

HALTON REGION HEALTH DEPARTMENT
OFFICE OF THE ASSOCIATE MEDICAL OFFICER OF HEALTH
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TO: Halton Physicians
Medical Chiefs of Staff: Joseph Brant Hospital, Halton Healthcare (Oakville, Milton and Georgetown Hospitals)
Chairs of: Family Practice, Paediatrics, Internal Medicine, Emergency, Obstetrics and Gynaecology, Surgery
Chief of Laboratory Services and Infection Control Practitioners
Halton Midwives

POST IN: Emergency Department and Physicians Lounge

FROM: Dr. Joanna Oda, Associate Medical Officer of Health

DATE: March 29, 2019

RE: Erythromycin ophthalmic ointment shortage

The Ministry of Health and Long-Term Care has advised that a limited supply of erythromycin ophthalmic ointment for the prophylaxis of ophthalmia neonatorum has returned to market, however the end date of the shortage remains unknown.

Due to the ongoing shortage the Ministry continues to urge hospitals and health care providers to conserve and prioritize access to the highest risk cases (e.g. high risk sexual behaviour, partner with STI, is homeless or under housed, has new or multiple sexual partners or partner does, no prenatal care).

The Provincial Council for Child and Maternal Health (PCMCH) has developed algorithms for screening and response to lab results in order to support decision making during the shortage. The algorithms are attached to this notice and can be downloaded from PCMCH's website at the following link:
<http://www.pcmch.on.ca/erythromycin-ophthalmic-ointment/>.

Hospitals and health care providers 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 healthcare providers should also be made aware of the symptoms of ophthalmia neonatorum and advised to monitor for these symptoms within the first four weeks of life and to seek medical treatment at any signs of infection.

Please continue to work with your LHIN Drug Shortages Lead for further information and to support reallocation requests.

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.

The Halton Region Health Department will provide further updates as they become available.

Please report all suspected or confirmed cases of [Diseases of Public Health Significance](#) (formerly Reportable Diseases) to the Halton Region Health Department as soon as possible. Diseases marked * should be reported immediately by telephone (24 hours a day, 7 days a week) or fax (Mon-Fri, 8:30 am – 4:30 pm only). Other diseases can be reported the next working day. Call 311, 905-825-6000 or toll free at 1-866-442-5866. For general information, please visit halton.ca.

If any link provided in this memo does not work, please cut and paste it into your web browser.

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

Negative Result

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

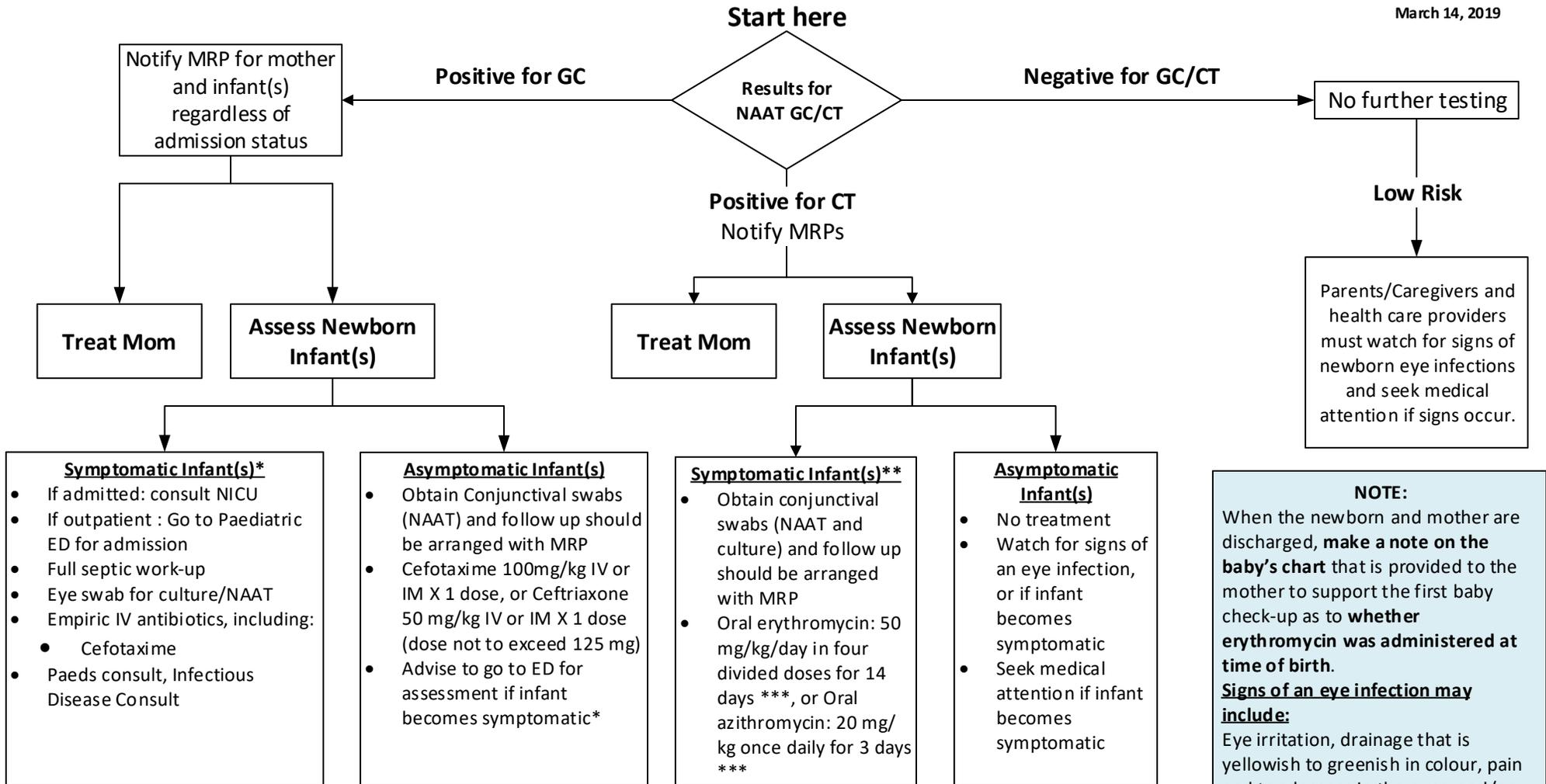
*Duration of time for test results may vary in different regions. Hospitals may have to individualize and link with public health lab for tailored directives.

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