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## TECHNICAL BULLETIN

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DATE: January 12, 2024  
TOPIC: National Shortage of Erythromycin 0.5% Ophthalmic Ointment (erythromycin)  
CONTACTS: Ihsan Azzam, PhD, MD, MPH  
TO: All Health Care Providers and Facilities; Pharmacists; Local Health Authorities

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Gonorrhea ocular prophylaxis of newborns is mandated by law and is considered standard neonatal care in Nevada. Nevada Revised Statute (NRS) 442.050 and NRS 442.060 require every “physician or midwife to instill germicide in eyes of newborn baby.” This requirement for prophylaxis is consistent with the USPSTF recommendations.

Erythromycin 0.5% ophthalmic ointment is the recommended regimen to prevent ophthalmia neonatorum caused by *N. gonorrhoeae*. Due to the ongoing shortage of erythromycin 0.5% ophthalmic ointment (erythromycin) FDA Drug Shortage Page, the Division of Public and Behavioral Health (DPBH) is recommending to healthcare providers in Nevada to follow the Centers for Disease Control and Prevention (CDC) guidance. If supplies of erythromycin 0.5% ophthalmic ointment (erythromycin) are exhausted and if erythromycin ointment is unavailable, infants at risk for exposure to *N. gonorrhoeae*, especially those born to a mother at risk for gonococcal infection or with no prenatal care, can be administered by a licensed healthcare provider ceftriaxone 25–50 mg/kg body weight IV or IM, not to exceed 250 mg in a single dose, in compliance with CDC guidance. Other topical medications are not recommended, for the following reasons: 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; and povidone-iodine has limited data on its benefits and harms.

It's important to emphasize that prenatal screening for STI is the best method for preventing gonococcal ophthalmia neonatorum among newborns. All pregnant women should be screened for *N. gonorrhoeae* at the first prenatal care visit and again in the third trimester if the risk continues during pregnancy.

Healthcare providers are also advised to proactively communicate with patients about the erythromycin 0.5% ophthalmic ointment (erythromycin) shortage and should provide clear guidance on the available treatment options. Additionally, providers are encouraged to timely report adverse effects of the erythromycin shortage to DPBH.

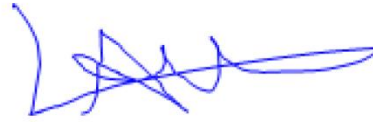
Compliance with the above stated recommendations will be deemed as compliant with NRS 442.060.

**Questions:**

For updated guidance, please review the [Division of Public and Behavioral Health Technical Bulletin web page](#). If you have any questions regarding this technical bulletin, please contact [pio@health.nv.gov](mailto:pio@health.nv.gov).



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