

I.4 - Antibiotics for eye infections

MSF welcomes the rigorous and comprehensive review of antibiotics for eye infections and supports the recommendations made in the application, in line with currently existing guidelines and documents.

Bacterial conjunctivitis is recommended to be treated with an empiric fluoroquinolone-containing topical antibiotic, chosen only on the basis of its local availability.

MSF would like to emphasize that bacterial conjunctivitis can be treated with tetracycline eye ointment (one application 2 times daily for 7 days), a more affordable and available antibiotic, especially in low- and middle-income countries.

For trachoma, in adult and children, the treatment of choice is an oral single-dose of azithromycin 1g for adults and 20mg/kg for children. For adults only, doxycycline 100 mg twice daily for 7 days can be used as an alternative. Erythromycin is not a considered alternative, due to its safety profile.

Bacterial keratitis is recommended to be treated with an empiric fluoroquinolone-containing topical antibiotic, chosen only on the basis of its local availability. If the lesion is close to the corneal limbus, systemic antibiotics can be added to topical treatment.

Endogenous or post-surgical endophthalmitis is recommended to be treated by intravitreal injection of vancomycin associated with ceftazidime and in absence of specific recommendations in the guidelines, systemic antibiotics can be used: IV ceftriaxone associated with IV vancomycin.

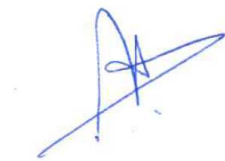
MSF would like to draw the attention of the Expert Committee on the fact that the authors of the application state that disseminated gonococcal infection with eye involvement are out of scope. MSF would like to emphasize that the treatment of neonatal conjunctivitis, due to *Neisseria gonorrhoeae* and/or *Chlamydia trachomatis* in neonates born to mother with genital gonococcal and/or chlamydial infections at the time of delivery is important.

Neonatal conjunctivitis can lead to corneal lesions and visual impairment and must be treated by antibiotherapy in all neonates presenting conjunctivitis in the first 28 days of life.

For neonatal conjunctivitis, in neonates from birth to 7 days, MSF is using a single dose of IM ceftriaxone as first-line antibiotic and in neonates aged from 8 to 28 days, a single dose of IM ceftriaxone associated with azithromycin per os, 20 mg/kg once daily for 3 days. Alternative in case of intolerance or unavailability of IM ceftriaxone is a single dose of IM cefotaxime and if azithromycin is unavailable, erythromycin per os during 14 days is an alternative.

MSF recommends that the 23rd Expert Committee on the Selection and Use of Essential Medicines consider all these elements in its decision-making process.

For Médecins Sans Frontières

A handwritten signature in blue ink, appearing to be 'M. Henkens', with a long horizontal stroke extending to the right.

Myriam Henkens, MD, MPH
International Medical Coordinator