

# HEALTH ADVISORY



**Public Health**  
Prevent. Promote. Protect.

## **REGION IV PUBLIC HEALTH**

Clark, Cowlitz, Skamania, Wahkiakum  
counties and Cowlitz Tribe

**TO: Physicians and other health care providers**

**Please distribute a copy of this information to each provider in your organization.**

Questions regarding this information may be directed to the following Region IV health officers:

**Alan Melnick, MD, MPH, CPH**

Clark County Public Health, (360) 397-8412

Skamania County Community Health, (509) 427-3850

Cowlitz County Health & Human Services, (360) 414-5599

Wahkiakum County Health & Human Services, (360) 795-6207

**Teresa Everson, MD, MPH**

Clark County Public Health, (360) 397-8412

Skamania County Community Health, (509) 427-3850

### **Alert categories:**

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; no immediate action necessary.

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## Update on shortage of erythromycin ophthalmic ointment used for prophylaxis of gonococcal ophthalmia neonatorum

### *Purpose*

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The purpose of this health advisory is to notify you of a shortage of a critical medication relevant to STD treatment.

### *Erythromycin (0.5%) ophthalmic ointment shortage*

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On March 5, the Food and Drug Administration (FDA) released a report on a shortage of erythromycin (0.5%) ophthalmic ointment. This is a serious problem for a number of reasons. Erythromycin (0.5%) ophthalmic ointment is the only antibiotic ointment currently recommended, and the only drug cleared by the FDA, for the prophylaxis of gonococcal ophthalmia neonatorum. Washington Administrative Code (WAC) 246-100-202 requires gonorrhoea ocular prophylaxis of newborns and is considered standard neonatal care. This prophylaxis was recently reaffirmed by the [U.S. Preventive Service Task Force](#).

If erythromycin ointment is not available, Centers for Disease Control and Prevention (CDC) recommends that neonates at risk for exposure to *N. gonorrhoeae* during delivery (especially those born to a mother at risk for gonococcal infection or with no prenatal care) be administered ceftriaxone 25–50 mg/kg IV or IM, not to exceed 125 mg in a single dose. For more information, please see the [2015 STD Treatment Guidelines](#).

Other topical medications are not recommended:

- Tetracycline ophthalmic ointment and silver nitrate are no longer available in the United States;
- Gentamicin was associated with chemical conjunctivitis during the last erythromycin shortage;
- Povidone-iodine has limited data on its benefits and harms.

Prenatal screening is the best method for preventing gonococcal ophthalmia neonatorum among newborns. All pregnant women younger than 25 years of age and women 25 and older who are at increased risk should be screened for *N. gonorrhoeae* at the first prenatal care visit and again at the third trimester if risk continues during pregnancy. Also, all females treated for gonorrhoea should be retested three months following treatment.

Please report any challenges in procuring product to your local health department.

**Thank you for your partnership.**

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