Public Health Update – January 2019

Please circulate this notice to your staff

Public Health will no longer weigh infants without a cause

- Effective Feb. 1, 2019, Public health will no longer weigh infants without just cause (e.g. breastfeeding concerns, illness, physician has expressly requested it).
- We will educate caregivers on the importance of, and correct intervals for, having their babies and children weighed by their primary care provider.
- Significant evidence has informed this decision; weighing babies sporadically or excessively can lead to unintended negative consequences (e.g. caregiver anxiety around weight leading to unnecessary referrals or feeding changes).
- Public Health will continue to provide expert, behaviour focused health teaching that promotes healthy growth and development.

Ophthalmia Neonatorum – New Opt-Out Options

- As of January 1, 2019, a regulatory amendment will allow parents to opt-out of the mandatory prophylactic eye treatment administered to all infants at birth to prevent transmission of Ophthalmia Neonatorum, which can be caused by N.gonorrhea and C.trachomatis.
- The amendment stipulates that an opt-out request, made by a parent in writing to their healthcare professional, may only be granted if the healthcare professional attending at the birth of the child is satisfied that:
  1. The parent of the child making the request has received information on the benefits and risks of administration of the ophthalmic agent as part of their routine prenatal care
  2. The parent has received information on the likely consequences of non-administration of the ophthalmic agent as part of their routine prenatal care; and
  3. An assessment has been done, as part of their routine prenatal care, to confirm there is no serious risk of transmission to the child of an infectious agent that might cause Ophthalmia Neonatorum
- Prophylactic eye treatment will remain the default for healthcare delivery at the time of birth in order to maximize patient safety and support broad access to an intervention that can protect children's health.
- Click here for more information.

Post Exposure Immunoglobulin dosing for Measles for increased

- Measles vaccination programs have led to low circulation of measles virus and most blood donors now have vaccine-derived immunity.
- Concurrently, the concentrations of anti-measles antibodies in human Ig products have shown trends of gradual decline and previously recommended doses and routes of administration may no longer be optimally protective.
- New recommendation from the National Advisory Committee on Immunization are as follows:
    1. Intramuscular Immune Globulin should be provided at 0.5 mL/kg, to a maximum dose of 15 mL administered over multiple injection sites
    2. Recipients 30 kg or more will not receive the measles antibody concentrations that are considered to be fully protective. Intravenous immunoglobulin (IVIg) can be provided at a dose of 400 mg/kg instead
- See this link for further details.

Erythromycin Ointment Shortage

- In late December, the MOHLTC, health system emergency management branch, reported that a national shortage of erythromycin ophthalmic ointment (indicated for the prophylaxis of ophthalmia neonatorum) continues to impact Ontario.
- The report advised that healthcare professionals should continue to administer the ophthalmic prophylaxis to the eyes of all newborns *as feasible* and *to the extent that the ophthalmic ointment or other effective ophthalmic agent is available*
- In this context, providers may find guidance from the 2015 statement by the Canadian Pediatric Society. CPS recommendation include the following:
    - Screening all pregnant women for gonorrhea and chlamydia infection, and treatment and follow-up of those found to be infected
    - Mothers who were not screened should be tested at delivery
    - Infants of mothers with untreated gonococcal infection at delivery should receive ceftriaxone
    - Infants exposed to chlamydia at delivery should be followed closely for signs of infection.