

On-going shortage of prophylactic erythromycin ophthalmic ointment

Attention: Physicians, Midwives, Emergency Departments, Infection Control Practitioners, Nurse Practitioners, Walk-In Clinics/Urgent Care Clinics, Family Health Teams, Central LHIN, NSM LHIN

Date: March 28, 2019

There continues to be an ongoing **national shortage of erythromycin ophthalmic ointment (indicated for the prophylaxis of ophthalmia neonatorum)**. A limited supply was made available to hospitals in February and March. The Ministry of Health and Long-Term Care is continuing to monitor the supply and will continue to provide updates as they are available. Hospitals are encouraged to continue to work with your LHIN Drug Shortages Lead for further information and to support reallocation requests.

Based on the ongoing shortage hospitals are urged to conserve and prioritize access to the highest risk cases (i.e. high risk sexual behaviour, partner with STI, is homeless/under housed, has new or multiple sexual partners or partner does, and/or no prenatal care).

The Ministry of Health and Long-Term Care (MOHLTC) has engaged the Provincial Council for Child and Maternal Health (PCMCH) to leverage their expertise on provincial supports for the shortage. **Algorithms for screening and response to lab results are attached for health care providers to take into consideration in making their assessments. They can also be downloaded from the PCMCH's website at the following link:**

<http://www.pcmch.on.ca/erythromycin-ophthalmic-ointment/>

At this time there is no recommended safe alternative medication to be used prophylactically for newborns instead of erythromycin. Therefore, it is recommended that the supply of erythromycin be monitored closely, and if adequate supplies are not available, administration be based on the attending health care professional's assessment of the situation.

In order to support newborn primary care, facilities should include a note in the newborn health record that is provided to parents indicating whether erythromycin ophthalmic ointment was administered. Parents and all neonatal health care providers should also be made aware of the symptoms of ophthalmia neonatorum and advised to monitor for signs and symptoms within the first four weeks of life and to seek medical treatment at any signs of infection.

Once the supply of erythromycin is returned to normal stock levels, routine administration of the ophthalmic prophylaxis to the eyes of newborns should continue as required under Regulation 557 Communicable Diseases – General under the Health Promotion and Protection Act.

If you have any further questions please call the Simcoe Muskoka District Health Unit's Infectious Diseases Program at 705-721-7520 or 1-877-721-7520 ext. 8809, Monday to Friday between 8:30 am and 4:30 pm.



Flow Chart for Management of Infants & Mothers During Erythromycin Eye Ointment Shortage

Screening Algorithm

Pregnant Patient arrives for prenatal visit or obstetrical triage

Assess Antenatal Record and OLIS for GC/CT test results in pregnancy and for history of GC/CT or other STI

Stratify by risk for GC or CT Infection.

- High risk sexual behaviour, partner with STI, is homeless/under-housed, has new or multiple sex partners or partner does, and/or no prenatal care
- No screening results available during pregnancy for GC or CT

High Risk if Any of the Above

Low Risk if None of the Above – No further testing required

Screen in third trimester and treat, if indicated.

- Counsel patient regarding the utility of screening for both themselves and their infant
- Offer urine screening test for GC/CT*
 - Nucleic Acid Amplification test (NAAT GC/CT)
 - (STAT if labour is imminent, routine if it is not)

Screened and test results available before birth

If infant(s) is born before test result is available, or if patient declines screening

Review Results

- Hospital to identify a clinical lead to review and follow up on results.
- Results available via:
 - OLIS
 - Hospital Documentation System
 - Contact Microbiology

Administer erythromycin eye ointment to infant(s). Document, observe and treat symptoms

Parents/Caregivers and health care providers must watch for signs of newborn eye infections and seek medical attention if signs occur.

Positive Result

Notify MRP of positive results
A positive finding for GC or CT is reportable to the local public health unit

Continue to Response to Lab Results Algorithm

Legend

GC = Gonococcus (Neisseria Gonorrhoea)
 CT = Chlamydia Trachomatis
 STI = Sexually Transmitted Infection
 NAAT = Nucleic Acid Amplification Test
 MRP = Most Responsible Practitioner
 OLIS = Ontario Laboratory Information System

*Duration of time for test results may vary in different regions. Hospitals may have to individualize and link with public health lab for tailored directives.

NOTE:

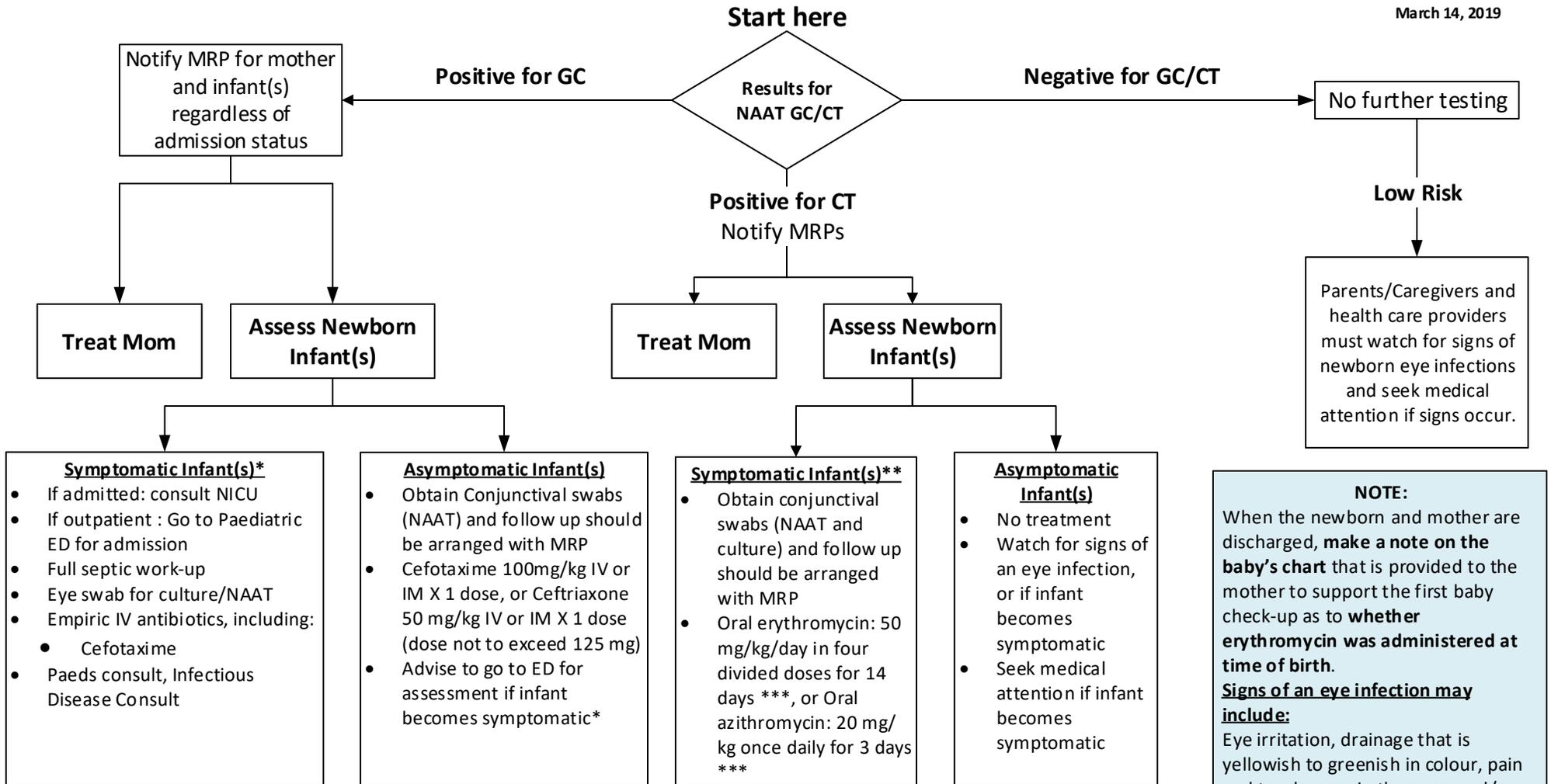
When the newborn and mother is discharged, **make a note on the baby's chart** that is provided to the mother to support the first baby check-up as to **whether erythromycin was administered at time of birth.**

Signs of an eye infection may include:

Eye irritation, drainage that is yellowish to greenish in colour, pain and tenderness in the eyes, and/or swollen eye lids.

Flow Chart for Management of Infants & Mothers During Erythromycin Eye Ointment Shortage Response to Lab Results Algorithm

Version March 14, 2019



A single dose of ceftriaxone (50 mg/kg to a maximum of 125 mg) intravenously or intramuscularly. The preferred diluent for intramuscular ceftriaxone is 1% lidocaine without epinephrine (0.45% ml/125 mg). This intervention is both safe and effective. Biliary stasis from ceftriaxone is not considered to be a risk with a single dose. (Ceftriaxone is contraindicated in newborns receiving intravenous calcium. A single dose of cefotaxime [100 mg/kg given intravenously or intramuscularly] is an acceptable alternative.)

*If infant has symptoms of conjunctivitis or appears systemically unwell they should be admitted and have a full septic work-up.

**If infant appears systemically unwell they should be admitted and have a full septic work-up.

*** Monitor for signs/symptoms of infantile hypertrophic pyloric stenosis (IHPS).

(Reference: CPS, 2015, Preventing Ophthalmia Neonatorum; Red Book, 2018, Report of the Committee on Infectious Diseases)

Legend

GC = Gonococcus (Neisseria Gonorrhoea)
CT = Chlamydia Trachomatis
NAAT = Nucleic Acid Amplification Test
MRP = Most Responsible Practitioner
ED = Emergency Department