

# **ADENOVIRUS CONJUNCTIVITIS SURVEILLANCE PROTOCOL FOR ONTARIO HOSPITALS**

Developed by the Ontario Hospital Association and the  
Ontario Medical Association  
Joint Communicable Diseases Surveillance Protocols Committee

Approved by:  
The OHA and The OMA Board of Directors  
The Ministry of Health and Long-Term Care –  
The Minister of Health and Long-Term Care

Published and Distributed by the Ontario Hospital Association  
Published May 2002  
Last Reviewed and Revised November 2011

**PUBLICATION #307**

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This protocol was developed jointly by the Ontario Hospital Association and the Ontario Medical Association to meet the requirements of the *Public Hospitals Act 1990*, Revised Statutes of Ontario, Regulation 965.

The protocol is based on clinical knowledge, current data and experience, and a desire to ensure maximum cost effectiveness of programs, while protecting health care workers and patients. It is intended as a minimum, practical standard for Ontario hospitals; however, hospitals may adopt additional strategies when indicated by local conditions.

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# Rationale For Adenovirus Conjunctivitis Surveillance Protocol

Conjunctivitis (“pink eye”) may be caused by a variety of bacteria and viruses, but adenovirus is the primary cause of outbreaks of conjunctivitis in health care settings. Nosocomial outbreaks occur primarily in eye clinics/offices, but have also been described in other settings, including neonatal intensive care units and Long Term Care homes. Both patients and health care workers (HCWs) may acquire and transmit adenovirus during these outbreaks.

As this protocol is directed primarily to conjunctivitis due to adenovirus, differentiation from bacterial and other viral causes is important. Onset of adenovirus conjunctivitis is typically sudden with pain, and associated with watery discharge, photophobia, blurred vision, low grade fever, malaise, and pre-auricular lymphadenopathy. Corneal infiltrates may interfere with vision for weeks to months; in severe cases, permanent scarring may result.

Preauricular lymphadenopathy is absent in bacterial conjunctivitis and serves as a distinguishing feature.

Bacterial conjunctivitis usually presents with muco-purulent or purulent discharge and crusting.

The incubation period of adenovirus conjunctivitis is from 5 to 12 days, with viral shedding from the late incubation period to 14 days after onset. Transmission is by direct contact with eye secretions or indirect contact with contaminated surfaces, instruments or solutions. Adenovirus may survive on surfaces for prolonged periods. Trauma, even minor, or eye manipulation will increase risk of infection. At present, there is no effective antiviral therapy available.

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## I. Purpose

The purpose of the protocol is to provide direction to hospitals to prevent transmission of adenovirus conjunctivitis between health care workers (HCWs) and patients.

## II. Applicability

This protocol applies to all persons carrying on activities in the hospital who provide direct patient care, including employees, physicians, nurses, contract workers, students, post-graduate medical trainees and volunteers. The term HCW is used in this protocol to describe these individuals. This protocol does not apply to patients or residents of the facility or to visitors.

When training students or hiring contract workers, the hospital must inform the school/supplying agency that the school/agency is responsible for ensuring that their students/contractors are managed according to this protocol.

**This protocol is for the use of the Occupational Health Service (OHS) in hospitals.**

## III. Pre-placement

HCWs should be advised to report symptoms of conjunctivitis to OHS.

## IV. Continuing Surveillance

There is no need for routine screening of any persons carrying on activities in the hospital.

## V. Exposure

Adenovirus conjunctivitis is transmitted by direct or indirect contact of ocular mucous membranes with infectious eye secretions, via contaminated hands or contaminated equipment, objects or solutions.

There are no work restrictions for exposed, asymptomatic HCWs.

## **VI. Acute Adenovirus Conjunctivitis**

HCWs with adenovirus conjunctivitis should not provide patient care from the time of onset of conjunctivitis in an eye for a period of 14 days after onset.

If the second eye becomes infected HCWs should not provide patient care for a period of 14 days after onset of the conjunctivitis in the second eye.

Infected HCWs may continue to provide non-patient care duties, provided good hand hygiene is practiced.

Infected HCWs should be instructed to:

- wash hands or use alcohol based hand rub after contact with eye secretions
- avoid touching eyes
- not share articles that might come in contact with eyes, e.g. wash cloths, towels, makeup, eye drops, pillows, glasses
- clean potentially contaminated surfaces

HCWs with purulent conjunctivitis caused by other microorganisms should be restricted from patient care for the duration of symptoms and instructed on proper hand hygiene.

All HCWs must be cleared through OHS before returning to work.

Occupationally acquired adenovirus conjunctivitis is reportable to the Ministry of Labour and Workplace Safety and Insurance Board.

## References

1. Heymann D. *Control of Communicable Diseases Manual, 19<sup>th</sup> ed.*, **American Public Health Association, 2008.**
2. *Guideline for Infection Control in Healthcare Personnel*, **Centers for Disease Control, Infection Control and Hospital Epidemiology**, vol 19, no 6, pp 407-463, 1998.
3. *Infection Control Guidelines for Occupational Health in Health Care*, **Health Canada, Canada Communicable Disease Report, 28S1, March 2002.**