

Ministry of Health and Long-Term Care

Ministère de la Santé are et des Soins de longue durée

Office of Chief Medical Officer of Health, Public Health

393 University Avenue, 21st Floor Toronto ON M5G 2M2

Telephone: (416) 212-3831 Facsimile: (416) 325-8412

Bureau du médecin hygiéniste en chef, santé public 393 avenue University, 21° étage Toronto ON M5G 2M2

Téléphone: (416) 212-3831 Télécopieur: (416) 325-8412

March 19, 2019

TO: Medical Officers of Health

RE: Erythromycin ophthalmic ointment shortage

We would like to take the opportunity to provide a further update to share new information regarding the ongoing national shortage of erythromycin ophthalmic ointment, indicated for the prophylaxis of ophthalmia neonatorum.

We are aware that limited supply has returned to the market in February and March, with reported estimated end dates in March and April. We will keep monitoring the supply and will provide updates as they become available. Please continue to work with your LHIN Drug Shortages Lead for further information and to support reallocation requests.

Based on this ongoing shortage we continue to urge hospitals 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. To this end, with involvement from the ministry, PCMCH's Maternal-Neonatal Committee and London Health Sciences Centre have developed algorithms for screening and response to lab results in order to support local decision making.

It should be noted that PCMCH advises at this time that 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. Attached to this letter are the algorithms that attending health care professionals may wish to take into consideration in making their assessments. They can also be downloaded from PCMCH's website at the following link: http://www.pcmch.on.ca/erythromycin-ophthalmic-ointment/

Additionally, 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 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.

The ministry will provide updates as further information becomes available. We would also like to remind all healthcare professionals that 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*.

We request that you share the information in this memo with hospitals and other health system partners (e.g. primary and emergency care; midwives) in your jurisdiction.

Thank you for your assistance.

Dellelliams

David C. Williams, MD, MHSc, FRCPC

Chief Medical Officer of Health

c: Roxana Sultan, Executive Director, PCMCH

Attachments:

- PCMCH and London Health Sciences Centre Screening Algorithm
- PCMCH and London Health Sciences Centre Response to Lab Results Algorithm