



# COMMONWEALTH of VIRGINIA

Department of Health

M. NORMAN OLIVER, MD, MA  
STATE HEALTH COMMISSIONER

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July 23, 2019

Dear Colleague:

The Food and Drug Administration (FDA) recently released a report of an [erythromycin \(0.5%\) ophthalmic ointment shortage](#). Erythromycin (0.5%) ophthalmic ointment is the only antibiotic ointment currently recommended, and the only drug cleared by the FDA, for the prophylactic treatment of gonococcal ophthalmia neonatorum. Other topical medications are not recommended.

If erythromycin ointment is not available, the 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 CDC's [2015 STD Treatment Guidelines](#).

The *Code of Virginia* Section [32.1-12](#) authorizes the Board of Health (the Board) to provide for reasonable variances and exemptions from its regulations. Further, pursuant to Section [32.1-20](#), the State Health Commissioner is vested with all the authority of the Board when it is not in session. As the Board is not currently in session, I am exercising my authority and find that reasonable exemptions to the regulations are necessary to carry out the provisions of Title 12 relating to [12VAC5-90-140](#), procedure for preventing ophthalmia neonatorum.

I hereby exempt persons providing care to newborn infants from the requirement to provide the specific prophylactic formulations currently outlined in the *Regulations for Disease Reporting and Control*. Instead, the physician, nurse, or midwife in charge of the infant's care after delivery of a baby shall ensure that current [Centers for Disease Control and Prevention treatment guidelines](#) are followed to prevent blindness from ophthalmia neonatorum as soon as possible after birth. The treatment shall be recorded in the medical record of the infant. This exemption applies only to the regulations listed above and will remain in effect until the exemption is revoked.

Prenatal screening is the best method for preventing gonococcal ophthalmia neonatorum among newborns. Pregnant women should also be screened for syphilis and HIV according to [CDC recommendations](#). Additional information for healthcare providers can be found on the Virginia Department of Health's STD Prevention Resources [website](#).

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Please notify your local health department of any challenges in procuring appropriate treatment for any sexually transmitted infection. If you have any questions or need more information, please contact Diana Prat, Director of Sexually Transmitted Diseases Prevention and Surveillance at (804) 864-7961 or by email at [diana.prat@vdh.virginia.gov](mailto:diana.prat@vdh.virginia.gov). Thank you for your continued efforts to improve and maintain the health of all people in Virginia.

Sincerely,

A handwritten signature in blue ink that reads "M. Norman Oliver MD". The signature is written in a cursive style with a distinct "MD" at the end.

M. Norman Oliver, MD, MA  
State Health Commissioner