectious Diseases in Child Care and Schools pages 133-134
- Caring for Our Children Standard 7.5.1.1: Conjunctivitis (Pinkeye)