Health Advisory: Shortage of Pharmaceuticals Used to Prevent and Treat *Neisseria gonorrhoeae* Infections

Minnesota Department of Health Tue April 16 11:00 CDT 2019

Action Steps

Local and tribal health departments: Please forward to hospitals and ambulatory clinics in your jurisdictions.

Hospitals and clinics: Please distribute to obstetricians, pediatricians, primary care providers, infectious disease specialists, pharmacists, and infection preventionists in your facilities.

Health care providers:

- Give ceftriaxone 25-50 mg/kg IV or IM (not to exceed 125 mg in a single dose) to prevent ophthalmia neonatorum in newborn infants at greatest risk for perinatal exposure to *Neisseria gonorrhoeae* if erythromycin (0.5%) ophthalmic ointment is unavailable.
- Follow CDC screening guidance for *Neisseria gonorrhoeae* during pregnancy.
- Report to MDH any challenges in procuring medications needed prevent or treat *Neisseria gonorrhoeae* infections (including erythromycin (0.5%) ophthalmic ointment and diluents used for ceftriaxone administration) or syphilis infections (including Penicillin G benzathine and Penicillin G procaine) to MDH (651-201-5414).

Erythromycin (0.5%) Ophthalmic Ointment

On March 5, 2019, the Food and Drug Administration (FDA) released a report on a **shortage of erythromycin (0.5%) ophthalmic ointment.** This is a serious problem because 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. Furthermore, gonorrhea ocular prophylaxis of newborns is mandated by law in Minnesota and is considered standard neonatal care.

If erythromycin ointment is not available, 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.

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 years of age 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. Women older than 25 years old who are at increased risk of gonorrhea include women with new or multiple sex partners, a sex partner with multiple partners, a sex partner who has had an STD in the preceding year, inconsistent condom use among persons not in mutually monogamous relationships, previous or coexisting sexually transmitted infection, and women who exchange sex for money or drugs. Also, all females treated for gonorrhea should be retested 3 months following treatment.

Ceftriaxone Diluents

Diluents for Ceftriaxone are in limited supply. Ceftriaxone is the last remaining known effective antimicrobial for the treatment of uncomplicated gonorrhea. Dual therapy with azithromycin is recommended to mitigate the emergence of Ceftriaxone resistance in the United States. The usual preparation for ceftriaxone is a powder form reconstituted with an appropriate diluent. Diluents currently in shortage include 1% lidocaine without epinephrine, sterile water, and 0.9% sodium chloride. See the full product insert for ceftriaxone for a list of other diluents to consider.

Current information regarding the availability of erythromycin (0.5%) ophthalmic ointment and ceftriaxone diluents is available at the FDA Drug Shortage Website.

Recent shortages of Penicillin G benzanthine (Bicillin L-A®) and Penicillin G procaine have been resolved. However, to stay ahead of any future supply problems related to these essential medications to treat syphilis it is important to notify MDH of any challenges in procuring these medications.

A copy of this HAN is available at https://www.health.state.mn.us/communities/ep/han/index.html
The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.