



Pinkeye and Your Child

Pinkeye (*acute contagious conjunctivitis*) occurs when the thin tissue covering the white part of the eye and the inside of the eyelids is red or swollen (inflamed).

Pinkeye may be caused by bacteria or viruses. Pinkeye may also be caused when one eye or both eyes are in contact with things that can irritate the eyes, such as swimming pool chlorine, pollen, and sand. This publication will focus on bacterial pinkeye and viral pinkeye. Both are contagious and can spread easily in schools and child care settings.

Read on to learn more from the American Academy of Pediatrics about the signs and symptoms of pinkeye, how pinkeye is treated, and how to limit the spread of pinkeye.

Signs and Symptoms of Pinkeye

Signs and symptoms of pinkeye can vary depending on the cause. In general, here are signs to look for in one eye or both eyes.

- Redness
- White, yellow, or green discharge
- Crusting that lasts all day
- Watery eyes

Also, ask your child whether his eyes feel itchy or whether he feels pain in his eyes.

How Pinkeye Is Spread

Pinkeye can be spread

- From one person to another, such as when touching or shaking hands
- In the air, such as when a person coughs or sneezes
- By direct contact with a surface that has had contact with eye discharge

Germs can spread easily in school or a child care setting because children often share toys, pencils, and other objects. If a child touches a surface that has had contact with eye discharge, the germs are now on his hands. If he doesn't wash his hands right away, the germs can spread when his hand touches his mouth, eye, or nose.

NOTE: Handwashing is one way to help keep infections from spreading. Everyone should wash his or her hands often. You can use soap and warm water for at least 20 seconds. That is about as long as singing the "Happy Birthday" song 2 times. An alcohol-based hand cleanser or sanitizer works well too. Put enough on your hands to make them wet. Then rub them together until dry.

How Pinkeye Is Treated

Most children with pinkeye get better after 5 or 6 days without antibiotics. However, if your child has bacterial pinkeye, his doctor

may prescribe antibiotic drops or ointment. If your child is taking antibiotics, be sure to use the medicine for as long as recommended to treat the infection. Also, only use medicine that is prescribed for each child. Prescription medicine should not be shared. If you have leftover antibiotic drops or ointment from a previous prescription, it should not be used.

If it's viral pinkeye, antibiotics are not helpful. A warm, wet washcloth may help get rid of crusts around the eyes and may help your child feel better. Wash hands often, especially after touching the eyes, and do not share washcloths.

When to Call the Doctor

Call your child's doctor if your child

- Has swelling and redness in the eyelids and around the eye that gets worse
- Has a fever
- Seems sleepier than usual
- Tells you his eyes hurt

When to Keep Your Child Home

Here are 2 things to consider before sending your child to school or a child care setting.

- Is your child ill with other symptoms, including fever? If so, it may be wise to keep your child home.
- What is your child care program's or school's policy on pinkeye? Many schools have a policy that a child may return to school 24 hours after starting antibiotic drops for pinkeye. Your child's doctor will need to decide whether your child's pinkeye can be treated with antibiotic drops.

NOTE: Most cases of pinkeye are viral; you might think of it as you do a common cold. Like a child with a cold, a child with pinkeye is often contagious and has exposed friends and classmates before symptoms are even noticed.

From Your Doctor



American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



healthychildren.org

Powered by pediatricians. Trusted by parents.
from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

The persons whose photographs are depicted in this publication are professional models. They have no relation to the issues discussed. Any characters they are portraying are fictional. The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

© 2018 American Academy of Pediatrics. All rights reserved.